

WELCOME



L.A. Care
HEALTH PLAN®

For All of L.A.

Timely Access to Care - Oversight & Monitoring PPG Training

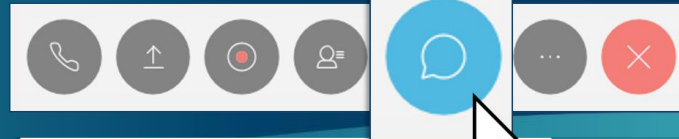
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Attendee ID: Each attendee has their own unique ID.

*Select the I will “call in” option, a window will open with the call in number, access code, and your attendee ID

Everyone is *automatically* **MUTED**. . .
Please communicate via the **CHAT** feature



Please type your question/comment here and click “Send”.

Send

We will begin at
12:00 PM PST

Thank you



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Housekeeping

- This webinar is being recorded
- Attendance will be tracked via log-in
- Please submit all questions to all Panelists
- Questions will be managed through the Chat
- Send a message to the host if you cannot hear or see the slides



Question

From which remote location are you calling from? (i.e. East Los Angeles, Montebello, etc.)

Please use chat by sending it to all
“Panelists.”

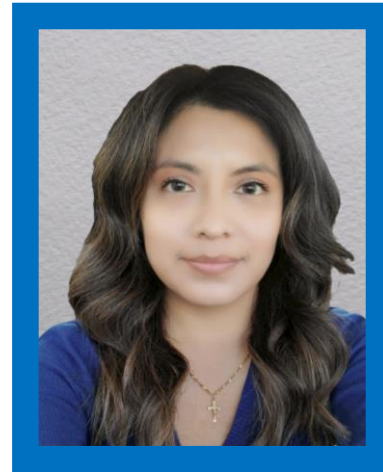


Our Team

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Timely Access to Care

Oversight & Monitoring PPG Training



L.A. Care
HEALTH PLAN®

For All of L.A.

Presented by:
Accreditation, Quality Improvement

June 28, 2023



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Agenda

1. Welcome/Introductions
2. Timely Access to Care Overview
3. Appointment Availability
4. After Hours
5. Oversight & Monitoring
 - Auditing Process
 - Common Issues
6. Corrective Action Plan (CAP)
7. Helpful Documents
8. Questions



Timely Access to Care: A Regulatory Requirement



PPGs 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 non-compliance 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
- Federally Qualified Health Centers(FQHCs)

Appointment Availability



DMHC Accessibility Standards

Provider Type	Appointment Type	Time Standard
Primary Care Provider (PCP)	Routine	Within 10 business days
Primary Care Provider (PCP)	Urgent	Within 48 hours
Specialty Care Provider (SCP)	Routine	Within 15 business days
Specialty Care Provider (SCP)	Urgent	Within 96 hours, if prior authorization is required
Ancillary	Routine	Within 15 business days



DMHC Accessibility Standards

Provider Type	Appointment Type	Time Standard
Behavioral Health Care Provider (MD)	Routine	Within 15 business days
Behavioral Health Care Provider (Non-MD)	Routine	Within 10 business days
Behavioral Health Care Provider (MD & Non-MD)	Urgent	Within 96 hours
Behavioral Health Care Provider (Non-MD) - Substance Use Disorder Providers	Routine Follow-up	Within 10 business days



Timely Access to Care

Survey Types

Availability and Accessibility

- Primary Care Physicians (PCPs)

After-Hours Accessibility



After-Hour Care Standards

Measure	Time Standard
Access	After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. "If this is an emergency, please dial 911 or go to your nearest emergency room.")
Access	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.)
Timeliness	Recording or live person must state that provider will call back within 30 minutes

- 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 (3) of the above measures to be considered compliant with L.A. Care's After Hours standards*



Why an Oversight & Monitoring (O&M) Process?

- There is an overall decrease in compliance with PCP and SCP urgent and routine appointment availability.
- The O&M process monitors provider non-compliance on an on-going basis.
- The O&M process is a tool that assists provider groups with implementing and assessing interventions throughout the year.
- A robust monitoring process assists the network with providing L.A. Care members timely access to medical care.
- The O&M process also meets the regulatory requirement for health plans to have monitoring procedures to accurately measure the accessibility and availability of contracted providers.



The O&M Process

The Documents



Timeline Document



Appointment Availability

- Instruction Sheet
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP & SCP)
- PCP & SCP No Response



After Hours

- Instruction Sheet
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP)
- PCP No Response



The O&M Process

Timeline Document



MY 2022 Oversight & Monitoring Timeline
Appointment Availability & After-Hours

Submit completed workbooks (Appointment Availability & After-Hours) to ATC@lacare.org.

L.A. Care distributed NEW Oversight & Monitoring Workbooks populated with noncompliant providers from MY 2022 Annual Survey.

➤ **First MY2022
Workbook Due:
August 18, 2023**

Submission Due	Due Date
Submission 1 (April – June) 2023 Survey Results	DUE: August 18, 2023
Submission 2 (July – September) 2023 Survey Results	DUE: November 17, 2023
Submission 3 (October – December) 2023 Survey Results	DUE: February 16, 2024
Submission 4 (January – March) 2024 Survey Results	DUE: May 17, 2024

You **MUST** use L.A. Care's provided Audit Tool to submit 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 request. Also, please do NOT alter the formatting or structure of this template. This is a formal layout that is used for all results.

> DMHC Timely Access Regulations:
<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx>

Access to Care Contacts

Accreditation Team
atc@lacare.org

**Note the change in terminology
from (submission vs quarter)**



The O&M Process

Who to Survey

- Providers found non-compliant or who refused to participate in L.A. Care's MY 2022 Access to Care Surveys. Due to high non-response rates, non-responsive providers will be broken out in separate tabs for the PPGs reference. Non-responsive providers includes those who did not respond to the survey after maximum attempts by the survey vendor.
 - L.A. Care populated these providers into the workbooks for the submission 1 (due August 18, 2023). The "MY2022 Outcome" columns on the submission 1 2022 PCP and submission 1 2022 SCP Detail tabs indicates Compliant, Non-Compliant, or N/A responses from the MY 2022 PAAS for Urgent, Routine, and Initial Prenatal measures.
 - Federally Qualified Health Centers (FQHCs) are indicated by the value "NA" in the first name and last name columns. The vendor audits the FQHC site for appointment compliance and not individual providers at the FQHC.
- PPGs will carry over providers that remain non-compliant or non-responsive onto the submission 2 2023, submission 3 2023, and submission 4 2023 tabs of the O&M workbook. Providers must be re-surveyed for each submission 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 submission
- 3. Submit updated O&M Workbooks to EPOCommunications@lacare.org & CC: ATC@lacare.org

See dates provided on Timeline Document.

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 L.A. Care's MY2022 Annual Survey
2. L.A. Care populated non-compliant providers into the audit tool for the first reporting submission. These are providers who were found non-compliant from L.A. Care's MY2022 Annual Survey.
 - a. If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.
3. For subsequent submissions, populate those providers who remained non-compliant from the previous reporting submission. Providers must be re-surveyed until they are in full compliance with all Appointment Availability Accessibility Standards.

HOW to Conduct the Audit

1. Use the provided survey script (located in the Appointment Availability Monitoring Workbook. This is the script used by our Appointment Availability survey vendor, who utilizes the DMHC methodology).
2. Enter results into the provided Audit Tool located in the Appointment Availability Monitoring Workbook.
 - a. The Audit Tool is an aggregate Excel Workbook that contains tabs for each reporting submission.
 - b. PCPs and Specialists results are entered into separate tools found on separate tabs in the same workbook.
 - c. For subsequent submissions, populate those who remained non-compliant from the previous reporting submission.

WHERE to Submit Audit Tool

1. For each reporting submission, submit updated Audit Tool to EPOCommunications@lacare.org & CC: ATC@lacare.org



Template

Instructions— *Appointment Availability*

- Drop downs for standardized responses in the “Audit Tool” columns
 - 3 Options: Compliant, Non-Compliant, and N/A
- “Task Number” column
 - PCDW (Provider Add, Change, Delete Workflow) data system the organization uses to manage changes to provider data.
 - Groups are supposed to enter a PCDW task whenever a provider is terminated/retired from the network.



The O&M Process

Instructions— *Appointment Availability*

Appointment Availability Audit Tool - PCP

Submission 1 Due Date: 5/15/23 (April - June)

PCP Name: *Fill in this information*

Total # of PCPs found in MY 2022: *Fill in this information*

Succeeded: *Fill in # Succeeded & # Compliant*

Compliant: *Fill in, #Succeeded, #Non-Compliant, #Compliant will auto populate once you enter this information above*

Available: *Fill in, #Succeeded, #Non-Compliant, #Compliant will auto populate once you enter this information above*

Non-Compliant: *Fill in, #Succeeded, #Non-Compliant, #Compliant will auto populate once you enter this information above*

In-Compliant: *Fill in, #Succeeded, #Non-Compliant, #Compliant will auto populate once you enter this information above*

Instructions:

- When conducting the re-survey, please let the staff know that you are asking the questions as a **current patient**.
- Column P/F Row 17 - Reason for Non-Compliance - Here are a few examples of how to categorize the responses:
 - a) **Compliant** - In order for the provider to be compliant, the outcome for Urgent, Routine, and Initial Personal questions must be "Yes" for all.
 - The only exception to this rule is if the provider does not offer **general pediatrics**. If the provider does not offer general services, answer "No" in row 17 for all Urgent and Routine questions and both "Yes" if the provider does not offer general services.
 - Urgent Appt and Routine Appt **apparel, apparel**, please refer to the script tab to see acceptable answers for these columns.
 - b) **Ineligible** - Not Contracted, Terminated, Wrong/Disconnected Phone Number, On leave, Retired, No longer at facility/office.
 - c) **Non-Compliant** - When one or more of the answers to the survey is non-compliant (i.e., Date of next appt is outside of days listed in the parenthesis in columns P, R, Q and outcome was "NO").

2022 Submission 1 - Audit Results

Physician Demographic	MY2022 Outcome	2022 Submission 1 - Audit Results																
First Name or FQHC Name	Last Name	License	Phone or Email	Call Disposition	Digital Survey Date	Urgent	Routine	Initial Personal	Date and Time of Call	Survey Name	Name of Respondent	Urgent Appt (within 15 business days)	Routine Appt (within 10 business days)	Initial Personal (within 10 business days)	Compliant Status	Task Number (If a Provider is Terminated or Tabled Provider)	Comments	Call Outcome
<i>L.A. Care will populate this information for the first submission with providers found noncompliant with the 2022 Annual Survey. MY2022 PAAS Results will be included in these columns. You will need to move Providers that remain Non-compliant to next submission tab thereafter.</i>						<i>Fill in this information</i>						<i>Enter "Compliant" or "Non-Compliant" for each survey question here</i>			<i>If a Provider is termed or incorrect phone number is considered ineligible.</i>			
<p>No response - Unable to confirm contact - Survey</p> <p>No response - Incorrect contact - Do NOT Resurvey</p> <p>Refused Survey - Do NOT Resurvey</p> <p>NA - Responded or did not Refuse - Survey</p> <p>Fill in this information and choose the options above.</p>																		

AA Instructions | Script | Timeline | **Sample Audit Tool** | PCP No Response | SCP No Response | **Sub 1 2023 PCP_DUE 8.18.23** | Sub 1 2023 SCP_DUE 8.18.23 | Sub 2 2023 PCP_DUE 11.17.23 | Sub 2 2023 SCP_DUE 11.17.23 | Sub 3 2023 PCP_DUE 2.17.24 | Sub 3 2023 SCP_DUE 2.17.24

Separate tabs for PCP & SCP

- In the “Comments” column, please include any notes L.A. Care should be informed of (e.g. wrong phone number, and correct phone number, provider termed, etc.)

The O&M Process

Survey Script – *Appointment Availability*



Appointment Availability Survey Script

Call Introduction

- 1) Hello, my name is _____, and I'm a "compliance auditor" with [PPG Name] calling to assess Appointment availability for [Dr. Name or Federally Qualified Health Center (FQHC)].
- 2) For record keeping purposes, may I have your name? (record on Audit Tool)



Survey Questions

	Standard	Question	Answer Options
		<p>Urgent services means health care for a condition which requires prompt attention and poses an imminent and serious threat to someone's health, including loss of life, limb or other major bodily function (DMHC).</p> <p>In the event of confusion from provider offices regarding the definition of "Urgent Care", and for purpose of responding to this survey, an alternative definition can be suggested that "Urgent Care" can also be defined as, <i>injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.</i></p>	
1	Urgent Appointment (48 hours - PCP) (96 hours - SCP)	When is the next available appointment date and time with [Dr. Name or FQHC Name] for an urgent appointment?	Date: ___/___/___ Time: ___:___ AM/PM 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 move to Question 2.
2	Routine Appointment (10 business days - PCP) (15 business days - SCP)	When is the next available appointment date and time with [Dr. Name or FQHC Name] for a non-urgent (Routine) appointment?	Date: ___/___/___ Time: ___:___ AM/PM 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.
3	Initial Prenatal Appointment (10 business days)	a. Does your IPA offer prenatal care appointments?	YES – go to questions 3b. NO – End survey and enter N/A in survey tool
		b. When is the next available appointment date and time with [Dr. Name or FQHC Name] for initial prenatal services appointments?	Date: ___/___/___ Time: ___:___ AM/PM If the appointment is within 10 business days enter Compliant in Audit Tool and End Survey. If not, move to Question 3c.
		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?	Date: ___/___/___ Time: ___:___ AM/PM If the appointment is within 10 business days , enter Compliant in Audit Tool and End survey. If not, enter Noncompliant and End Survey.
End Survey			

The O&M Process

Audit Tool – *Appointment Availability*

Appointment Availability Audit Tool - PCP										Submission 1 Due Date: 8/18/23 (April - June)									
PPG Name: SAMPLE IPA		Total # of PCPs found in MY 2022: 2		<table border="1"> <tr><td># Surveyed</td><td>2</td></tr> <tr><td># Compliant</td><td>1</td></tr> <tr><td># Non-Compliant</td><td>1</td></tr> <tr><td>% Compliant</td><td>50%</td></tr> </table>		# Surveyed	2	# Compliant	1	# Non-Compliant	1	% Compliant	50%	Instructions: 1. When conducting the re-survey, please let the staff know that you are asking the questions as a current patient. 2. Column P / Row 17 - Reason for Non-Compliance - Here are a few samples of how to categorize the responses: a) Compliant - In order for the provider to be compliant, the outcome for Urgent, Routine, and Initial Prenatal questions must be "Yes" for all 3. The only exception to this rule is if the provider does not offer prenatal services. If the provider does not offer prenatal services, enter "N/A" in row 1. If the answers to Urgent and Routine questions were both "Yes", then this provider would be counted as Compliant. - Urgent Appt and Routine Appt. <i>scripted as answer</i> ; please refer to the script tab to see acceptable answers for these columns. b) Ineligible : Not Contracted, Terminated, Wrong/Disconnected Phone Number, On leave, Retired, No longer at facility/office. c) Non-Compliant : When one or more of the answers to the survey is non-compliant (i.e., Date of next apt is outside of days listed in the parenthesis in columns M, N, O and outcome was "NO").					
# Surveyed	2																		
# Compliant	1																		
# Non-Compliant	1																		
% Compliant	50%																		
Physician Demographics				MY 2022 Outcome			2022 Submission 1 - Audit Results												
First Name or FQHC Name	Last name	License	Phone or Email	Call Disposition	Original Survey Date	Urgent	Routine	Initial Prenatal	Date and Time of Call	Surveyor Name	Name of Respondent	Urgent Appt. (within 15 business days)	Routine Appt. (within 10 business days)	Initial Prenatal (within 10 business days)	Compliance Status	Task Number (For Retired or Terminated Provider)	Comments	Call Outcome	
John	Smith	24485	(813)841-2813	Complete	10/2/22	Compliant	Compliant	Compliant	3/19/23	John	John	Compliant	Compliant	Compliant	Compliant				
Jane	Smith	24426	(813)841-4482	Complete	10/17/22	Compliant	Non-Compliant	Non-Compliant	3/19/23	Jane	Jane	Compliant	Non-Compliant	Non-Compliant	Non-Compliant		Please re-survey this provider multiple times to get a response, change and follow the survey script. This doctor	No response - Unable to confirm contact - Survey	

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 2022 Annual Survey
2. L.A. Care populated non-compliant providers into the audit tool for the first reporting submission. These are providers who were found non-compliant from L.A. Care's MY2022 Annual Survey.
 - a. If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.
3. For subsequent submissions, populate those providers who remained non-compliant from the previous reporting submissions. Providers must be re-surveyed until they are in full compliance with all After Hours Accessibility Standards.

HOW to Conduct the Audit

1. Use the provided survey script (located in the After Hours Monitoring Workbook). This is the script used by our After Hours survey vendor.
2. Enter results into the provided Audit Tool located in the After Hours Monitoring Workbook.
 - a) The Audit Tool is an aggregate Excel Workbook that contains tabs for each reporting submission.
 - b) Only PCPs are surveyed for After Hours standards.
 - c) For subsequent submissions, populate those who remained non-compliant from the previous reporting submission.

WHERE to Submit Audit Tool

1. For each reporting submission, submit updated Audit Tool to EPOCommunications@lacare.org & CC: ATC@lacare.org See dates provided on Timeline Document.



The O&M Process

Instructions — *After Hours*

After Hours Audit Tool - PCP

PPG Name: Fill-In this Information Submission 1 Due Date: 8/18/23
(April - June)

Total # of PCPs found in MY2022	Fill-In this Information	# Surveyed:	Fill-in # surveyed, #Compliant & # Ineligible
		# Compliant:	
		#Ineligible:	
		#Non Compliant % Compliant:	Fill-in # Non Compliant and % compliant will auto populate once you enter information.

Survey Demographics							MY2022 Live Person /Recording Outcome			Call Information				Audit Tool							
First Name or FQHC Name	Last Name	License	Phone Number	Disposition	Survey Date	Name of Respondent	Emergency Instructions (Access)	Ways to Reach Provider (Access)	Call Back Time (Timeliness)	Date of Phone Call	Surveyor Name	Name of Respondent	Time of Phone Call	Reached a Live Person (LP), Recording (R) or Auto Attendant (AA)	Emergency Instructions	Physician Available	Timeframe for Response	Compliant Status	Task Number (For Termined or Retired Providers)	Comments	Calls Outcome
L.A. Care will populate this information for the first submission with providers found non compliant with the 2022 annual survey. MY2022 PAAS results will be included in these columns. You will need to move Providers that remain Non Compliant to the next submission tab thereafter							Fill-In this information							Enter "Compliant" or "Non Compliant" for each survey question here				If a provider is termed or incorrect phone number note here. Provider is considered Ineligible.		No response - Unable to confirm contact - Survey No response - Incorrect contact - Do NOT Resurvey Refused Survey - Do NOT Resurvey NA - Responded or did not Refuse - Survey Fill in this information and choose the options above.	

Instructions | Script | Timeline | Sample Audit Tool | **Sub 1 2023_DUE 8.18.23** | Sub 2 2023_DUE 11.17.23 | Sub 3 2023_DUE 2.16.24 | Sub 4 2023_DUE 5.17.24 | No Response

- In the “Comments” column, please include any notes L.A. Care should be informed of (e.g. wrong phone number, and correct phone number, COVID impact, etc.)

The O&M Process

Survey Script – *After Hours*



AFTER HOURS Survey Script

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 or federally qualified health center (FQHC)]?
- 2) For record keeping purposes, may I have your name? (record on Audit Tool)

Standards Questions

	Standard	Question	Compliant Answers*
ACCESS	1 Correct Emergency Instructions (Access)	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.]	<ul style="list-style-type: none"> • Hang up and dial 911. • Go to the nearest emergency room. <p>Enter Compliant or Noncompliant into Audit Tool</p>
	2 Physician Available After Hours (Access)	If I wanted to speak with [Dr. Name or FQHC] tonight/today, what ways do you have of reaching him/her or an on-call clinician?	<ul style="list-style-type: none"> • Stay on the line and you will be connected to him/her or an on-call clinician (including a nurse advice line/urgent care). • Leave your name and phone number and a clinician will call you back. • The doctor or on-call clinician can be paged. • The doctor or on-call clinician can be reached at a different number. <p>Enter Compliant or Noncompliant into Audit Tool</p>
The above two questions measure compliance for ACCESS only.			
TIMELINESS	3 Timeframe for response within 30 minutes (Timeliness)	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?	<ul style="list-style-type: none"> • Immediately (can cross connect/transfer). • 1-30 minutes. <p>Enter Compliant or Noncompliant into Audit Tool</p>
The 30 minute call-back time MUST be stated to meet the Timeliness measure.			

*These are the ONLY answers that are considered compliant.

Questions 1 & 2 audit for Access compliance ONLY, while Question 3 audits for Timeliness compliance.

Template

Audit Tool – *After Hours*

- Drop downs for standardized responses in the “Audit Tool” columns
 - 3 Options: Compliant, Non-Compliant, and N/A
- NEW “Task Number” column
 - PCDW (Provider Add, Change, Delete Workflow) data system the organization uses to manage changes to provider data.
 - Groups are supposed to enter a PCDW task whenever a provider is terminated/retired from the network.



The O&M Process

Audit Tool – *After Hours*

After Hours Audit Tool - PCP																											
PPG Name: SAMPLE IPA										Submission 1 Due Date: 8/18/23 (April - June)																	
Total # of PCPs found in MY2022		2		# Surveyed		2		# Compliant		1		# Ineligible		1		# Non Compliant		1		% Compliant		50%					
		Survey Demographics										MY2022 Live Person (Recording Outcome)				Call Information						Audit Tool					
		First Name or FQHC Name	Last Name	License	Phone Number	Disposition	Survey Date	Name of Respondent	Emergency Instructions (Access)	Ways to Reach Provider (Access)	Call Back Time (Timeliness)	Date of Phone Call	Surveyor Name	Name of Respondent	Time of Phone Call	Reached a Live Person (LP), Recording (R) or Auto Attendant (AA)	Emergency Instructions	Physician Available	Timeframe for Response	Compliant Status	Task Number (For Terminated or Retired Providers)	Comments	Calls Outcome				
		John	Doe	20A15142	(800)541-2353	Complete	12/23/22	Mary	N	N	30	7/19/23	Larry	Sam	8:02 PM	R	Compliant	Non-Compliant		Non-Compliant		Physician cannot be reached	No response - Unable to confirm contact - Survey				
		Jane	Doe	20A15624	(88)552-1982	Complete	11/20/22	Henry	Y	Y	60	7/19/23	Larry	Luke	9:00 PM	LP	Compliant	Compliant		Compliant							

Common Issues

- Completely blank entries
- Only a portion of providers surveyed
 - Please survey **all** non-compliant (this includes eligible and refused) providers listed in the Submission 1 2023 PCP and SCP tabs
 - Carry over remaining non-compliant providers for the next submission
 - If a provider is surveyed and deemed compliant, **do not** resurvey for remaining submissions
- Answers not accurately captured
 - Skipped questions
 - Blank rows
 - Not utilizing the Comments Column
 - Incorrect Provider Contact Information



O&M Process Summary

- Educate/Re-educate providers to ensure clarity and understanding on Appointment Availability and After hours requirements
- Survey non-compliant providers until compliant
- Failure to respond may result in notice of noncompliance
- Must use L.A. Care provided script and audit tool
- Reporting frequency: **Quarterly Submissions** (Check timeline document for deadlines.)
- Next report submission due: **August 18, 2023**
- Submit reports to: EP0Communications@lacare.org & CC: ATC@lacare.org



Helpful Documents

Suggested 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
- Make it a contractual requirement
- Include **Appointment Availability** standards and performance standards in provider **on-boarding** education
- Send requirements of Appointment Availability standards via fax, email, mail (e.g. L.A. Care's **Access to Care Quick Tips**) to providers.
- Audit newly contracted providers for compliance with Appointment Availability standards within **30** calendar days of activation
- Remind physicians of their contractual responsibilities and enforce contract obligations, as necessary
- 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
- 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



Helpful Documents

Suggested Interventions

After-Hours: Interventions focused on the Answering Service

- Include After Hours standards in staff training
- Provide a script to the physician's answering service that meets the DMHC Timely Access to Care standards for After Hours (e.g. L.A. Care's Acceptable After Hours Messaging)
- Offer practitioner offices a PPG sponsored call center for a minimal rate reduction
- PPG to train practitioner's answering service. Offer once per month training and invite practitioner office staff
- Obtain a new After Hours phone service that is in compliance with the After Hours standards
- Offer a listing of Answering Service companies that comply with DMHC standards upon practitioner contract execution
- Audit new practitioners within **30 days** of contract activation to ensure After Hours service is in compliance

After-Hours: Interventions focused on the Provider Office

- Include After Hours messaging/triaging standards/process in staff training
- Provide **After Hours Survey script** to the provider office
- Provide Health Plan audit results to the physician's office
- Request that offices conduct self-audits to ensure compliance
- Offer noncompliant offices support by helping them **set up compliant voicemail messaging/answering services**



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.

Access to Care Quick Tip		L.A. Care HEALTH PLAN	
Standard ¹	Medi-Cal	L.A. Care Covered	Dual Eligible Special Needs Plan
Primary Care Provider (PCP) Accessibility Standards			
Routine Primary Care Appointment (Non-Urgent) Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.		≤ 10 business days of request	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.		≤ 48 hours of request	
Emergency Care - Services for a potentially life threatening condition requiring immediate medical intervention to avoid disability or serious detriment to health.		Immediate, 24 hours a day, 7 days per week	
Preventive Health Examination (Routine)		≤ 10 business days of request (Pediatrics) ≤ 30 calendar days of request (Adults)	
First Prenatal Visit - A periodic health evaluation for a member with no acute medical problem.	≤ 14 calendar days of request	≤ 10 business days of request	≤ 14 calendar days of request
Specialty Care Provider (SCP) Accessibility Standards:			
Routine Specialty Care Appointment (Non-Urgent) (including Behavioral Health Physician)		≤ 15 business days of request	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.		≤ 96 hours, if prior authorization is required	
Ancillary Care Accessibility Standards:			
Routine Ancillary Appointment (Non-Urgent)		≤ 15 business days of request	
Behavioral Health Care Accessibility Standards:			
Routine Behavioral Care Appointment (Non-Urgent)		≤ 15 business days of request (Physicians) ≤ 10 business days of request (Non-Physicians)	
Non-Urgent Follow Up Appointment - Non-urgent follow up appointments with a non-physician mental health care or substance use disorder provider		Within 10 business days of the prior appointment (Non-Physicians)	
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.		≤ 48 hours of request	
Life Threatening Emergency		Immediately	
Non-Life Threatening Emergency		≤ 6 hours of request	
Emergency Care		Immediate, 24 hours a day, 7 days per week	
After-Hours Care Standards:			
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. <small>*Clinical advice can only be provided by appropriately qualified staff, e.g., physician, physician assistant, nurse practitioner or RN.</small>		<ul style="list-style-type: none"> Automated systems must provide emergency 911 instructions. Automated system or live party (office or professional exchange service) answering the phone must offer a reasonable process to connect the caller to the PCP or covering practitioner. Offer a call-back from the PCP covering practitioner or triage/screening clinician within 30 minutes. <small>If process does not enable the caller to contact the PCP or covering practitioner directly, the "live" party must have access to a practitioner or triage/screening clinician for both urgent and non-urgent calls.</small>	
Practitioner Telephone Responsiveness:			
In-Office Waiting Room Time - The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.		≤ 30 minutes	
Speed of Telephone Answer (Practitioner Office) - The maximum length of time for practitioner office staff to answer the phone.		≤ 30 seconds	

¹Unless otherwise stated, the requirement is 100% compliance.

MY2022 Corrective Action Plan

- Appointment Availability (AA) and After Hour (AH) standards not met in MY2022 will require a CAP.
- Report Cards and CAPS are based on AA and AH standards that are not met for Access to Care.
- Groups with a low response rate in MY2022 will require a CAP.
- CAP Instructions Tab:


The purpose of this Corrective Action Plan (CAP) Form is to drive the CAP Owner to perform a formal Root Cause Analysis prior to completing a CAP for a finding/deficiency.
 Root Cause Analysis is an in-depth process or technique for identifying the most basic factor(s) underlying a variation in performance (problem). There may be multiple root causes for one finding and multiple actions for one root cause. Add root cause rows as needed.

	To be filled out by the Delegate Responsible owner
	To be filled out by L.A. Care
Column	Definition
Quality Finding	Identified Appointment Availability (AA) and After Hours(AH) Finding(s) If group <i>does not meet</i> standard a CAP will be required and indicated with at Yes For Provider Details refer to Tabs: 1. PCP Call Details_AA 2. PCP Call Details_AH 3. SCP Call Details_AA 4. Data Dictionary_AA 5. Data Dictionary_AH
CAP Required(Y/N)	
CAP Due date	Date CAP is due back to L.A. Care.
Root cause(s)	Root cause analysis (RCA) is the process of discovering the root causes of problems in order to identify appropriate solutions. Resources: https://www.tableau.com/learn/articles/root-cause-analysis#definition https://www.indeed.com/career-advice/career-development/root-cause-analysis
Corrective Action Plan	Actions taken to correct and prevent reoccurrence; should be aligned with the corresponding root cause(s)
Implementation Documents	Documentation that evidences completion of action items which are aligned with the root cause. As seen in the example, there can be multiple actions for 1 root cause.
Completion Date/Expected Completion Date	Date action was completed OR date CAP owner will be held accountable to complete by.
Responsible Party	Name of the individual responsible for the specific CAP.
CAP Status	CAP Accepted or Not Accepted by L.A. Care Reviewer
L.A. CARE Accreditation Reviewer Name:	L.A. Care QI Accreditation Reviewer's Use Only
L.A. CARE QI Accreditation review date	L.A. Care QI Accreditation Reviewer's Use Only
Follow Up Action / Comments	L.A. Care QI Accreditation Reviewer's Use Only

MY2022 Corrective Action Plan

- Blue fields in the CAP form will be completed by L.A. Care and yellow fields to be completed by the PPG
- The PPG will have **thirty days** to submit the root cause analysis, CAP actions, implementation documents, and expected completion dates
- L.A. Care will follow up on the progress of the corrective action plan

CAP Form Tab:

 Appointment Availability (AA) and After Hours(AH) Finding(s) Corrective Action Plan (CAP) Form for <PPG>		Fields highlighted in yellow to be completed by the <PPG>					
CAP Required(Yes/No)	CAP Due Date	Root cause(s)	Actions	Implementation Documents, if applicable	Completion Date/Expected Completion Date	Responsible Party	
Primary Care Providers(PCPs)							
EXAMPLE 8% of Primary Care Providers did not meet the 48hr standard requirement for Urgent Appointment Availability	Yes	4/9/2023	EXAMPLE Lack of knowledge of access standards. High demand for in-person office visits (instead of telehealth visits) due to Covid/re-opening.	EXAMPLE 1. Distribution of the Timely Access to Care standards to provider practices. 2. Onboarding includes distribution of Timely Access to Care standards during Orientation. IPA provider onboarding includes a review of access standards. Initial onboarding visits are done in-person and includes a review of the IPA Provider Manual and DMHC's access standards. 3. Annual Quality Compliance Training includes Appointment Availability and After-Hours training through Learning Management System. Training module is also available on-demand. 4. Group and IPA Operations are requested to assist with education of provider offices on access standards annually and as necessary. Education and tools are available to all providers via provider portal. 5. Access policies are available to all providers via portal.	EXAMPLE Quick Reference Guide to Access Standards Training material and tools given to Providers. Memorandum - Availability Survey - Action Required	EXAMPLE 3/15/2023	EXAMPLE Director Name
(X) of Primary Care Providers did not meet the 48hr standard requirement for Urgent Appointment Availability (X) of Primary Care Providers did not meet the 10 business day standard requirement for Routine Appointment (X) of Primary Care Providers did not meet the 48hr standard requirement for Telehealth Urgent Appointment (X) of Primary Care Providers did not meet the 10 business day standard requirement for Telehealth Routine (X) of Primary Care Providers did not meet the 30 Calendar day requirement for Adult Preventive Check-Up (X) of Primary Care Providers did not meet the 10 Business day requirement for Child Preventive Check-Up (X) of Primary Care Providers did not meet the 10 Business day requirement for Initial Prenatal Visit (X) of Primary Care Providers did not meet the 30 minute standard requirement for In-Office waiting room time (X) of Primary Care Providers did not meet the 30 minute standard requirement for Normal Business Hours Call-Back for Immediate, but Not Emergency Care (X) of Primary Care Providers did not meet the 48hrs standard requirement for a Providers office to call a patient to reschedule a missed appointment. (X) of Primary Care Providers did not have a process in place for rescheduling cancelled or missed (no-show) (X) of Primary Care Providers did not respond to the Appointment Availability Survey. (X) of Primary Care Providers did not meet the After Hours Access standard requirement (X) of Primary Care Providers did not meet the After-Hours Call-Back Timeliness standard requirement (X) of Primary Care Providers did not respond to the After Hours Survey.							

Common Issues

- Stated Root Cause by the PPG is missing detail: This will result in the CAP form being rejected and L.A. Care will request a detailed analysis of the Root Cause.

B	D	E
	CAP Due Date	Root cause(s)
23% of Primary Care Providers did not meet the 48hr standard requirement for Urgent Appointment Availability	10/20/2022	Provider did not meet the required AA standards

- Missing Implementation Documents: L.A. Care will be requesting evidence to ensure alignment with PPGs stated Actions.

E	F	G
Root cause(s)	Actions	Implementation Documents, if applicable
Providers did not offer an Adult Preventive Check-Up appointment within the required 30 Calendar days	Educate Provider and staff on contractual responsibilities as a PCP. Distribute the DMHC Timely Access to Care & Access to Care Quick Tips Handouts to Providers	DMHC Timely Access to Care & Access to Care Quick Tips





Questions?



We are here to support you!

For all Access to Care related questions, please contact
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From all of us

