

**417 - APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS,
MONITORING, AND REPORTING**

EFFECTIVE DATES: 10/01/12, 10/01/13, 04/01/15, 07/01/16, 10/01/16, 10/01/17, 10/01/18,
10/01/19, 10/01/20

APPROVAL DATES: 01/08/08, 06/26/12, 10/24/12, 07/03/13, 03/05/15, 04/02/15, 05/11/16,
10/20/16, 03/30/17, 06/15/17, 04/05/18, 08/01/19, 04/23/20

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes appointment accessibility and availability standards and establishes a common process for Contractors to monitor and report appointment accessibility and availability. The Contractor is responsible for adhering to all requirements as specified in Contract, Policy, 42 CFR Part 457 and 42 CFR Part 438. 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/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
NEW PATIENT	A member who has not received any professional services from the physician/non-physician practitioner or another physician of the same specialty who belongs to the same group practice within the previous three years.
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 shall ensure adherence to service accessibility standards and the following contractual appointment standards [42 CFR 457.1230 (a), 42 CFR 438.206].
2. The Contractor shall 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 shall adequately and timely cover these services through an out of network provider until a network provider is contracted. [42 CFR 457.1230(a), 42 CFR 438.206(b)(4)].
3. The Contractor shall 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 shall 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 457.1230(a), 42 CFR 438.206(c)(1)(i)-(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,
 - b. Routine care appointments within 45 calendar days of request, and
 - c. For CMDP only, routine care appointments within 30 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 business days 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 E/PD, DDD 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:
 - 1) For members age 18 years or older, no later than 23 calendar days after the initial assessment,
 - 2) For members under the age of 18 years old, no later than 21 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 CMDP Behavioral Health Provider Appointments refer to section "Behavioral Health Appointment Standards for Persons in Legal Custody of the Department of Child Safety (DCS) and Adopted Children in Accordance with A.R.S. §8-512.0".

D. PSYCHOTROPIC MEDICATION APPOINTMENT STANDARDS FOR ALL CONTRACTORS

1. Assess the urgency of the need immediately.
2. Provide an appointment, if clinically indicated, with a practitioner who can prescribe psychotropic medications 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.

E. BEHAVIORAL HEALTH APPOINTMENT STANDARDS FOR PERSONS IN LEGAL CUSTODY OF THE DEPARTMENT OF CHILD SAFETY (DCS) AND ADOPTED CHILDREN IN ACCORDANCE WITH A.R.S. §8-512.01

1. Behavioral health appointments standards for:
 - 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, refer to ACOM Policy 449.

F. 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 and adopted children. The Contractor shall 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 shall conduct provider appointment availability reviews as a method to ensure sufficient provider network capacity. These reviews can be conducted for all providers or a statistically relevant sample of providers throughout the Contract year. Appropriate methods for conducting these reviews include:

1. Appointment schedule review that independently validates appointment availability.
2. Secret shopper phone calls that 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.

G. TRANSPORTATION TIMELINESS REVIEW

For medically necessary non-emergent transportation, the Contractor shall ensure that a member arrives on time for an appointment, but no sooner than one hour before the appointment; nor have to wait more than one hour after the conclusion of the treatment for transportation home.

The Contractor shall evaluate compliance with these standards on a quarterly basis for all subcontracted transportation vendors/brokers and require corrective action if standards are not met.

H. TRACKING AND REPORTING

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

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

- a. A description of the methods used to collect the information,
 - b. For appointment availability, an explanation of whether the Contractor is surveying all providers in their network or a sample. If the Contractor is selecting a sample, the explanation shall include the methodology for how the sample size meets a 95% statistically significant confidence level, including the calculations used to confirm the confidence level,
 - c. For transportation timeliness, the Contractor's approach to medically necessary non-emergent transportation, including the vendors/brokers used for this service,
 - d. A summary of the findings and an explanation of trends in either direction (positive or negative),
 - 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.
2. DDD shall submit a copy of the reporting template, Attachment A, for each of its Subcontracted Health Plans. DDD shall also submit a cover letter containing the information as specified above related to its Subcontracted Health Plans.
 3. Annually, as a component of the Network Development and Management Plan (NDMP), the Contractor shall:
 - a. Conduct a review of its network sufficiency when there has been a significant decrease in appointment availability performance over the previous year.
 - b. For each standard specified within this Policy under the General Appointment Standards, General Behavioral Health Standards and Additional Behavioral Health Standards compare its annual average performance to the previous Contract year's average performance. For any standard that decreased by more than five percentage points, conduct a review of the sufficiency of its provider network.

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