



News Release

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES WORKING TO IMPROVE ACCESS TO CARE

SACRAMENTO, CA – Department of Health Care Services (DHCS) Director Jennifer Kent today issued the following statement in response to the California State Auditor (CSA) report on monitoring and oversight of Medi-Cal managed care health plans:

“DHCS ensures that Medi-Cal managed care health plans are meeting the important physician to member ratios required by law. We do so through the various tools in our comprehensive monitoring and oversight program. We appreciate today’s report from the California State Auditor that underscores the need for continuous improvement and enhancement of the state’s oversight of Medi-Cal managed care, some of which the Department of Health Care Services was well underway in addressing. To date, we have not identified disparities in plan adherence to these network adequacy requirements, and in fact, most are surpassing them. The state auditor’s analysis will help inform our ongoing efforts to improve how we ensure that the plans maintain appropriate access to care for our Medi-Cal managed care members.

DHCS agrees with many of the state auditor’s recommendations, and we have already begun work to implement new processes that enhance our monitoring and certification processes. The input from the CSA will supplement the oversight actions we currently apply, which include regular audits of each health plan’s network, during which we survey the provider directories, careful reviews of network reporting by the plans, studying call center reports generated by our Medi-Cal Managed Care Office of the Ombudsman and upgrading the Ombudsman phone system to handle an even larger volume of calls.

The CSA audit, however, targeted only a small portion of the department’s comprehensive efforts to certify and monitor health plans. Our processes also include network monitoring through secret shopping, network validation through analysis of data on providers, capturing data to verify timely access and continuity of care, access to appeals and State Fair Hearings, monitoring of transitions of members into care and when they change plans and others. The results of many of these monitoring efforts are published in our quarterly [Medi-Cal Managed Care Performance Dashboard](#).

DHCS also supports and assists health plans whose networks may be dropping below the required provider-to-member ratios. In a case where a plan is struggling with its provider network capacity, DHCS, in collaboration with the Department of Managed Health Care, can take a variety of actions, including requiring monthly reporting by the plans and closing new enrollment in the plan until the problems are corrected.

We are committed to strong monitoring and oversight of our managed care health plans to ensure health plan network adequacy. The expansion of Medi-Cal through the Affordable Care Act makes it more important than ever that we constantly evaluate our processes and our performance so that the millions of members enrolled in Medi-Cal managed care health plans can receive the services they need and deserve.”

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