

## **417 - APPOINTMENT AVAILABILITY, MONITORING AND REPORTING**

EFFECTIVE DATES: 10/01/12, 10/01/13, 04/01/15, 07/01/16, 10/01/16, 10/01/17, ~~xx/xx/xx~~10/01/18<sup>1</sup>

REVISION 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, ~~xx/xx/xx~~04/05/18<sup>2</sup>

### **I. PURPOSE**

This Policy applies to ~~Acute~~ AHCCCS Complete<sup>3</sup> Care (ACC), ALTCS/EPD, ~~CRS~~<sup>4</sup>, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This ~~Pe~~ policy establishes appointment accessibility and availability standards to ensure Contractor compliance with AHCCCS network sufficiency requirements. The standards delineated in this Pp<sup>5</sup> 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**

<b>1800 REPORT</b>	An AHCCCS generated document, provided quarterly, that identifies Primary Care Physicians (PCPs) with a panel of more than 1800 AHCCCS members.
<b>ESTABLISHED PATIENT</b>	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.
<b>NEW PATIENT</b>	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.
<b>URGENT CARE APPOINTMENT</b>	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**

<sup>1</sup> [Date changes are effective](#)

<sup>2</sup> [Date presented at APC Meeting](#)

<sup>3</sup> [Updated to reflect new contractor, updated throughout policy where applicable](#)

<sup>4</sup> [Removed to reflect new contractor](#)

<sup>5</sup> [Revised for clarification](#)

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 ~~must~~<sup>6</sup> 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 Referrals: Appointments***<sup>7</sup>:
  - a. Urgent care appointments as expeditiously as the member's health condition requires but no later than three 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,

<sup>6</sup> Revised for consistency of term throughout policy

<sup>7</sup> Revised to clarify these are specialist appointment timeframes, not timely PCP referral to specialist timeframes.

- 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 ~~ACUTE~~AHCCCS COMPLETE CARE ACC, ALTCS/EPD, ~~CRS~~ 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 ~~CRS AND~~<sup>8</sup> 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 ~~evaluation~~assessment<sup>9</sup>, 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

<sup>8</sup> Removed CRS contractor, as ACC changes

<sup>9</sup> Revised to reflect assessment, see D.1.b

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 the availability of providers on a quarterly basis to conduct provider appointment availability reviews~~<sup>10</sup> to assess the availability of Routine and Urgent appointments for Primary Care, Specialist, Dental, ~~CRS providers~~,<sup>11</sup> Behavioral Health providers and Behavioral Health appointments for persons in the legal custody of DCS. The Contractor must also review ~~these standards 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<sup>12</sup> 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, and
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 ~~should~~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, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit 9, Deliverables~~<sup>13</sup>.

<sup>10</sup> Revised to match contract; this was changed because the reviews do not need to be quarterly, but the reporting is quarterly – some plans review specialists and PCPs on a different basis

<sup>11</sup> Removed CRS as this provider type is not in the template.

<sup>12</sup> Added above to address confidence intervals added under tracking and reporting

<sup>13</sup> Removing titles for consistency throughout AHCCCS Manuals

**F. TRACKING AND REPORTING**

The Contractor ~~must~~ shall track provider compliance with appointment availability on a quarterly basis for both ~~n~~New and ~~e~~Established ~~p~~Patients by ~~p~~Provider ~~t~~Type and appointment type utilizing the reporting template, Attachment A. The Contractor shall ~~must~~ submit this information quarterly as ~~identified-specified~~ <sup>14</sup> in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit 9, Deliverables.~~

A cover letter must be included ~~which with the submission containing~~ including, at a minimum, the following:<sup>15</sup>

- A description of the survey methods used to collect the information <sup>16</sup>,
- An explanation of how the sample size meets a 95% statistically significant confidence level, including the calculations used to confirm the confidence level <sup>17</sup>
- ~~A summarizes of the findings, and data, describes how the survey methodology is representative of appointment standards across the Contractor's network, an explanation of ins-significant trending trends in either direction (positive or negative), and~~
- ~~and a~~ description of ~~bes~~ any interventions applied to areas of concern including, any corrective actions taken. <sup>18</sup>
- ~~—~~

In addition, annually, the Contractor ~~shall~~ must summarize the results, trends, ~~and~~ 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 ~~guidelines-requirements regarding~~ the submission of the Network Development and Management Plan. <sup>19</sup>

~~The Contractor's submission of the Network Development and Management Plan must also include an attestation affirming the validity of the methodologies utilized and significance of the results, along with any planned changes to the methodologies for the coming year.~~ <sup>20</sup>

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

**G. ATTACHMENT A, ~~APPOINTMENT AVAILABILITY PROVIDER REPORT~~** <sup>21</sup>

Instructions for Completing Attachment A, Appointment Availability Provider Report:

<sup>14</sup> Revised term for policy consistency

<sup>15</sup> Added to change format to a bullet point from paragraph

<sup>16</sup> Moved this from above

<sup>17</sup> POST APC CHANGE: Originally the first two bullets we combined, but in APC, they were split out to facilitate adding in the requirement that the cover letter include the calculations for sample size.

<sup>18</sup> For clarification

<sup>19</sup> For clarification

<sup>20</sup> Deleting as partially superceded by the quarterly methods description, and the ad hoc requirement of new methods; if we don't believe its valid we will follow up

<sup>21</sup> Removing titles for consistency throughout AHCCCS Manuals

<b>PCP, SPECIALIST, AND DENTAL APPOINTMENTS</b>	
<b>SURVEYS</b>	Enter the number of provider surveys conducted <u>for</u> <sup>22</sup> both New and Established patients for each provider type.
<b>PASS</b>	Enter the total number of providers that were in compliance with the AHCCCS appointment standards (Urgent and Routine).
<b>FAIL</b>	Enter the total number of providers that were not in compliance with the AHCCCS appointment standards.
<b>COMPLIANCE PERCENTAGE</b>	The percentage of providers that are compliant with the AHCCCS appointment standards. <i>This field is automatically populated.</i>

<b>MATERNITY CARE PROVIDER APPOINTMENTS</b>	
<b>SURVEYS</b>	Enter the number of provider surveys conducted with Maternity care providers related to compliance with the AHCCCS <u>appointment</u> <sup>23</sup> standards for initial prenatal care appointments by trimester and risk.
<b>PASS</b>	Enter the total number of providers that were in compliance with the AHCCCS appointment standards for maternity care.
<b>FAIL</b>	Enter the total number of providers that were not in compliance with the AHCCCS appointment standards for maternity care.
<b>COMPLIANCE PERCENTAGE</b>	The percentage of providers that are compliant with the AHCCCS appointment standards for maternity care. <i>This field is automatically populated.</i>

<sup>22</sup> Added missing word 'for'

<sup>23</sup> Added for clarification

GENERAL BEHAVIORAL HEALTH APPOINTMENT STANDARDS; AND REPORT FOR PERSONS IN LEGAL CUSTODY OF THE DEPARTMENT OF CHILD SAFETY (DCS) AND ADOPTED CHILDREN-CUSTODY APPOINTMENTS IN ACCORDANCE WITH A.R.S. §8-512.01<sup>24</sup>

<b>SURVEYS</b>	Enter the number of provider surveys conducted for each behavioral health appointment category.
<b>PASS</b>	Enter the total number of providers that were in compliance with the AHCCCS appointment standards.
<b>FAIL</b>	Enter the total number of providers that were not in compliance with the AHCCCS appointment standards.
<b>COMPLIANCE PERCENTAGE</b>	The percentage of providers that are compliant with the AHCCCS appointment standards. <i>This field is automatically populated.</i>

OPEN UNTIL 03/31/18

<sup>24</sup> Revised to align with ACOM Policy 417, Attachment A