

417 - APPOINTMENT AVAILABILITY, MONITORING AND REPORTING

EFFECTIVE DATE: 10/01/12, 10/01/13, 04/01/15, 07/01/16, 10/01/16¹

REVISION DATE: 01/08/08, 06/26/12, 10/24/12, 07/03/13, 03/05/15, 04/02/15, 05/11/16, 10/20/16²

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes a common process for Contractors to monitor and report appointment accessibility and availability in order to ensure compliance with AHCCCS network sufficiency standards.:

II. DEFINITIONS

1800 REPORT An AHCCCS generated document, provided quarterly, that identifies Primary Care Physicians (PCPs)³ with a panel of more than 1800 AHCCCS members.

DAY A business day unless otherwise specified.

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.

III. POLICY

A. MONITORING APPOINTMENT STANDARDS

1. The Contractor is responsible for providing 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 Contractor must provide a comprehensive provider network that provides access to all services covered under the contract for all members. If the Contractor's network is unable to provide medically necessary services

¹ Effective date of changes

² Date Policy presented at APC

³ Providing meaning behind acronym

required under contract, the Contractor must adequately and timely cover these services through an out of network provider until a network provider is contracted.

2. The Contractor must ensure adherence to service accessibility standards and the following contractual appointment ~~and accessibility~~ standards ~~are met~~⁴[42 CFR 438.206³].
3. The Contractor must use the results of appointment standards monitoring to assure adequate appointment availability in order to reduce unnecessary emergency department utilization.
4. The Contractor shall have written policies and procedures about educating its provider network regarding appointment time requirements. ~~The Contractor must develop a corrective action plan when appointment standards are not met.~~ In addition, the Contractor must develop a corrective action plan in conjunction with the provider when appropriate [42 CFR 438.206(c)(1)(iv), (v) and (vi)].

B. GENERAL APPOINTMENT STANDARDS FOR ALL CONTRACTORS

1. For *Primary Care Provider* Appointments:
 - a. Immediate Need-need⁶ appointments the same day or within 24 hours of the member's phone call or other notification, or as medically appropriate,
 - b. Urgent care appointments within two days of request, and
 - c. Routine care appointments within 21 days of request.
2. For *Specialty Provider Referrals*:
 - a. Immediate Need-need appointments within 24 hours of referral,
 - b. Urgent care appointments within three days of referral, and
 - c. Routine care appointments within 45 days of referral.
3. For *Dental Provider Appointments*:
 - a. Immediate Need-need appointments within 24 hours of request,
 - b. Urgent appointments within three days of request ~~of request~~⁷, and
 - c. Routine care appointments within 45 days of request.
4. For *Maternity Care Provider Appointments*,
Initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
 - a. First trimester- within 14 days of request
 - b. Second trimester within seven days of request
 - c. Third trimester within three days of request

⁴ Clarification

⁵ AG 9.6.16 - Edited for clarification purposes

⁶ Grammar – changing to lower case throughout section

⁷ Post APC Change to remove duplicative language

- d. High risk pregnancies within three days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists

C. GENERAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR ACUTE, CRS AND RBHA CONTRACTORS

1. For ***Behavioral Health Provider Appointments***:
 - a. Immediate need appointments within 24 hours from identification of need
 - b. Routine care appointments:
 - i. Initial assessment within seven days of referral or request for service⁸
 - ii. The first behavioral health service following the initial assessment within the timeframe indicated by the behavioral health condition, but no later than 23 days after the initial assessment
 - iii. All subsequent behavioral health services within the timeframe indicated by the behavioral health condition, but no later than 45 days from identification of need
2. For ***Referrals for***⁹***Psychotropic Medications***:
 - a. Assess the urgency of the need **immediately**
 - ~~a.~~b. Provide an appointment, if clinically indicated, 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 days from the identification of need.¹⁰
~~If clinically indicated, provide an appointment with a Behavioral Health Medical Professional (BHMP) within the timeframe indicated by clinical need, but no later than 30 days from the identification of need~~

D. GENERAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR ALTCS/EPD CONTRACTORS

1. For ***Behavioral Health Provider Appointments***:
 - a. Immediate Need appointments within 24 hours from identification of need
 - b. Routine care appointments within 30 days of referral
2. For ***Referrals for***⁹***Psychotropic Medications***:
 - a. Assess the urgency of the need **immediately**
 - b. Provide an appointment, if clinically indicated, 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

⁸ Language added to ensure that assessment is provided within 7 days of referral and/or request for service.

⁹ Delete language as section encompasses both the referral and appointment requirement.

¹⁰ Added and revised language

prior to starting medication, but no later than 30 days from the identification of need.¹¹

- ~~b. If clinically indicated, provide an appointment with a Behavioral Health Medical Professional (BHMP) within the timeframe indicated by clinical need, but no later than 30 days from the identification of need~~

E. BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR ALTCS/EPD, CRS AND RBHA CONTRACTORS

1. For *Behavioral Health Appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children in accordance with A.R.S. §8-512.01*:
 - a. Rapid Response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.
 - ~~a.~~
 - b. Initial Evaluation within seven calendar days after referral or request for behavioral health services
 - c. Initial Appointment within timeframes indicated, by clinical need, but no later than 21 calendar¹² days after the initial evaluation
 - d. Subsequent Behavioral Health Services within the timeframes according to the needs of the person, but no longer than 21 calendar¹³ days from the identification of need

The appointment standards for members in the legal custody of the Department of Child Safety and adopted children are intended to monitor ~~and report~~¹⁴ appointment accessibility and availability. ~~For additional information on behavioral health services for persons in the legal custody of DCS and adopted children in accordance with A.R.S. §8-512.01, see ACOM Policy 449.~~

F. PROVIDER APPOINTMENT AVAILABILITY REVIEW

The Contractor is required on a quarterly basis to conduct provider appointment availability reviews to assess the availability of Routine, Urgent and ~~Emergent-Immediate~~¹⁵ appointments for Primary Care, Specialist, Dental, CRS providers, Behavioral Health providers and Behavioral Health appointments for persons ~~in~~ the legal custody of DCS. The Contractor must also review these standards for Maternity Care providers relating to the first, second, and third trimesters, as well as high risk pregnancies.

¹¹ Added revised language

¹² Added 'calendar' days specification

¹³ Added 'calendar' days specification

¹⁴ Deleted language for clarity

¹⁵ Aligning with language change

The Contractor must conduct provider appointment availability reviews in sufficient quantity to ensure results are meaningful and representative of the [services provided by the](#)¹⁶ Contractor's network. -Appropriate methods include:

1. Appointment schedule review where the Contractor independently validates appointment availability,
2. Secret shopper phone calls, where the Contractor anonymously validates appointment availability, and
3. Other methods approved by AHCCCS.

The Contractor may supplement these efforts by targeting specific providers identified through performance monitoring systems such as the 1800 report, quality of care concerns, complaints, [grievances](#)¹⁷ and the credentialing process.

To obtain approval for any additional methods, the Contractor should submit a request for approval outlining details (including scope, selection criteria, and any tools used to collect the information) prior to implementing the proposed method, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables.

G. TRACKING AND REPORTING

The Contractor must track provider compliance with appointment availability on a quarterly basis for both New and Established Patients by Provider Type [and appointment type](#)¹⁸ utilizing the reporting template, Attachment A, ~~Appointment Availability Provider Report~~. The Contractor must submit this information quarterly as identified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables. A cover letter must be included which summarizes the data, [explains describes how the survey methodology is representative of appointment standards across the Contractor's network, explains](#)²⁰ significant trending in either direction (positive or negative), and describes any interventions, applied to areas of concern including, [any](#) corrective actions²¹ ~~plans~~.

In addition, annually the Contractor must summarize the results, trends, and interventions as a component of the Network Development and Management Plan. See ACOM Policy 415

¹⁶ [Added clarification to ensure that appointments are reviewed across services provided by contractor](#)

¹⁷ [Post APC change to include grievances in the list of examples of systems which may be used](#)

¹⁸ [Adding additional tracking for clarification](#)

¹⁹ [Title not needed with the Attachment](#)

²⁰ [Per #11, language to ensure that sampling is representative of network](#)

²¹ [Broadening language to include any formal intervention by the Contractor.](#)

for additional guidelines for the submission of the Network Development and Management Plan.

The Contractor’s submission of the Network Development and Management Plan must also include an attestation affirming the validity of the methodologies utilized and significance of the results, along with any planned changes to the methodologies for the coming year.

AHCCCS may review Contractor monitoring and any corrective actions²²—plans implemented as a result of provider non-compliance with appointment standards.

H. ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT

Instructions for Completing Attachment A, Appointment Availability Provider Report:

PCP, SPECIALIST, AND DENTAL APPOINTMENTS	
SURVEYS	Enter the total number of provider surveys conducted for both New and Established patients for each provider type. ²³
PASS	Enter <u>the</u> total number of providers that were in compliance with the AHCCCS appointment standards (Immediate, Routine, Urgent and Emergent) <u>Routine</u> ²⁴ .
FAIL	Enter <u>the</u> total number of providers that were not in compliance with the AHCCCS appointment standards.
COMPLIANCE PERCENTAGE	The percentage of providers that are compliant with the AHCCCS appointment standards. <i><u>This field is automatically populated</u></i> ²⁵ .

<u>MATERNITY CARE PROVIDER APPOINTMENTS</u> ²⁶	
<u>SURVEYS</u>	<u>Enter the number of provider surveys conducted with Maternity care providers related to compliance with the AHCCCS standards for initial prenatal care appointments by trimester and risk.</u>
<u>PASS</u>	<u>Enter the total number of providers that were in compliance with the AHCCCS appointment standards for maternity care.</u>
<u>FAIL</u>	<u>Enter the total number of providers that were not in compliance</u>

²² Broaden language so that all enforcement actions may be requested by AHCCCS

²³ Minor grammatical / language clarifications made throughout tables

²⁴ Updated to align with appointment naming convention

²⁵ Added language to align with reporting template

²⁶ Moved maternity care table to align with template format

	with the AHCCCS appointment standards for maternity care.
<u>COMPLIANCE PERCENTAGE</u>	The percentage of providers that are compliant with the AHCCCS appointment standards for maternity care. This field is automatically populated.

BEHAVIORAL HEALTH, AND REPORT FOR PERSONS IN DCS CUSTODY APPOINTMENTS	
SURVEYS	Enter the total number of provider surveys conducted for each Behavioral-behavioral Health-health appointment Categorycategory . ²⁷
PASS	Enter the total number of providers that were in compliance with the AHCCCS appointment standards.
FAIL	Enter the total number of providers that were not in compliance with the AHCCCS appointment standards.
COMPLIANCE PERCENTAGE	The percentage of providers that are compliant with the AHCCCS appointment standards. This field is automatically populated.

MATERNITY CARE PROVIDER APPOINTMENTS²⁸	
SURVEYS	Enter the total number of provider surveys conducted with Maternity care providers related to compliance with the AHCCCS standards for initial prenatal care appointments by trimester and risk.
PASS	Enter total number of providers that were in compliance with the AHCCCS appointment standards for maternity care.
FAIL	Enter total number of providers that were not in compliance with the AHCCCS appointment standards for maternity care.
COMPLIANCE PERCENTAGE	The percentage of providers that are compliant with the AHCCCS appointment standards for maternity care.

IV. REFERENCES²⁹

²⁷ [Grammar correction](#)

²⁸ [Moved to above](#)

²⁹ [Removing reference section from all Policies information is found within Policy](#)

- ~~Acute Care Contract, Section D~~
- ~~ALTCS/EPD Contract, Section D~~
- ~~CRS Contract, Section D~~
- ~~DCS/CMDP Contract, Section D~~
- ~~DES/DDD Contract, Section D~~
- ~~Contract, Section F, Attachment F3, Contractor Chart of Deliverables~~
- ~~RBHA Contract, Scope of Work~~
- ~~RBHA Contract, Exhibit 9, Deliverables~~
- ~~42 CFR 438.206~~
- ~~A.R.S. §8-512.01~~
- ~~ACOM Policy 415~~
- ~~ACOM Policy 449~~
- ~~Attachment A, Appointment Availability Provider Report~~

OPEN UNTIL 12/09/16

ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY

OPEN UNTIL 12/09/16