Timely Access to Care Standards

2024 Compliance Training

Quality Improvement

Learning Objectives

1. Identify the **Timely Access to Care Standards** that govern how and when patients access appointments for:
   - Primary care
   - Specialty care
   - Behavioral Health
   - Ancillary care providers

2. Be familiar with the Optum and Health Plan survey processes to monitor compliance with the Department of Managed Health Care (DMHC) Access and Availability Standards.

3. Implement the Access Standards at your practice

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Timely Access to Care Standards

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Timely Access to Care Standards - Overview

For Optum to function as a medical group, our provider practices are mandated to comply with the **Timely Access to Care Standards ('Access Standards')** set forth by the State Department of Managed Healthcare (DMHC).

These DMHC Access Standards ensure that patients can access a specific provider *within required timeframes.* [DMHC § 1300.67.2.2.]

These standards look at the **scheduling availability for specific appointment types** (routine, urgent, primary, specialty) and **the accessibility of those providers by telephone during business and after hours**.

Ensuring our patients have timely access to their provider(s) and meeting DMHC and Health Plan access requirements rely on Optum teammates understanding and applying the Access Standards at their clinics and offices.

Completing the Access Survey is critical to Optum meeting access standard compliance goals.

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Access Standards for Appointment Availability (AA)

Appointment Type	Routine	Urgent*	Time Standard
Primary Care Provider (PCP)	X		Must offer an appointment within **10 business days** of the request.
Primary Care Provider (PCP)		X	No Prior Authorization Required - Must offer an appointment within **48 hours** of the request. This timeframe includes weekends and holidays
Specialty Care Provider (SCP)	X		Must offer an appointment within **15 business days** of the request.
Specialty Care Provider (SCP)		X	• No Prior Authorization Required - Must offer an appointment within **48 hours** of the request. (Specialists with established patients.) • Prior Authorization Required – Must offer an appointment within **96 hours** of the request. These timeframes include weekends and holidays.
Advanced Access (PCP)			• Must offer a same-day or next business day appointment to patients that request it. • Must offer advance scheduling of appointments at a later date if the patient prefers not to accept the appointment offered for the same or next business day.
Initial prenatal visit	X		Must offer an appointment within **10 business days**. (Patient should be 6-8 weeks pregnant and have no existing problems.)
Adult or child preventative checkup or wellness exam	X		• **Adult:** Must offer an appointment within **30 calendar days**. • **Child:** Must offer an appointment within **10 business days**.
Ancillary Services	X		Must offer an appointment within **15 business days** of the request.
In-Office wait time for scheduled appointments (PCP and SCP)			Not to exceed **15 minutes**.

** Urgent = Healthcare for a condition which requires attention when the patient's condition is such that services are required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.*

- ✓ Appointments must be scheduled with the requested provider within these timeframes to meet Access Standard compliance.
- ✓ If the requested provider practices at another location *within the same county*, scheduling the patient at that other location will meet Access Standard compliance.
- ✓ If the practice cannot offer an appointment with the requested provider within DMHC's required timeframes, you must have a process in place to assess the patient's condition to determine if a longer wait time for an appointment will be detrimental to the patient. Notation of this decision must be noted in the patient's medical record.

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Access Standards for Telephone & After Hours (AH)

Required Telephone Access Elements (Professional Exchange Staff or Automated System)	**Standards & Appropriate Actions**
Correct emergency instructions Correct emergency instructions provided to the caller.	The instructions must state: • **"If this is a life-threatening emergency, please hang up and dial 911 or go to your nearest emergency room."** • Must be **stated within the first 30 seconds** of answering call or the recorded message.
Process to reach physician Physician/on-call physician or medical professional is available during business hours & after hours.	Appropriate actions: • **Directly connects** the caller to a medical professional (physician/on-call physician, or medical professional). • **Page** the medical professional and inform the caller that the physician/on-call physician or medical professional will call him/her back **within 30 minutes**. • The caller can **select an option** on their telephone and **be directly connected** to a physician/on-call physician or medical professional. • Answering machines must have the capability to **leave a message** and inform the caller that he/she will receive a **call back** from a physician/on-call physician or medical professional **within 30 minutes**. • **Call forwarding** - call is automatically forwarded to the physician/on-call physician or medical professional.
Timeframe for response Caller is informed that he/she will get a call back within 30 minutes.	Requirement for response: • **Immediate:** Direct connect or transfer of call to physician/on-call physician or medical professional. • Call back from physician/on-call physician or medical professional within 30 minutes or less. **Caller must be informed he/she will receive a call back within 30 minutes.**

These 3 standards apply when a patient calls in during normal business hours *and* after-hours.

All answering services/ voicemails must address these standards.

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Access Standards for Behavioral Health

Appointment Type	Routine	Urgent	Time Standard
Physician Mental Health Care Provider	X		Must offer an appointment within **10 business days** of the request.
Non-Physician Mental Health Care Provider	X		Must offer an appointment within **10 business days** of the request.
Urgent Care Appointments		X	Must offer an appointment within **48 hours** of the request.
Access to Care for Non-Life-Threatening Emergency		X	**Within 6 hours.**
Access to Life Threatening Emergency Care		X	**Immediately.**
Access to Follow Up Care After Hospitalization for Mental Illness	X		Must Provide Both: • One follow up encounter with a mental health provider within **7 calendar days after discharge**. • One follow up encounter with a mental health provider within **30 calendar days after discharge.**

** Urgent = Healthcare for a condition which requires attention when the patient's condition is such that services are required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.*

Optum holds these Behavioral Health access standards to all non-carveout products.

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Access Monitoring

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Access Monitoring is a DMHC Requirement

It is a regulatory requirement for health plans to have monitoring procedures in place to accurately measure the accessibility and availability of contracted providers [Title 28 CCR § 1300.67.2.2.].

Optum has partnered with a verified vendor **Fields Research, Inc.** to conduct regular access audits. Surveys are conducted to promote, educate and ensure compliance with access standards.

All Optum provider practices (employed and IPA) are required to participate. Access Surveys are provider-specific. They measure a patient's ability to access a specific provider, not overall access to care.

Optum's contracted Health Plans also conduct access audits throughout the year via telephone, fax or email.

Please ensure that your facility complies with these required audits.

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Monitoring Performance

Survey results are reported to the relevant stakeholders, the Quality Committee and Board of Directors.

Data from the surveys is used to track and trend performance and devise targeted interventions to improve access for our patients.

Optum's compliance goal is 85% and above

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Types of Surveys

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Access Surveys

Who receives the Access Survey?

Group and IPA practices for Primary, Specialty & Ancillary (Radiology + PT)

How?

Via fax for a specific provider with instructions for the practice administrator, scheduler or staff to complete the online Appointment Availability (AA) survey.

Via phone from a vendor auditor performing After-Hours (AH) survey call to assess what instructions the recording or answering service provides for patients seeking care.

Any staff member at the practice (MA, MR, LVN, RN, Office Manager) can respond to help providers avoid a CAP response.

Provider: Your Provider Name will be here
Fax: Your office fax will be here

*** * ACTION REQUIRED * ***

It is a regulatory requirement for health plans to have monitoring procedures to accurately measure the accessibility and availability of contracted providers [Title 28 CCR § 1300.67.2.2]. Optum has contracted with Fields Research to conduct regular access and availability audits for their provider offices.

This fax is being sent on behalf of Optum. We're conducting a web survey to assess patient access to health care providers in California. This survey is being conducted in accordance with CA law and the Department of Managed Health Care standards related to provider access and network availability.

Please forward this fax to the person most knowledgeable regarding the scheduling of appointments in your office.

Please note that it is important for you to respond to this request within 10 business days.

At your earliest convenience, please go to https://www.fieldsresearch.com/optum
(Don't forget the "s" in Fields)

Login using:
User Name: Provided by Fields Research
Password: Provided by Fields Research

If your status with Optum has changed, please log on to the survey and select the option that pertains to your practice on the Information Page.

If you have any problems logging in or have any technical difficulties, please contact:
Patrick Colletta,
Fields Research, Inc.
(513) 821-6266

If you have questions regarding the survey questions, please contact the Optum Quality Improvement Department at QualityDepartment@optum.com

FieldsResearch
A CMS-Approved CAHPS® Vendor

HealthCare Partners
Medical Group and Affiliated Physicians

* User Name:

* Password:

Login

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Appointment Availability Survey

The Appointment Availability Survey is conducted online.

Provider offices will receive a fax from Fields Research with log-in credentials and instructions for accessing and completing the survey online.

Anyone who manages appointment scheduling can complete the online survey

Fields Research will follow-up with the provider's office if the survey is not completed within 10 business days.

Nonresponsive providers will be escalated to Group or IPA Operational teams.

Provider: Your Provider Name will be here
Fax: Your office fax will be here

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Managed Health Care
FieldsResearch
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HealthCare Partners.
Medical Group and Affiliated Physicians

* User Name:
* Password:
Login

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After Hours Survey

The After Hours Access Survey is conducted via phone.

Provider offices will receive a phone call from a Field's Research auditor outside of the office's normal business hours.

Surveyors will listen for these required elements from the live respondent or the non-live answering service:

- Correct emergency instructions provided for a life-threatening emergency.
- Process to reach a physician after hours.
- Timeframe for response within 30 minutes.

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Corrective Action Plan (CAP)

- Providers that do not meet requirements are required to complete a **Corrective Action Plan (CAP).**
- Fields Research will fax CAPs to providers one (1) day after the survey is submitted for elements found noncompliant with standards.
- Providers have 30 days to complete and submit their CAP to the QI Department. (Fax # is noted on the CAP)
  - If CAP not received within the 30-day timeframe, a 2nd CAP is sent to the provider.
  - **Providers that do not submit their CAP after the 2nd fax will be escalated to the Group or IPA Operational team.**

A Corrective Action Plan (CAP) Reference Guide is sent with the CAP to assist provider offices with completing the CAP.

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CORRECTIVE ACTION PLAN (CAP)
REFERRENCE GUIDE

Optum conducts annual Access Surveys of all provider offices within our Network.
The purpose for conducting these audits is to ensure compliance with DMHC and Optum's requirement/ standards for timely access to care. Providers that do not meet requirements are required to complete a Corrective Action Plan (CAP) and submit that CAP to Optum's Quality Improvement Department within the timeframe noted on your CAP.

We have created this Corrective Action Plan (CAP) Reference Guide to assist you with completing your Optum Appointment Availability CAP.

APPOINTMENT AVAILABILITY	
Requirements/Standards	**Corrective Action Plan** Examples of how to meet requirement. Interventions not limited to what is listed.
Routine/Non-urgent appointments for: • PCP: Must provide the caller with an appointment **within 10 business days** of the request for appointment. OR • Specialist: Must provide the caller with an appointment **within 15 business days** of the request for appointment.	• Schedule an appointment with **the same provider at his/her other location within the same county**. (i.e. If the requested provider practices at another location within the same county, the patient may be scheduled at that location.) • Open more appointment time slots to accommodate patients. • Allot time during the day for walk-ins or same day appointments. • Offer in-office, telephone or video appointments as applicable to the patient's condition. • Educate staff regarding access standards for routine/non-urgent appointments (PCP – within 10 business days from date of request & Specialist – within 15 business days from date of request).
Urgent appointments for services that **DO NOT** require prior authorization for primary care and specialty physicians: **within 48 hours** of the request for appointment.	• Schedule an appointment with **the same provider at his/her other location within the same county**. (i.e. If the requested provider practices at another location within the same county, the patient may be scheduled at that location.) • Open more appointment time slots to accommodate patients. • Allot time during the day for urgent or walk-in appointments or same day appointments. • Offer in-office, telephone or video appointments as applicable for the patient's condition. • Have the provider assess the patient via telephone to determine if a longer appointment wait time will not have a detrimental impact on the patient's health. Document the decision in the patient's medical record. • Educate staff regarding access standards for urgent appointments that DO NOT require prior authorization (For PCP and Specialists with existing

- ***Please indicate below your plan/actions to meet all requirements not met during the survey.***
- ***Your office may implement one or more of the interventions listed.***
- ***Optum will conduct a follow-up survey to ensure compliance with Optum Access Standards and verification of CAP implementation.***

APPOINTMENT AVAILABILITY			
		Corrective Action Plan	
Requirements	**Survey Findings**	**Date your office started conducting the CAP:**	**Expected Date of Completion:**
Routine/Non-urgent appointments for: • PCP: **Within 10 business** days of the request for appointment. OR • Specialist: **Within 15 business days** of the request for appointment.	Date of Survey: (Merge survey date) Appointment date provided: (Merge date provided) # Of days (Request date to appointment date provided): (Merge days between comparison)	**Please select from the following list of interventions your office will implement to meet compliance with standards.** *(Your office may implement one or more of the interventions listed.)* ☐ Allot time during the day for walk-ins or same day appointments. ☐ Open more appointment time slots to accommodate patients. ☐ Offer in-office, telephone or video appointment as applicable to the patient's condition. ☐ Schedule an appointment with the same provider at his/her other location within the same county. (If the requested provider practices at another location within the same county, the patient may be scheduled at that location.) ☐ Educate staff regarding access standards for routine/non-urgent appointments (10 business days for primary provider or 15 business days for specialist provider). ☐ Other: ____	

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Best Practices

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Best Practices

- ✓ Patient Access is Everyone's Responsibility
- ✓ Educate the staff on access standards and policies quarterly
  - ✓ Ensure that the person(s) in charge of the scheduling understand the Access Standard timeframe requirements.
  - ✓ Post a copy of the Optum Access Quick Reference Guide near the office telephones to ensure staff schedule patients appropriately per standards.
- ✓ Open more appointment time slots, allotting time for walk-ins and same day appointments.
- ✓ Offer telephone or video appointments as applicable to the patient's condition.
- ✓ If the patient cannot be scheduled within the required timeframes, triage the patient with a licensed clinician and document the clinician's decision in the medical record.

If you identify appointment access issues at your clinic, talk to your nursing supervisor, office manager or site administrator.

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Resources

Department of Managed Health Care

- https://www.dmhc.ca.gov/ See Licensing & Reporting → Health Plan Compliance/Medical Survey
- https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccesstoCare.aspx

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Thank you for completing the 2024 Timely Access to Care Standards Compliance Training.

For Questions: OptumCAQIMO@optum.mhealth.com

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