

2014-134 AUDIT SCOPE AND OBJECTIVES

Medi-Cal Managed Care Plans—Provider Directories and State Oversight

The audit by the California State Auditor will provide independently developed and verified information related to the accuracy of provider directories and adequacy of provider networks for individuals enrolled in the Medi-Cal managed care program, and will include, but not be limited to, the following:

1. Review and evaluate the laws, rules, and regulations significant to the audit objectives.
2. For both the California Department Health Care Services (Health Care Services) and the California Department of Managed Health Care (Managed Health Care), determine whether these departments have an appropriate regulatory framework of oversight, guidance, and assistance in place to ensure that managed care plans have accurate provider directories and an adequate network of providers to serve Medi-Cal beneficiaries. Specifically:
 - a. Determine how these departments provide oversight and ensure that managed care plans have accurate provider directories and adequate provider networks.
 - b. Evaluate whether these departments have sufficient staff and resources and appropriate evaluation tools to monitor and ensure that managed care plans keep provider directories up to date and maintain adequate provider networks.
 - c. Identify and evaluate the sufficiency of these departments' programs, policies, and procedures for ensuring managed care plans have accurate provider directories.
 - d. Determine the circumstances under which these departments would require managed care plans to provide verification of submitted provider network data.
3. Determine whether Health Care Services and Managed Health Care have policies and programs in place to ensure that managed care plans are adequately meeting the health care needs of Medi-Cal beneficiaries.
4. Select three Medi-Cal managed care plans from three different counties to determine how they ensure adequate access to medical providers for the population they serve. Specifically, determine the following:
 - a. Whether provider directories that the managed care plans submit to Health Care Services and Managed Health Care are accurate and comply with federal and state laws and regulations.
 - b. Whether provider directories the managed care plans provide to consumers and enrollees are consistent with Health Care Services' internal records of providers that serve Medi-Cal managed care beneficiaries.

- c. Assess, to the extent possible, whether the managed care plans perform ongoing oversight to ensure Medi-Cal beneficiaries have adequate access to providers.
 - d. Determine, to the extent possible, how often the managed care plans review the accuracy of their provider lists and ensure that each provider listed participates in Medi-Cal and is accepting Medi-Cal patients.
 - e. Evaluate, to the extent possible, the managed care plans' practices to assist Medi-Cal beneficiaries who have trouble locating a provider.
 - f. Evaluate, to the extent possible, the process the managed care plans use to recruit and retain providers.
5. Review and assess any other issues that are significant to the accuracy of provider directories and the adequacy of the networks of providers for individuals enrolled in the Medi-Cal managed care program.