

417 APPOINTMENT AVAILABILITY, MONITORING AND REPORTING

REVISION DATE: 10/01/19

EFFECTIVE DATE: January 16, 2019

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

PURPOSE: This policy establishes appointment accessibility and availability standards to ensure Administrative Services Subcontractors' (AdSS) compliance with the Division's network sufficiency requirements. The standards outlined in this policy establish a common process for the Division to monitor and report AdSS' provider appointment accessibility and availability to AHCCCS. These policy requirements do not apply to emergency conditions.

Definitions

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

Established Patient - A member of the Division 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 of the Division 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 Division monitors and ensures that services are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished. The Division monitors and ensures that the AdSS provides a comprehensive provider network that provides access to all services covered under the Contract for all members of the Division. If the AdSS network cannot provide medically necessary services required under Contract, the Division monitors and ensures that the AdSS adequately and timely covers these services through an out-of-network provider until a network provider is contracted.
- B. The Division monitors and ensures adherence to service accessibility standards and the following contractual appointment standards [42 CFR 438.206].
- C. The Division uses the results of appointment standards monitoring to ensure adequate appointment availability in order to reduce unnecessary emergency department use.
- D. The Division requires the AdSS to maintain written policies and procedures about educating the AdSS' provider network regarding appointment time requirements. The Division requires that the AdSS develop a corrective action plan:

1. When appointment standards are not met, and
2. In conjunction with the provider, when appropriate [42 CFR 438.206 (c) (1) (iv), (v) and (vi)].

General Appointment Standards

The Division monitors and ensures that AdSS are ensuring the following appointment standards are met:

- 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 from the request.
 2. Routine care appointments within 45 calendar days of referral.
- C. Dental Provider Appointments:
 1. Urgent care 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 for enrolled pregnant members must be provided as follows:

 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

The Division monitors and ensures that AdSS are ensuring the following appointment standards are met:

- A. Behavioral Health Provider Appointments:
 1. Urgent need appointments occur as expeditiously as the member's behavioral

health condition requires but no later than 24 hours from identification of need.

2. Routine care appointments:

- a. Initial assessment occurs within seven calendar days of referral or request for service.
- b. The first behavioral health service following the initial assessment occurs as expeditiously as the member's behavioral health condition requires but no later than 23 calendar days after the initial assessment.
- c. All subsequent behavioral health services occur as expeditiously as the member's behavioral health condition requires but no later than 45 calendar days from identification of need.

B. Psychotropic Medications:

1. The urgency of the need is assessed immediately.
2. If clinically indicated, an appointment is provided with a Behavioral Health Medical Professional within a timeframe that ensures the member a) does not run out of needed medications, or b) does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

Provider Appointment Availability Review

The Division monitors and ensures that AdSS conduct regular reviews of providers to assess the availability of Routine and Urgent appointments for Primary Care, Specialist, Dental and Behavioral Health providers; including routine and urgent appointments for Maternity Care providers relating to the first, second and third trimesters, and high risk pregnancies.

The Division monitors and ensures that AdSS conduct provider appointment availability reviews in sufficient quantity to ensure results are statistically meaningful and representative of the services provided by the AdSS network. Appropriate methods include:

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

The Division permits the AdSS to supplement these efforts by targeting specific providers identified through performance monitoring systems such as:

- The 1800 report (an AHCCCS generated document, provided quarterly, that identifies PCPs with a panel of more than 1,800 members)

- Quality of care concerns
- Complaints, grievances and the credentialing process

To obtain approval for any additional methods, the AdSS shall 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, as specified in Contract.

Tracking and Reporting

The Division requires that the AdSS track provider compliance with appointment availability quarterly, for both new and established patients, by provider type and appointment type using the Division's reporting template in the AdSS Policy 417, Attachment A, which has been adopted for use by the Division.

The Division monitors the AdSS' quarterly submission regarding:

- Compliance with appointment availability
- Results of provider surveys
- Analysis of results, including comparison of previous quarter results
- Identification of issues/barriers
- Solutions to resolve issues/barriers

On an annual basis the Division summarizes the results, trends, interventions with providers, and any planned changes to the methodologies as a component of the Network Development and Management Plan. (See Division Policy 415 regarding submission of the Network Development and Management Plan.)

The Division may review the AdSS' monitoring and any corrective actions implemented as a result of provider non-compliance with appointment standards.