

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 417 Attachments A and B.

PURPOSE

This policy outlines the Appointment accessibility and availability standards and the Division's oversight and monitoring of the Administrative Services Subcontractors (AdSS) to ensure compliance with the Division's network sufficiency requirements. This policy outlines the process for the Division to report Service Provider Appointment accessibility and availability to the Arizona Health Care Cost Containment System (AHCCCS).

DEFINITIONS

1. "1800 Report" means an 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 Service Provider and service categories identified in this policy.
3. "Network Development and Management Plan" or "NDMP" means a plan the Division develops and maintains to ensure the provision of covered services will occur as stated in the Contract. The Network Development and Management Plan (NDMP) specifies the Division process to develop, maintain, and monitor an adequate Service 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. "Service Provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division Members.

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. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
 - a. Annual Operational Review of each AdSS,
 - b. Review and analyze deliverable reports submitted by the AdSS, and
 - c. Conduct oversight meetings with the AdSS for the purpose of:
 - i. Reviewing compliance,
 - ii. Addressing concerns with access to care or other quality of care concerns,
 - iii. Discussing systemic issues, and

- iv. Providing direction or support to the AdSS as necessary.

B. APPOINTMENT STANDARDS FOR THE ADSS

1. The Division 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 Division shall require a comprehensive Service Provider network that provides access to all services covered under the Contract for all Members of the Division.
3. The Division shall require contracted services be covered through an out of network Service Provider until a network Service Provider is contracted if the network is unable to provide medically necessary services required under the Contract.
4. The Division shall require adherence with using the results of Appointment standards, monitoring to validate it has an adequate network of Service Providers ensuring timely service

coverage, and to reduce unnecessary emergency department utilization.

5. The Division shall require adherence with having written policies and procedures about educating it's Service Provider network regarding Appointment time requirements.
6. The Division shall require:
 - a. A corrective action plan be developed when Appointment standards are not met.
 - b. A corrective action plan be developed in conjunction with the Service Provider when appropriate.

C. GENERAL APPOINTMENT STANDARDS FOR THE ADSS

The Division shall require the following Appointment standards are met:

1. For primary care Service 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 Service 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.

- b. Routine care Appointments scheduled within 45 calendar days of request.
4. For maternity care Service 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 Service Provider, or immediately if an emergency exists.

D. PSYCHOTROPIC MEDICATION APPOINTMENT STANDARDS FOR THE ADSS

The Division shall require the following psychotropic medication

Appointment standards are adhered to:

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 the Member's behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

E. GENERAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR THE ADSS

The Division shall require the following general behavioral health

Appointment standards are met:

1. For behavioral health Service Provider Appointments:

Urgent need Appointments scheduled as expeditiously as the Member's health condition requires but no later than 24 hours from identification of need.

2. Initial assessment:

Scheduled within seven calendar days after the initial referral or request for behavioral health services.

3. Initial Appointment:

- a. Scheduled within time frames indicated by clinical need.
- b. Scheduled no later than 23 calendar days after the initial assessment for Members age 18 years or older; and
- c. Scheduled no later than 21 days after the initial assessment for Members under the age of 18

years old.

4. Subsequent behavioral health services:

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

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

1. The Division shall require 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 Division shall require Appointment standards for Members in the legal custody of the DCS and adopted children are adhered to in order to to monitor Appointment accessibility and availability. .

G. SERVICE PROVIDER APPOINTMENT AVAILABILITY REVIEW FOR THE ADSS

1. The Division shall require regular reviews of Service Providers

are conducted to assess the availability of routine and Urgent Appointments for primary care, specialist, dental, and behavioral health Service Providers for Members in the legal custody of the Department of Child Safety (DCS) and adopted children.

2. The Division shall require the review of the availability of routine and urgent Appointments for maternity care Service Providers relating to the first, second and third trimesters, and high risk pregnancies.
3. The Division shall consider an Appointment available to be delivered through telehealth as an available Appointment where clinically appropriate.
4. The Division shall require Service Provider Appointment availability reviews be conducted as a method to ensure sufficient Service Provider network capacity.
5. The Division shall require Provider Appointment availability reviews be conducted for all Service Providers or a statistically relevant sample of Service Providers throughout the Contract year.

6. The Division shall require only using 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 AHCCCS .

7. The Division 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 Division shall require any plans to change existing methodologies for Appointment availability reviews be submitted

to the Division for approval in the annual NDMP as specified in ACOM Attachment 415-B.

9. The Division shall submit this request to AHCCCSa as specified in the Contract.

H. TRANSPORTATION TIMELINESS REVIEW FOR THE ADSS

1. The Division shall monitor for adherence 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, nor have to wait no more than one hour after the conclusion of the treatment for transportation home.
2. The Division shall require 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 Division shall require compliance with these standards be evaluated on a quarterly basis for all subcontracted transportation vendors or brokers and require corrective action if

standards are not met.

4. The Division shall require adherence with transportation timeliness standards be monitored.
5. The Division shall require tracking for all scheduled trips that were not completed.

I. TRACKING AND REPORTING FOR THE ADSS

1. The Division shall require adherence in tracking Service 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 Division shall require a cover letter be submitted to AHCCCS 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 all Service Providers in their network or a sample is being surveyed.

- 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.
 - f. A description of any interventions applied to areas of concern including, any corrective actions taken.
3. The Division shall require ACOM Attachment 417-B is submitted 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 reason;
 - b. An analysis of the potential causes for these findings and

trends; and

- c. A description of any interventions applied to areas of concern including, and corrective actions taken.
4. The Division shall require additional corrective action steps are provided for any reporting quarter where the average percentage of all completed trips for that quarter falls below the performance target of 95%. These steps shall include a timeline to meet the performance target of 95% of trips being completed in the time frame specified in section (G)(1) above.
 5. The Division shall submit to AHCCCS a copy of ACOM Attachment 417-A and ACOM Attachment 417-B, for each of their AdSS.
 6. The Division shall submit to AHCCCS a cover letter containing the information as specified in sections (H)(2) and (H)(3) and their subsections above related to each of their AdSS.
 7. The Division shall annually require as a component of the NDMP, the following:
 - a. Conduct a review of the network sufficiency when there

has been a significant decrease in Appointment availability performance over the previous year;

- b. Compare the annual average performance to the previous Contract year's average performance for each standard, Service 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 the Service Provider network for any standard that decreased by more than five percentage points.

SUPPLEMENTAL INFORMATION

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.