

417 APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS, MONITORING, AND REPORTING

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REFERENCES: 42 CFR 438.206; 42 CFR 438.206(b)(4); 42 CFR 438.206(c)(1)(i)-(vi); ; 42 CFR 438.207(b); 42 CFR 457.1230 (a); A.R.S. § 8-512.01; ACOM 415; ACOM 417, ACOM Attachments A and B, ACOM 449

PURPOSE

This policy establishes Appointment accessibility and availability standards to ensure compliance with the Division's network sufficiency requirements.

This policy establishes a common process for the AdSS to monitor and report Provider Appointment accessibility and availability to the Division. These policy requirements do not apply to emergency conditions. This policy applies to the Division's Administrative Services Subcontractors (AdSS).

DEFINITIONS

1. "1800 Report" means an Arizona Health Care Cost Containment System (AHCCCS) generated document provided quarterly, that

identifies Primary Care Physicians (PCPs) with a panel of more than 1800 AHCCCS members.

2. "Appointment" means a scheduled day and time for an individual to be evaluated, treated, or receive a service by a healthcare professional or service Provider in Provider and service categories identified below.
3. "Network Development and Management Plan" or "NDMP" means a plan the AdSS develops and maintains to ensure the provision of covered services will occur as stated in the Contract. The Network Development and Management Plan (NDMP) shall specify the AdSS' process to develop, maintain, and monitor an adequate Provider network that is supported by written agreements and is sufficient to provide access to all services covered under the Contract and satisfies all service delivery requirements.
4. "Provider" means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or

referring for those services, and is legally authorized to do so by the State.

5. “Urgent Care Appointment” means an Appointment for medically necessary services to prevent deterioration of health following the acute onset of an illness, injury, condition, or exacerbation of symptoms.

POLICY

A. APPOINTMENT STANDARDS

1. The AdSS shall require adherence to service accessibility standards and the contractual Appointment standards contained in 42 CFR 457.1230 (a) and 42 CFR 438.206.
2. The AdSS shall provide a comprehensive Provider network that provides access to all services covered under the Contract for all Members.
3. The AdSS shall cover contracted services through an out of network Provider until a network Provider is contracted if the

AdSS's network is unable to provide medically necessary services required under the Contract.

4. The AdSS shall use the results of Appointment standards, monitoring to validate it has an adequate network of Providers ensuring timely service coverage, and to reduce unnecessary emergency department utilization.
5. The AdSS shall have written policies and procedures about educating its Provider network regarding Appointment time requirements.
6. The AdSS shall:
 - a. Develop a corrective action plan when Appointment standards are not met.
 - b. Develop a corrective action plan in conjunction with the Provider when appropriate.

B. GENERAL APPOINTMENT STANDARDS

The AdSS shall require the following Appointment standards are met:

1. For primary care Provider Appointments:
 - a. Urgent Care Appointments scheduled as expeditiously as the Member's health condition requires but no later than two business days of request, and
 - b. Routine care Appointments scheduled within 21 calendar days of request.

2. For specialty physician Appointments, including dental specialists:
 - a. Urgent Care Appointments scheduled as expeditiously as the Member's health condition requires but no later than two business days from the request, and
 - b. Routine care Appointments scheduled within 45 calendar days of referral.

3. For dental Provider Appointments:
 - a. Urgent Care Appointments scheduled as

- expeditiously as the Member's health condition requires, but no later than three business days of request; and
- b. Routine care Appointments scheduled within 45 calendar days of request.
4. For maternity care Provider Appointments:
- Initial prenatal care Appointments for enrolled pregnant Members provided as follows:
- a. First trimester, Appointments scheduled within 14 calendar days of request;
 - b. Second trimester, Appointments scheduled within seven calendar days of request;
 - c. Third trimester, Appointments scheduled within three business days of request; and
 - d. High-risk pregnancies, Appointments scheduled as expeditiously as the Member's health condition requires and no later than three

business days of identification of high risk by the AdSS or maternity care Provider, or immediately if an emergency exists.

C. PSYCHOTROPIC MEDICATION APPOINTMENT STANDARDS

The AdSS shall adhere to the following psychotropic medication Appointment standards:

1. Assess the urgency of the need immediately; and
2. Provide an Appointment, if clinically indicated, with a practitioner who can prescribe psychotropic medications within a time frame that ensures the Member:
 - a. Does not run out of needed medications; or
 - b. Does not decline in their behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

D. GENERAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS

The AdSS shall ensure the following general behavioral health
Appointment standards are met:

1. For behavioral health Provider Appointments:

Urgent need Appointments occur as

expeditiously as the Member's health condition

requires but no later than 24 hours from

identification of need.

2. Initial assessment:

Occur within seven calendar days after the initial

referral or request for behavioral health

services.

3. Initial Appointment:
 - a. Occur within time frames indicated by clinical
need.
 - b. Occur no later than 23 calendar days after the

initial assessment for Members age 18 and older; and

- c. Occur no later than 21 days after the initial assessment for Members under the age of 18 years old.

4. Subsequent behavioral health services:

Occur as expeditiously as the member's health condition requires but no later than 45 calendar days from identification of need.

E. BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR PERSONS IN LEGAL CUSTODY OF THE ARIZONA DEPARTMENT OF CHILD SAFETY (DCS) AND ADOPTED CHILDREN

1. The AdSS shall ensure the following Appointment standards are met:

- a. Rapid response:

When a child enters out-of-home placement within

the time frame indicated by the behavioral health condition, but no later than 72 hours after notification by the Arizona Department of Child Safety (DCS) that a child has been or will be removed from their home;

b. Initial assessment:

Within seven calendar days after the initial referral or request for behavioral health services;

c. Initial Appointment:

Within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment;
and

d. Subsequent behavioral health services:

Within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need.

2. The AdSS shall require Appointment standards for Members

in the legal custody of the DCS and adopted children are adhered to in order to monitor Appointment accessibility and availability.

F. PROVIDER APPOINTMENT AVAILABILITY REVIEW

1. The AdSS shall conduct regular reviews of Providers to assess the availability of routine and urgent Appointments for primary care, specialist, dental, behavioral health Providers, and behavioral health Appointments for Members in the legal custody of DCS and adopted children.
2. The AdSS shall review the availability of routine and urgent Appointments for maternity care Providers relating to the first, second, and third trimesters, as well as high risk pregnancies.
3. The AdSS shall consider an Appointment available to be delivered through telehealth an available Appointment where clinically appropriate.
4. The AdSS shall conduct Provider Appointment availability reviews

as a method to ensure sufficient Provider network capacity.

5. The AdSS shall conduct Provider Appointment availability reviews for all Providers or a statistically relevant sample of Providers throughout the Contract year.
6. The AdSS shall only use one of these methods at a time for conducting reviews:
 - a. Appointment schedule review that independently validates Appointment availability,
 - b. Secret shopper phone calls that anonymously validate Appointment availability, or
 - c. Other methods approved by the Division.
7. The AdSS shall supplement the monitoring efforts prescribed in (F)(1) through (F)(6) by targeting specific Providers identified through the following performance monitoring systems:
 - a. The 1800 Report,
 - b. Quality of care concerns,

- c. Complaints,
 - d. Grievances, or
 - e. The credentialing process.
8. The AdSS shall address any plans to change its existing methodologies for Appointment availability reviews in its annual NDMP as specified in ACOM Attachment 415-B.
9. The AdSS shall submit to the Division a request for approval for any additional methodologies that outline details, including scope, selection criteria, and any tools used to collect the information prior to implementing the proposed method, as specified in the Contract.

G. TRANSPORTATION TIMELINESS REVIEW

1. The AdSS shall ensure that medically necessary, non-emergent transportation is provided so a Member arrives on time for an Appointment, but no sooner than one hour before the Appointment; or wait no more than one hour after the

conclusion of the treatment for transportation home.

2. The AdSS shall ensure the following AHCCCS performance target is met: 95% of all combined completed pickup and drop off trips in a quarter are completed in the time frame specified in section (G)(1) above.
3. The AdSS shall evaluate compliance with these standards on a quarterly basis for all subcontracted transportation vendors or brokers and require corrective action if standards are not met.
4. The AdSS shall track all scheduled trips that were not completed.

H. TRACKING AND REPORTING

1. The AdSS shall track Provider compliance with Appointment availability and transportation timeliness as specified in the Contract, the F3 Chart of Deliverables, and outlined below in sections (H)(2) through (H)(4).
2. The AdSS shall submit to the Division a cover letter with ACOM

Attachment 417-A including all of the following:

- a. A description of the methods used to collect the information;
 - b. An explanation of whether the AdSS is surveying all Providers in their network or a sample.
 - c. A sample of the Provider network needs to include the methodology for how the sample size meets a 95% statistically significant confidence level, including the calculations used to confirm the confidence level;
 - d. A summary of the findings and an explanation of trends in either a positive or negative direction;
 - e. An analysis of the potential causes for these findings and trends; and
 - f. A description of any interventions applied to areas of concern including any corrective actions taken.
3. The AdSS shall submit to the Division ACOM Attachment 417-B

for each line of business, with a cover letter for each submission including all of the following:

- a. A summary of the findings including any identified positive or negative trends for timeliness, incomplete trips, and their reasons;
 - b. An analysis of the potential causes for these findings and trends; and
 - c. A description of any intervention applied to areas of concern including any corrective actions taken.
4. The AdSS shall provide additional corrective action steps for any reporting quarter where the average percentage of all completed trips for that quarter falls below the performance target of 95%.
 5. The AdSS shall include a timeline with the corrective action steps in order to meet the performance target of 95% of trips being completed in the time frame specified in section (G)(1) above.
 6. The AdSS shall, as a component of the NDMP, annually:

- a. Conduct a review of its network sufficiency when there has been a significant decrease in Appointment availability performance over the previous year;
- b. Compare its annual average performance to the previous Contract year's average performance for each standard, Provider type and Appointment type subcategory specified within this Policy under the sections for General Appointment Standards, General Behavioral Health Standards and Additional Behavioral Health Standards; and
- c. Conduct a review of the sufficiency of its Provider network for any standard that decreased by more than five percentage points.

SUPPLEMENTAL INFORMATION

1. For additional information on behavioral health services and behavioral health standards for persons in the legal custody of

the Department of Child Safety (DCS) and adopted children in accordance with A.R.S. § 8-512.01, refer to AdSS Policy 449.

2. Refer to AdSS Policy 415 for additional requirements regarding the submission of the NDMP.