

Timely Access to Care

Oversight & Monitoring PPG Training



L.A. Care
HEALTH PLAN®

For All of L.A.

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**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

August 26, 2020

Agenda

1. Welcome/Introductions
2. Timely Access to Care Overview
3. Appointment Availability
4. After Hours
5. Oversight & Monitoring
 - Auditing Process
 - Common Issues
6. Helpful Documents
7. Questions



Timely Access to Care: A Regulatory Requirement



PPGs to Ensure Providers Are Compliant

- Include Access language in the provider contract
- Include a review of the Access and Availability standards in your provider onboarding training
- Audit new providers within 30 days to ensure compliance with Timely Access standards
- Continue quarterly monitoring of the network and address non-compliance immediately
- Provide practitioners with solutions/best practices
 - L.A. Care's Interventions document



Timely Access to Care

Survey Types

Availability and Accessibility

- Primary Care Physicians (PCPs)
- Specialists (SCPs)
- Ancillary Providers
- Behavioral Health Providers
- FQHCs

Appointment Availability



DMHC Accessibility Standards

Provider Type	Appointment Type	Time Standard
Primary Care Provider (PCP)	Routine	Within 10 business days
Primary Care Provider (PCP)	Urgent	Within 48 hours
Specialty Care Provider (SCP)	Routine	Within 15 business days
Specialty Care Provider (SCP)	Urgent	Within 96 hours
Ancillary	Routine	Within 15 business days



DMHC Accessibility Standards

Provider Type	Appointment Type	Time Standard
Behavioral Health Care Provider (MD)	Routine	Within 15 business days
Behavioral Health Care Provider (Non-MD)	Routine	Within 10 business days
Behavioral Health Care Provider (MD & Non-MD)	Urgent	Within 48 hours



Timely Access to Care

Survey Types

Availability and Accessibility

- Primary Care Physicians (PCPs)

After-Hours Accessibility



After-Hour Care Standards

Measure	Time Standard
Access	After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. "If this is an emergency, please dial 911 or go to your nearest emergency room.")
Access	After Hours recording or answering service must state a way of contacting the provider (e.g. connect directly to the provider, leave a message and the provider will call back, page provider, etc.)
Timeliness	Recording or live person must state that provider will call back within 30 minutes

- After Hours Care - Physicians (PCPs or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to members.
- *Note: Providers must be compliant in all three (3) of the above measures to be considered compliant with L.A. Care's After Hours standards*



Why an Oversight & Monitoring (O&M) Process?

- The annual trends in compliance display stable compliance rates with access standards. However, the last three (3) measurement years identified a decline in compliance with PCP and SCP urgent and routine appointment availability. Additionally, there is a significant decline in compliance with normal business hours call back.
- The O&M process monitors provider non-compliance on an on-going basis.
- The O&M process is a tool that assists provider groups with implementing and assessing interventions throughout the year.
- A robust monitoring process assists the network with providing L.A. Care members timely access to medical care.



The O&M Process

The Documents



Timeline Document



Appointment Availability

- Instruction Sheet
- Non-compliant Provider Survey Details
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP & SCP)



After Hours

- Instruction Sheet
- Non-compliant Provider Survey Details
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP)



The O&M Process

Timeline Document

➤ Next Workbook due:
September 21, 2020



Oversight and Monitoring Timeline Appointment Availability & After-Hours

Submit completed Audit Tools (Appointment Availability & After-Hours) each quarter to ATC@lacare.org.

Documents Due	Due Date
L.A. Care distributed NEW Oversight & Monitoring Workbooks populated with noncompliant providers from MY 2019 Annual Surveys	
Submission #1 PPG Audit Results Appointment Availability After Hours	DUE: September 21, 2020 > Submit updated Audit Tool workbooks
Submission #2 PPG Audit Results Appointment Availability After Hours	DUE: January 18, 2021 > Submit updated Audit Tool workbooks
Submission #3 PPG Audit Results Appointment Availability After Hours	DUE: May 17, 2021 > Submit updated Audit Tool workbooks

*NOTE: Due to COVID-19, L.A. Care is shifting to three (3) submissions in lieu of quarterly submissions for MY2019/only. You **MUST** use L.A. Care's provided Audit Tool to submit results. If submitted results are not in this document, your submission will be sent back to be revised and you will be considered noncompliant with this request. Also, please do NOT alter the formatting or structure of this template. This is a formal layout that is used for all PPGs.*

> DMHC Timely Access Regulations:
<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx>

Access to Care Contacts	
Isabella Urbano, QI Project Manager (213) 694-1250 x 5365 iurbano@lacare.org	Accreditation Team atc@lacare.org

The O&M Process

Who to Survey

- Providers found non-compliant and non-responsive in L.A. Care's MY 2019 Access to Care Surveys. Non-responsive providers includes those who refused to participate or did not respond to the survey after maximum attempts by survey vendor.
 - L.A. Care populated these providers into the workbooks for the first reporting submission (due September 21, 2020). The column "Call Disposition" on the PCP and SCP Detail tabs indicates a) Eligible-Completed Survey. These providers responded to the survey and a survey outcome is documented. b) Refusal-Refused to participate or no response. These providers did not respond or refused to participate in the survey and no survey outcome is documented.
 - Audit both non-compliant and non-responsive providers.
 - Federally Qualified Health Centers (FQHCs) are indicated by the value "NA" in the first name and last name columns. The vendor audits the FQHC site for appointment compliance and not individual providers at the FQHC.
- IPAs will carry over providers that remain non-compliant or non-responsive onto the Submission #2 and Submission #3 tabs of the O&M workbook. Providers must be re-surveyed for each submission until they are in full compliance with all Timely Access to Care Standards.



The O&M Process

How to survey

Oversight & Monitoring Workbooks:

- 1. Use the provided **Survey Script**
 - This is the same script used by our survey vendor
- 2. Enter the results into the provided **Workbooks**
 - Separate tabs for PCPs and Specialists (each provider type)
 - Separate tabs, same workbook for each reporting submission
- 3. Submit updated O&M Workbooks to ATC@lacare.org for each reporting submission date.

Both the **Survey Script** and **Audit Tool** are found in the same O&M Workbook



The O&M Process

Instructions— *Appointment Availability*

WHO to Survey

1. Survey all providers who were found to be non-compliant from L.A. Care's MY 2019 Annual Survey
2. L.A. Care populated non-compliant providers into the audit tool for the first reporting submission. These are providers who were found non-compliant from L.A. Care's 2019 Annual Survey.
 - a. If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.
3. For subsequent submissions, populate those providers who remained non-compliant from the previous reporting submission. Providers must be re-surveyed until they are in full compliance with all Appointment Availability Accessibility Standards.

HOW to Conduct the Audit

1. Use the provided survey script (located in the Appointment Availability Monitoring Workbook. This is the script used by our Appointment Availability survey vendor, who utilizes the DMHC methodology.
2. Enter results into the provided Audit Tool* located in the Appointment Availability Monitoring Workbook.
 - a. The Audit Tool is an aggregate Excel Workbook that contains tabs for each reporting submission.
 - b. PCPs and Specialists results are entered into separate tools found on separate tabs in the same workbook.
 - c. For subsequent submissions, populate those who remained non-compliant from the previous reporting submission.

WHERE to Submit Audit Tool

1. For each reporting submission, submit updated Audit Tool to L.A. Care QI department ATC@lacare.org.



The O&M Process

Instructions— *Appointment Availability*

Appointment Availability Audit Tool - PCP												
PPG Name: _____						Audit Due Date: 9/21/2020						
Total # of PCPs found non-compliant in 2019 Annual Survey	# Surveyed:											
	# Compliant:											
	% Compliant:											
Submission #1 - Audit Results												
Physician Demographics				Audit Tool								
First Name or FQHC Name	Last Name	License	Phone or Email	Date of Call	Name of Respondent	Urgent Appt. (within 48 hrs)	Routine Appt. (within 10 business days)	Initial Prenatal (within 10 business days)	Surveyor Name	Reason for Non-Compliance	Comments	
Provider list will be populated for the 1st reporting submission (9/21/20)				Fill in as audit is completed.		Enter “Compliant” or “Non-compliant for each survey category column.				If provider is termed, note here.		

- In the “Comments” column, please include any notes L.A. Care should be informed of (e.g. provider term date, wrong phone number, and correct phone number, COVID impact, etc.)



The O&M Process

Survey Script – *Appointment Availability*

	Standard	Question	Answer Options
		<p>Urgent services means health care for a condition which requires prompt attention and poses an imminent and serious threat to someone’s health, including loss of life, limb or other major bodily function (DMHC).</p> <p>In the event of confusion from provider offices regarding the definition of “Urgent Care”, and for purpose of responding to this survey, an alternative definition can be suggested that “Urgent Care” can also be defined as, <i>injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.</i></p>	
1	Urgent Appointment (48 hours - PCP) (96 hours – SCP)	When is the next available appointment date and time with [Dr. Name] for an urgent appointment?	<p>Date: ___ / ___ / ___ Time: ___ : ___ AM/PM</p> <p>If the appointment is within <u>48 hours</u> (PCP) or <u>96 hours</u> (SCP) enter Compliant in Audit Tool and move to Question 2. If not, enter Noncompliant move to Question 2.</p>
2	Routine Appointment (10 business days – PCP) (15 business days – SCP)	When is the next available appointment date and time with [Dr. Name] for a non-urgent (Routine) appointment?	<p>Date: ___ / ___ / ___ Time: ___ : ___ AM/PM</p> <p>If the appointment is within <u>10 business days</u> (PCP) or <u>15 business days</u> (SCP) enter Compliant in Audit Tool and move to question 3a. If not, enter Noncompliant and move to Question 3a.</p>
3	Initial Prenatal Appointment (10 business days)	a. Does your IPA offer prenatal care appointments?	<p>YES – go to questions 3b. NO – End survey and enter N/A in survey tool</p>
		b. When is the next available appointment date and time with [Dr. Name] for initial prenatal services appointments?	<p>Date: ___ / ___ / ___ Time: ___ : ___ AM/PM</p> <p>If the appointment is within <u>10 business days</u> enter Compliant in Audit Tool and End Survey. If not, move to Question 3c.</p>
		c. Is there another practitioner in the office who could see the patient sooner? If so, on what date and time is the earliest appointment?	<p>Date: ___ / ___ / ___ Time: ___ : ___ AM/PM</p> <p>If the appointment is within <u>10 business days</u>, enter Compliant in Audit Tool and End survey. If not, enter Noncompliant and End Survey.</p>



The O&M Process

Audit Tool – *Appointment Availability*

Appointment Availability Audit Tool - PCP

PPG Name: Sample IPA

Audit Due Date: _____

Total # of PCPs found non-compliant in 2019 Annual Survey	3	# Surveyed:	2								
		# Compliant:	1								
		% Compliant:	50%								
2020 Q2 - Survey Results											

Physician Demographics				Audit Tool							
First Name or FQHC Name	Last Name	License	Phone or Email	Date of Call	Name of Responder	Urgent Appt. (within 48 hrs)	Routine Appt. (within 10 business days)	Initial Prenatal (within 10 business days)	Surveyor Name	Reason for Non-Compliance	Comments
John	Smith	A12345	(555) 968-1234	4/8/2018	Adam	Noncompliant	Compliant	Compliant	Susan	Provider on Vacation	
Joann	Adams	A67890	(323) 123-4567	4/8/2018	Nancy	Compliant	Compliant	Compliant	Susan		
Bob	Reed	G59462	(818) 456-1237								Termed 8/5/2017

The O&M Process

Instructions – *After Hours*

WHO to Survey

1. Survey all providers who were found to be non-compliant from L.A. Care's MY 2019 Annual Survey
2. L.A. Care populated non-compliant providers into the audit tool for the first reporting submission. These are providers who were found non-compliant from L.A. Care's 2019 Annual Survey.
 - a. If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.
3. For subsequent submissions, populate those providers who remained non-compliant from the previous reporting quarters. Providers must be re-surveyed until they are in full compliance with all After Hours Accessibility Standards.

HOW to Conduct the Audit

1. Use the provided survey script (located in the After Hours Monitoring Workbook. This is the script used by our After Hours survey vendor.
2. Enter results into the provided Audit Tool located in the After Hours Monitoring Workbook.
 - a. The Audit Tool is an aggregate Excel Workbook that contains tabs for each reporting submission.
 - b. Only PCPs are surveyed for After Hours standards.
 - c. For subsequent submissions, populate those who remained non-compliant from the previous reporting submission.

WHERE to Submit Audit Tool

1. For each reporting submission, submit updated Audit Tool to L.A. Care QI department ATC@lacare.org. See dates provided on Timeline Document.



The O&M Process

Instructions – *After Hours*

After Hours Audit Tool - PCP															
PPG Name: _____												Audit Date: 9/21/2020			
Total # of PCPs found non-compliant in 2018				# Surveyed:				# Compliant:				% Compliant:			
Submission #1 -Audit Results															
Physician Demographics				Call Information				Audit Tool							
First Name or FQHC Name	Last name	License	Phone Number	Date of Phone Call	Time of Phone Call	Reached a Live Person (LP), Recording (R) or Auto Attendant (AA)	Name of Respondent	Live Person			Non-Live Person			Reason for Non-Compliance	Comments
								Emergency Instructions	Physician Available	Timeframe for Response	Emergency Instructions	Physician Available	Timeframe for Response		
Provider list will be populated for the 1 st reporting quarter (Quarter 2 2019).				Fill in as audit is completed.				Enter “Compliant” or “Non-compliant for each survey category column.						If provider is termed, note here.	

- In the “Comments” column, please include any notes L.A. Care should be informed of (e.g. provider term date, wrong phone number, and correct phone number, COVID impact, etc.)



The O&M Process

Survey Script – *After Hours*

	Standard	Question	Compliant Answers*
ACCESS	1 Correct Emergency Instructions (Access)	What would you tell a caller with a life-threatening emergency situation? [An example of a life-threatening emergency situation is a patient experiencing sudden onset of chest pain.]	<ul style="list-style-type: none"> Hang up and dial 911. Go to the nearest emergency room. <p>Enter Compliant or Noncompliant into Audit Tool</p>
	2 Physician Available After Hours (Access)	If I wanted to speak with [Dr. Name] tonight/today, what ways do you have of reaching him/her or an on-call clinician?	<ul style="list-style-type: none"> Stay on the line and you will be connected to him/her or an on-call clinician (including a nurse advice line/urgent care). Leave your name and phone number and a clinician will call you back. The doctor or on-call clinician can be paged. The doctor or on-call clinician can be reached at a different number. <p>Enter Compliant or Noncompliant into Audit Tool</p>
The above two questions measure compliance for ACCESS only.			
TIMELINESS	3 Timeframe for response within 30 minutes (Timeliness)	How long does it typically take for the physician, his or her on-call physician, or triage/screening clinician (NP, PA, or RN) to call back?	<ul style="list-style-type: none"> Immediately (can cross connect/transfer). 1-30 minutes. <p>Enter Compliant or Noncompliant into Audit Tool</p>



The O&M Process

Audit Tool – *After Hours*

After Hours Audit Tool - PCP

PPG Name: Sample IPA

Audit Due Date: 9/21/2020

Total # of PCPs	3	# Surveyed:	2
found non-compliant in		# Compliant:	1
		% Compliant:	50%

Submission #1 - Survey Results

Physician Demographics				Call Information				Audit Tool							
First Name	Last name	License	Phone Number or Email	Date of Phone Call	Time of Phone Call	Reached a Live Person (LP), Recording (R) or Auto Attendant (AA)	Name of Respondent	Live Person			Non-Live Person			Reason for non-compliance	Comments
								Emergency Instructions	Physician Available	Timeframe for Response	Emergency Instructions	Physician Available	Timeframe for Response		
John	Smith	A12345	(555)968-1234	4/8/2018	8:50 PM	LP	James	Compliant	Compliant	Noncompliant				timeframe unknown	
Joann	Adams	A67890	(323)123-4567	4/8/2018	8:55 PM	R					Compliant	Compliant	Compliant		
Bob	Reed	G59462	(818)456-1237												Termed 8/6/2018



Common Issues

- Completely blank entries
- Only a portion of providers surveyed
 - Please survey **all** non-compliant (this includes eligible and refused) providers listed in the Submission #1 tab
 - Carry over remaining non-compliant providers for the next submission
 - If a provider is surveyed and deemed compliant, **do not** resurvey for remaining submissions
- Answers not accurately captured
 - Skipped questions
 - Blank rows



O&M Process Summary

- Survey non-compliant providers until compliant
- Must use L.A. Care provided script and audit tool
- Reporting frequency: **3 Submissions** (Check timeline document for deadlines. Reminders will be sent out by our team.)
- Next report submission due: **September 21, 2020**
- Submit reports to: ATC@lacare.org



Helpful Documents

Suggested Interventions

Appointment Availability: Interventions focused on the IPA

- Increase contracting efforts to expand physician network
 - Adding new providers to assist with influx of new members
- Make it a contractual requirement
- Include Appointment Availability standards and performance standards in provider on-boarding education
- Send requirements of Appointment Availability standards via fax, email, mail (e.g. L.A. Care's Access to Care Quick Tips) to providers.
- Audit newly contracted providers for compliance with Appointment Availability standards within 30 calendar days of activation
- Remind physicians of their contractual responsibilities and enforce contract obligations, as necessary
- Maintain updated Timely Access to Care policies (review annually and make changes as appropriate)
- Implement improved appointment tracking systems to enable ongoing surveillance by appointment type
- Create incentives for high performing offices
- Conduct webinars to educate the provider network
- Obtain additional specialists contracts to ensure more alternatives are available
- Review provider appointment schedules.
 - Rebuild panels to allow more open access and flexibility in patient scheduling.
 - Rebuild schedules to accommodate same day appointments and to ensure timely access for urgent, routine well care physical exams, and IHAs



Helpful Documents

Suggested Interventions

After-Hours: Interventions focused on the Answering Service

- Include After Hours standards in staff training
- Provide a script to the physician's answering service that meets the DMHC Timely Access to Care standards for After Hours (e.g. L.A. Care's Acceptable After Hours Messaging)
- Offer practitioner offices a IPA sponsored call center for a minimal rate reduction
- IPA to train practitioner's answering service. Offer once per month training and invite practitioner office staff
- Obtain a new After Hours phone service that is in compliance with the After Hours standards
- Offer a listing of Answering Service companies that comply with DMHC standards upon practitioner contract execution
- Audit new practitioners within 30 days of contract activation to ensure After Hours service is in compliance

After-Hours: Interventions focused on the Provider Office

- Include After Hours messaging/triaging standards/process in staff training
- Provide After Hours Survey script to the provider office
- Provide Health Plan audit results to the physician's office
- Request that offices conduct self-audits to ensure compliance
- Offer noncompliant offices support by helping them set up compliant voicemail messaging/answering services



Helpful Documents

Access to Care Quick Tips

Also located on L.A. Care's website:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

First file called "Access to Care: Quick Tips" under the "Access & Availability" tab.

	Standard ¹	Medi-Cal	L.A. Care Covered	Cal-MediConnect
Primary Care Providers (PCP) Accessibility Standards				
Routine Primary Care Appointment (Non-Urgent) Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.			≤ 10 business days of request	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.			≤ 48 hours of request	
Emergency Care - Services for a potentially life threatening condition requiring immediate medical intervention to avoid disability or serious detriment to health.			Immediate, 24 hours a day, 7 days per week	
Preventive health examination (Routine)		≤ 30 business days of request		≤ 30 calendar days of request
First Prenatal Visit - A periodic health evaluation for a member with no acute medical problem.	≤ 14 calendar days of request		≤ 10 business days of request	≤ 14 calendar days of request
Specialty Care Provider (SCP) Accessibility Standards:				
Routine Specialty Care Physician Appointment (including Behavioral Health Physician)			≤ 15 business days of request	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.			≤ 46 hours, if prior authorization is required	
Ancillary Care Accessibility Standards:				
Routine Ancillary Appointment (Non-Urgent)			≤ 15 business days of request	
Behavioral Health Care Accessibility Standards:				
Routine Appointment			≤ 15 business days of request (Physicians) ≤ 10 business days of request (Non-Physicians)	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.			≤ 48 hours of request	
Life-Threatening Emergency			Immediately	
Non-Life-Threatening Emergency			≤ 6 hours of request	
Emergency Care			Immediate, 24 hours a day, 7 days per week	
After Hours Care Standards:				
After Hours Care - Physicians (PCPs, Behavioral Health, or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to members. <small>*Critical activities only to be provided by appropriately qualified staff, e.g., physicians, physician assistants, nurse practitioners or RNs.</small>				<ul style="list-style-type: none"> Automated systems must provide emergency 911 instructions; and Automated system or live party (office or professional exchange service) answering the phone must offer a reasonable process to connect the caller to the PCP, Behavioral Health Provider, or covering practitioner. Offer a call-back from the PCP, Behavioral Health Provider, covering practitioner or triage/screening clinician within 30 minutes. <small>If process does not enable the caller to contact the PCP, Behavioral Health Provider, or covering practitioner directly, the "live" party must have access to a practitioner or triage/screening clinician for both urgent and non-urgent calls.</small>
Practitioner Telephone Responsiveness:				
In-Office/Waiting Room Time - The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.			Within 30 minutes	
Speed of Telephone Answer (Practitioner's Office) - The maximum length of time for practitioner office staff to answer the phone.			Within 30 seconds	
Mixed Appointments - The time after a missed appointment that a patient is contacted to reschedule their appointment.			Within 48 hours	



Questions?



We are here to support you!

For all Access to Care related questions, please contact
ATC@lacare.org

- Isabella Urbano, Project Manager
(213) 694-1250 x **5365**
iurbano@lacare.org
- Roxana Palacios, Project Manager
rpalacios@lacare.org



From all of us

THANK
YOU!

