I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes appointment accessibility and availability standards to ensure Contractor compliance with AHCCCS network sufficiency requirements. The standards delineated in this Policy establish a common process for Contractors to monitor and report appointment accessibility and availability. These Policy requirements do not apply to emergency conditions.

II. 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 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.

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
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 standards [42 CFR 438.206].

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 shall 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. Urgent Care Appointments as expeditiously as the member’s health condition requires but no later than two business days of request, and
   b. Routine care appointments within 21 calendar days of request.

2. For Specialty Provider Appointments, including Dental Specialty:
   a. Urgent Care Appointments as expeditiously as the member’s health condition requires, but no later than two business days from the request, and
   b. Routine care appointments within 45 calendar days of referral.

3. For Dental Provider Appointments:
   a. Urgent appointments as expeditiously as the member’s health condition requires, but no later than three business days of request, and
   b. Routine care appointments within 45 calendar 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 calendar days of request,
   b. Second trimester within seven calendar days of request,
   c. Third trimester within three days business of request, and
   d. High risk pregnancies as expeditiously as the member’s health condition requires and no later than three business 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 ACC, ALTCS/EPD AND RBHA CONTRACTORS

1. For Behavioral Health Provider Appointments:
   a. Urgent need appointments as expeditiously as the member’s health condition requires but no later than 24 hours from identification of need,
   b. Routine care appointments:
      i. Initial assessment within seven calendar days of referral or request for service,
      ii. 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, and
      iii. 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.

2. For Psychotropic Medications:
   a. Assess the urgency of the need immediately, and
   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 calendar days from the identification of need.

D. ADDITIONAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR 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,
   b. Initial assessment 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 calendar days after the initial assessment, and
   d. Subsequent Behavioral Health Services within the timeframes according to the needs of the person, but no longer than 21 calendar 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 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.
E. PROVIDER APPOINTMENT AVAILABILITY REVIEW

The Contractor is required to 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 persons in the legal custody of DCS. The Contractor must also 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.

The Contractor must conduct provider appointment availability reviews in sufficient quantity to ensure results are statistically meaningful and representative of the services provided by the 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.

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 and the credentialing process.

To obtain approval for any additional methods, the Contractor shall 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.

F. TRACKING AND REPORTING

The Contractor shall track provider compliance with appointment availability on a quarterly basis for both New and Established Patients by provider type and appointment type utilizing the reporting template, Attachment A. The Contractor shall submit this information quarterly as specified in Contract.

A cover letter must be included with the submission including, at a minimum, the following:

1. A description of the survey methods used to collect the information.

2. An explanation of how the sample size meets a 95% statistically significant confidence level, including the calculations used to confirm the confidence level.

3. A summary of the findings, and an explanation of significant trends in either direction (positive or negative).
4. A description of any interventions applied to areas of concern including, any corrective actions taken.

In addition, annually, the Contractor shall summarize the results, trends, interventions with providers, and any planned changes to the methodologies as a component of the Network Development and Management Plan. See ACOM Policy 415 for additional requirements regarding the submission of the Network Development and Management Plan.

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

G. ATTACHMENT A

Instructions for Completing Attachment A, Appointment Availability Provider Report:

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<tr>
<th>PCP, SPECIALIST, AND DENTAL APPOINTMENTS</th>
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