HSAG HEALTH SERVICES ADVISORY GROUP

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1. Background

Synopsis of California's 1115 Medicaid Waiver Renewal

This section will include a high-level summary of California's 1115 Medicaid Waiver (Medi-Cal) renewal as the driver for the Special Terms and Conditions (STCs) that provide the regulatory requirement to conduct the access assessment.

Key Components and Objectives of the Access Assessment

This section will contain a review of the key components, or requirements, of the access assessment as defined by the STCs as well as the overall objectives of the access assessment.

Key Components

This section will outline the three key deliverables required by the STCs and a short description of each component:

- Access Assessment Advisory Committee
- Access Assessment Design
- Access Assessment Report

Assessment Objectives

This section will establish the overall objectives of the access assessment. Objectives will include those established in the STCs as well as general research objectives developed to guide the methodology and analysis. These objectives include the following:

1. To assess health plan network adequacy for managed care beneficiaries
2. To assess health plan network performance and compliance with established network standards and timely access requirements[1]
3. To assess compliance with network adequacy requirements across health plans and lines of business
4. To compare the State's current network monitoring program to the requirements outlined in the Medicaid and CHIP managed care final rule (42 CFR 438)

[1] Network standards assessed in this study are based on requirements outlined in the Knox-Keene Health Plan Service Act of 1975 (KKA) and Medi-Cal managed care contracts.

2. Assessment Framework

Scope of the Assessment

This section will describe the scope of the assessment as outlined in the STCs and include information on the measurement period and study populations as well as programs outside the scope of this assessment.

Assessment Framework

This section will describe HSAG's approach to assessing access as defined in the Knox-Keene Health Plan Service Act of 1975 (KKA) and Medi-Cal managed care contracts. HSAG will categorize the network measures into multiple dimensions of access in order to facilitate the overall presentation of the results. These dimensions include: network capacity, geographic distribution, availability of services, and beneficiary satisfaction.

Network Capacity

Geographic Distribution

Availability of Services

Beneficiary Satisfaction

3. Assessment Design

This section will include a brief introduction explaining the structure of Section 3—Assessment Design.

Data Collection and Sources

This section will define the data sources HSAG proposes to use in the access assessment. Each of the subsections below will describe the data source, content, use, and any known limitations associated with the data.

Administrative Data Sources

Beneficiary Data

- Sources of data will include beneficiary demographics, enrollment, and eligibility data.

Provider Data

- Sources of data will include provider and office/practice demographics (e.g., panel size, panel restrictions, acceptance of new beneficiaries).

Encounter Data

- Sources of data will include Medi-Cal encounters (including encounter from sub-capitated plans).

Medi-Cal Program Data

- Sources of data will include:
  - State Fair Hearing and Independent Medical Review decisions, grievances, and appeals/complaints.
  - Existing reports supporting the State's existing network monitoring program
  - Data obtained from other California agencies, as appropriate

Preliminary Access Review

This section will describe the preliminary analysis HSAG will conduct to (1) finalize the selected data sources and analytic datasets, as well as (2) assess the distribution of providers and beneficiaries by select population characteristics. Using selected data sources, HSAG will clean, process, and categorize beneficiary and provider data to define the final beneficiary and provider populations for inclusion in the access assessment, as well as to define the final set of stratification variables.

Study Population

This section will present HSAG's assessment of the beneficiary and provider populations to be included in the preliminary access review analysis. HSAG will incorporate both demographic profiles and population counts by key stratification variables during the preliminary review.

Beneficiary

- Population counts by health plan, gender, age, race/ethnicity, and geographic setting

Provider

- Provider distribution counts by core specialty and core specialty category, health plan, and geographic setting at the State contractor plan level
- Provider distribution counts by key office/practice characteristics, as available (e.g., network status [in- and out-of-network], panel size, accepting new patients, panel restrictions, provider shortages due to geography)

Analytic Methods

This section will present and define the specific measures used to assess access by dimension. In the final access assessment design, HSAG will include for each measure a summary table describing key elements of the measure for quick reference.

Network Capacity

This section will present and define the measures associated with assessing California's provider networks. This section will describe selected measures, key stratification variables, and applicable network standards.

Provider Counts by Specialty/Specialty Category

- Frequency distribution of physician specialty by plan and physician category, including comparative analyses across health plans and lines of business

Physician-to-Enrollee Ratio

- Calculation of physician-to-enrollee ratios by selected physician specialty and specialty category by health plan and geographic area
- Includes comparison to defined network standards and across health plans and lines of business

Geographic Distribution

This section will present and define the measures associated with understanding the relative distribution of providers relative to beneficiaries. This section will describe selected measures, key stratification variables, and applicable network standards.

Provider Counts by Specialty/Specialty Category by Geographic Region

- County-based counts of physician specialty/specialty category
- Physician count density maps by geographic region

Percentage of Population Served by Provider

- Calculation of the percentage of beneficiaries located within a predefined distance from a provider

Availability of Services

This section will present and define the measures associated with understanding whether relevant services are available to beneficiaries. This section will describe selected measures, key stratification variables, and applicable network standards.

Access to Care Compliance

- State Fair Hearing decisions
- Independent Medical Review decisions
- Grievance, appeal, and complaint rates (access versus non-access rates per 1000 member months)

Utilization Rates

- Emergency department (ED) utilization rates (per 1000 member months)
- Urgent care utilization rates (per 1000 member months)
- Inpatient admission rates (per 1000 member months)

Appointment Availability

- Summary and integrate study appointment availability results, if available

Beneficiary Satisfaction

This section will summarize previously published results depicting patients' experiences with accessing care.

Analysis of Access to Care Monitoring

This section will describe the general method HSAG will use to conduct a comparative desk review of California's existing network requirements, standards, and monitoring program relative to the Medicaid and CHIP revised final rule for Medicaid managed care.

Study Limitations

This section will outline any limitations identified with the data sources and measures that could impact interpretation of the results.

4. Reporting

This section will outline the timing and layout of the final access assessment report, as well as highlight the process for soliciting public comment.

Access Assessment Reporting Layout

This section will detail the key elements included in the final report as defined in the STCs.

Access Assessment Deliverables Timeline

This section will provide an overview of the timing of key steps in the report process, along with a high-level description of required deliverables and the associated deadlines.

Access Assessment Deliverables Timeline SFY2017-19

Table 1—Schedule of Deliverables for the DHCS Access Assessment Project	
Access Assessment Advisory Committee (AAAC) entrance meeting	11/18/2016
Submit access assessment design outline to DHCS for review	12/22/2016

Public Comment

This section will outline the process HSAG will use to solicit public comment on the draft report. The section will also explain how HSAG will incorporate feedback received from the public into the report.