Welcome! The webinar will begin at 1:30 PM

• Connect to the audio via your computer or call-in

• **Use the Chat function to ask questions**
  - Questions will be managed through the Chat and will be answered at the end

• This webinar is being recorded

• Attendance will be noted via log-in

• You will receive a copy of the PowerPoint after this presentation

• Send a message to the host if you cannot hear or see the slides
Timely Access to Care

Oversight & Monitoring

IPA Training

Presented by:
Accreditation, Quality Improvement Team
Christine Salary, MPH
Jenny Li, MPH
Agenda

1. Welcome/Introductions

2. Timely Access to Care Overview

3. Appointment Availability

4. After Hours

5. Oversight & Monitoring
   - Auditing Process

6. Helpful Documents

7. Questions
Timely Access to Care: A Regulatory Requirement
Why is timely access important for our members?

Lack of Timely Access to Care

- Inability to receive timely routine, preventive and/or chronic care services
- Increase in preventable hospitalizations
- Potentially detrimental effects to member health and well-being
How does non-compliance affect contracted IPAs and providers?

- Issuance of Corrective Action Plans (CAPs)
- Potential for sanctions for continued non-compliance
- Negatively impacted in their Access & Availability scores and total payment in L.A. Care’s VIIP + P4P program
# VIIP + P4P Program

## Access & Availability: 25% of Incentive Scoring

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>• Methodology: Independent vendor survey of office site responses</td>
</tr>
<tr>
<td>1. Provider After-Hours Access Survey</td>
<td>• Select measures with most data and best reflection of IPA Management</td>
</tr>
<tr>
<td>2. Provider Appointment Availability Survey (PAAS)</td>
<td>• Measures:</td>
</tr>
<tr>
<td>Reporting year: 2019 Measurement year: 2018</td>
<td>• After-Hours Survey: Overall Access</td>
</tr>
<tr>
<td></td>
<td>• Emergency Instructions</td>
</tr>
<tr>
<td></td>
<td>• Method to contact provider</td>
</tr>
<tr>
<td></td>
<td>• After-Hours Survey: Overall Timeliness</td>
</tr>
<tr>
<td></td>
<td>• Provider call-back within 30 min</td>
</tr>
<tr>
<td></td>
<td>• Appointment Availability Survey:</td>
</tr>
<tr>
<td></td>
<td>• Urgent Care Visit within 48 Hours with PCP</td>
</tr>
</tbody>
</table>
Physician P4P Program

Payment Gate: Access and Availability

• The Payment Gate in the Physician P4P Program for solos, small groups and clinic organizations will be based on results from the DMHC-approved and required Provider Appointment Availability Survey and the Provider After-Hours Access Survey. Just as in the VIIP program, the three measures derived from these surveys are Appointment Availability, After Hours Timeliness and After Hours Access.
  - If compliance is met in all three measures, the provider will receive the whole amount calculated
  - If compliance is not met in one or more measures, up to 15% of the total payment will be deducted depending on the level of non-compliance

• Appointment Availability – 5%
• After Hours Timeliness – 5%
• After Hours Access – 5%
IPAs 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 noncompliance 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

After Hours Accessibility
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Appointment Type</th>
<th>Time Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider (PCP)</td>
<td>Routine</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Primary Care Provider (PCP)</td>
<td>Urgent</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Specialty Care Provider (SCP)</td>
<td>Routine</td>
<td>Within 15 business days</td>
</tr>
<tr>
<td>Specialty Care Provider (SCP)</td>
<td>Urgent</td>
<td>Within 96 hours</td>
</tr>
<tr>
<td>Ancillary</td>
<td>Routine</td>
<td>Within 15 business days</td>
</tr>
</tbody>
</table>
## DMHC Accessibility Standards

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Appointment Type</th>
<th>Time Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Care Provider (MD)</td>
<td>Routine</td>
<td>Within 15 business days</td>
</tr>
<tr>
<td>Behavioral Health Care Provider (Non-MD)</td>
<td>Routine</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Behavioral Health Care Provider (MD &amp; Non-MD)</td>
<td>Urgent</td>
<td>Within 48 hours</td>
</tr>
</tbody>
</table>
Timely Access to Care
Survey Types

**Availability and Accessibility**

- Primary Care Physicians (PCPs)
- Behavioral Health Providers
- Specialists (SCPs)
  - No longer required to survey Specialists and Behavioral Health for After-Hours only.

Appointment Availability

After Hours Accessibility
After-Hour Care Standards

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. &quot;If this is an emergency, please dial 911 or go to your nearest emergency room.&quot;)</td>
</tr>
<tr>
<td>Access</td>
<td>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.)</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Recording or live person must state that provider will call back within 30 minutes</td>
</tr>
</tbody>
</table>

- 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 of the above measures to be considered compliant with L.A. Care's After Hours standards
Why an Oversight & Monitoring Process?

- Annual surveys and provider education have proven to be insufficient in driving compliance rates upward
  - Education alone has not changed provider behavior
- Monitors provider non-compliance on an on-going basis
- Implement & assess interventions throughout the year
- It is a regulatory requirement for health plans to have monitoring procedures to accurately measure the accessibility and availability of contracted providers [§ 1300.67.2.2.]
- Need for more robust monitoring to guarantee timely access to care for L.A. Care members.
The O&M Process
The Documents

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

- Instruction Sheet
- Non-compliant Provider Survey Details
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP)
The O&M Process
Timeline Document

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

<table>
<thead>
<tr>
<th>Documents Due</th>
<th>Due Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.A. Care distributed NEW Oversight &amp; Monitoring Workbooks populated with noncompliant providers from MY 2017 Annual Surveys</td>
<td>DUE: July 13, 2018</td>
<td>&gt; Submit updated Audit Tool workbooks</td>
</tr>
<tr>
<td>Quarter 2 2018 PPG Audit Results Appointment Availability After Hours</td>
<td>DUE: July 13, 2018</td>
<td>&gt; Submit updated Audit Tool workbooks</td>
</tr>
<tr>
<td>Quarter 3 2018 PPG Audit Results Appointment Availability After Hours</td>
<td>DUE: October 12, 2018</td>
<td>&gt; Submit updated Audit Tool workbooks</td>
</tr>
<tr>
<td>Quarter 4 2018 PPG Audit Results Appointment Availability After Hours</td>
<td>DUE: January 11, 2019</td>
<td>&gt; Submit updated Audit Tool workbooks</td>
</tr>
<tr>
<td>Quarter 1 2019 PPG Audit Results Appointment Availability After Hours</td>
<td>DUE: April 12, 2019</td>
<td>&gt; Submit updated Audit Tool workbooks</td>
</tr>
</tbody>
</table>

The O&M Process Timeline Document

Next Workbook (Q2 2018) due: July 13, 2018

IOTE: You MUST use L.A. Care’s provided Audit Tool to submit quarterly 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 requisition. Also, please do NOT alter the formatting or structure of this template. This is a formal layout that is used on all PPGs.

DMHC Timely Access Regulations: https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx
The O&M Process

Who to Survey

• 1. Providers found non-compliant from L.A. Care’s MY 2017 Access to Care Surveys
  
  ➢ L.A Care populated these providers into the workbooks for the first reporting quarter (Q2 2018)
  
  ➢ New focus on non-responders and refusals

• 2. For subsequent quarters, IPAs will populate the Audit Tool with providers who remained non-compliant from the previous reporting quarter
  
  ➢ Providers must be re-surveyed each quarter 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 quarter
• 3. Submit updated O&M Workbooks to ATC@lacare.org each reporting quarter

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 LA Care’s MY 2017 Annual Survey.
2. LA Care populated non-compliant providers into the audit tool for the first reporting quarter. These are providers who were found non-compliant from LA Care’s 2017 Annual Survey.
   a. If the “Phone #” provided is incorrect, please note the correct phone number in the comments section.
3. For subsequent quarters, populate those providers who remain until they are in full compliance with all Appointment Availability.

HOW to Conduct the Audit
1. Use the provided survey script (located in the Appointment Availability vendor, who utilizes the DMHIC methodology.
2. Enter results into the provided Audit Tool located in the.
   a. The Audit Tool is an aggregate Excel Workbook that contains:
   b. PCPs and Specialists results are entered into separate tools.
   c. For subsequent quarters, populate those who remained non-compliant.

WHERE to submit Audit Tool
1. For each reporting quarter, submit updated Audit Tool to LA Care O&M department (ATC@lacare.org). (See dates provided on Timeline Document).

Figure 1. Appointment Availability Monitoring Workbook Overview

Appointment Availability Audit Tool - PCP

<table>
<thead>
<tr>
<th>PPG Name:</th>
<th>Sample IPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total # of PCPs found non-compliant in 2017 Annual Survey | # Surveyed: 2 | # Compliant: 1 | % Compliant: 50% |

2018 Q2 - Survey Results

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>License</th>
<th>Phone #</th>
<th>Date of Call</th>
<th>Name of Respondent</th>
<th>Urgent Appt. No Auth. (within 48 hrs)</th>
<th>Routine Appt. No Auth. (within 10 business days)</th>
<th>Initial Prenatal (within 10 business days)</th>
<th>Surveyor Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Smith</td>
<td>A12345</td>
<td>(555) 988-1234</td>
<td>4/8/2018</td>
<td>Nancy</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>Susan</td>
<td></td>
</tr>
<tr>
<td>Joanna</td>
<td>Adams</td>
<td>A67890</td>
<td>(323) 123-4567</td>
<td>3/13/2018</td>
<td>Nancy</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>Susan</td>
<td></td>
</tr>
<tr>
<td>Sue</td>
<td>Reed</td>
<td>G24602</td>
<td>(818) 450-1237</td>
<td>8/5/2018</td>
<td>Nancy</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>48/52/100</td>
<td>Susan</td>
<td></td>
</tr>
</tbody>
</table>

Provider list will be populated for the first reporting quarter. If a provider is term, please note here.
Survey Script – Appointment Availability

**Call Introduction**
1. Hello, my name is [Name], and I am a compliance auditor with [PPG Name] calling to assess Appointment availability for [Dr. Name].
2. For record-keeping purposes, may I have your name? [Record on Audit Tool]

**Survey Questions**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Appointment</strong> (48 hours - PCP) (96 hours - SCP)</td>
<td>When is the next available appointment date and time with [Dr. Name] for an urgent appointment?</td>
<td>Date: <strong>/</strong>/____ Time: <strong>:</strong> AM/PM</td>
</tr>
<tr>
<td>If the appointment is within 48 hours (PCP) or 96 hours (SCP) enter Compliant in Audit Tool and move to Question 2. If not, enter Noncompliant and move to Question 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine Appointment</strong> (10 business days – PCP) (15 business days – SCP)</td>
<td>When is the next available appointment date and time with [Dr. Name] for a non-urgent (Routine) appointment?</td>
<td>Date: <strong>/</strong>/____ Time: <strong>:</strong> AM/PM</td>
</tr>
<tr>
<td>If the appointment is within 10 business days (PCP) or 15 business days (SCP) enter Compliant in Audit Tool and move to question 3a. If not, enter Noncompliant and move to Question 3a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initial Prenatal Appointment</strong> (10 business days)</td>
<td>a. Does your IPA offer prenatal care appointments?</td>
<td>YES – go to questions 3b. NO – End survey and enter N/A in survey tool</td>
</tr>
<tr>
<td>b. When is the next available appointment date and time with [Dr. Name] for initial prenatal services appointments?</td>
<td>Date: <strong>/</strong>/____ Time: <strong>:</strong> AM/PM</td>
<td></td>
</tr>
<tr>
<td>If the appointment is within 10 business days enter Compliant in Audit Tool and End Survey. If not, move to Question 3c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Date: <strong>/</strong>/____ Time: <strong>:</strong> AM/PM</td>
<td></td>
</tr>
</tbody>
</table>

Timely Access to Care Oversight & Monitoring Training | 21
# The O&M Process

## Audit Tool – Appointment Availability

### Appointment Availability Audit Tool - PCP

<table>
<thead>
<tr>
<th>PPG Name:</th>
<th>Sample IPA</th>
<th>Audit Due Date: 7/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total # of PCPs found non-compliant in 2017 Annual Survey:**

<table>
<thead>
<tr>
<th># Surveyed:</th>
<th># Compliant:</th>
<th>% Compliant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 2018 Q2 - Survey Results

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>License</th>
<th>Phone #</th>
<th>Date of Call</th>
<th>Name of Respondee</th>
<th>Urgent App. No Auth. (Within 48 hr)</th>
<th>Routine Appt. No Auth. (within 10 business day)</th>
<th>Initial Prenatal (within 10 business day)</th>
<th>Surveyor Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Smith</td>
<td>A12345</td>
<td>(555) 968-1234</td>
<td>4/8/2018</td>
<td>Adam</td>
<td>Compliant</td>
<td>Noncompliant</td>
<td>Compliant</td>
<td>Susan</td>
<td>Spoke with Mary</td>
</tr>
<tr>
<td>Joann</td>
<td>Adams</td>
<td>A67890</td>
<td>(323) 123-4567</td>
<td>4/8/2018</td>
<td>Nancy</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Susan</td>
<td>Spoke with Ryan</td>
</tr>
<tr>
<td>Bob</td>
<td>Reed</td>
<td>G59452</td>
<td>(818) 456-1237</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Susan</td>
<td>Termined 8/5/2017</td>
</tr>
</tbody>
</table>

**Provider must be compliant with all 3 Appointment Availability Standards to be considered compliant.**
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 2017 Survey.
2. L.A. Care populated non-compliant providers into the audit tool for the Q2 2018 reporting quarter. These are providers who were found non-compliant from L.A. Care’s 2017 Survey.
   - If the “Phone #” provided is incorrect, please note the correct phone number.
3. For subsequent quarters, populate those providers who remained non-compliant until they are in full compliance with all After Hours Access.

**HOW to Conduct the Audit**
1. Use the provided survey script (located in the After Hours Monitoring Workbook) for each reporting quarter.
2. Enter results into the provided Audit Tool* located in the After Hours.
   - The Audit Tool is an aggregate Excel Workbook that contains tabs:
     a. PCPs and Specialists results are entered into separate tools found:
     b. For subsequent quarters, copy those who remained non-compliant.

   1. **WHERE to Submit Audit Tool**
   For each reporting quarter, submit the Feedback Document.

---

*Figure 1. After Hours Monitoring Workbook Overview*
The O&M Process
Survey Script – After Hours

Call Introduction
1) Hello, my name is ________, and I’m a “compliance auditor” with [PPG Name] calling to assess the after-hours service. Can you please confirm this is the after-hours service for [doctor’s name]?
2) For record keeping purposes, may I have your name? (record on Audit Tool)

Standards Questions

<table>
<thead>
<tr>
<th>Standard</th>
<th>Question</th>
<th>Compliant Answers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Correct Emergency Instructions (Access)</td>
<td>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.]</td>
</tr>
<tr>
<td>2</td>
<td>Physician Available After Hours (Access)</td>
<td>If I wanted to speak with [Dr. Name] tonight/today, what ways do you have of reaching him/her or an on-call clinician?</td>
</tr>
</tbody>
</table>

The above two questions measure compliance for ACCESS only.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Question</th>
<th>Compliant Answers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Timeframe for response within 30 minutes (Timeliness)</td>
<td>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?</td>
</tr>
</tbody>
</table>

The 30 minute call-back time MUST be stated to meet the Timeliness measure.

*These are the ONLY answers that are considered compliant.
## The O&M Process

### Audit Tool – *After Hours*

### After Hours Audit Tool - PCP

<table>
<thead>
<tr>
<th>PPG Name:</th>
<th>Sample IPA</th>
<th>Audit Due Date: 7/13/2018</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total # of PCPs found non-compliant in 2017 Annual Survey:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td># Surveyed:</td>
<td>2</td>
</tr>
<tr>
<td># Compliant:</td>
<td>1</td>
</tr>
<tr>
<td>% Compliant:</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 2018 Q2 - Survey Results

<table>
<thead>
<tr>
<th>Physician Demographics</th>
<th>Call Information</th>
<th>Audit Tool</th>
<th>Non-Live Person</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>License</td>
<td>Phone #</td>
<td>[Date of Phone Call]</td>
</tr>
<tr>
<td>John Smith</td>
<td>A12345</td>
<td>(555) 968-1234</td>
<td>4/8/2018</td>
<td>8:00 PM</td>
</tr>
<tr>
<td>Bob Rodd</td>
<td>G59462</td>
<td>(818) 456-1237</td>
<td>4/8/2018</td>
<td>8:00 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider must be compliant with all 3 After Hours Standards to be considered compliant.**
O&M Process Summary

• Survey non-compliant providers until compliant

• Must use L.A. Care provided script and audit tool

• Reporting frequency: **Quarterly** (Check timeline document for deadlines, reminders will be sent out by our team)

• Next report submission due: **July 13, 2018**

• Submit reports to: [ATC@lacare.org](mailto:ATC@lacare.org)
Helpful Documents
Suggested Interventions Document

Timely Access to Care
Suggested/Shared PPG Interventions

APPOINTMENT AVAILABILITY

Interventions focused on the PPG

- Increase contracting efforts to expand physician network
  - Adding new providers to assist with influx of new members
- Provide covering physicians for network providers on leave
- Form partnership with University Medical School for a fellowship program that places new PA and NP graduates to be placed in an office of their specialty
- 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
- Conduct ongoing meetings with key internal departments (Network Management & Credentialing) to address continued physician non-compliance
- Improve New Provider Orientation training
- 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
- Survey non-compliant practitioners in network to determine reasons for non-compliance. Potential questions:
  1. What are your hours in the office?
For days not in the office, what is the process for members to get appointments on those days (e.g. Members...
Helpful Documents
FAQs Document

Timely Access to Care
Oversight & Monitoring

Appointment Availability

1) Provider is at “Site 1” today and has no appointments, but their other office “Site 2” does have an appointment available today with another physician. Is that compliant?
   This would not be compliant per DMHC; the provider needs to be in the same physical office.

2) Provider has multiple locations with the same office phone number patient calls for appointment at the location they have seen this provider, but provider has availability at a different location. Is this compliant?
   This would not be compliant per DMHC; the provider needs to be in the same physical office.

3) Would it be considered compliant if a PCP refers a member who requires an Urgent (48 hour) Appointment to an Urgent Care Facility, if they are unable to fit them in during next 48 hours of scheduled office time?
   The DMHC methodology indicates the member must see their PCP or a covering physician at the same office, for an urgent appointment, within 48 hours of the member’s request. In this scenario, if the urgent care facility is located at the same office site, the PCP can utilize practitioners in the urgent care facility as “covering physicians” and that would be compliant. If the urgent care facility is not located at the same office site, the PCP would be considered non-compliant.
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.
Questions?
We are here to support you!

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

- Annette Garcia, Accreditation Manager  
  (213) 694-1250 x 6213  
  AGarcia3@lacare.org

- Christine Salary, MPH, Project Manager  
  (213) 694-1250 x 4697  
  CSalary@lacare.org

- Jenny Li, MPH, Project Manager  
  (213) 694-1250 x 6490  
  JLi@lacare.org