

Timely Access to Care Oversight & Monitoring FAQ



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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?**

Based on the MY2019 DMHC Methodology, this would not be compliant. The provider is compliant, if the member is able to get an appointment with the **same** provider at **a different office location within Los Angeles County.**

- 2) **Would it be considered compliant if a PCP refers a member who requires an Urgent Appointment to an Urgent Care Facility, if they are unable to fit them in during the next 48 hours?**

Based on the MY2019 DMHC Methodology, referral of a patient to a different provider in a different office (e.g. a separate urgent care center) cannot be recorded as the initially surveyed provider providing an appointment. An appointment offered at a different office in the same county with the same provider can be recorded as an available appointment with the initially surveyed provider. (For FQHCs, availability at a separate site within the same FQHC qualifies as an available appointment.)

- 3) **At what point does the 96-hour time frame (for an urgent appointment requiring prior authorization) for SCPs begin?**

The appointment wait time starts from the time of the initial request for health care services by an enrollee or the enrollee’s treating provider, to the earliest date offered for the appointment for services inclusive of time for obtaining authorization from the plan or completing any other condition or requirement of the plan or its contracting providers.

- 4) **Does the 96 hours (for an urgent appointment requiring prior authorization) for SCPs, only include after hours or only during normal office hours?**

The appointment waiting time includes after hours, weekends, and holidays. It is “round-the-clock.”

- 5) **Does a covering physicians/clinicians meet compliance for provider availability with urgent or routine appointments?**

A covering physician or clinician may not be substituted within the urgent or routine time frame if the primary provider is unavailable. The MY2018 PAAS Survey Tool is provider specific and eliminated Question 2 “Is there another practitioner in the same physical office who could see the patient sooner?” which was included in years prior.



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6) Is it a requirement for the Provider Groups to complete the Oversight & Monitoring Workbooks for ALL PCPs and SCPs?

The audit should be conducted on all PCPs and SCPs listed in the Oversight & Monitoring Workbooks. The providers listed in the workbooks are either non-compliant or non-responsive according to the Provider Appointment Availability Survey results.

7) If a provider is on maternity leave or on vacation during the time of survey, will the provider be considered non-compliant or N/A?

Per the MY2019 DMHC Methodology, if a provider is on maternity leave or on vacation, the categories are recorded as N/A but they are marked as non-compliant to indicate that the provider does not have an appointment available within the applicable time standard. These providers will still be included in the compliance calculation.

8) If the office is closed due to COVID but provides telehealth appointments, would the provider be considered compliant?

Yes, if a provider's office is closed but provides telehealth appointments within the regulatory timeframe the provider is considered compliant

After-Hours

1) Will a physician be considered compliant if members can connect *directly* to an on-call provider by pressing an option on an automated system?

Yes.

2) If the IPA has its own triage line:

a) Can the after-hours recording direct a member to call a different phone number for access to the triage line?

Yes. If the recording redirects the member to a different phone number to access the triage line, the recording message should also inform the member the time it would take to speak to a physician or practitioner. This wait time should not exceed 30 minutes.

b) Is it sufficient to provide the IPA's triage line number on the member ID cards?

L.A. Care's member ID cards contain L.A. Care's Nurse Advice Line (NAL) only. L.A. Care is unable to print individual IPA NAL contact information on its member ID cards. If an IPA is using their triage line to satisfy the after-hours access



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requirements, the after-hours recording or live answering service should provide this number to members.

3) For the After Hours 30-minute call-back standard, does your annual survey vendor wait for the call-back from the provider?

The surveyor only records whether the automated message or "live person" states that the member will receive a call back within 30 minutes. The surveyor doesn't score whether the call was actually returned within that timeframe. There is an assumption that the call will be returned in the timeframe given.

4) Could a provider office refer to L.A. Care's Nurse Advice Line for urgent matters?

Yes, this is an option for L.A. Care members.

5) Is a provider compliant for Call-back Timeframe portion if they state "Call will be returned ASAP" vs "Call will be returned within 30 minutes"?

No, this is not considered compliant. The timeframe must be state that the call will be returned within 30 minutes.

6) If the voicemail provides a phone number to reach the on-call clinician but does not state the 30-minute timeframe, but the on-call clinician's voicemail states the 30-minute timeframe, is that considered compliant?

Similar to Question 2a) No, this is not considered compliant. The initial message should inform the member the time it would take to speak to a physician or practitioner. This wait time should not exceed 30 minutes.

7) If the voicemail or call-back greeting states, "If your call is not returned within 30 minutes, please contact us again". Is this considered compliant?

No, this is not considered compliant. The voicemail or call-back greeting must state the 30-minute timeframe and the call must be returned within the 30-minute timeframe.

Other

1) Does L.A. Care audit ancillary sites in the Annual Access to Care Surveys?

L.A. Care audits ancillary sites for Appointment Availability, but not for After Hours.

2) Will the pre-populated audit workbooks you send to the IPAs that indicate non-compliant providers, exclude or identify providers that are captured by multiple IPAs? In other words, will multiple IPAs audit the same provider?



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If a provider is contracted with multiple IPA's and was found noncompliant with the standards, that provider will be populated on each IPA's audit tool.

3) Is there anything that prevents IPAs from collaborating and sharing the workload to address non-compliant providers?

L.A. Care encourages IPAs to collaborate with addressing non-compliant providers.

4) Can L.A. Care help us collaborate by indicating what providers are common across IPAs and which IPAs share the provider?

L.A. Care is unable to provide this information to IPAs.

5) If the IPAs can't collaborate, what happens if you receive different results for the same provider from two different IPAs?

Ultimately, L.A. Care must use the results received from our survey vendor to determine a provider's final compliance rate.

6) Is there any flexibility to not use the provided script/method, such as secret-shopper method?

You can measure your network for compliance using any method that you feel appropriate. The advantage to using the L.A. Care provided script, is that it standardizes the survey methodology for L.A. Care and IPAs.

7) What is the average time it takes, using the provided script, to complete the surveying of Appointment Availability for a single provider? After Hours?

The Appointment Availability survey takes approximately 10 minutes to complete. The After-Hours survey takes approximately 4 minutes to complete.

8) Are there any providers who are managing and meeting access standards well within the L.A. Care network from whom we could learn best practices?

First look at compliant providers within your network to determine what practices they have in place to meet the standards. You can then share this information with your noncompliant network providers. Additionally, L.A. Care has shared best practices with the IPAs and will continue to do so as we learn about additional effective measures. We have created a **Suggested Interventions** document that includes valuable interventions that we gathered from IPAs.

9) Is a medical assistant considered a clinician?

A medical assistant is NOT considered a clinician. A clinician is someone who has formal medical clinical training, such as a Registered Nurse, Nurse Practitioner or Physician Assistant.

10) What is the data source for the survey?

The provider data file is obtained from L.A. Care's Provider Data Management department.

11) Do I have to audit the provider in all languages, if given the option?

No. As long as the audit has been conducted in English, there is no requirement at this time to conduct the audit in other languages.

12) Does a physician need to adhere to the 30-minute call back timeframe if a member calls after-hours to make an appointment?

No. The 30-minute timeframe would only apply to urgent concerns not for regular appointments.

13) Will L.A. Care spot check the audit results that IPAs submit?

Yes, L.A. Care will be spot checking submitted audit tools to ensure that IPAs appropriately understand the Appointment Availability and After Hours standards.

14) What is the impact to the IPA for providers who refused to be surveyed?

Providers who refuse to be surveyed are excluded from compliance rates in reports to DMHC. However, their refusal will be considered as non-compliant and could result in escalation to L.A. Care's Compliance.

15) How should IPAs address providers who refused to be surveyed in the O&M Workbooks?

In your audit efforts, if a provider refuses to comply with the survey please indicate their refusal in the comments section. Please keep surveying the providers that refused, moving them to each consecutive submission period.

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