Transcribed from E-mail on 07/13/17 at 11:00AM

From: Schor, Edward [redacted]
Sent: Friday, February 03, 2017 2:03 PM
To: DHCS MCQMD NAU [redacted]
Subject: Comments on Medicaid Managed Care Final Rule: Network Adequacy Policy Proposal

Thank you for the opportunity to offer comments on the Departments proposed network adequacy rules.

Availability Vs. Access: Especially for pediatric care, it remains incumbent on the Department to move beyond time and distance standards and to include evidence of actual, timely availability of services. Too often, although Medi-Cal providers can be identified as practicing within time and distance parameters, they are not accepting new patients or have wait times for access that do not meet standards for urgent access. This is of special concern as it relates to access for child mental health, oral health and subspecialty services. Proposed standards should be amended to address actual availability of necessary and appropriate services. Availability standards should be designed to reflect national standards where they exist, and the opinions of child health professionals from each specialty in California as well as from actual consumers of those services.

Pediatric Subspecialty Services: The proposed rule on network adequacy does not distinguish pediatric subspecialists among the DHCS Core specialists. Consequently, while a practitioner of a specialty may be identified to practice within time and distance standards, specialist in pediatric subspecialties may not be identified or available. The Department should add language that addresses and assures pediatric subspecialty access. Monitoring should particularly assure access to those pediatric subspecialties that have been identified to be difficult to access, i.e., dermatology, developmental-behavioral pediatrics, genetics, mental health and physical/occupational therapy.

Access to Non-Routine Care: Access to urgent, emergency and hospital care should be addressed. Special note should be made regarding access to those services for children for whom a general emergency department or hospital may not be an appropriate source of care.

Medical Home: Primary care network adequacy standards for children should be amended to include the requirement that each child has an identified usual source of primary care that is either a primary care practice in their community, whether that practice is located within a medical center or hospital, community health clinic, or private community practice.

Long Term Care and Supports: While only a small proportion of children require Intensive Home Health Services and palliative care services, access to these services seem to be especially problematic for this population. It would be helpful if the Department proposed standards for these services.

Monitoring: In general, the Departments description of its plans to monitor access to services is somewhat vague and seems to rest too heavily on data provided by health plans. It would be helpful if the Department could enumerate and commit to directly surveying Medi-Cal enrollees, using a methodologically sufficient process to produce statistically reliable estimates of patient experience.

Sincerely,

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