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**RE: Advocate Concerns and Recommendations on 2019 Timely Access Report**

Dear DHCS leaders,

Children Now is writing to share our concerns and recommendations regarding DHCS' recently released Medi-Cal Managed Care 2019 Timely Access Report. We greatly appreciate the Department's responsiveness and ongoing efforts to monitor access to care for Medi-Cal members, however, we have concerns about the potential gaps with the report methodology and we are especially concerned with the findings showing extremely low plan compliance with ensuring access to information about language assistance services.

From a consumer perspective, the potential negative health consequences of not getting a timely appointment are the same no matter if any of the following are part of the consumer experience: the provider directory has the wrong number for a provider's office; a member gets the wrong information from the provider office; the member never gets an answer or response; or the member is told there simply is not an appointment available in a reasonable timeframe, especially in cases where additional accommodations are required based on linguistic needs or disability. While we understand the utility of distinguishing among these reasons from a monitoring and compliance perspective, DHCS is ultimately responsible for enforcing timely access for consumers and should therefore be upfront in identifying the absence of timely access in all instances and transparent about the findings, rather than obfuscating behind "data quality" and "provider education" issues as somehow more acceptable reasons for the lack of timely access.

With respect to timely access monitoring, Children Now recommends the following for DHCS to improve oversight of Medi-Cal managed care plans' (MCP) performance moving forward for timely, culturally responsive access to care:

- 1. Immediately resume collection of quarterly monitoring components in order to effectively monitor and take prompt action on health plans' failures to ensure timely access to care.** DHCS uses the Quality Monitoring Response Template (QMRT) to collect information on timely access from MCPs and for MCPs to provide "a written response to DHCS regarding results that showed potential compliance issues, strategies to overcome any identified deficiencies, and a timeline for making needed corrections." Due to the Public Health Emergency, the QMRT requirement has been significantly pared down. Per APL 20-004, timely access responses have not been required on the QMRT from health plans for over a year. The information available does not account for the drastic impact COVID-19 has had on the health system and it is imperative that the state reengage in its monitoring and oversight activities to ensure families get the care they need and plans comply with state and federal laws. It is difficult to understand how it is possible for DHCS to effectively and proactively monitor timely access to care in the absence of QMRT activities, unless the strategy during the public health emergency (PHE) is to solely rely on consumer grievances and complaints. Recently, DHCS indicated its intent to re-start the timely access monitoring process but has still not reinstated the QMRT requirement or shared a specific timeline for doing so.
- 2. Work with stakeholders to establish standards and expeditiously take enforcement action against health plans that fail to deliver timely access to care.** DHCS must actively work towards establishing compliance thresholds for timely access standards in which a formal corrective action plan could be imposed. In the report, DHCS notes that it is working with the Department of Managed Health Care on a timely access standard compliance threshold, however there is no mention of a timeline or how stakeholders will be involved in contributing to or reviewing the proposed threshold. We recommend the Department share more information about the current process and timeline with stakeholders, including consumer advocates and provider representatives. DHCS should also establish in guidance a subset of provider types for which it will create compliance thresholds for in the future, and address in guidance the question of alternative accountability for timely access to other provider types like initial prenatal care providers and ancillary care providers. DHCS should seek input from stakeholders in this process and ensure that all guidance on this topic is posted on its public-facing webpage.
- 3. Take significant and swift action to strengthen oversight of health plan compliance with language access requirements in their call centers and networks.** We are deeply concerned by the troubling data related to provider and call center staff knowledge of interpretation services. Within the provider awareness of interpretation services domain, the report shows that only three health plan reporting units achieved 100% compliance and 22 plans performed below the statewide average of 98%. The data is

much worse for call center staff's awareness of interpretation services -- no plan achieved 100% performance and eight plans performed below the statewide average of 86%, with the lowest score being 45% for Health Plan of San Joaquin. Language access is a benefit entitlement and critical to ensuring members can use and understand their health coverage. It is unacceptable that health plans are not guaranteeing this fundamental right to inclusive care by ensuring that their call centers and provider networks know about and know how to access interpretation services for their members. We appreciate that "DHCS will be adding additional measures to the Timely Access Survey to collect information regarding physical accessibility and compliance with Nurse Advice Line wait time standards," however the information collection activities are not a substitute for language access enforcement.

- 4. Address methodological shortcomings to truly assess timely access to contracted provider networks as experienced by consumers.** The Timely Access Report methodology states that in instances where there "were not enough providers in the reporting unit to meet the sample size, the survey methodology allowed for providers located in the same region but outside of the contracted reporting unit to be included in the sample." If the purpose of the timely access monitoring is to assess plans' compliance with timely access standards based on the contracted provider networks of specific reporting units, then this modification, or allowance, when plans have fallen short of contracting enough providers in a specific area raises concerns about whether the monitoring is appropriately measuring timely access. A plan's members are directed to the provider network directory of their specific plan, so testing timely access inclusive of a network in an adjacent reporting unit is not an accurate monitoring of a member's access to care. If access to out-of-network care is an allowable substitute for meeting timely access standards, then health plans have no incentive to develop networks that ensure timely access, and this creates an unfair standard for their enrollees, who will still be required to see an in-network provider. If a reporting unit lacks large enough numbers of providers of specific specialist categories and there are no other oversample providers of that specialist category to survey, then there are simply not sufficient providers and the report should document those findings. It does not seem appropriate to modify a methodology to artificially create an oversample. DHCS should revisit this methodological challenge and, at the very least, must be transparent and identify in its report which health plan reporting units were subject to this modification, the number and types of providers from an adjacent reporting unit that were sampled, and time and distance metrics to providers outside of the reporting unit area. We understand there are sample size challenges, but also urge consideration that adult and pediatric providers are not entirely inter-changeable and timely access to both adult and pediatric providers must be available.
- 5. Improve data quality issues with more transparency and ensure accurate provider directory information is available.** The report highlights significant timely access data quality gaps from health plans. Working to address the deficiencies in their data through the quarterly monitoring process is not sufficient, and a longer-term solution needs to

be found to ensure plans maintain the most up-to-date provider directories so their members can easily access care. According to the 2020 Annual Network Certification Assurance of Compliance Report, nearly all plans “passed” the member-to-provider ratio standards, suggesting there are a sufficient universe of providers to meet the needs of Medi-Cal members. Last month, however, the *California Health Report* ran a story highlighting the ongoing problems with provider directories since at least 2014.<sup>1</sup> Additionally, the Legislative Analyst’s Office recently released a report showing that due to the PHE health care employment levels “have either (1) not recovered or (2) continue to decline for certain health care service types”.<sup>2</sup> The pandemic clearly created shifts in the availability of providers across the state and as families gain confidence in seeking and resuming care delayed during the PHE, the state must ensure they can find accurate basic information about available providers online, such as phone numbers, addresses, hours of operation, and languages spoken. When monitoring health plans’ data quality, the Department should report differences in data quality based on adult and pediatric providers, provider type, and plan reporting unit to promote a better understanding of which populations and regions are most impacted by poor data maintenance by health plans and to inform corrective actions by DHCS. We further recommend that in future reports DHCS include details about which health plans were identified for further action and in what area (e.g., pediatric PCP urgent appointments) to promote transparency about existing gaps.

We appreciate DHCS’ commitment to fulfilling its oversight role in ensuring timely access to quality health care for children and youth on Medi-Cal. In the spirit of transparency and improvement, **we recommend DHCS present the findings for children and discuss next steps on the *Timely Access Report* at the June 24<sup>th</sup> Medi-Cal Children’s Health Advisory Panel (MCHAP) meeting.** If you have any questions about our recommendations or would like to discuss our feedback, please do not hesitate to contact us.

Sincerely,

Mike Odeh  
Director of Health Policy  
Children Now

cc: Medi-Cal Children’s Health Advisory Panel (MCHAP) members)

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<sup>1</sup> See <https://www.calhealthreport.org/2021/04/21/a-law-designed-to-protect-health-consumers-has-ended-up-hurting-them/>

<sup>2</sup> Legislative Analyst's Office. May 2021. Impact of COVID-19 on Health Care Access. <https://lao.ca.gov/Publications/Report/4426>