Timely Access Report

Measurement Year 2021

1-888-466-2219

HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC

HealthHelp.ca.gov

Prepared by the Department of Managed Health Care (DMHC)

Published January 2023

DMHC MISSION, VALUES & GOALS

MISSION

The DMHC protects consumers’ health care rights and ensures a stable health care delivery system.

CORE VALUES

- Integrity
- Leadership
- Commitment to Service

GOALS

- Educate and assist California’s diverse health care consumers
- Cultivate a coordinated and sustainable health care marketplace
- Regulate fairly, efficiently, and effectively
- Foster a culture of excellence throughout the organization

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Executive Summary

Providing timely access to health care services is a health plan's fundamental duty to its enrollees. This report summarizes the Measurement Year (MY) 2021 results of the provider appointment availability survey (timely access data) submitted by health plans to the California Department of Managed Health Care (DMHC). The charts within this report display, at the health plan level, the percentage of providers with responses to appointment availability questions that were within the timely access standards. For MY 2021, the DMHC required full service and behavioral health plans to continue using external vendors to conduct a quality assurance review and validate the timely access data submitted in each plan's annual Timely Access Compliance Report (compliance report).

The standardized provider appointment availability survey methodology (timely access survey methodology) health plans were required to follow in collecting timely access data remained the same for MY 2019, MY 2020 and MY 2021. Using the same methodology allows the timely access data to be compared across multiple years. Thus, changes in observed timely access rates can be attributed to the changes in supply and demand for health care services and changes in the delivery of health care, including the impact caused by the COVID-19 pandemic. However, without specific information regarding staffing, appointment demand, or changes in the delivery system, the DMHC cannot directly evaluate how these factors impacted timely access rates. Although there are no direct measures for the impact of COVID-19 on staffing and appointment demand in the timely access data, the concerns that were raised related to the COVID-19 pandemic by many health plans appeared to have been realized, as nearly all health plans showed a drop in their urgent and non-urgent appointment timely access rates. The timely access survey methodology does provide health plans with the flexibility to record the next available appointment offered by a provider, regardless of whether the appointment was an in-person or a telehealth appointment.[1] Thus, the MY 2021 timely access rates do account for the increased expansion and adoption of telehealth that occurred during the COVID-19 pandemic.

Health plans and health care providers had to rapidly make transitions during 2020 and 2021 to continue to safely provide health care services to enrollees during the COVID-19 pandemic. Many health plans continued to note concerns in 2021 about the impacts that COVID-19 had on appointment availability and their ability to complete the timely access survey. The health plans' concerns ranged from providers taking time off for illness to challenges associated with scheduling appointments with the various COVID-19 health protocols in place. Despite these challenges, timely access rates improved from 2019 to 2020; however, on average both urgent and non-urgent rates in 2021 fell below rates observed in 2019. Health plans indicated that rates may have increased from 2019 to 2020 due to patients making fewer appointments. In 2021, the timely access survey was administered during the time the state experienced two spikes in COVID-19 cases due to the Delta and Omicron variants. Several health plans indicated that staffing issues were caused by these spikes and may have contributed to the decline in timely access rates observed in 2021. As discussed in the Next Steps and Conclusion sections of this report, the DMHC will continue to

[1] The DMHC expanded the timely access survey methodology to include telehealth providers beginning in MY 2019 and continued this update in the MY 2020 and MY 2021 timely access survey methodology.

monitor health plan performance in providing timely access to health care services and assisting enrollees in obtaining timely access to care.

Due to the DMHC's oversight and monitoring activities, health plans have continued to make improvements in the quality of data collection and reporting over the last seven years. In previous years, multiple health plans' data were excluded from some charts due to data reliability concerns. The number of health plans with data quality concerns has decreased over the last two measurement years. Moreover, no health plans were excluded from the charts set forth in this report this year.

Key Survey Findings for Full Service Health Plans:

- For non-urgent and urgent appointments combined, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 94% to a low of 47% (Chart 1).
- For non-urgent appointments, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 96% to a low of 56% (Chart 5).
- For urgent appointments, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 92% to a low of 37% (Chart 9).

Key Survey Findings for Behavioral Health Plans:

- For non-urgent and urgent appointments combined, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 76% to a low of 65% (Chart 13).
- For non-urgent appointments, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 83% to a low of 73% (Chart 17).
- For urgent appointments, the percentage of all surveyed providers who had appointments available within the wait time standards ranged from a high of 70% to a low of 56% (Chart 21).

Know Your Health Care Rights: Timely Access to Care

Need Assistance Getting a Timely Appointment?

If you are having trouble getting a timely appointment with a physician or other health care provider, you should first contact your health plan for assistance. If your health plan does not resolve the issue in accordance with timely access to care standards, or you are dissatisfied with your health plan's response, you should contact the DMHC Help Center at **1-866-466-2219** or **www.HealthHelp.ca.gov.**

DMHC Help Center:

The DMHC Help Center has provided assistance to over 2.6 million consumers to resolve problems with their health plans. As part of this assistance, the DMHC Help Center has assisted many people who have experienced difficulty obtaining a timely appointment with a provider.

Introduction and Background

Created by consumer-sponsored legislation in 1999, the California Department of Managed Health Care (DMHC) regulates health plans under the provisions of the Knox-Keene Health Care Service Plan Act of 1975, as amended (Knox-Keene Act). The mission of the DMHC is to protect consumers' health care rights and ensure a stable health care delivery system. The DMHC accomplishes its mission by ensuring the health care system works for consumers. The DMHC protects the health care rights of 28.4 million Californians by regulating health plans, assisting consumers through the DMHC Help Center, educating consumers on their rights and responsibilities, and regulating health plans in a manner that preserves the financial stability of the managed health care system. Under the provisions of the Knox-Keene Act, health plans are required to make all services readily available to each enrollee consistent with good professional practice and within the timely access standards.

Health plan networks must be adequate to meet the timely access standards, which include specific timeframes under which enrollees must be able to obtain care. These standards include wait times to access urgent and non-urgent care appointments, as well as the availability of telephone triage or screening services during and after regular business hours. Notably, if an enrollee is offered an appointment within the wait time standards and the enrollee chooses to select a later appointment, the health plan has met the standard. Additionally, a licensed health care professional may determine that a later appointment may be appropriate based on the enrollee's condition if scheduling at a later time will not negatively affect the enrollee's health. To demonstrate performance with the timely access standards, health plans are required to monitor their networks and submit annual compliance reports to the DMHC.

To strengthen the DMHC's ability to oversee health plan compliance the Timely Access Statute, Health and Safety Code section 1367.03, was amended by Senate Bill (SB) 964 (2014). SB 964 authorized the DMHC, in consultation with stakeholders, to develop standardized methodologies for measuring compliance with the timely access standards. The goal of using a standardized timely access survey methodology for all health plans is that it would result in comparable data across health plans. This would improve the DMHC's ability to compare results among health plans and ultimately develop an acceptable rate of compliance for health plans to meet.

Under the guidance of SB 964, the DMHC worked closely with stakeholders to strengthen the timely access requirements and health plan reporting through amendments to the Timely Access Regulation.[2] The amendments to the Timely Access Regulation, which became effective on April 1, 2022, incorporate the mandatory timely access survey methodology, standardize reporting, and requires health plans to meet the minimum rate of compliance of 70% for both non-urgent and urgent appointments starting in MY 2023, which will be reported to the DMHC in 2024.[3] With these new requirements in the Timely Access Regulation, the DMHC will be able to better hold health plans accountable for meeting a minimum rate of compliance, and ultimately providing timely access to care to enrollees.

[2] California Code of Regulations, title 28, section 1300.67.2.2.
[3] MY 2023 data will be reported to the DMHC in 2024.

Under the amended Timely Access Regulation, health plans will also be required to demonstrate that each network meets the required 70% minimum rate of compliance for both urgent and non-urgent appointments. This will allow the DMHC to review each individual health plan network's ability to deliver timely appointments, ascertain whether each health plan network met the established rate of compliance, and compare performance across all health plans.

For MY 2023, the DMHC will begin displaying timely access data by health plan network in the annual Timely Access Report, rather than aggregated by health plan.[4] This approach will be more consistent with the way enrollees access health care services from their health plan and will allow for better coordination of timely access and network adequacy reviews, which in turn will lead to better transparency into health plan compliance with the timely access to care standards.

Additionally, the legislature introduced two bills, that were signed into law by the Governor, to improve timely access to care standards and health plan monitoring. SB 221 (2021) codified existing definitions and wait time standards from the Timely Access Regulation into the Timely Access Statute. SB 221 also added a new timely access standard for behavioral health follow-up appointments of 10-business days.[5] SB 225 (2022) makes clarifications to the law, and mandates that health plans monitor all timely access standards, including the new timely access standard for behavioral health follow-up appointments.

The DMHC took immediate steps to implement SB 221, including issuing three All Plan Letters requiring health plans to begin implementation and monitoring of the new timely access standard for behavioral health follow-up appointments.[6] The DMHC has also begun to incorporate monitoring and reporting requirements for the new standard into the mandatory timely access survey methodology for MY 2023. The DMHC will continue to work with stakeholders to implement and refine monitoring requirements set forth in SB 221 and SB 225 and enact these changes into regulation.

Timely Access Standards

The specific wait time standards in the Timely Access Statute and Regulation are provided in the chart below. It is important to note that there are two separate standards for urgent care. A 48-hour (2 days) standard applies when authorization does not have to be obtained in advance from the health plan. A 96-hour (4 days) standard applies when authorization from the health plan must be obtained prior to the delivery of care.

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[4] A network is a discrete set of network providers the health plan has designated to deliver all covered services to enrollees covered by a health plan in a specific service area. (Title 28 CCR section 1300.67.2.2(b)(5).)

[5] A qualified health care provider or triage professional may extend the waiting time for an appointment if the provider determines and notes in the record that a longer waiting time will not have a detrimental impact to the enrollee's health.

[6] All Plan Letter (APL) 21-025 – Newly Enacted Statutes Impacting Health Plans (12/20/2021), APL 22-007 – DPN Monitoring and Annual Reporting Changes (3/4/2022), and APL 22-026 – Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation.

Urgent Care

prior authorization **not required** by health plan

2 days

prior authorization **required** by health plan

4 days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN

10 business days

SPECIALTY CARE PHYSICIAN

15 business days

Mental Health Appointment

(non-physician 1)

10 business days

Appointment

(ancillary provider 2)

15 business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment

(non-physician)

10 business days from prior appointment
(effective July 1, 2022)

[1] Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

[2] Examples of ancillary services include lab work or diagnostic testing, such as mammogram or MRI, or treatment such as physical therapy.

Health plans are required to ensure that each of its provider networks has the capacity to offer enrollees appointments within the timely access standards. Health plans must also ensure that appointments meet the clinical appropriateness standard, which requires that services be provided in a timely manner that is appropriate for the nature of the individual enrollee's condition, consistent with good professional practice.

In conjunction with the clinical appropriateness standard, the Timely Access Statute and Regulation allows the wait time for an appointment to be extended if the referring or treating licensed health care provider, acting within the scope of the provider's practice (and consistent with professionally recognized standards of practice), determines and notes in the relevant record that a longer wait time will not have a detrimental impact on the health of the enrollee. In addition, preventive care services and periodic follow-up care may be scheduled in advance consistent with professionally recognized standards of practice, in a timeframe determined by the treating health care provider.

Enrollees may access urgently needed services in a variety of different ways depending on the delivery model of the health plan, aside from emergency treatment obtained at an emergency room. For example, many health plan enrollees who require urgent care may obtain same-day appointments through their primary care provider or through another doctor within their medical group. Some health plans offer the capability to meet urgent primary care treatment needs by offering advanced access, which is the ongoing availability of primary care services on the same day or the next business day following the day of the enrollee's request. Additionally, some health plans contract with and allow enrollees to access urgent care through dedicated urgent care centers located within the enrollee's local service area. These differing methods of meeting enrollee urgent care needs may not be measured in the timely access survey and displayed in this report. The timely access survey measures the next available appointment. Thus, other methods of meeting urgent care needs that are not delivered via appointments, cannot be measured by the timely access survey.

How the DMHC Monitors Timely Access

In addition to the review of health plan compliance reports, the DMHC utilizes a variety of regulatory oversight tools to ensure enrollees have timely access to care. These oversight tools include:

- Monitoring enrollee complaints submitted to the DMHC Help Center to identify trends and take appropriate action, including referral to the DMHC Office of Enforcement.
- Evaluating health plan networks when there is a contract termination between a health plan and provider group that impacts 2,000 or more enrollees to ensure health plans have an adequate number of providers to offer timely access to care to their enrollees.
- Performing network adequacy reviews annually and when a health plan seeks to make a significant change to its license, including changes to its service area, or a change in its roster of providers that would require a health plan filing with the DMHC.
- Auditing of health plan operations through routine medical surveys, which include an assessment of health plan compliance with the timely access standards and an evaluation of whether the health plan took actions in response to access and availability issues identified. The DMHC assesses the health plan's quality assurance review processes and may identify instances in which a health plan fails to comply with quality assurance and oversight requirements. Where a plan determines there are timely access or network adequacy issues based on audits, oversight, or other information such as enrollee grievances that concern timely access to appointments, the DMHC evaluates whether the plan implemented corrective action as required by the plan's written quality assurance process. The DMHC also reviews the health plan's processes for coordinating language assistance services when enrollees obtain health care services, including at the time of a scheduled urgent or non-urgent appointment.
- Conducting behavioral health investigations of commercial full service health plans, which include an assessment of health plan compliance with the timely access standards and identifying barriers experienced by enrollees and providers in obtaining or providing timely, appropriate, and medically necessary behavioral health care services.
- Taking enforcement action against health plans that violate timely access requirements, which may include requiring a corrective action plan.

Between January 1, 2017, and September 23, 2022, the DMHC has issued 53 access-related deficiencies to health plans through the medical survey process. Of these 53 deficiencies:

- Thirty-five deficiencies were corrected by the health plans at the issuance of the Final Report or Follow-Up Report or were resolved through a settlement agreement.
- Eleven deficiencies were not corrected at the issuance of the Follow-Up Report and have been referred (or are pending referral) to the DMHC's Office of Enforcement.
- Four deficiencies are pending the completion of the Follow-Up Survey.
- Three deficiencies remained uncorrected as the health plan surrendered their Knox-Keene License prior to the Follow-Up Survey completion.

Health Plans Must Also Meet the Following Requirements to Ensure Customers Have Timely Access to Care:

DISTANCE

Provide access to a primary care provider or a hospital within 15 miles or 30 minutes from where enrollees live or work.

AVAILABILITY

Your health plan should have telephone services available on a 24/7 basis.

INTERPRETER

Interpreter services must be coordinated with scheduled appointments for health care services to ensure interpreter services are provided at the time of the appointment.

Timely Access Compliance Report Findings

The timely access survey methodology sets forth the process for an annual assessment of a health plan's ability to offer appointments within the timely access standards. The timely access survey does not measure actual enrollee experiences. The charts within this report utilize the timely access data reported by health plans. The charts display the percentage of surveyed providers who indicated they had appointments available within the appointment wait time standards.

The DMHC requires health plans to annually measure timely access by using the mandatory timely access survey methodology and then report the results to the DMHC. The timely access survey uses a randomly selected stratified sample of each provider type within a health plan network in each county. Health plans contact the random sample of providers and query them for their next available appointment. Health plans compare the providers' responses to these surveys against the appointment wait time standards to ascertain the percentage of providers with an appointment available within the urgent and non-urgent wait time standards. Health plans then report the results of the timely access survey to the DMHC.

Data Sampling Error Rate

The DMHC only includes a health plan's timely access data in the charts below if the health plan's sampling error was at or below five percentage points. This ensures that the charts in the Timely Access Report present only reliable timely access data for each health plan. By meeting the target sample size defined by the timely access survey methodology, health plans should produce results sufficiently reliable with sampling errors of approximately five percent for each provider type by appointment type.[7] The charts below combine data for more than one provider type or appointment type, which increases the sample size and results in lower sampling errors. Each chart includes the range of the sampling errors across all health plans included in the chart. Sampling errors exceeding five percent for combined provider type rates indicate the health plan's failure to achieve target sample sizes for multiple provider types. Sampling errors over five percent raise concerns that the sample may not be representative of the population of health plan providers. Appendix A contains a detailed explanation of the data discrepancies; however, no plans exceeded the five percent sampling error threshold in MY 2021. Thus, all health plans required to report timely access data are presented in the charts set forth below.

Aggregate Rate of Compliance

The charts below show provider responses to appointment availability requests for MY 2021 by: Commercial Products (e.g., large or small group employer-sponsored health plans), Individual/Family Products (e.g., individual or family health plans purchased privately or through the Covered California

[7] A sampling error is the statistical error associated with estimates drawn from a sample of a population. Since a sample may not be representative of the population as a whole, the sampling error represents possible difference between the sample estimate and the population parameter. The sampling errors for this report are calculated at an 80% confidence level, which means that a rate of compliance estimate of 75% with a sampling error of +/- 5% indicates that there is an 80% certainty that the true rate of compliance is between 70% and 80%.

Exchange), Medi-Cal Products, and all products combined. Full service and behavioral health plans' timely access data are presented in the charts separately. As noted below, the charts for full service health plans include responses for behavioral health services. It is important to understand the health plan timely access survey results reflect only the time period in which a provider was surveyed, based on the sample size of surveyed providers who responded.

As an example, if a health plan's timely access survey results show a 75% aggregate rate of compliance with a two-percentage point sampling error, this means 75% of providers that responded to the survey indicated their next available appointment fell within the appointment wait time standards. Because the result is calculated from a statistical sample of a health plan's providers, we can infer with a high degree of reliability what the actual rate of compliance is for all health plan providers. In this example, we are highly confident that the actual rate of compliance for all health plan providers is between 73% and 77%.

Full Service Health Plans Timely Access Data

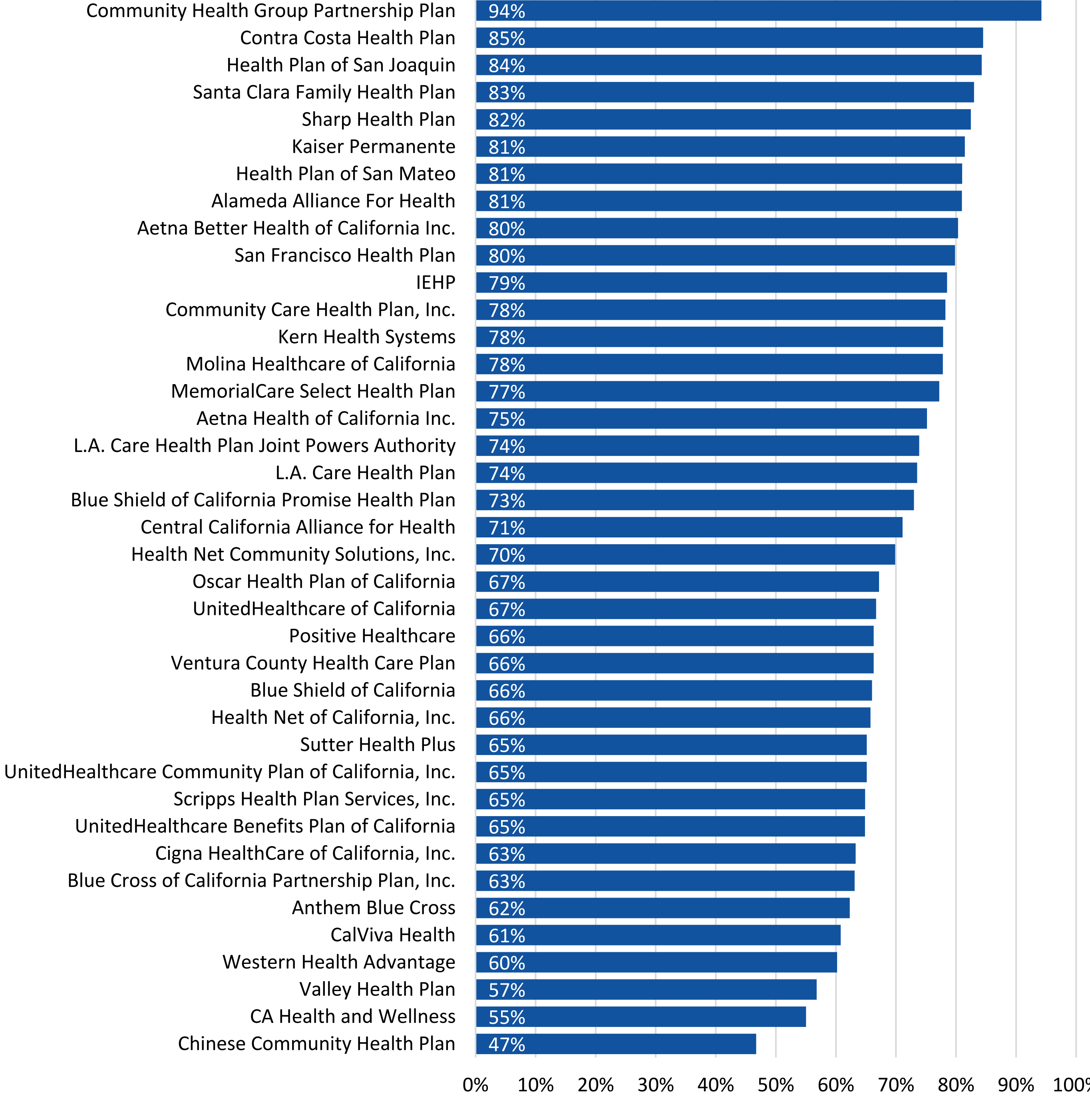
URGENT AND NON-URGENT APPOINTMENTS

Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 1

Full Service Health Plans

This chart combines health plans' Commercial, Individual/Family, and Medi-Cal product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for both urgent and non-urgent appointments.

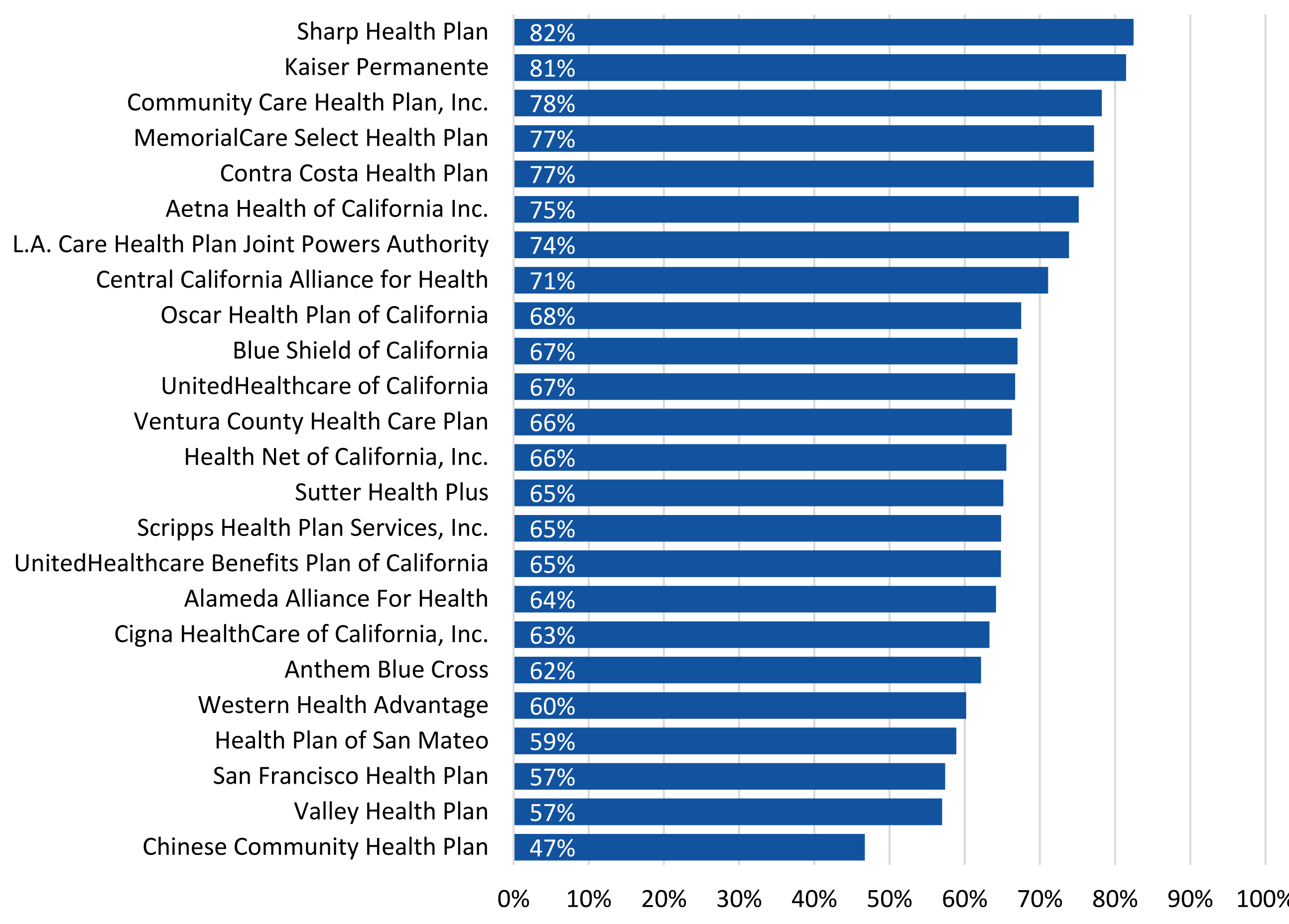


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 2

Full Service Health Plans – Commercial

This chart combines health plans' Commercial product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for both urgent and non-urgent appointments.

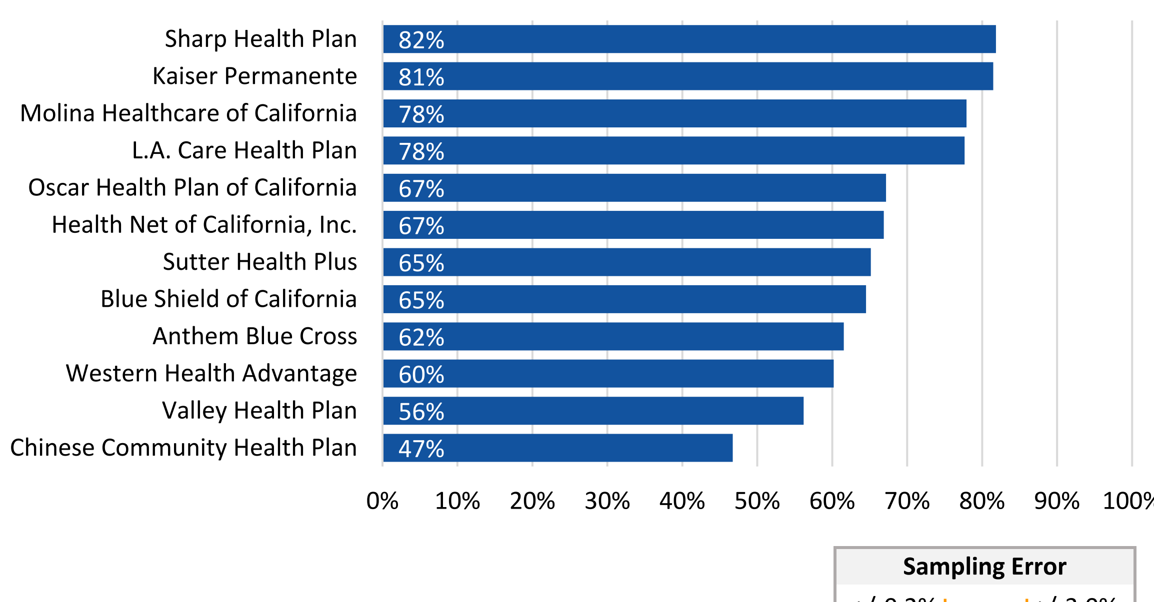


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 3

Full Service Health Plans – Individual/Family

This chart combines health plans' Individual/Family product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for both urgent and non-urgent appointments.

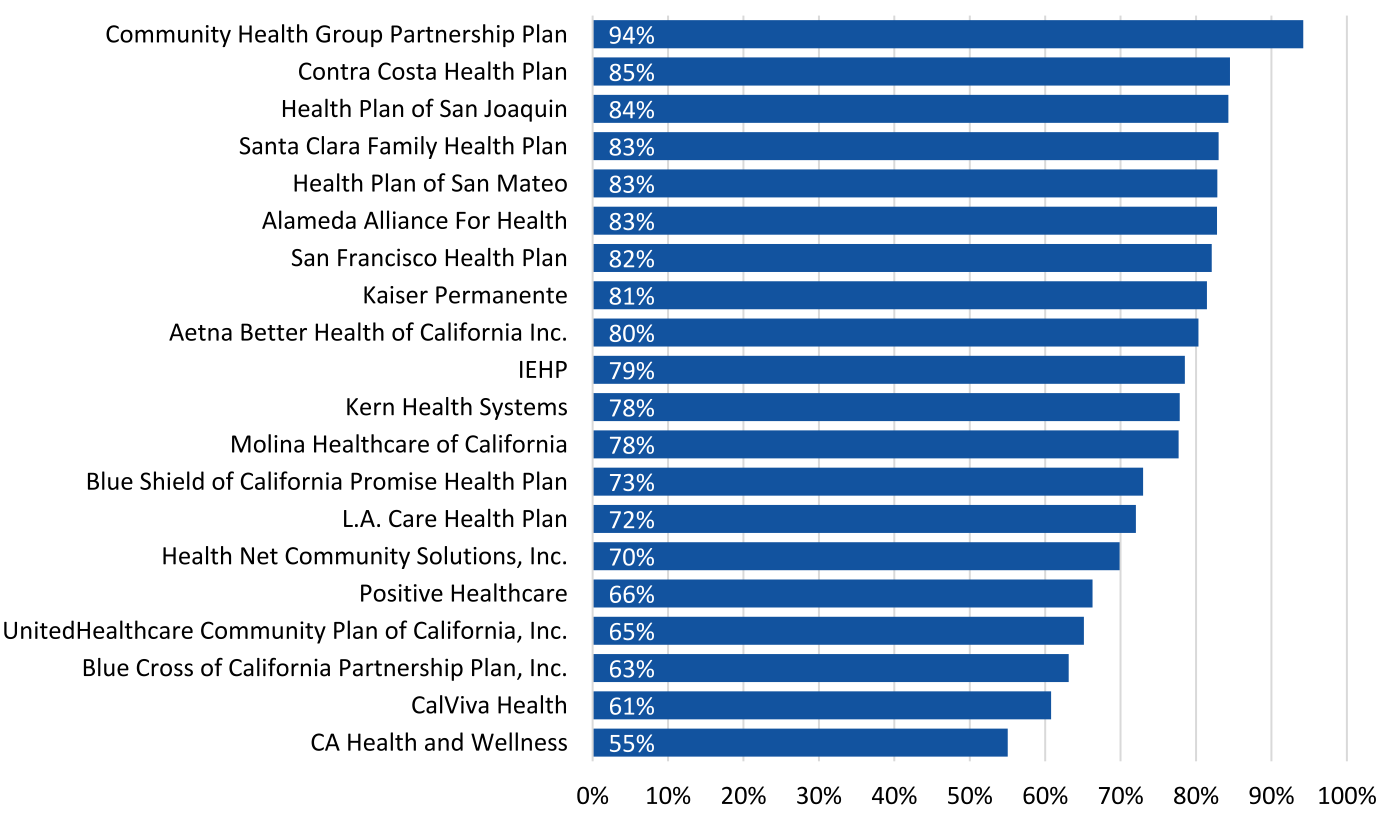


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 4

Full Service Health Plans – Medi-Cal

This chart combines health plans' Medi-Cal product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for both urgent and non-urgent appointments.



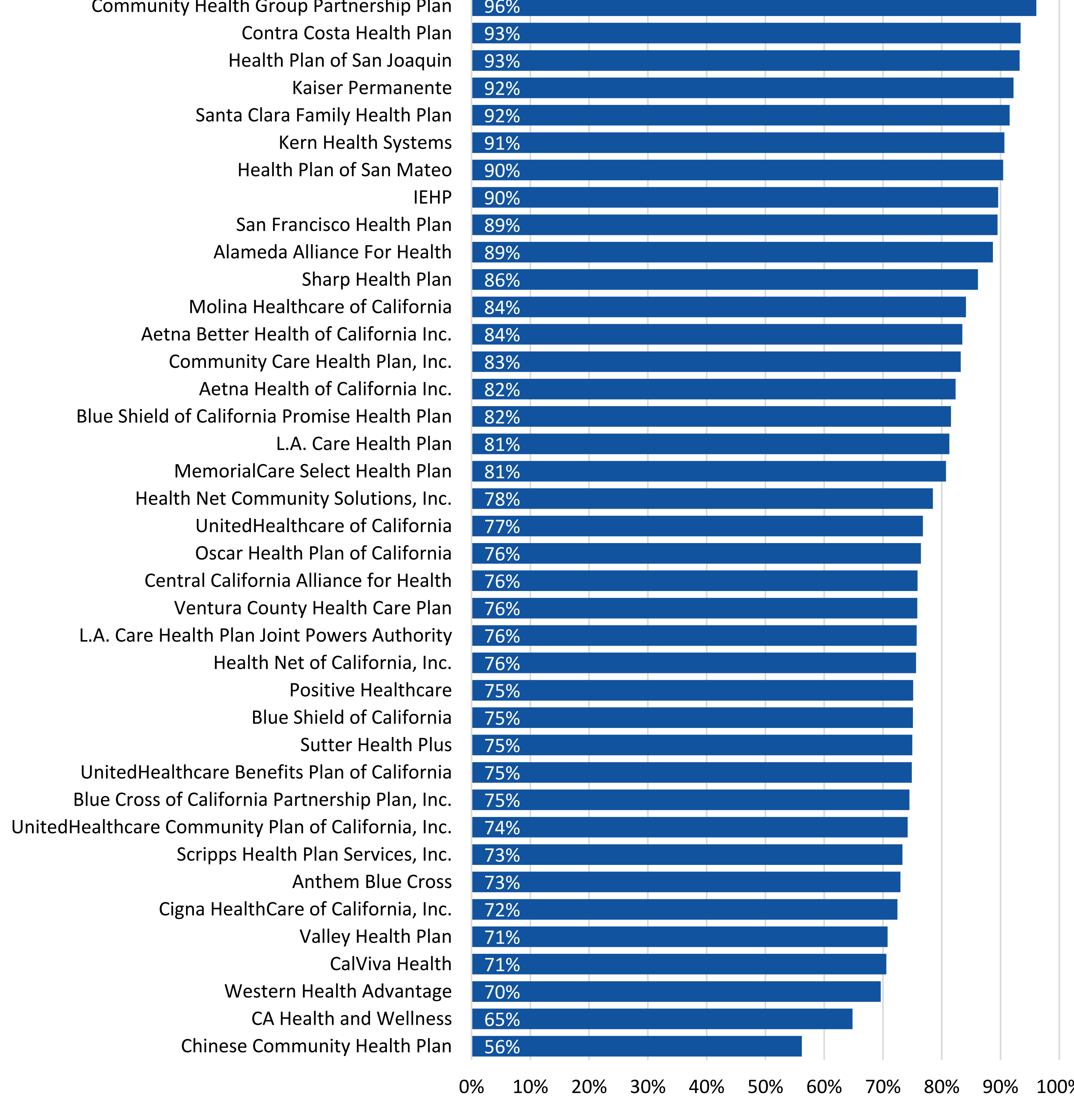
NON-URGENT APPOINMENTS

Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 5

Full Service Health Plans

This chart combines health plans' Commercial, Individual/Family, and Medi-Cal product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for non-urgent appointments.

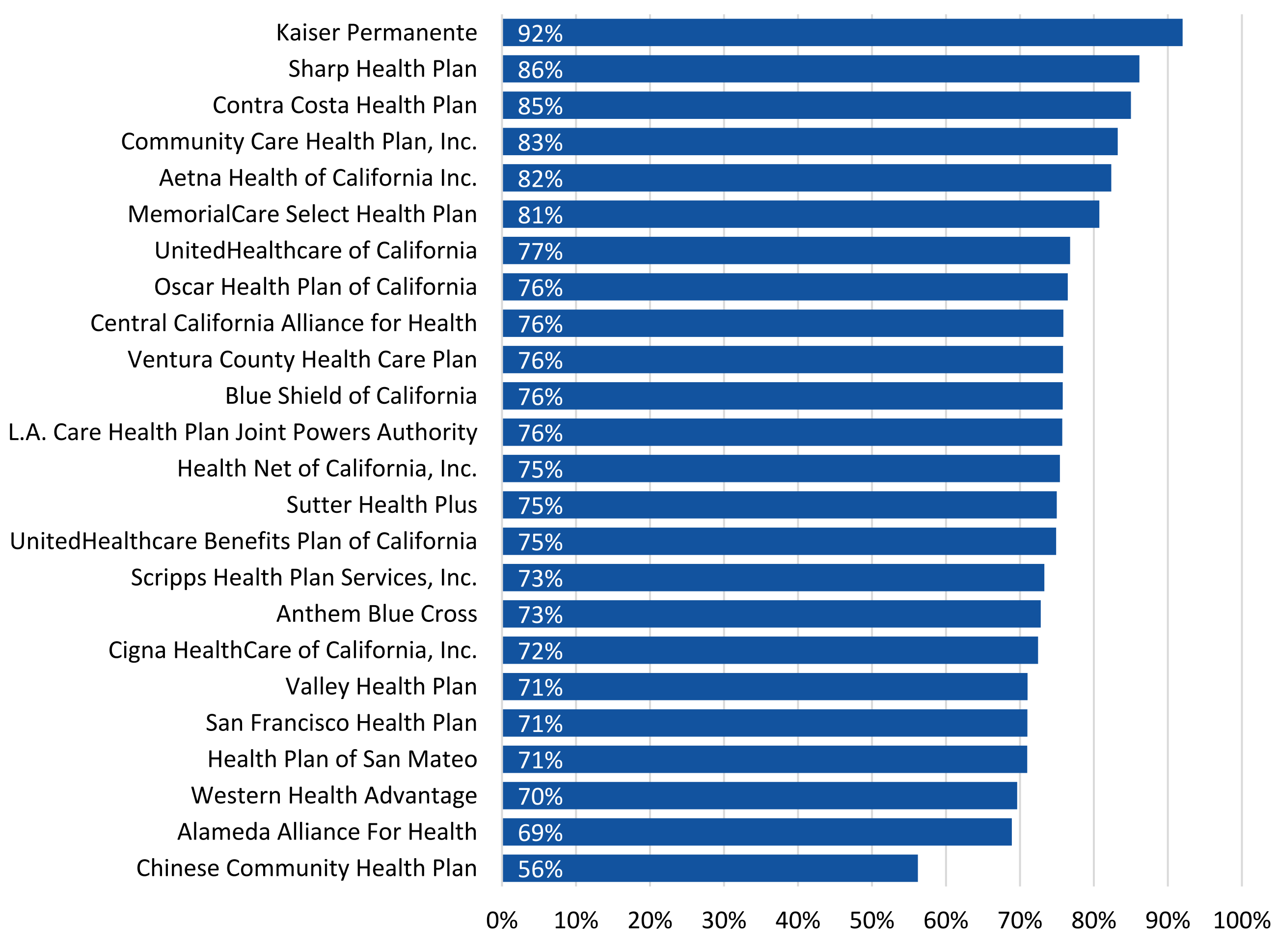


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 6

Full Service Health Plans – Commercial

This chart combines health plans' Commercial product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for non-urgent appointments.

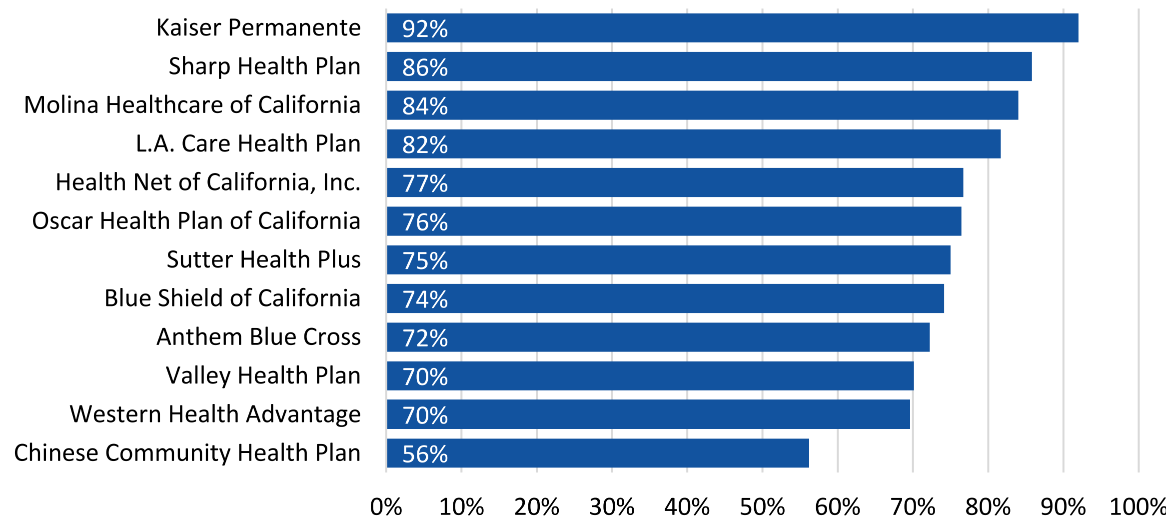


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 7

Full Service Health Plans – Individual/Family

This chart combines health plans' Individual/Family product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for non-urgent appointments.

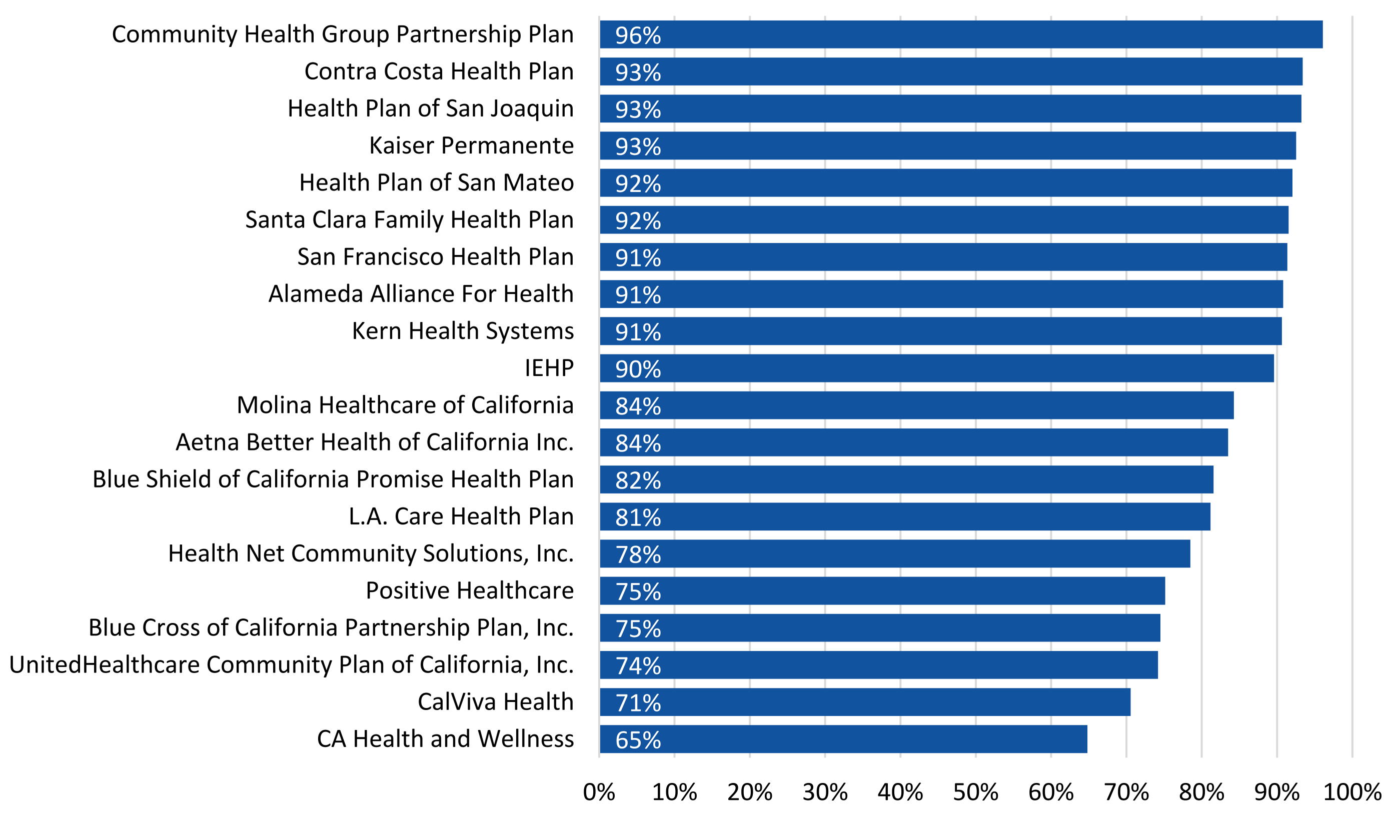


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 8

Full Service Health Plans – Medi-Cal

This chart combines health plans' Medi-Cal product survey results, across all provider types (primary care, specialty, non-physician mental health, and ancillary) for non-urgent appointments.



URGENT APPOINTMENTS

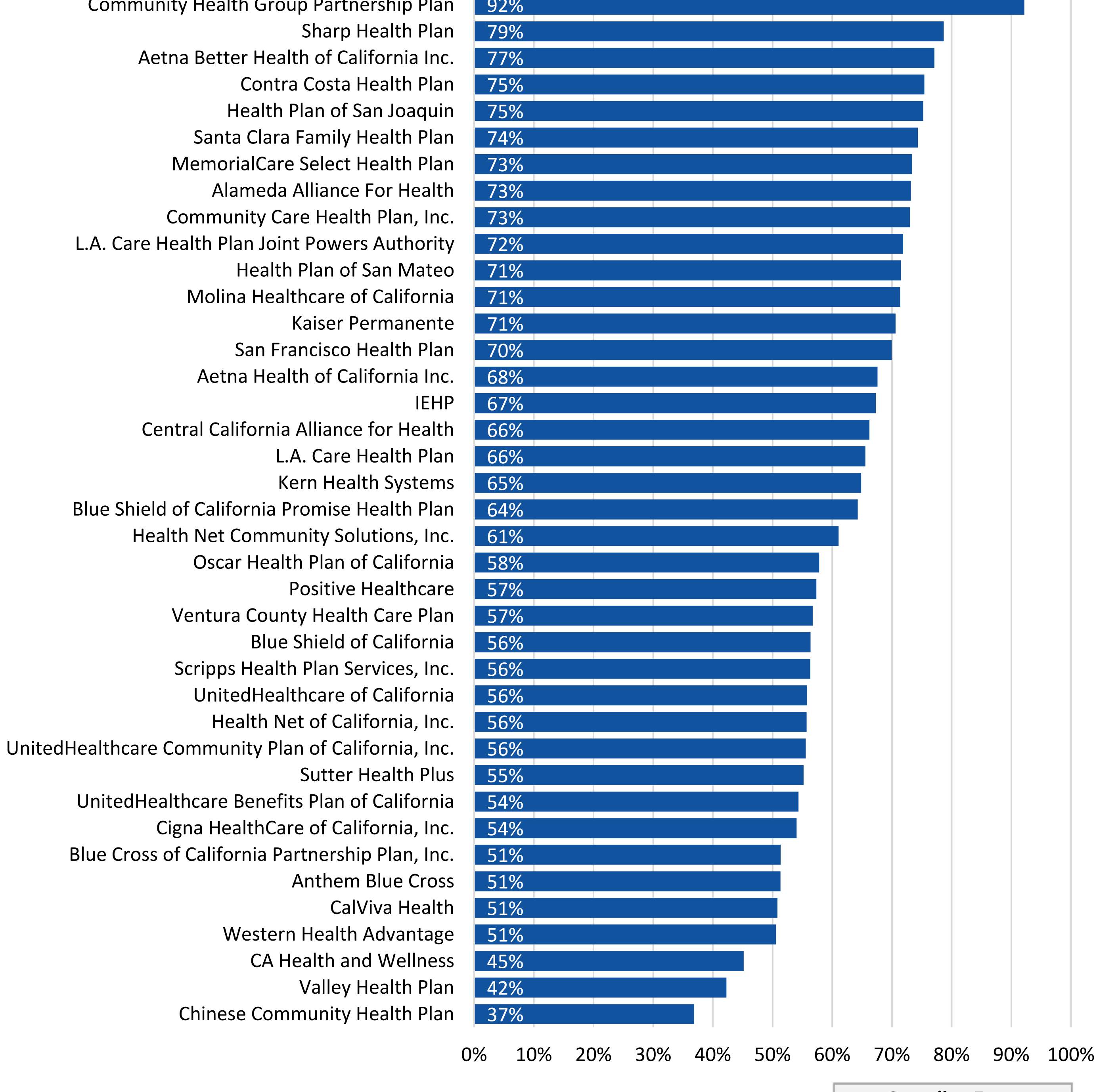
Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

As noted earlier in this Timely Access Report, enrollees may access urgently needed services in a variety of different ways depending on the delivery model of the health plan, aside from emergency treatment that may be obtained at an emergency room. These differing methods of meeting enrollee urgent care needs are not measured under the timely access survey methodology and are not displayed in this Timely Access Report.

Chart 9

Full Service Health Plans

This chart combines health plans' Commercial, Individual/Family, and Medi-Cal product survey results, across provider types (primary care, specialty, and non-physician mental health) for urgent appointments.

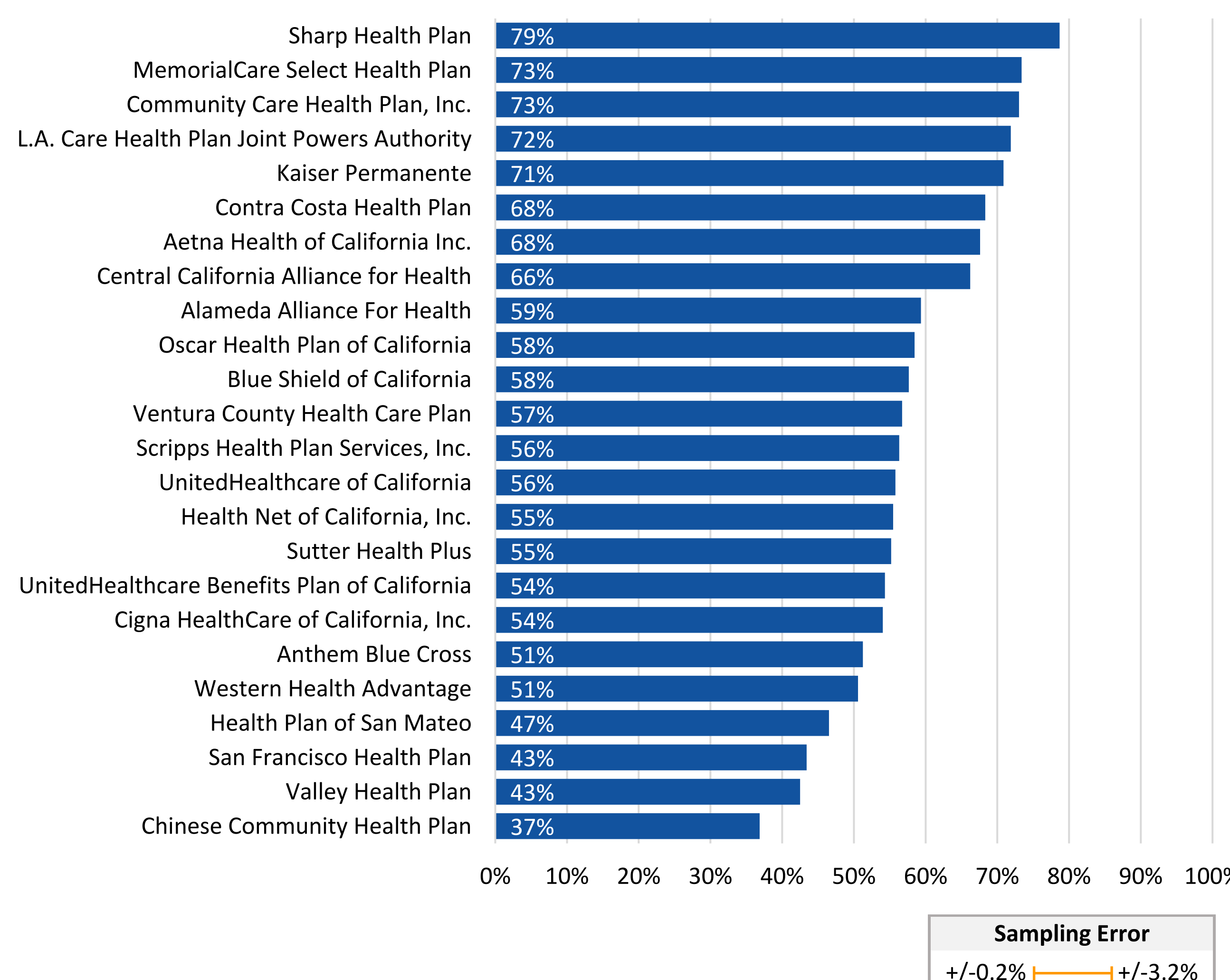


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 10

Full Service Health Plans – Commercial

This chart combines health plans' Commercial product survey results, across provider types (primary care, specialty, and non-physician mental health) for urgent appointments.

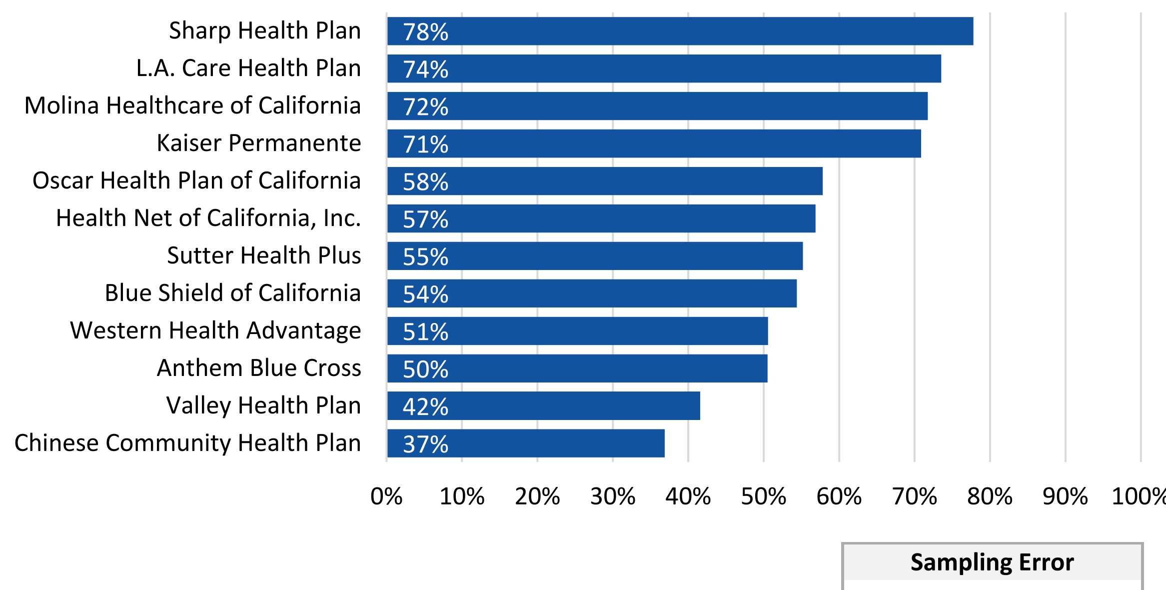


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 11

Full Service Health Plans – Individual/Family

This chart combines health plans' Individual/Family product survey results, across provider types (primary care, specialty, and non-physician mental health) for urgent appointments.

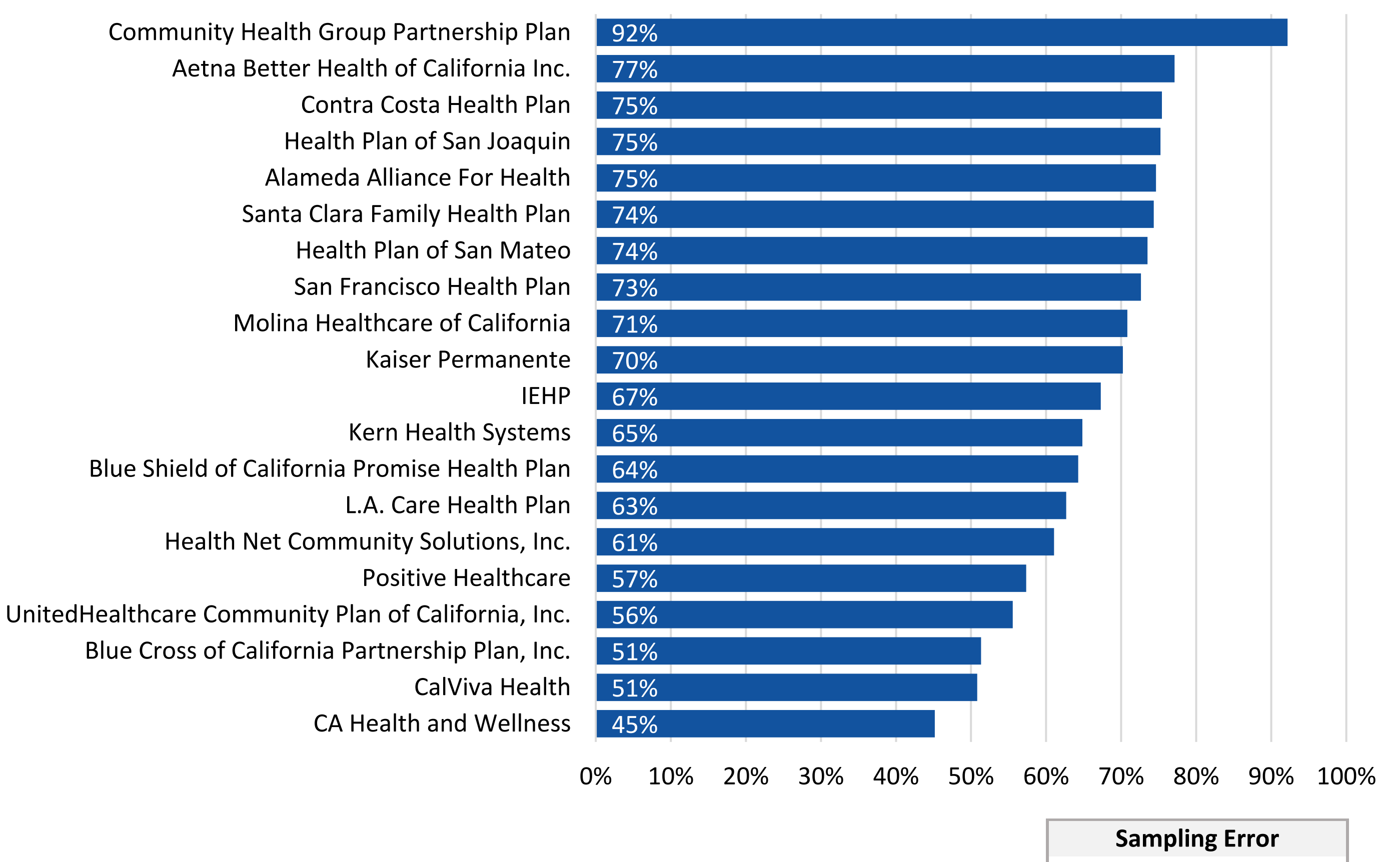


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 12

Full Service Health Plans – Medi-Cal

This chart combines health plans' Medi-Cal product survey results, across provider types (primary care, specialty, and non-physician mental health) for urgent appointments.



Behavioral Health Plans Timely Access Data

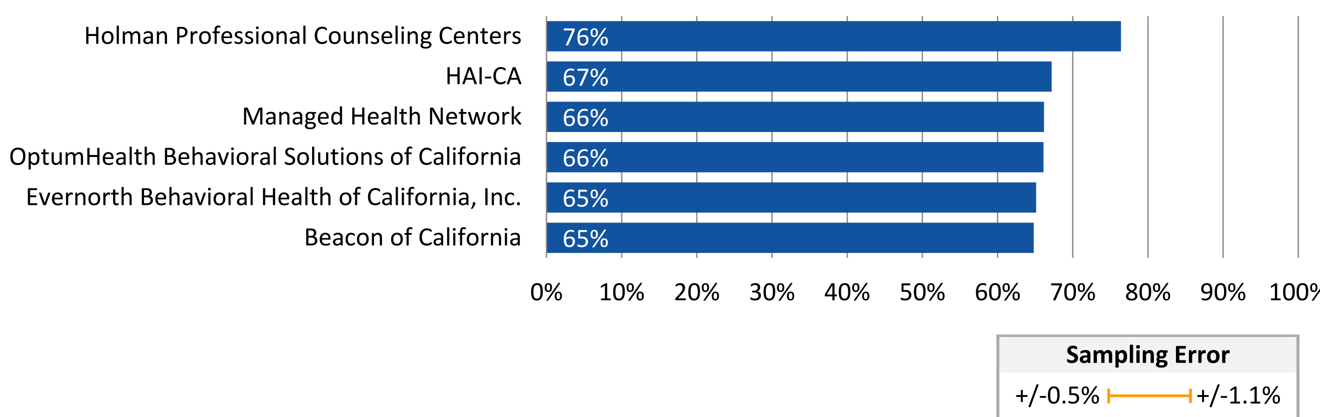
URGENT AND NON-URGENT APPOINTMENTS

Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 13

Behavioral Health Plans

This chart combines behavioral health plans' Commercial, Individual/Family and Medi-Cal product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for both urgent and non-urgent appointments.

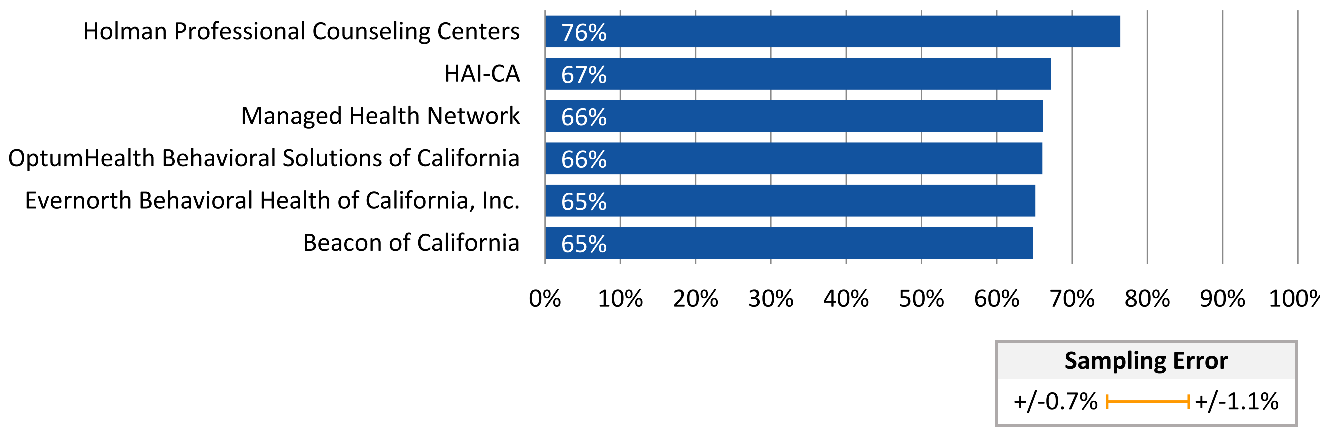


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 14

Behavioral Health Plans – Commercial

This chart combines behavioral health plans' Commercial product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for both urgent and non-urgent appointments.

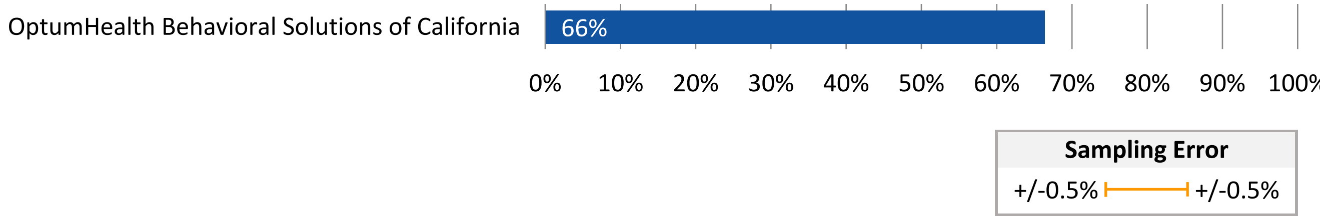


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 15

Behavioral Health Plans – Individual/Family

This chart combines behavioral health plans' Individual/Family product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for both urgent and non-urgent appointments.

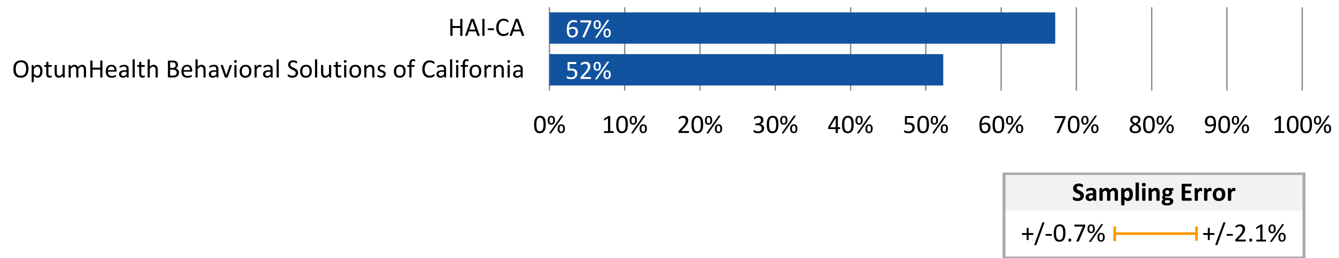


Percentage of Surveyed Providers Meeting both Urgent and Non-Urgent Appointment Wait Time Standards

Chart 16

Behavioral Health Plans – Medi-Cal

This chart combines behavioral health plans' Medi-Cal product survey results, across mental health provider types (non-physician mental health psychiatrist, and child and adolescent psychiatrist) for both urgent and non-urgent appointments.



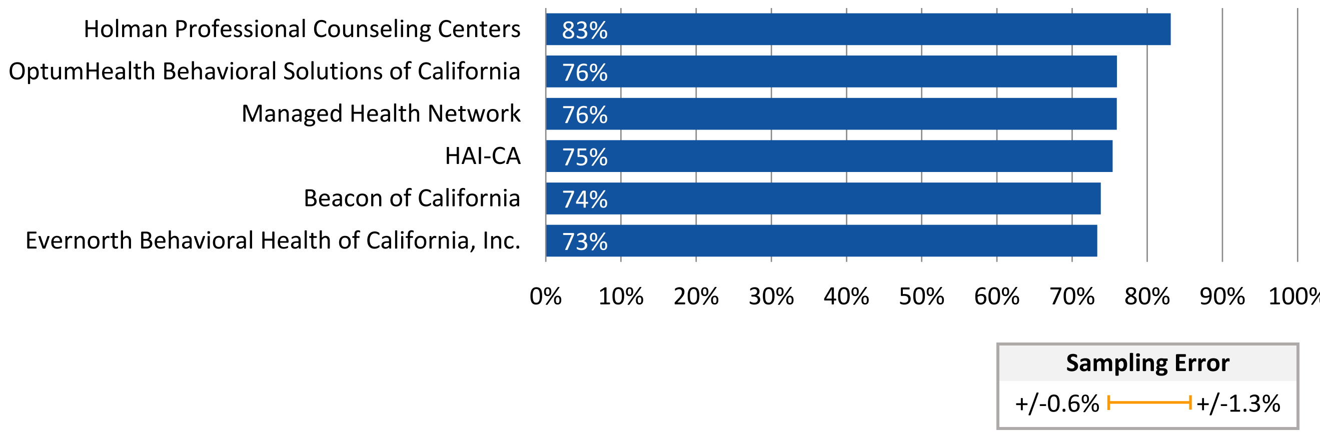
NON-URGENT APPOINTMENTS

Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 17

Behavioral Health Plans

This chart combines behavioral health plans' Commercial, Individual/Family and Medi-Cal product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for non-urgent appointments.

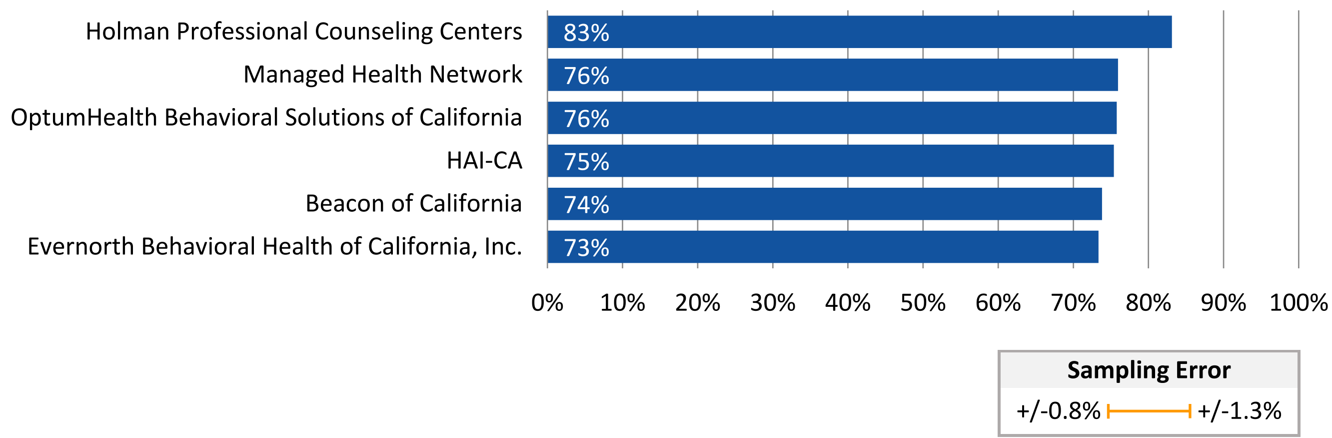


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 18

Behavioral Health Plans – Commercial

This chart combines behavioral health plans' Commercial product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for non-urgent appointments.

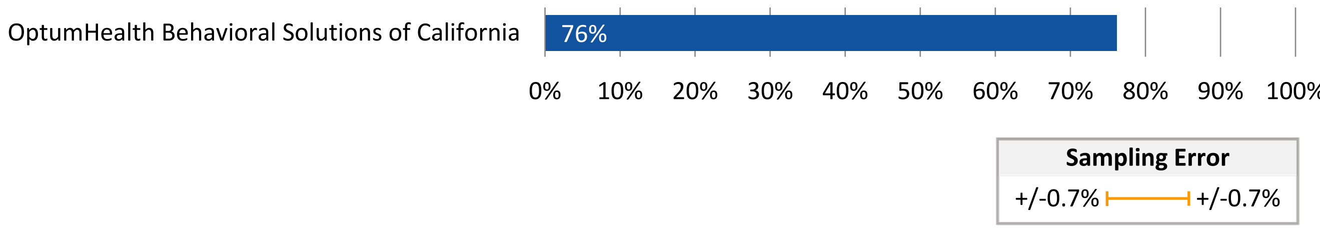


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 19

Behavioral Health Plans – Individual/Family

This chart combines behavioral health plans' Individual/Family product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for non-urgent appointments.

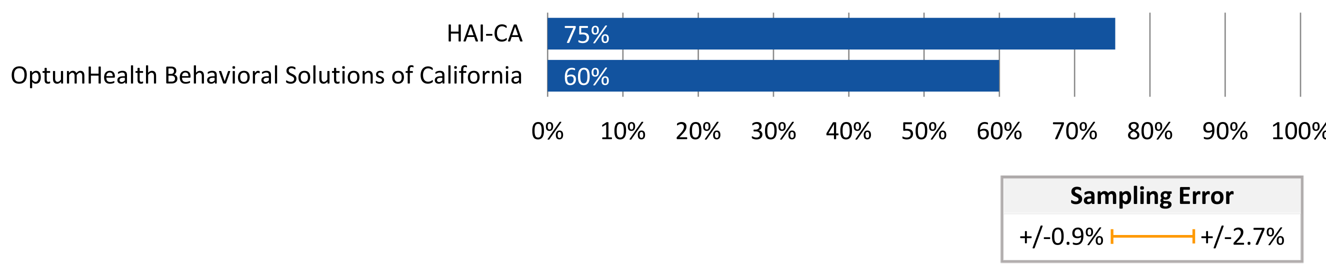


Percentage of Surveyed Providers Meeting Non-Urgent Appointment Wait Time Standards

Chart 20

Behavioral Health Plans – Medi-Cal

This chart combines survey results across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for non-urgent appointments.



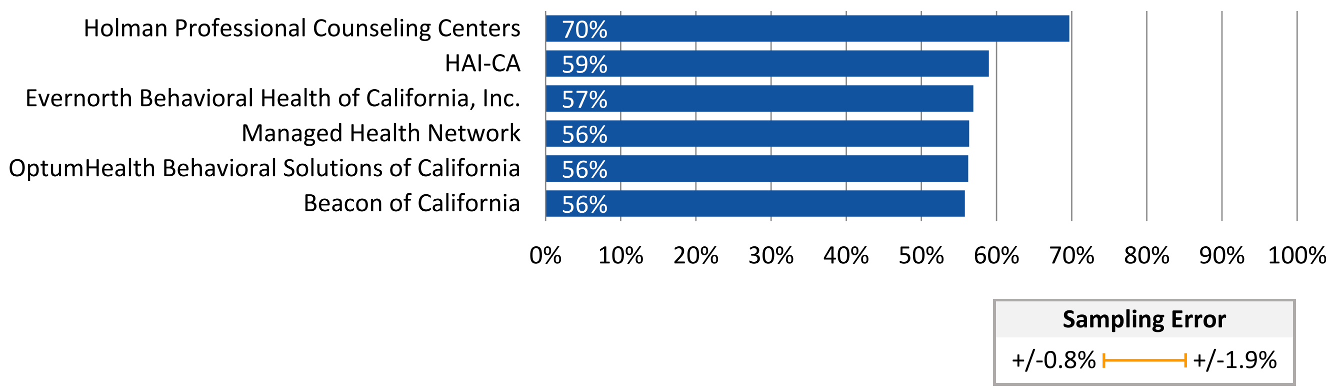
URGENT APPOINTMENTS

Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 21

Behavioral Health Plans

This chart combines behavioral health plans' Commercial, Individual/Family and Medi-Cal product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for urgent appointments.

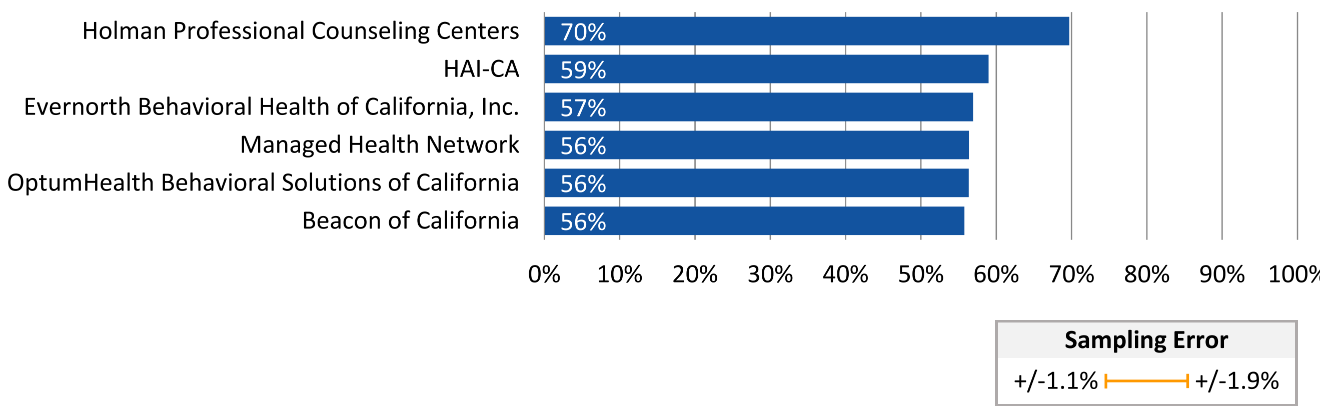


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 22

Behavioral Health Plans – Commercial

This chart combines behavioral health plans' Commercial product survey results, across mental health provider types (non-physician mental health, psychiatrist, and child and adolescent psychiatrist) for urgent appointments.

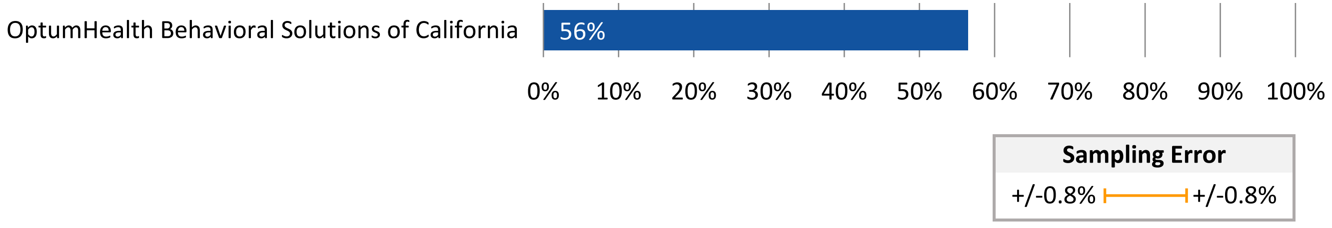


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 23

Behavioral Health Plans – Individual/Family

This chart combines behavioral health plans' Individual/Family product survey results, across mental health provider types (non-physician behavioral health, psychiatrist, and child and adolescent psychiatrist) for urgent appointments.

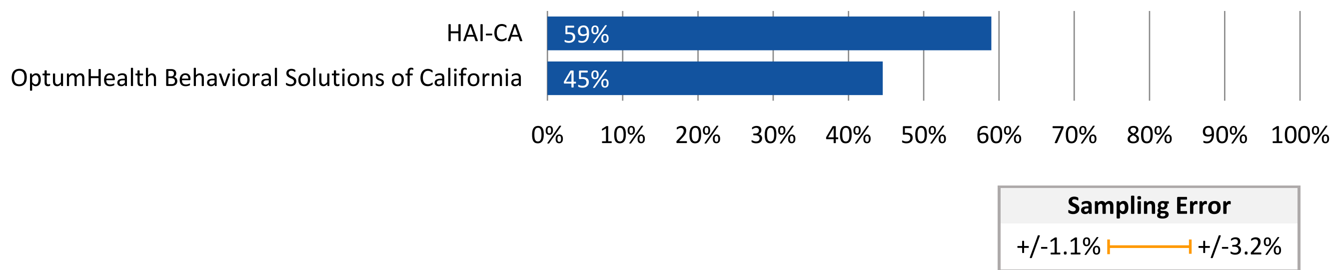


Percentage of Surveyed Providers Meeting Urgent Appointment Wait Time Standards

Chart 24

Behavioral Health Plans – Medi-Cal

This chart combines survey results across mental health provider types (non-physician behavioral health, psychiatrist, and child and adolescent psychiatrist) for urgent appointments.



Next Steps

As we look forward, the DMHC continues to focus on ensuring health plan enrollees can access appropriate health care services within the timely access standards. Health plans have already started collecting data for MY 2022, using the same timely access survey methodology used for MY 2019 through MY 2021. The DMHC has worked closely with stakeholders, including consumer advocates, health plans, and provider organizations to develop the standardized timely access survey methodology and rate of compliance included in the amended Timely Access Regulation. Under the amended regulation, the DMHC will hold health plans accountable for meeting the minimum rate of compliance of 70% for both non-urgent and urgent appointments starting in MY 2023, which will be reported to the DMHC in 2024.

Following the enactment of the amendments to the Timely Access Statute and Regulation earlier this year, the DMHC will take the following actions by MY 2023:

- The Department will report timely access data by health plan network rather than aggregated by health plan.
- The Department will require health plans to take corrective actions, and take appropriate enforcement action against health plans that fail to meet the minimum rate of compliance of 70% for both non-urgent and urgent appointments.
- The Department will incorporate the SB 221 reporting requirements into the standardized timely access methodology, including reporting the average appointment wait time for each class of appointments and capturing compliance data related to the behavioral health follow-up appointment wait time standard.
- The Department will work with stakeholders to implement new timely access requirements enacted by SB 221 and SB 225.

The DMHC will continue the following efforts in timely access reporting:

- The Department will continue to require health plans to collect and report timely access data by health plan network.
- The Department will continue to work with health plans and statisticians to ensure data accuracy in the timely access reporting. This includes continuing to require health plans to utilize an external vendor to perform a quality assurance review and include a validation report of the health plans' data prior to submission of the timely access data to the Department.
- The Department will continue to conduct annual reviews of timely access data by health plan and provide feedback related to compliance concerns to each plan. The Department will also provide the health plan with an opportunity to respond and submit corrective action plans to improve reliability, comparability, and accuracy of the data where findings of non-compliance are identified.

- The Department will continue to monitor the effectiveness of previously submitted corrective action plans. Further, the Department may refer health plans that violate statutory or regulatory reporting requirements to the Department's Office of Enforcement for further action.
- The Department will continue to work with and provide timely access data to the Center for Data Insights and Innovation (CDII) for incorporation into the Quality of Care Report Card.

Conclusion

On average, the MY 2021 reported timely access rates for both urgent and non-urgent appointments fell below the rates reported in the previous year. The timely access survey for MY 2021 was administered during the time the state experienced two spikes in COVID-19 cases due to the Delta and Omicron variants. Several health plans indicated that staffing and other issues caused by these spikes likely contributed to the decline in timely access rates observed in MY 2021.

One of the DMHC's top priorities is to ensure health plan enrollees can access the care they need, when they need it. This includes making sure health plans are providing care within the timely access standards. The DMHC will continue to monitor health plan compliance with the timely access standards through the annual timely access data reports and the additional regulatory oversight tools available to the DMHC. The DMHC will also continue to work with and collaborate with stakeholders, including health plans, providers, and consumer advocates, to implement the amended Timely Access Regulation and more recent legislation.

The DMHC Help Center continues to be a valuable resource to enrollees facing issues with their health plan, including getting timely access to care. If a health plan enrollee is having trouble obtaining a timely appointment, they should first contact their health plan directly to help them get an appointment within the timely access standards. If their health plan does not resolve the issue, they should contact the DMHC Help Center for assistance at 1-888-466-2219 or www.HealthHelp.ca.gov.

Appendices

Appendix A: Timely Access Data Discrepancies & Analysis

The charts in this report include timely access data for primary care physicians, primary care non-physician medical practitioners, specialist physicians, non-physician mental health and ancillary providers for both urgent and non-urgent appointments.[8] The charts included in this report identify the percentage of appointments in which a provider indicated an appointment was available within the applicable wait time standards.

Data – Timely Access Survey Methodology

The timely access rates reported to the DMHC were calculated by health plans through survey responses from providers that were contracted with health plans. Health plans are required by the timely access survey methodology to create contact lists at the beginning of the measurement year and use the contact list to draw samples or censuses of networks to be surveyed from June through December of the measurement year. The timely access survey methodology requires the samples to be stratified by network, county, and provider type. Because of variations in the size of networks, responses may represent a sample of a relatively small share of providers for larger networks and or a relatively large share or census of providers in small networks. Network composition may change from the time the contact list is created to the administration of the survey, which can lead to some providers being ineligible at the time of the survey (e.g., a provider may retire or change jobs between the time the contact list is created, and the survey is administered). Health plans may update contact information or replace ineligible providers with other providers on the contact list; however, under the timely access survey methodology health plans may not remove or add providers following the creation of the contact list.

The survey identifies whether the first available appointment with a provider fell within the timely access standards. Survey responses for a provider may be applied across multiple health plan networks or across health plans, when applicable. A provider may have been surveyed multiple times when the provider is contracted with more than one health plan, the provider practiced in multiple counties, or due to health plan survey errors.

Overall Rate

The overall timely access rate is first computed by the DMHC-contracted statistician at the county network-level. The numerator for the overall rate is the sum of the number of providers who responded to the survey with an urgent care appointment within timely access standards and the number of providers who responded to the survey with a non-urgent care appointment within the timely access standards. The denominator for the rate is the sum of the number of providers who answered the survey for urgent care appointments and the number of providers who answered the survey for non-urgent care appointments. The calculated county network overall rate is then used to calculate a weighted mean at the health plan-level, which is described below.

[8] Specialist physicians consist of cardiologists, endocrinologists, gastroenterologists, and adult and child psychiatrists. Ancillary providers consist of service centers (facilities or entities) providing mammography and physical therapy appointments. Non-physician mental health care providers consist of Licensed Professional Clinical Counselors, Psychologists (Ph.D.-level), Marriage and Family Therapists, Licensed Marriage and Family Therapists, Master of Social Work, and Licensed Clinical Social Workers.

All Health Plan-Level Rates

For overall, urgent, and non-urgent care appointments, the DMHC-contracted statistician created a weighted mean of the timely access rate across all health plan county networks, using as weights the number of providers within a county network. Rates for ancillary providers are weighted by the number of service centers, rather than individual providers, within a county network. This provider weighting means that a timely access rate for a health plan's county network with 100 providers receives a weight ten times the weight of a rate for a county network with 10 providers. This weighting ensures that the overall rates are not biased by rates in counties with smaller numbers of providers or service centers. The resulting rates show the expected percentage of successful appointment requests within the standard applicable to the type of provider and type of appointment.

Sampling Error

Each chart includes an estimate of timely access rates and provides the range in sampling errors for the presented rates. The sampling error indicates, with 80% certainty, the range where the actual rate might fall given the sample size and estimated rate.[9] Sampling errors were calculated by the DMHC-contracted statistician using a finite population correction. The variability in sampling errors resulted from variation in rates, the size of health plan networks and the degree to which target sample sizes were achieved. Health plan results are not presented in the charts within the Timely Access Report if the sampling error for the rate of compliance was greater than 5%, as these results are deemed unreliable. For MY 2021, no health plan's timely access data was excluded from the charts in this Timely Access Report.

Survey and Data Issues

The DMHC requires health plans to contract with an external vendor to conduct a quality assurance and validation review prior to submission of the timely access data. This process identified numerous data issues and potential discrepancies. In addition to the external vendor analysis, the DMHC conducts other data validation checks that may be addressed with the health plan to ensure the reliability and accuracy of the data. Although issues with the data were common, the examination of the issues set forth below revealed that only one data issue exhibited a potentially substantive impact. There was a discrepancy in Ventura County's rates of compliance calculated from its raw data and the rates of compliance calculated from its results data. The DMHC conducts further investigation into issues or potential discrepancies identified during its review. As part of this investigation, the DMHC requests health plans provide an explanation for the discrepancy or engage in corrective action, where appropriate, to ensure that any discrepancies are corrected in future reporting years.

Erroneous compliance calculations:

- The DMHC independently verified health plan rates of compliance against each health plan's corresponding raw data. As a result of this verification, the DMHC found that some health plans' raw data did not exactly match the rates of compliance the health plan submitted for a county or

[9] The timely access survey is administered to a sample of health plan providers within each county network, as defined in the standardized timely access survey methodology. As a result, the analysis cannot confirm with 100% certainty that the rate computed from the data collected from the sample will be identical to the rate the analysis would have computed if the analysis asked every provider in a health plan if they were able to provide an appointment within the appropriate time frame.

provider type.[10] Some health plans reported data with negligible differences between health plans' rates and raw data; however, two plans reported data with potentially substantive differences between the sources. HAI-CA submitted results that suggested a large difference in the non-urgent appointment rates calculated from the raw data as compared to the results calculated from its results data. HAI-CA is a behavioral health plan that is contracted to provide services to enrollees of another plan (primary plan). The impact of HAI-CA's error on the primary plan's rates is negligible due to the large number of providers in the primary plan. Ventura County Health Care Plan rates of compliance calculated from the raw data produced urgent and non-urgent rates that were about 5 percentage points above rates from the results data. Rates for Ventura County Health Plan presented in Charts 1, 2, 5, 6, 9 and 10 are calculated using results data.[11]

- Some health plans did not account for a holiday when determining whether an appointment fell within the 10 or 15 business day appointment wait time standard. The timely access survey methodology requires health plans to exclude specified holidays in the calculation of the number of days until the next available non-urgent appointment. The holiday omission error led to health plans identifying some appointments as non-compliant when the appointment was compliant with the wait time standard. Although three health plans had this error, it accounted for a small share of appointments and did not have a substantive impact on rates.

<u>De-duplication errors</u>:

- De-duplication errors occurred as a result of health plans not properly de-duplicating providers to a single location in a county when providers had multiple locations, when duplicated records in the raw data were not properly accounted for in the results, or by the inclusion of individual-level identifiers for facility-level provider types. Though these errors may lead to overrepresentation for some providers in the results, a review of duplicated records revealed that they constituted insubstantial shares in the results and did not exhibit a specific bias.

<u>Omission of results for certain networks</u>:

- Health Net of California, Inc. failed to report survey results for its Canopy network. If this network has substantively different timely access rates compared to its other networks, then results for this health plan may not accurately represent rates for the health plan. However, because Health Net of California, Inc. has several networks, and there is substantial overlap in providers across their networks, it is unlikely that this omission biases the results presented in this Timely Access Report.

- Aetna Health of California failed to report results for Psychiatrists for its PrimeCare Physicians Plans Health Maintenance Organization (HMO) network. Omission of specific provider types may produce rates that are unrepresentative of the network, as rates differ across provider types. The health plan reported results for Psychiatrists for its other networks, and because the PrimeCare network is much smaller compared to the other networks, the omission of results for Psychiatrists for this network likely had a negligible effect on the representativeness of the results for the health plan.

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[10] Health plans are required to calculate the DMHC the rates of compliance based on raw data (i.e., individual provider responses to the survey). Health plans then submit both the rates of compliance and the raw data to the DMHC.

[11] Based on the information reported by Ventura County Health Care Plan, DMHC is unable to ascertain which data source is correct. (I.e., it is unclear whether the raw data or results are over or under reporting timely access data.)

Target Sample Size:

- Target sample sizes established at the health plan network county-level were often not met due to the number of ineligible providers in the survey contact list or because providers failed to respond to the survey. Failure to achieve the target sample size occurred mainly in counties with a small number of providers, which necessitates a survey of all or nearly all providers to produce reliable county-level results. Aggregating results to the health plan-level largely overcomes these issues by increasing the total sample size.

Appendix B: Health Plan Names (Legal & Doing Business As)

Full Service Health Plans	
Health Plan Legal Name	**Doing Business As (DBA)**
Aetna Better Health of California Inc.	
Aetna Health of California Inc.	
AIDS Healthcare Foundation	Positive Healthcare
Alameda Alliance For Health	
Blue Cross of California	Anthem Blue Cross
Blue Cross of California Partnership Plan, Inc.	
Blue Shield of California Promise Health Plan	
California Health and Wellness Plan	CA Health and Wellness
California Physicians' Service	Blue Shield of California
CHG Foundation	Community Health Group Partnership Plan
Chinese Community Health Plan	
Cigna HealthCare of California, Inc.	
Community Care Health Plan, Inc.	
Contra Costa County Medical Services	Contra Costa Health Plan
County of Ventura	Ventura County Health Care Plan
Fresno-Kings-Madera Regional Health Authority	CalViva Health
Health Net Community Solutions, Inc.	
Health Net of California, Inc.	
Inland Empire Health Plan	IEHP
Kaiser Foundation Health Plan, Inc.	Kaiser Permanente
Kern Health Systems	
L.A. Care Health Plan Joint Powers Authority	
Local Initiative Health Authority for Los Angeles County	L.A. Care Health Plan
MemorialCare Select Health Plan	
Molina Healthcare of California	
Oscar Health Plan of California	
San Francisco Health Authority	San Francisco Health Plan
San Joaquin County Health Commission	Health Plan of San Joaquin
San Mateo Health Commission	Health Plan of San Mateo
Santa Clara County	Valley Health Plan
Santa Clara County Health Authority	Santa Clara Family Health Plan
Santa Cruz-Monterey-Merced Managed Medical Care Commission	Central California Alliance for Health
Scripps Health Plan Services, Inc.	
Sharp Health Plan	
Sutter Health Plan	Sutter Health Plus
UHC of California	UnitedHealthcare of California
UnitedHealthcare Benefits Plan of California	
UnitedHealthcare Community Plan of California, Inc.	
Western Health Advantage	

Behavioral Health Plans	
Health Plan Legal Name	**Doing Business As (DBA)**
Beacon Health Options of California, Inc.	Beacon of California
Evernorth Behavioral Health of California, Inc.	
Holman Professional Counseling Centers	
Human Affairs International of California	HAI-CA
Managed Health Network	
U. S. Behavioral Health Plan, California	OptumHealth Behavioral Solutions of California

Appendix C: Full Service and Behavioral Health Plans Chart Summary

Full Service Health Plans												
Health Plan Name	Aggregate			Commercial			Individual/Family			Medi-Cal		
	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent
Aetna Better Health of California Inc.	80%	77%	84%	*	*	*	*	*	*	80%	77%	84%
Aetna Health of California Inc.	75%	68%	82%	75%	68%	82%	*	*	*	*	*	*
Alameda Alliance For Health	81%	73%	89%	64%	59%	69%	*	*	*	83%	75%	91%
Anthem Blue Cross	62%	51%	73%	62%	51%	73%	62%	50%	72%	*	*	*
Blue Cross of California Partnership Plan, Inc.	63%	51%	75%	*	*	*	*	*	*	63%	51%	75%
Blue Shield of California	66%	56%	75%	67%	58%	76%	65%	54%	74%	*	*	*
Blue Shield of California Promise Health Plan	73%	64%	82%	*	*	*	*	*	*	73%	64%	82%
CA Health and Wellness	55%	45%	65%	*	*	*	*	*	*	55%	45%	65%
CalViva Health	61%	51%	71%	*	*	*	*	*	*	61%	51%	71%
Central California Alliance for Health	71%	66%	76%	71%	66%	76%	*	*	*	*	*	*
Chinese Community Health Plan	47%	37%	56%	47%	37%	56%	47%	37%	56%	*	*	*
Cigna HealthCare of California, Inc.	63%	54%	72%	63%	54%	72%	*	*	*	*	*	*
Community Care Health Plan, Inc.	78%	73%	83%	78%	73%	83%	*	*	*	*	*	*
Community Health Group Partnership Plan	94%	92%	96%	*	*	*	*	*	*	94%	92%	96%
Contra Costa Health Plan	85%	75%	93%	77%	68%	85%	*	*	*	85%	75%	93%
Health Net Community Solutions, Inc.	70%	61%	78%	*	*	*	*	*	*	70%	61%	78%
Health Net of California, Inc.	66%	56%	76%	66%	55%	75%	67%	57%	77%	*	*	*
Health Plan of San Joaquin	84%	75%	93%	*	*	*	*	*	*	84%	75%	93%
Health Plan of San Mateo	81%	71%	90%	59%	47%	71%	*	*	*	83%	74%	92%
IEHP	79%	67%	90%	*	*	*	*	*	*	79%	67%	90%
Kaiser Permanente	81%	71%	92%	81%	71%	92%	81%	71%	92%	81%	70%	93%
Kern Health Systems	78%	65%	91%	*	*	*	*	*	*	78%	65%	91%
L.A. Care Health Plan	74%	66%	81%	*	*	*	78%	74%	82%	72%	63%	81%
L.A. Care Health Plan Joint Powers Authority	74%	72%	76%	74%	72%	76%	*	*	*	*	*	*
MemorialCare Select Health Plan	77%	73%	81%	77%	73%	81%	*	*	*	*	*	*
Molina Healthcare of California	78%	71%	84%	*	*	*	78%	72%	84%	78%	71%	84%
Oscar Health Plan of California	67%	58%	76%	68%	58%	76%	67%	58%	76%	*	*	*
Positive Healthcare	66%	57%	75%	*	*	*	*	*	*	66%	57%	75%
San Francisco Health Plan	80%	70%	89%	57%	43%	71%	*	*	*	82%	73%	91%
Santa Clara Family Health Plan	83%	74%	92%	*	*	*	*	*	*	83%	74%	92%
Scripps Health Plan Services, Inc.	65%	56%	73%	65%	56%	73%	*	*	*	*	*	*
Sharp Health Plan	82%	79%	86%	82%	79%	86%	82%	78%	86%	*	*	*
Sutter Health Plus	65%	55%	75%	65%	55%	75%	65%	55%	75%	*	*	*
UnitedHealthcare Benefits Plan of California	65%	54%	75%	65%	54%	75%	*	*	*	*	*	*
UnitedHealthcare Community Plan of California, Inc.	65%	56%	74%	*	*	*	*	*	*	65%	56%	74%
UnitedHealthcare of California	67%	56%	77%	67%	56%	77%	*	*	*	*	*	*
Valley Health Plan	57%	42%	71%	57%	43%	71%	56%	42%	70%	*	*	*
Ventura County Health Care Plan	66%	57%	76%	66%	57%	76%	*	*	*	*	*	*
Western Health Advantage	60%	51%	70%	60%	51%	70%	60%	51%	70%	*	*	*

Behavioral Health Plans												
Health Plan Name	Aggregate			Commercial			Individual/Family			Medi-Cal		
	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent	Urgent/ Non-Urgent	Urgent	Non-Urgent
Beacon of California	65%	56%	74%	65%	56%	74%	*	*	*	*	*	*
Evernorth Behavioral Health of California, Inc.	65%	57%	73%	65%	57%	73%	*	*	*	*	*	*
HAI-CA	67%	59%	75%	67%	59%	75%	*	*	*	67%	59%	75%
Holman Professional Counseling Centers	76%	70%	83%	76%	70%	83%	*	*	*	*	*	*
Managed Health Network	66%	56%	76%	66%	56%	76%	*	*	*	*	*	*
OptumHealth Behavioral Solutions of California	66%	56%	76%	66%	56%	76%	66%	56%	76%	52%	45%	60%

The rates of compliance in the summary of full service and behavioral health plans below are included in the charts within this Timely Access Report. An asterisk (*) indicates that the health plan did not report this product.

KNOW YOUR HEALTH CARE RIGHTS

Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.

A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the enrollee's health.

Urgent Care

prior authorization **not required** by health plan
2 days

prior authorization **required** by health plan
4 days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN
10 business days

SPECIALTY CARE PHYSICIAN
15 business days

Mental Health Appointment

(non-physician[1])
10 business days

Appointment

(ancillary provider[2])
15 business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment

(non-physician)
10 business days from prior appointment
(effective July 1, 2022)

Timely Access to Care Requirements

DISTANCE

A primary care provider / hospital within 15 miles or 30 minutes from where enrollees live or work

AVAILABILITY

Telephone services to talk to your health plan should be available 24/7

INTERPRETER

Interpreter services must be coordinated and provided with scheduled appointments for health care services

Unable to get an Appointment Within the Timely Access Standard?

If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance at the toll-free number listed on your health plan card. The DMHC Help Center is available at 1-888-466-2219 (TDD: 1-877-688-9891) or www.HealthHelp.ca.gov to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

[1] Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

[2] Examples of ancillary services include lab work or diagnostic testing, such as mammogram or MRI, or treatment such as physical therapy.