Network Adequacy Evaluation and Monitoring Efforts

Presented by:

Margaret Tatar, Assistant Deputy Director
Health Care Delivery Systems
California Department of Health Care Services
Introduction

• Today’s presentation will cover:
  • Overview of network adequacy standards
  • Program-wide network adequacy review and evaluation
  • Monitoring and future endeavors
Overview of Network Adequacy

• DHCS requirements for network adequacy standards are set forth in:
  
  • Regulations
    • Welfare and Institutions (W&I) Code §14199.1, 14199.2, 14301.5
    • Healthy and Safety (H&S) Code §1367.03(a)-(f)
  
  • The Knox Keene Act
  
  • Managed Care Plan Contracts
  
  • All Plan Letters
Knox-Keene Act Standards

The Knox-Keene Act of 1975 (Knox-Keene) instituted the Time and Distance Standards as:

“A PCP must be no more than 15 miles or 30 minutes from the place of residence or place of work of the member unless the member chooses a different provider outside of this geographic area within the MCP’s service area.”
Contracts with Medi-Cal Managed Care Plans

• DHCS contractually requires Medi-Cal managed care plans in all delivery models to abide by the Time and Distance Standards
  • Applicable to Two-Plan, GMC, COHS, and Regional models

• Exhibit A, Attachment 6 of the contract reads:

“The contractor shall maintain a network of Primary Care Physicians which are located within thirty (30) minutes or ten (10) miles of a Member’s residence unless the Contractor has a DHCS-approved alternative time and distance standard.”
DHCS All Plan Letters (APL)

- DHCS issues All Plan Letters to inform and communicate policies and requirements.

- APL 13-022 provides information pertaining to the implementation of:
  - Welfare and Institutions (W&I) Code Sections (§§) 14199.1, 14199.2, and 14301.5
  - Knox-Keene Time and Distance Standards
  - Link to APL 13-022:
Program-Wide Review and Evaluation

• DHCS evaluates access and ensures that Time and Distance Standards are met by:

- Conducting readiness reviews
- Reviewing quarterly network submissions
- Monitoring Grievances and Appeals/State Fair Hearings
- Conducting Medical Audits
- Interagency Agreements with DMHC
Readiness Reviews

- DHCS conducts extensive readiness reviews of managed care plans prior to implementation, including when a new benefit is added.
- Includes a thorough review of the network and ensuring that the Time and Distance Standards are met by:
  - Conducting Facility Site Reviews – Site surveys that include on-site inspections and staff interviews
  - Reviewing Deliverables – Plans must provide policies and procedures that describe how they will deliver the benefits and services
Monthly Network Submissions

• Medi-Cal managed care plans submit networks to DHCS for review on a monthly basis.

• DHCS works in partnership with DMHC to review the networks and determine whether adequate providers are available.
  • A specific focus on specialists is conducted when reviewing networks related to care for Seniors and Persons with Disabilities (SPDs).
  • The network review looks at specialists serving as the PCP to the SPD, mental health professionals, and physician extenders.
Grievances and Appeals/Fair Hearings

• Medi-Cal managed care plans submit data on member grievances and appeals on a quarterly basis.

• DHCS monitors grievances and appeals to observe if a spike in access complaints occurs at any time.

• DHCS monitors Fair Hearings data to determine if there are any network issues.
Medical Audits

• DHCS conducts medical audits at the Medi-Cal managed care plans to review whether access to care needs are being met.

• Starting in 2015, DHCS Audits and Investigations will visit each health plan annually.
Interagency Agreements (IA)

• DHCS has entered into an Interagency Agreement (IA) with the Department of Managed Health Care (DMHC) for three transitions:
  • Seniors and Persons with Disabilities
  • Dual Eligible Demonstration
  • Healthy Families and Rural Expansion (Pending)

• The IAs focus on financial audits, medical surveys, and network adequacy reviews.
Specific Program Reviews

• Non-specialty **Mental Health** benefits effective January 1, 2014
  • Provider network adequacy based on the Time and Distance Standards
  • DHCS permitted the use of the telehealth method, particularly in outreach areas
  • Plans were required to submit readiness deliverables alongside DMHC’s material modification filing
  • Plans were required to provide attestation to have signed Memorandum of Understanding (MOUs)
  • Plans are required to execute MOUs with the county mental health plans by June 30, 2014

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Specific Program Reviews

• **Cal MediConnect**
  • DHCS worked closely with CMS to ensure plan readiness:
    • CMS reviewed provider networks for Medicare
    • DHCS reviewed networks for Medi-Cal through established processes as discussed in previous slides
Specific Program Reviews

• MLTSS
  • In-Home Supports and Services (IHSS) – Plans were required to execute Memorandum of Understanding (MOUs) with their County Department of Social Services
  • Multi-purpose Senior Services Program (MSSP) – Plans were required to contract with the MSSP sites within their counties
  • Community Based Adult Services (CBAS) – DHCS validated that each plan had an agreement with the CBAS providers within the plan’s county
  • Nursing Facilities (NF) – DHCS reviewed the nursing facilities’ networks to ensure capacity to place patients within 72 hours of need
The Future of Monitoring in Medi-Cal Managed Care

Dashboard
Webpage
Technical Assistance
Corrective Action Plans
Workgroups
Medi-Cal Managed Care Performance Dashboard

- Initially released in January 2014
- 2nd iteration to be released on May 6, 2014
- New iterations to be released quarterly

Medi-Cal Managed Care Performance Dashboard

- Medi-Cal Managed Care Performance Dashboard
  - Supports a key goal of DHCS to drive better quality within our Medi-Cal managed care managed care plans
  - Pulls together current information and new trends
  - Will continually evolve based on changes in the Medi-Cal managed care program and in response to requests from stakeholders
Medi-Cal Managed Care Monitoring Webpage

- Created in February 2014
- Includes resources and tools used to monitor and measure overall health plan performance
- Houses various reports that measure performance and quality improvement
- Webpage will be updated to include A&I’s medical audits and Corrective Action Plan (CAP) notifications
- Link to DHCS website: http://www.dhcs.ca.gov/services/Pages/ManagedCareMonitoring.aspx

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Ongoing Efforts

• Technical Assistance/Corrective Action Plans (CAP)
  • DHCS evaluates and assesses Corrective Action Plans to bring plans into compliance with State contractual requirements and State and Federal rules and regulations.
  • DHCS provides technical assistance to plans who have been issued minor audit findings in lieu of a Corrective Action Plan (CAP).

• Workgroups
  • DHCS convenes workgroups both internally and externally to discuss issues and share best practices.
Thank you!