

From: DMHC Licensing eFiling

Subject: APL 24-017 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey
NPMH Provider Follow-Up Appointment Rate of Compliance

Date: Wednesday, July 31, 2024 8:29 AM

Attachments: APL 24-017 (OPM) - RY 2025 MY 2024 Provider Appointment Availability Survey
NPMH Provider Follow-Up Appointment Rate of Compliance (7.31.24)
Amendments to Rule 1300.67.2.2

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) hereby issues APL 24-017 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Rate of Compliance.

Thank you.

ALL PLAN LETTER

DATE: July 31, 2024
TO: All Reporting Plans¹
FROM: Nathan Nau, Deputy Director, Office of Plan Monitoring
SUBJECT: APL 24-017 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Rate of Compliance

I. Background

Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) amended the Knox-Keene Act to include a follow-up appointment standard for non-physician mental health and substance use disorder providers (collectively “NPMH providers”).² 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 non-urgent appointments with a NPMH provider within 10 business days of the prior appointment.³ (Section 1367.03(a)(5)(F) & (H) and Rule 1300.67.2.2(c)(5)(F).)

¹ Reporting plans are defined in Rule 1300.67.2.2(b)(17).

² 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.

³ The appointment wait time standards apply to the overall availability of appointments offered within the network. An enrollee’s appointment wait 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).)

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

On August 17, 2023, the Department published All Plan Letter (APL) 23-018 requiring a health plan to submit corrective action if a network did not meet an initial performance target of 80% or higher for NPMH provider follow-up appointments in its Reporting Year (RY) 2024/Measurement Year (MY) 2023 Provider Appointment Availability Survey (PAAS) Results. Prior to publication of this APL, the Department solicited stakeholder feedback on the proposed initial performance target on July 19, 2023, and incorporated that feedback into the final APL. In the RY 2025/MY 2024 PAAS Manual, published December 22, 2023, the Department provided health plans notice that it would issue a subsequent All Plan Letter identifying the standard that would apply for RY 2025/MY 2024 in the Summer or Fall of 2024. This allowed the Department the opportunity to review the results of the NPMH follow-up appointment PAAS results, submitted on May 1, 2024, before establishing a regulatory rate of compliance.

Amendments Effective Beginning in RY 2025/MY 2024

The Department has reviewed the reporting year RY 2024/MY 2023 PAAS results data and considered the factors set forth in Section 1367.03(f)(5) regarding the adoption of standards. Pursuant to the APA exemption in Section 1367.03(f)(3) and (f)(5), the Department is hereby amending Rule 1300.67.2.2 to include the amendments identified in the attachment to this All Plan Letter (APL) by underline and strikethrough. The amendments are effective as of the date of this APL and shall begin in RY 2025/MY 2024, and continuing thereafter, and include:

- Rule 1300.67.2.2(b)(12) will include in the definition of a pattern of non-compliance a required rate of compliance of 80% for NPMH provider follow-up appointments, as calculated in the Summary Rates of Compliance Tab of the Results Report Form.⁴
- Rule 1300.67.2.2(f)(1)(I) will require a health plan to obtain a sufficient sampling error for each network. A sampling error is insufficient if it is greater than 5% for

⁴ The RY 2025/MY 2024 PAAS Manual and Timely Access Submission Instruction Manual refer to a performance target; however, the Department has amended the definition of a pattern of non-compliance in Rule 1300.67.2.2(b)(12) to include the 80% rate of compliance for NPMH provider follow-up appointments.

any appointment type, as calculated in the Summary Rates of Compliance Tab of the Results Report Form.⁵

A reporting plan that does not obtain a PAAS rate of compliance of 80% or higher for NPMH provider follow up appointments or obtains an insufficient sampling error for urgent, non-urgent or follow-up appointments for a network shall submit in its Timely Access Compliance Report the required summary of investigation and corrective action information as set forth in Rule 1300.67.2.2(h)(6)(C) and may be subject to further disciplinary action pursuant to Rule 1300.67.2.2(i) and (j).

II. Requests for a Reporting Waiver for a Network with No Enrollment

As a reminder, if a reporting plan has no enrollment for a network on the network capture date and during a measurement year, the health plan may request a waiver from the reporting requirements in 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 Section I of the RY 2025/MY 2024 Timely Access Submission Instruction Manual.

If you have any questions about this APL, please contact the Office of Plan Monitoring at TimelyAccess@dmhc.ca.gov.

⁵ Paragraph 77 of the RY 2025/MY 2024 PAAS Manual and Timely Access Submission Instruction Manual requires a health plan to submit corrective action if the health plan obtains a 5% or greater sampling error for any appointment type. Paragraph 77 further provides that if the network includes fewer than 50 NPMH providers, a health plan shall submit corrective action for a network that obtains a sampling error of 10% or greater for non-urgent NPMH provider follow up appointments. However, the Department is revising Rule 1300.67.2.2(f)(1)(I) to require corrective action when a network with fewer than 100 NPMH providers obtains a sampling error of 10% or greater.