

**From:** DMHC Licensing eFiling

**Subject:** APL 23-018 (OPM) – RY 2024/MY 2023 PAAS NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action (Amended)

**Date:** Thursday, August 17, 2023 3:26PM

**Attachments:** APL 23-018 – RY 2024-MY 2023 PAAS NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action.pdf

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) hereby issues All Plan Letter (APL) 23-018 (OPM) – RY 2024/MY 2023 Provider Appointment Availability Survey (PAAS) Non-Physician Mental Health Provider Follow-Up Appointment Initial Performance Target for Corrective Action. If this APL does not apply to your health plan, no further action is required related to this APL.

The DMHC has amended this transmittal email to correct the APL number from 22-018 to 23-018. No changes have been made to the APL 23-018. Thank you for your understanding.

Thank you.



Gavin Newsom, Governor  
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## ALL PLAN LETTER

**DATE:** August 17, 2023  
**TO:** All Reporting Plans  
**FROM:** Nathan Nau, Deputy Director, Office of Plan Monitoring  
**SUBJECT:** APL 23-018 (OPM) – RY 2024/MY 2023 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action

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### I. Background

Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) amended the Knox-Keene Act to include a new follow-up appointment standard for non-physician mental health and substance use disorder providers (collectively “NPMH providers”).<sup>1</sup> Beginning July 1, 2022, a health plan network must have adequate capacity and availability of licensed health care providers to offer enrollees undergoing a course of treatment for an ongoing mental health or substance use disorder condition follow-up nonurgent appointments with a NPMH provider within 10 business days of the prior appointment.<sup>2</sup> (Section 1367.03(a)(5)(F) & (H) and Rule 1300.67.2.2(a)(5)(F) & (H).)

SB 221 and SB 225 (Wiener, Chapter 601, Statutes of 2022) provided the Department of Managed Health Care (Department) with two exemptions from the Administrative

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<sup>1</sup> References herein to “Section” are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as amended, California Health and Safety Code sections 1340 et seq. References here to “Rule” refer to the regulations the Department promulgated at Title 28 of the California Code of Regulations.

<sup>2</sup> The appointment wait time standards apply to the overall availability of appointments offered within the network as a whole. The waiting time for a particular appointment may be extended if a referring, treating or triage licensed health care provider or professional, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the enrollee. (Section 1367.03(c)(5)(H) and Rule 1300.67.2.2(c)(5)(H).)

Procedure Act (APA). The exemptions allow the Department to develop and adopt mandatory methodologies for health plans to demonstrate compliance with timely access standards and to adopt standards concerning the availability of health care providers, until December 31, 2025, and December 31, 2028, respectively. (Section 1367.03(f)(3) and (5).)

The Department issued All Plan Letters (APL) 22-007 and 22-029 requiring health plans to incorporate the new NPMH provider follow-up appointment standard into existing health plan monitoring processes beginning in measurement year (MY) 2022, pursuant to the APA exemption in Section 1367.03(f)(3). APL 22-029 required health plans to collect and report results for NPMH provider follow-up appointments beginning in MY 2023, using the methodology included in the Provider Appointment Availability Survey (PAAS) Manual.

The Department, through this APL, is establishing an initial performance target and corrective action requirements, pursuant to the APA exemption in Section 1367.03(f)(3) and (f)(5).

## **II. Application of the Follow-Up Appointment Initial Performance Target**

Beginning in reporting year (RY) 2024/MY 2023, this APL requires reporting plans, as defined in Rule 1300.67.2.2(b)(17), to meet or exceed an 80% PAAS initial performance target for NPMH provider follow-up appointments and requires reporting plans that do not meet this rate of compliance for one or more networks to submit a corrective action plan.

Beginning in MY 2023, amendments to Rule 1300.67.2.2 established a wait time standard compliance rate of 70% for initial urgent and non-urgent appointments. Critical to the establishment of this compliance rate is the practical understanding that a patient can obtain an appointment with any clinically appropriate in-network provider when scheduling an initial urgent or non-urgent appointment. Due to the importance of maintaining the established therapeutic relationship between an enrollee and their NPMH provider when scheduling follow-up appointments, the Department has selected an initial performance target for NPMH provider follow-up appointments that is greater than the 70% compliance rates established under Rule 1300.67.2.2(b)(12) for initial urgent and non-urgent appointments. The initial 80% performance target is intended to account for the fact that NPMH follow-up appointments should generally be scheduled with the enrollee's treating provider, and therefore, the statistical reasoning behind the 70% compliance rate (i.e., the ability to receive a timely initial appointment) would not be practical for a NPMH provider follow-up appointment.

After the RY 2024/MY 2023 submission, the Department will continue to evaluate an appropriate threshold rate of compliance for NPMH provider follow-up appointments and may adjust this initial performance target in RY 2025/MY 2024 and future measurement years, until the APA exemptions expire. The initial performance target will help ensure that enrollees can obtain NPMH follow-up appointments within the 10-business day

standard in Section 1367.03(a)(5)(F) while the Department works to establish and promulgate a final network-level compliance threshold for NPMH provider follow-up appointments. As a result, any interim and final network-level NPMH provider follow-up appointment compliance thresholds could decrease or increase.

### **III. Implementation of an Initial Performance Target and Reporting Requirements**

Beginning in RY 2024/MY 2023, a reporting plan shall obtain a PAAS rate of compliance of 80% or higher for NPMH provider follow-up appointments for each network.<sup>3,4</sup> For each network that does not meet the 80% rate of compliance, a reporting plan shall submit in Section D of the annual Timely Access Compliance Report a description summarizing the following information:<sup>5,6</sup>

1. The reporting plan's responsive investigation, determination, and a description of how the plan is ensuring enrollees receive NPMH follow-up appointments in a timely manner, including the number of referrals to providers outside the network made pursuant to Section 1367.03(a)(7)(B).
2. The reporting plan's corrective action(s) including the steps that the reporting plan has taken or intends to take to improve network capacity, availability, and enrollee access to NPMH provider follow-up appointments to ensure compliance with Section 1367.03(a)(5)(F).
3. Any additional follow-up actions that the reporting plan has taken or intends to take to improve network capacity, availability, and enrollee access to NPMH provider follow-up appointments and ensure compliance with Section 1367.03(a)(5)(F) or assess the effectiveness of corrective action.
4. The reporting plan's timeframes for completion of its investigation, corrective action and follow-up.

As a reminder, if a reporting plan has no enrollment for a network on the network capture date, and the plan anticipates that a network will have no enrollment during a measurement year, the plan may request a waiver from the reporting requirements in

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<sup>3</sup> As calculated in the "Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers Only)" field in the Summary of Rate of Compliance tab of the Results Report Form.

<sup>4</sup> Health plans are not required to update their Exhibit J-13-a Timely Access Policies and Procedures for implementation of the initial performance target for follow-up appointments in RY 2024/MY 2023.

<sup>5</sup> The reporting requirements in the Timely Access Compliance Report are set forth in Rule 1300.67.2.2(h)(6). The description summarizing the reporting plan's investigation, corrective action and any follow-up action shall be submitted with the information required by Rule 1300.67.2.2(h)(6)(D) in the Timely Access Compliance Report.

<sup>6</sup> The reporting plan shall include all responsive information, including responsive information from any applicable subcontracted plan, as defined in Rule 1300.67.2.2(b)(13)(B).

Rule 1300.67.2.2(h)(6)-(7) by submitting a material modification filing prior to the network capture date. For more information regarding requesting a waiver, please see APL 22-026.

If you have any questions about this APL, please contact the Office of Plan Monitoring at [TimelyAccess@dmhc.ca.gov](mailto:TimelyAccess@dmhc.ca.gov).