Recent Developments in Timely Access

CAHP Annual Conference

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California Association of Health Plans

Discussion Topics

Overview – Timely Access Requirements and Background

- Focus: Timely Access/Provider Appointment Availability Survey (PAAS)
- Annual Provider Network Review (APNR) (“G Data”) requirements are not the focus of this presentation (but will be addressed)

New Timely Access Regulation and Methodology Effective in 2023

- Background and Evolution
- Notable Changes to Current Processes and Requirements
- Similarities to Current Processes and Requirements

Recent Legislation, APLs and other DMHC Guidance Activity

- DMHC APLs, Draft Documents, Stakeholder Comments, Next Steps
- SB 221 (NPMH Follow-Up Appointments) & AB 457 (Telehealth)

Panel Discussion / Q&A / Best Practice Sharing

Overview – Timely Access Requirements and Background

What are the Timely Access Requirements and What is PAAS?

- The Knox-Keene Act requires plans to provide their enrollees with timely access to care. This means that plan providers must be able to offer enrollees appointments within specified timeframes for urgent and non-urgent services.

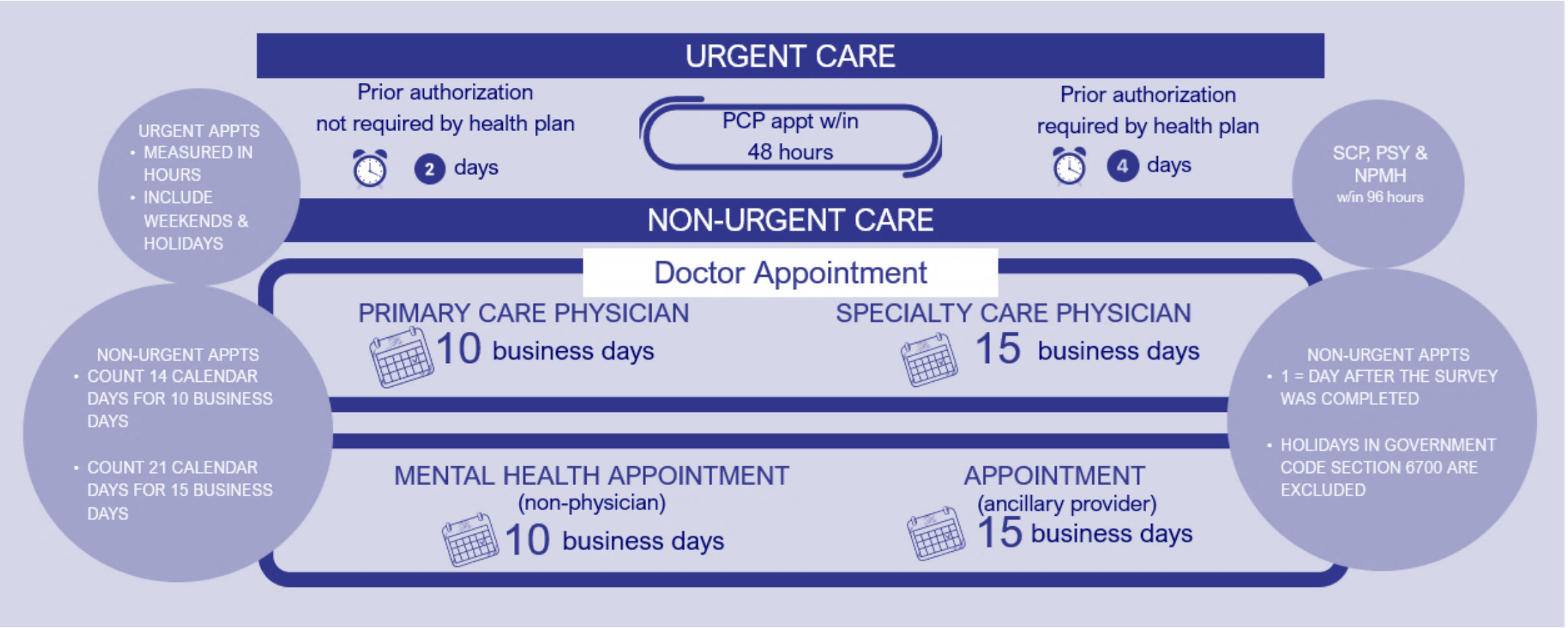
- The DMHC requires plans to conduct an annual Provider Appointment Availably Survey (PAAS) to assess the plans' compliance with the time-elapsed standards for provider appointments.

- The DMHC has issued a detailed Methodology, templates, tools, guidance documents, and FAQs for plans to follow to comply with the standards.

- The PAAS is only one aspect of the Timely Access requirements. There are many other elements in the regulation:
  - Annual Provider Network Review filing (APNR) ("G Data)
  - Timely Access Compliance Report
    - Enrollee Experience Survey
    - Provider Satisfaction Survey
    - Grievances related to Access to Care
    - After Hours Survey (Triage & Screening)
    - Other Elements

Overview: Timely Access Requirements and Background

DMHC Required Appointment Availability Time-Elapsed Standards



Overview – Timely Access Requirements and Background

2010	Effective Date of the DMHC's timely access regulation: Rule 1300.67.2.2
2012	First Timely Access Report due by March 31, 2012
2017	The DMHC first required plans to obtain an external PAAS validator and file a validator quality assurance report (for Measurement Year 2016 data and prospectively) as part of the annual Timely Access Report and issued a detailed Methodology for plans to follow.
2017 – 2019	The PAAS Methodology changed each year for MYs 2017, 2018, and 2019.
2020 – 2022	Plans have been permitted to continue to utilize the MY 2019 Methodology until the new regulations are effective.
2020	The DMHC published the 1st version of the new regulation and initiated the comment period. There were 3 comment periods. The final regulations were approved by the Office of Administrative Law (OAL) on April 1, 2021.
2023	Plans will be required to follow the provisions of the new regulation (per APL 22-007 of March 4, 2022).

New Regulation and Methodology Effective in 2023

Content and Overview

The new regulation is a comprehensive package that includes amendments to the following:

- Rule 1300.67.2.2 and new Rule 1300.67.2.3
- Annual Network Review and Timely Access Reporting Form Templates
- Timely Access and Annual Network Submission Instruction Manual
- Provider Appointment Availability Survey (PAAS) Manual
- PAAS Survey Tool

Similarities to Current Requirements

- The New Regulation is largely consistent with the overall existing reporting methodologies used by health plans for the annual Timely Access Report (TAR) and Annual Network Review (ANR) Filing.
- 3-Step Protocol, Extraction, Target Sample Sizes, Survey Tool (steps, process, timeframes, structure, scripting, external validation vendor requirements, etc.) are generally similar to MY 2019 requirements. The significant changes will be discussed in the slides that follow.

Effective in 2023

- DMHC APL 22-007: DPN Monitoring and Annual Reporting Changes establishes compliance and filing timelines.
- For MY 2023, plans will be required to follow the requirements of the New Regulation when administering the PAAS survey.

New Regulation and Methodology Effective in 2023

What will be Changing?

Applicable Dates

- Network Capture Date: January 15th (rather than December 31st)
- PAAS Fielding Dates: June 1st – December 31st (rather than starting in April)
- Filing Date: May 1st (rather than March 31st)

"Patterns of Non-Compliance" Defined

- Rate of Compliance (ROC) established – Fewer than 70% of providers for a specific network with a non-urgent or urgent appointment within the time-elapsed standards (all provider survey types combined). Determined at the network level. Reported in the "Summary ROC" Tab of the PAAS Results Template.
- Instances of Non-Compliance – Sets forth nine factors for the DMHC to consider when evaluating instances of non-compliance to determine if a pattern exists (same network, same standard, number of enrollees impacted, etc.)

Corrective Action Plans and Quarterly Compliance Monitoring

- Plans must develop and file Corrective Action Plans (CAPs) for any networks that fail to meet the 70% ROC threshold, other patterns of non-compliance, and any incidents of non-compliance resulting in substantial harm to an enrollee.
- Plans must file any identified "Prior Incidents or Patterns of Non-Compliance Not Previously Submitted" along with a CAP

New Regulation and Methodology Effective in 2023

What will be Changing? (continued)

Additional Provider Types to be included in the annual PAAS Survey

List of Specialist Physicians has been expanded – addition of 7 new provider types (indicated in blue)

- Cardiology
- Endocrinology
- Gastroenterology
- **Dermatology**
- **Neurology**
- **Oncology**
- **Ophthalmology**
- **Otolaryngology**
- **Pulmonology**
- **Urology**

New Regulation and Methodology Effective in 2023

What will be Changing? (continued)

Reporting of Telehealth Providers

- The PAAS Contact Lists and ANR Provider Report Forms are to only include network providers that provide in-person appointments *(and per the draft DMHC updates from June, network providers that offer only telehealth appointments.)*
  - If providers offer both telehealth and have a physical location, populate only the physical location of provider on the forms.
  - During PAAS fielding, providers may respond with either an in-person or telehealth appointment (appointment with shortest duration time).
  - Surveyors should inquire whether the next available appointment time and date given in response to the survey question was for an in-person or telehealth appointment if the provider does not specify,
  - The Telehealth ANR Report Form is to include network providers that provide some or all appointments via telehealth.

Plan-to-Plan Agreements

- Changes the filing responsibilities for primary and subcontracted plans
- The primary plan will be the "Reporting Plan" that will be required to file its own and the subcontracted plan's data in the primary plan's TAR and ANR filings. The primary plan must submit separate Contact List Report Forms and Raw Data Report Forms completed by the subcontracted plan that includes only those providers made available through the plan-to-plan contract. The primary plan must incorporate the subcontracted plans results in the primary plan's own Results Data Template.

New Regulation and Methodology Effective in 2023

What will be Changing? (continued)

Enrollee Experience Survey (EES)

- Additional questions, disclosures, and survey translation requirements
- Evaluation of enrollee's experience with interpreter services and the plan's language assistance program
- Historically many plans have used questions from the CAHPS Survey to satisfy the EES. This will no longer suffice on its own.

Provider Satisfaction Survey (PSS)

- Specifically clarifies that the PSS must include questions to evaluate provider perspectives and concerns with the plan's language assistance program.

Advanced Access Programs

- Requires plans to verify its advanced access programs at least once every three (3) years. This has historically been the industry standard but was not previously specified in law.
- Requires network providers to provide written notice to the plan within 30 calendar days of the date the provider no longer provides advanced access appointments.

Recent Legislation, APLs and other DMHC Guidance Activity

Legislation, Amendments, and APLs

SB 221 (APL 22-007) – Non-physician Mental Health Providers (NPMH)

- Non-urgent follow-up appointments with NPMH providers (including substance use providers) must be offered within 10 business days of a member's prior appointment.
- Monitoring of compliance is required by the DMHC and may be conducted within the PAAS process.
- MY 2022 Pilot Program – plans may include three additional questions from the APL 22-007 in the NPMH PAAS survey tool without prior approval from the DMHC to satisfy the SB 221 compliance monitoring requirement. The results for these pilot SB 221 questions for MY 2022 do not have to be submitted to the DMHC.

AB 457 (APL 22-003 and 22-007) – Telehealth

- Third Party Corporate Telehealth Form: plans are required to submit third-party corporate telehealth data and enrollee demographic data for each product type as part of the ANR.
- DMHC to issue detailed instructions and forms ahead of submission deadline of May 1, 2023 (per above).
- Currently applies to commercial health plans. Does not currently apply to Medi-Cal managed care plans.
- Does not directly impact PAAS but will affect ANR data which is the first direct input into the development of PAAS contact lists.

Recent Legislation, APLs and other DMHC Guidance Activity

Recent DMHC Activity and Next Steps

Timeframe	Activity / Deliverable Expected
June 3, 2022	The DMHC distributed draft revisions to PAAS and ANR templates and instruction forms to incorporate the new requirements under SB 221 and AB 457 (which were enacted after the Timely Access Regulation was approved by the OAL). CAHP provided comments to the DMHC. • SB 221: reporting data on clinical encounters with enrollees, 80% threshold established for MH provider locations accepting new patients, one additional question on the NPMH PAAS survey, etc. • AB 457: Third Party Corporate Telehealth Provider Report Form, new Telehealth field on templates, etc.
October 12, 2022	The DMHC released a Draft All Plan Letter (APL) and the two primary incorporated documents which provide guidance on filings necessary to ensure plan compliance with SB 221 and AB 457. • APL: *Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation;* • Checklist for Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulations; and • Verification for Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulations. ➢ Stakeholder comments are due by October 24th

Recent Legislation, APLs and other DMHC Guidance Activity

Recent DMHC Activity and Next Steps

Timeframe	Activity / Deliverable Expected
November 2022	• The DMHC intends to publish the APL *Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation* • The DMHC is expected to issue guidance and updated documents based on stakeholder comments on the draft documents distributed by the DMHC in June.
January 2023	• Due January 3, 2023: Verification(s) for Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation. • Due January 31, 2023: Timely Access Policies and Procedures (Exhibit J-13-a) and accompanying *Timely Access Policies and Procedures Filing Grid for Exhibit J-13-a*.
May 1, 2023	• ANR and TAR Filings Due for MY 2022

Panel Discussion

Topics

- Best Practices
- Patterns of Non-Compliance (70%)
- Plan-to-Plan Agreements
- Quality Oversight of PAAS Fielding
- Vendor Initiatives
- Responses to DMHC Findings / CAPs

Recent Developments in Timely Access – Panelists

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