

## **417 APPOINTMENT AVAILABILITY, MONITORING AND REPORTING**

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 8-512.01; 42 CFR 438.206; ACOM 417 Attachment A

DELIVERABLES: Appointment Availability Review; Appointment Availability Review Methods; Appointment Availability, Monitoring and Reporting - Annual Summary

PURPOSE: This policy applies to the Division's Administrative Services Subcontractors (AdSS). This policy establishes a common process for the AdSS to monitor and report appointment accessibility and availability in order to ensure compliance with Division network sufficiency standards. This policy does not apply to emergency conditions.

### **Definitions**

**1800 Report** - An AHCCCS-generated document, provided quarterly, that identifies Primary Care Providers (PCPs) with a panel of more than 1,800 AHCCCS members.

**Established Patient** - A member who has received professional services from the physician or any other physician with that specific subspecialty that belongs to the same group practice within the past three years from the date of appointment.

**New Patient** - A member who has not received any professional services from the physician or another physician with that specific specialty and subspecialty that belongs to the same group practice within the past three years from the date of appointment.

**Urgent Care Appointment** - An appointment for medically necessary services to prevent deterioration of health following the acute onset of an illness, injury, condition, or exacerbation of symptoms.

### **Monitoring Appointment Standards**

- A. The AdSS must provide services that are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished. To ensure this, the AdSS must provide a comprehensive provider network that provides access to all services covered under the contract for all members. If the AdSS' network cannot provide medically necessary services required under contract, the AdSS must adequately and timely cover these services through an out-of-network provider until a network provider is contracted.
- B. The AdSS must ensure the following contractual appointment and accessibility standards are met (42 CFR 438.206).
- C. The AdSS must use the results of appointment standards monitoring to assure adequate appointment availability in order to reduce unnecessary emergency department use.
- D. The AdSS must have written policies and procedures educating its provider network regarding appointment time requirements. The AdSS must develop a corrective action plan when appointment standards are not met. In addition, the AdSS must develop a corrective action plan in conjunction with the provider when appropriate

[42 CFR 438.206(c)(1)(iv), (v) and (vi)].

### **General Appointment Standards for All Contractors**

- A. Primary Care Provider Appointments:
  - 1. Urgent care appointments as expeditiously as the member's health condition requires but no later than two business days of request.
  - 2. Routine care appointments within 21 calendar days of request.
- B. Specialty Provider Appointments, including Dental Specialty:
  - 1. Urgent care appointments as expeditiously as the member's health condition requires but no later than three business days of referral
  - 2. Routine care appointments within 45 calendar days of referral.
- C. Dental Provider Appointments:
  - 1. Urgent appointments as expeditiously as the member's health condition requires, but no later than three business days of request
  - 2. Routine care appointments within 45 calendar days of request.
- D. Maternity Care Provider Appointments (Initial prenatal care appointments):
  - 1. First trimester within 14 calendar days of request
  - 2. Second trimester within seven calendar days of request
  - 3. Third trimester within three business days of request
  - 4. High-risk pregnancies as expeditiously as the member's health condition requires but no later than three business days of identification of high risk by the AdSS or maternity care provider, or immediately if an emergency exists.

### **General Behavioral Health Appointment Standards for AdSS and TRBHA Contractors**

- A. Behavioral Health Provider Appointments:
  - 1. Urgent Need appointments as expeditiously as the member's health condition requires but within 24 hours from identification of need.
  - 2. Routine care appointments:
    - a. Initial assessment within seven calendar days of referral or request for service.
    - b. The first behavioral health service following the initial assessment as expeditiously as the member's health condition requires but no later

than 23 calendar days after the initial assessment

- c. All subsequent behavioral health services as expeditiously as the member's health condition requires but no later than 45 calendar days from identification of need.
- B. Referrals for Psychotropic Medications:
1. Assess the urgency of the need immediately.
  2. If clinically indicated, provide an appointment with a Behavioral Health Medical Professional within a timeframe that ensures the member does not run out of needed medications, or does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 days from the identification of need.

### **Provider Appointment Availability Review**

On a quarterly basis, the AdSS must conduct provider appointment availability reviews to assess the availability of Routine and Urgent appointments for Primary Care, Specialist, Dental, and Behavioral Health providers. The AdSS must also review these standards for Maternity Care providers relating to the first, second and third trimesters, as well as high-risk pregnancies.

The AdSS must conduct provider appointment availability reviews in sufficient quantity to ensure results are meaningful and representative of the AdSS' network. Appropriate methods include:

- A. Appointment schedule review where the AdSS independently validate appointment availability;
- B. Secret shopper phone calls where the AdSS anonymously validate appointment availability; and
- C. Other methods approved by the Division.

The AdSS may supplement these efforts by targeting specific providers identified through performance monitoring systems such as:

- The 1800 report generated by AHCCCS that identifies PCPs with a panel of more than 1,800 AHCCCS members
- Quality of care concerns
- Complaints, grievances and the credentialing process

To obtain approval for any additional methods the AdSS must submit a request for approval outlining details (including scope, selection criteria, and any tools used to collect the information) to the Division prior to implementing the proposed method.

## **Tracking and Reporting**

Providers in compliance with AHCCCS appointment standards when survey is delivered receive a pass for their survey result. The overall goal for compliance percentage must meet 90% or above when all passing surveys are totaled per provider type:

- PCP, Specialists, Dental: urgent appointments and routine appointments
- Maternity Care
- Behavioral Health

On a quarterly basis the AdSS must:

- A. Monitor and track provider compliance with appointment availability for all provider and appointment types using the AHCCCS reporting template, as adopted by the Division, ACOM 417 Attachment A, Appointment Availability Provider Report.
- B. Submit this information as identified in Section F3, Contractor Chart of Deliverables.
- C. Include a cover letter that, at a minimum:
  1. Summarizes the data entered into the ACOM 417 Attachment A;
  2. Describes how the survey methodology represents appointment standards across the AdSS' network;
  3. Explains significant trending in either direction (positive or negative);
  4. Describes any interventions applied to areas of concern (including corrective action plans);
  5. Includes the Division's Appointment Availability Template which provides previous quarters overall passed survey compliance percentages by provider type and appointment type, current reporting of overall passed survey compliance percentages by provider type and appointment type, compliance percentage change between the previous and current quarter and arrow indicating an increase or decrease in meeting 90% passed survey standard; and
  6. Explanation of the Divisions Appointment Availability Template addressing findings, root causes why 90% standard not met, identified root causes for increase or decrease over last quarter and any interventions to take place before the next quarter in order to meet compliance.

Appointment Availability Monitoring and Review					
(1)	(2)	(3)	(4)	(5)	(6)
Category	Goal	PASS Surveys % (Previous reporting quarter & year)	PASS Surveys % (Current reporting quarter & year)	% change	Increase/Decrease
PCP, Specialist, Dental <b>URGENT NEED</b>	90%				
PCP, Specialist, Dental <b>ROUTINE NEED</b>	90%				
Maternity	90%				
Behavioral Health	90%				

1. Column 2 enter DD Standard 90%
2. Columns 3 and 4 provide percentage of total survey's passed. Surveys passed total include:
  - a. PCP, Specialists and Dental new and established for Urgent appointments and Routine appointments.
  - b. Maternity Care first trimester, second trimester, third trimester and high-risk pregnancy.
  - c. Behavioral Health urgent, routine (initial assessment), routine (subsequent Behavioral services) and referrals for psychotropic medications.
3. In order to obtain total surveys passed percentage, divide the number of surveys passed by the number of surveys taken in each section of the ACOM 417 Attachment A template. **Example:** 1,115 surveys, 950 surveys passed =  $950/1,115 = 0.8520 \times 100 = 85.20\%$ .
4. Column 5 insert the percentage change from current quarter reporting percentage to previous quarter reporting percentage. **Example:** 94.00 (previous quarter total compliance percentage) minus 88.00 (current quarters total compliance percentage) = 6% increase over last quarter.
5. Column 6 enter arrows accordingly, ↑ if the percentage from current reporting quarter and previous reporting quarter has increased and ↓ if the percentage has decreased.
6. If the percentage change has decreased or DD standard is not being met, provide root cause and interventions to increase percentage next quarter.

- D. Annually the AdSS must summarize the results, trends, and interventions as a component of the Network Development and Management Plan. See Division Operations Manual, Policy 415, for additional guidelines for the submission of the Network Development and Management Plan.
- E. The AdSS' contractor submission of the Network Development and Management Plan to the Division must also include an attestation affirming the validity of the methodologies used and significance of the results, along with any planned changes to the methodologies for the coming year.
- F. The Division may review AdSS monitoring and corrective action plans implemented as a result of provider non-compliance with appointment standards.