Optum

Appointment Availability & After-Hours Access Standards

2022 Compliance Training | Quality Improvement Dept.

Training Objectives

- Identify the access timeframe requirements, also referred to as ‘Access Standards’, that govern how and when patients access appointments for:
  - Primary care
  - Specialty care,
  - Behavioral Health
  - Ancillary care providers

- Understand the Optum and Health Plan survey processes to monitor compliance with the Department of Managed Health Care (DMHC) access and availability standards.

- Implement the access standards at your practice

Timely Access to Care

California law requires health plans to provide timely access to care. This means that there are limits on how long patients have to wait to get health care appointments and telephone advice.

The Department of Managed Health Care (DMHC) mandates that all health plans make providers available within specific geographic and time-elapsed standards. They must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours. [DMHC § 1300.67.2.2.]

Optum has established policies and procedures to meet these standards.

https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccesstoCare.aspx

Access Standards

Access Standards | Appointment Availability

Appointment Type	Routine	Urgent*	Time Standard
Primary Care Provider (PCP)	✓		Must offer an appointment within **10 business days** of the request.
Primary Care Provider (PCP)		✓	• No Prior Authorization Required - Must offer an appointment within **48 hours** of the request. (This timeframe includes weekends and holidays.)
Specialty Care Provider (SCP)	✓		Must offer an appointment within **15 business** days of the request.
Specialty Care Provider (SCP)		✓	• 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.
Initial prenatal visit	✓		Must offer an appointment within 10 business days. (Patient should be 6-8 weeks pregnant and have no existing problems.)
Adult or child preventative check up or wellness exam	✓		• Adult: Must offer an appointment within 30 calendar days. • Child: Must offer an appointment within 10 business days.
Ancillary Services	✓		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.

- DMHC standards require that appointments must be scheduled 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.)
- If the physician's office cannot offer a patient an appointment within the DMHC's timeframe requirements, the physician's office must have a process in place to assess the patient's condition to determine whether a longer waiting time for an appointment will not be detrimental to the patient. **Notation of this decision must be noted in the patient's medical record.**

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Access Standards | Appointment Availability

Behavioral Health: Optum holds this standard to all **non carve-out products**

Appointment Type	Routine	Urgent*	Time Standard
Physician Mental Health Care Provider	✓		Must offer an appointment within **10 business** days of the request.
Non-Physician Mental Health Care Provider	✓		Must offer an appointment within **10 business** days of the request.
Urgent Care Appointments		✓	Must offer an appointment within **48 hours** of the request.
Access to Care for Non-Life-Threatening Emergency		✓	Within **6 hours**.
Access to Life Threatening Emergency Care		✓	**Immediately**.
Access to Follow Up Care After Hospitalization for Mental Illness	✓		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..

Telephone Access to Care Standards

(Business Hours and After-Hours)

Required Telephone Access Elements *(Professional Exchange Staff or Automated System)*	Standards & Appropriate Actions
Correct emergency instructions *Correct emergency instructions provided to the caller.*	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.**

Access Monitoring

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*.].

Since 2016, Optum has partnered with **Fields Research** to conduct regular access audits of our contracted and employed Primary and Specialty Care provider offices. Surveys are conducted to promote, educate and ensure compliance with access standards.

- Access & Availability and After-Hours surveys are conducted between March – April of each year.
- Non-compliant and non-responsive provider offices are followed-up with survey reminders, education and corrective action remediation.
- In the Fall, provider offices found non-compliant or non-responsive upon initial survey are re-surveyed for compliance with the access standards of practice.

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. Staff should be familiar with the access standards so they are applied into office practice.

Optum Appointment Availability Survey

The Appointment Availability Survey is conducted as an online survey.

- 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.

Optum After Hours Survey

The After Hours Access Survey is conducted as a phone survey.

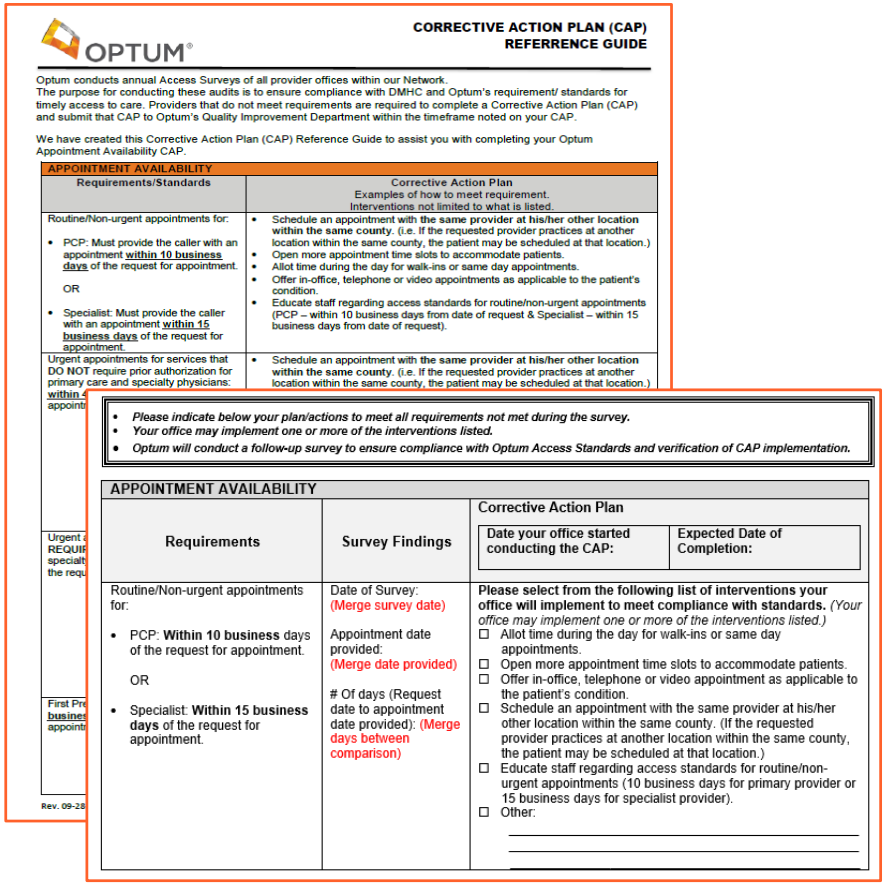
Provider offices will receive a phone call from a Field's Research auditor outside of the office's normal business hours.

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.

Corrective Action Plans

- The purpose for conducting these audits is to ensure compliance with DMHC and Optum's standards for timely access to care.
- 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.**
- An Optum 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 4** appointm	• 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.)
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- ***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

Requirements	Survey Findings	Corrective Action Plan 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:

Best Practices | Meeting our patients' access needs

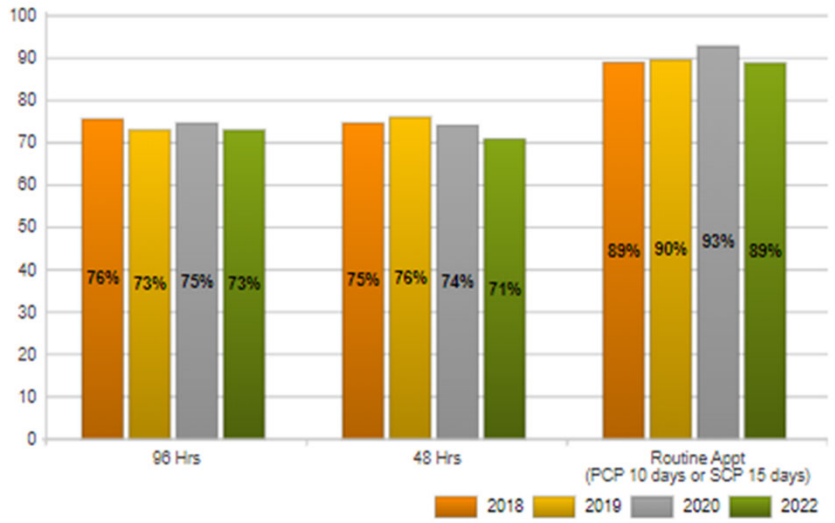
- ✓ Review and educate the staff on access standards and policies on a quarterly basis and as needed.
- ✓ Open more appointment time slots to accommodate patients.
- ✓ Allot time for walk-ins and same day appointments.
- ✓ Offer telephone or video appointments as applicable to the patient's condition.
- ✓ Take the time to ensure that the person(s) in charge of the scheduling understand the Access Standard timeframe requirements.

Access Reporting is a DMHC Requirement

Provider office survey results are reported to the Optum Office of the Medical Director and OHPC 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 90%



Resources

Optum Policies & Procedures

- QM-OPTUM-CA-001- Timely Access to Care Standards
- QM-OPTUM-CA-004 Monitoring Process for Timely Access to Care Standards
- Quick Reference Guide to Optum's Access Standards

Applying the Access Standards to the audit survey:

- After-Hours Survey Reference Guide
- Appointment Availability Survey Reference Guide
- Corrective Action Plan (CAP) Reference Guides

Department of Managed Health Care

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

Email questions to qualitydepartment@optum.com