

# Welcome! The webinar will begin at 1:30 PM

- Connect to the audio via your computer or call-in
- **Use the Chat function to ask questions**
  - Questions will be managed through the Chat and will be answered at the end
- This webinar is being recorded
- Attendance will be noted via log-in
- You will receive a copy of the PowerPoint after this presentation
- Send a message to the host if you cannot hear or see the slides



# Timely Access to Care

## Oversight & Monitoring

## IPA Training



L.A. Care  
HEALTH PLAN®

For All of L.A.

*Presented by:*

Accreditation, Quality Improvement Team

Christine Salary, MPH

Jenny Li, MPH



**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
6. Helpful Documents
7. Questions

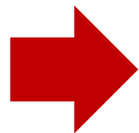


# Timely Access to Care: A Regulatory Requirement



# Why is timely access important for our members?

**Lack of  
Timely  
Access to  
Care**



- Inability to receive timely routine, preventive and/or chronic care services
- Increase in preventable hospitalizations
- Potentially detrimental effects to member health and well-being



# How does non-compliance affect contracted IPAs and providers?

- ✓ Issuance of Corrective Action Plans (CAPs)
- ✓ Potential for sanctions for continued non-compliance
- ✓ **Negatively impacted in their Access & Availability scores and total payment in L.A. Care's VIIP + P4P program**



# VIIP + P4P Program

Access & Availability: 25% of Incentive Scoring

Data Sources	Measures
<p>Medi-Cal</p> <p>1. Provider After-Hours Access Survey</p> <p>2. Provider Appointment Availability Survey (PAAS)</p> <p>Reporting year: 2019 Measurement year: 2018</p>	<ul style="list-style-type: none"><li>• Methodology: Independent vendor survey of office site responses<ul style="list-style-type: none"><li>• Select measures with most data and best reflection of IPA Management</li></ul></li><li>• Measures:<ul style="list-style-type: none"><li>• After-Hours Survey: Overall Access<ul style="list-style-type: none"><li>• Emergency Instructions</li><li>• Method to contact provider</li></ul></li><li>• After-Hours Survey: Overall Timeliness<ul style="list-style-type: none"><li>• Provider call-back within 30 min</li></ul></li><li>• Appointment Availability Survey:<ul style="list-style-type: none"><li>• Urgent Care Visit within 48 Hours with PCP</li></ul></li></ul></li></ul>



# Physician P4P Program

## Payment Gate: Access and Availability

- The Payment Gate in the Physician P4P Program for solos, small groups and clinic organizations will be based on results from the DMHC-approved and required Provider Appointment Availability Survey and the Provider After-Hours Access Survey. Just as in the VIIP program, the three measures derived from these surveys are Appointment Availability, After Hours Timeliness and After Hours Access.
  - If compliance is met in all three measures, the provider will receive the whole amount calculated
  - If compliance is not met in one or more measures, up to 15% of the total payment will be deducted depending on the level of non-compliance
- Appointment Availability – 5%
- After Hours Timeliness – 5%
- After Hours Access – 5%





# IPAs 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 noncompliance 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
- FQHCs

**Appointment  
Availability**

**After Hours  
Accessibility**



# 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
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 48 hours



# Timely Access to Care

## Survey Types

### Availability and Accessibility

- Primary Care Physicians (PCPs)
- ~~Behavioral Health Providers~~
- ~~Specialists (SCPs)~~
  - No longer required to survey Specialists and Behavioral Health for After-Hours only.

**Appointment  
Availability**

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



# Why an Oversight & Monitoring Process?

- Annual surveys and provider education have proven to be insufficient in driving compliance rates upward
  - Education alone has not changed provider behavior
- Monitors provider non-compliance on an on-going basis
- Implement & assess interventions throughout the year
- It is a regulatory requirement for health plans to have monitoring procedures to accurately measure the accessibility and availability of contracted providers [§ 1300.67.2.2. ]
- Need for more robust monitoring to guarantee timely access to care for L.A. Care members.



# The O&M Process

## The Documents



### Timeline Document



### **Appointment Availability**

- Instruction Sheet
- Non-compliant Provider Survey Details
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP & SCP)



### **After Hours**

- Instruction Sheet
- Non-compliant Provider Survey Details
- Survey Script
- Sample Audit Tool
- Blank Audit Tool (PCP)





# The O&M Process

## Timeline Document



Oversight and Monitoring Timeline  
Appointment Availability & After-Hours

Submit completed Audit Tools (Appointment Availability & After-Hours) each quarter to [ATC@lacare.org](mailto:ATC@lacare.org).

- Next Workbook (Q2 2018) due: **July 13, 2018**

Documents Due	Due Date
L.A. Care distributed NEW Oversight & Monitoring Workbooks populated with noncompliant providers from MY 2017 Annual Surveys	
Quarter 2 2018 PPG Audit Results Appointment Availability After Hours	<b>DUE: July 13, 2018</b> > Submit updated Audit Tool workbooks
Quarter 3 2018 PPG Audit Results Appointment Availability After Hours	<b>DUE: October 12, 2018</b> > Submit updated Audit Tool workbooks
Quarter 4 2018 PPG Audit Results Appointment Availability After Hours	<b>DUE: January 11, 2019</b> > Submit updated Audit Tool workbooks
Quarter 1 2019 PPG Audit Results Appointment Availability After Hours	<b>DUE: April 12, 2019</b> > Submit updated Audit Tool workbooks

*NOTE: You **MUST** use L.A. Care's provided Audit Tool to submit quarterly 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 PPGs.*

DMHC Timely Access Regulations:

<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx>

# The O&M Process

## Who to Survey

- 1. Providers found non-compliant from L.A. Care's MY 2017 Access to Care Surveys
  - L.A Care populated these providers into the workbooks for the first reporting quarter (Q2 2018)
  - New focus on non-responders and refusals
- 2. For subsequent quarters, IPAs will populate the Audit Tool with providers who remained non-compliant from the previous reporting quarter
  - Providers must be re-surveyed each quarter 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 quarter
- 3. Submit updated O&M Workbooks to [ATC@lacare.org](mailto:ATC@lacare.org) each reporting quarter

Both the **Survey Script** and **Audit Tool** are found in the same O&M Workbook



# The O&M Process

## Instructions— Appointment Availability



### APPOINTMENT AVAILABILITY Audit Tool Instruction Sheet

#### WHO to Survey

- Survey all providers who were found to be non-compliant from L.A. Care's MY 2017 Annual Survey.
- L.A. Care populated non-compliant providers into the audit tool for the first reporting quarter. These are providers who were found non-compliant from L.A. Care's 2017 Annual Survey.
  - If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.
- For subsequent quarters, populate those providers who remain until they are in full compliance with all Appointment Availability.

#### WHERE to Submit Audit Tool

- For each reporting quarter, submit updated **Audit Tool** to L.A. Care QI department ([ATC@lacare.org](mailto:ATC@lacare.org)). (See dates provided on [Timeline Document](#).)

#### HOW to Conduct the Audit

- Use the provided survey script (located in the [Appointment Availability](#) survey vendor, who utilizes the DMHC methodology).
- Enter results into the provided **Audit Tool\*** located in the [Appendix](#).
  - The **Audit Tool** is an aggregate Excel Workbook that contains PCPs and Specialists results are entered into separate tool.
  - For subsequent quarters, populate those who remained in non-compliance.

#### WHERE to Submit Audit Tool

- For each reporting quarter, submit updated **Audit Tool** to L.A. Care QI department ([ATC@lacare.org](mailto:ATC@lacare.org)).

Figure 1. Appointment Availability Monitoring Workbook Overview

Appointment Availability Audit Tool - PCP											
PPG Name: <u>Sample IPA</u>						Audit Due Date: <u>7/13/2018</u>					
Total # of PCPs found non-compliant in 2017 Annual Survey:		3		# Surveyed:	2		# Compliant:	1		% Compliant:	50%
<b>2018 Q2 - Survey Results</b>											
Physician Demographics				Audit Tool							
First Name	Last Name	License	Phone #	Date of Call	Name of Responder	Urgent Appt. No Auth (Within 48 hr)	Routine Appt. No Auth (within 10 business day)	Initial Prenatal (within 10 business day)	Surveyor Name	Comments	
John	Smith	A12345	(555) 968-1234	4/8/2018	Adam	Compliant	Noncompliant	Compliant	Susan	Spoke with Mary	
Joann	Adams	A67890	(323) 123-4567	4/8/2018	Nancy	Compliant	Compliant	Compliant	Susan	Spoke with Ryan	
Bob	Reed	G59462	(818) 456-1237							Termed 8/5/2017	
<b>Provider list will be populated for the first reporting quarter</b>			<b>Fill-in if blank or incorrect</b>		<b>Enter "Compliant" or "Non-compliant" for each survey category column</b>				<b>If a provider is termed, please note here</b>		
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Quarter 2 2018 PCP</span> <span>Quarter 2 2018 SCP</span> <span>Quarter 3 2018 PCP</span> <span>Quarter 3 2018 SCP</span> <span>Quarter 4 2018 PCP</span> <span>Quarter 4 2018 SCP</span> <span>Quarter 1 2019 PCP</span>											

# 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].
- 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] for an urgent appointment?	<p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p>If the appointment is within <u>48 hours</u> (PCP) or <u>96 hours</u> (SCP) enter <b>Compliant</b> in Audit Tool and move to Question 2. If not, enter <b>Noncompliant</b> move to Question 2.</p>
2	Routine Appointment (10 business days - PCP) (15 business days - SCP)  When is the next available appointment date and time with [Dr. Name] for a non-urgent (Routine) appointment?	<p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p>If the appointment is within <u>10 business days</u> (PCP) or <u>15 business days</u> (SCP) enter <b>Compliant</b> in Audit Tool and move to question 3a. If not, enter <b>Noncompliant</b> and move to Question 3a.</p>
3	a. Does your IPA offer prenatal care appointments?	<p><b>YES</b> – go to questions 3b. <b>NO</b> – End survey and enter N/A in survey tool</p>
	b. When is the next available appointment date and time with [Dr. Name] for initial prenatal services appointments?	<p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p>If the appointment is within <u>10 business days</u> enter <b>Compliant</b> in Audit Tool and End Survey. If not, move to Question 3c.</p>
	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?	<p>Date: ___/___/___ Time: ___:___ AM/PM</p>

# The O&M Process

## Audit Tool – *Appointment Availability*

### Appointment Availability Audit Tool - PCP

PPG Name: Sample IPA

Audit Due Date: 7/13/2018

Total # of PCPs found non-compliant in 2017 Annual Survey:	3	# Surveyed:	2
		# Compliant:	1
		% Compliant:	50%

### 2018 Q2 - Survey Results

Physician Demographics				Audit Tool						
First Name	Last Name	License	Phone #	Date of Call	Name of Responder	Urgent Appt. No Auth (Within 48 hr)	Routine Appt. No Auth (within 10 business day)	Initial Prenatal (within 10 business day)	Surveyor Name	Comments
John	Smith	A12345	(555) 968-1234	4/8/2018	Adam	Compliant	Noncompliant	Compliant	Susan	Spoke with Mary
Joann	Adams	A67890	(323) 123-4567	4/8/2018	Nancy	Compliant	Compliant	Compliant	Susan	Spoke with Ryan
Bob	Reed	G59462	(818) 456-1237							Termed 8/5/2017

\*\* Provider must be compliant with all 3 Appointment Availability Standards to be considered compliant.



# The O&M Process

## Instructions – *After Hours*



### After Hours Audit Tool Instruction Sheet

#### WHO to Survey

- Survey all providers who were found to be non-compliant from L.A. Care's MY 2017 Survey.
- L.A. Care populated non-compliant providers into the audit tool for the Q2 2018 reporting quarter. These are providers who were found non-compliant from L.A. Care's 2017 Survey.
  - If the "Phone #" provided is incorrect, please note the correct phone number.
- For subsequent quarters, populate those providers who remained non-compliant until they are in full compliance with all After Hours Accessibility Standards.

Figure 1. After Hours Monitoring Workbook Overview

#### HOW to Conduct the Audit

- Use the provided survey script (located in [After Hours Monitoring Workbook](#)).
- Enter results into the provided **Audit Tool**\* located in the [After Hours Monitoring Workbook](#).
  - The **Audit Tool** is an aggregate Excel Workbook that contains tabs for PCPs and Specialists results are entered into separate tools found in the [After Hours Monitoring Workbook](#).
  - For subsequent quarters, **copy** those who remained non-compliant into the **Audit Tool**.
- WHERE to Submit Audit Tool** For each reporting quarter, submit the **Audit Tool** provided on [Timeline Document](#).

After Hours Audit Tool - PCP														
PPG Name: Sample IPA										Audit Due Date: 7/13/2018				
Total # of PCPs found non-compliant in 2017 Annual Survey		3	# Surveyed		2	# Compliant		1	% Compliant		50%			
2018 Q2 - Survey Results														
Physician Demographics				Call Information			Live Person				Non-Live Person		Comments	
First Name	Last Name	License	Phone #	Date of Phone Call	Time of Phone Call	Reached a Live Person (LP) Recording (R) Auto Attendant (AA)	Name of Respondent	Correct Emergency Instructions	Physician Available After Hours	Timeframe for response within 30 minutes	Correct Emergency Instructions	Physician Available After Hours	Timeframe for response within 30 minutes	
John Smith	A12345	(555) 968-1234	4/8/2018	8:50 PM	LP	James	Compliant	Compliant	Noncompliant					James did not know how long it would take for the Dr to call back.
<b>Provider list will be populated for Quarter 2 2018 with providers found noncompliant with the 2017 Annual Survey</b>				<b>Fill-in if blank or incorrect</b>		<b>Enter "Compliant" or "Non-compliant" for each survey question here if you reached a Live Person</b>				<b>Enter "Compliant" or "Non-compliant" for each survey question here if you reached a Recording or Auto Attendant</b>		<b>If a provider is termed, please note here</b>		
** Provider must be compliant with all 3 After Hours Standards to be considered compliant.														

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

\*These are the ONLY answers that are considered compliant.



# The O&M Process

## Audit Tool – *After Hours*

### After Hours Audit Tool - PCP

PPG Name: Sample IPA

Audit Due Date: 7/13/2018

Total # of PCPs found non-compliant in 2017 Annual Survey:	3	# Surveyed:	2
		# Compliant:	1
		% Compliant:	50%

### 2018 Q2 - Survey Results

Physician Demographics				Audit Tool										
				Call Information			Live Person				Non-Live Person		Comments	
First Name	Last Name	License	Phone #	Date of Phone Call	Time of Phone Call	Reached a Live Person (LP) Recording (R) Auto Attendant (AA)	Name of Respondent	Correct Emergency Instructions	Physician Available After Hours	Timeframe for response within 30 minutes	Correct Emergency Instructions	Physician Available After Hours		Timeframe for response within 30 minutes
John	Smith	A12345	(555) 968-1234	4/8/2018	8:50 PM	LP	James	Compliant	Compliant	Noncompliant				James did not know how long it would take for the Dr. to call back
Joann	Adams	A67890	(323) 123-4567	4/8/2018	8:55 PM	R					Compliant	Compliant	Compliant	
Bob	Reed	G59462	(818) 456-1237											Termed 8/6/2016

\*\* Provider must be compliant with all 3 After Hours Standards to be considered compliant.

# O&M Process Summary

- Survey non-compliant providers until compliant
- Must use L.A. Care provided script and audit tool
- Reporting frequency: **Quarterly** (Check timeline document for deadlines, reminders will be sent out by our team)
- Next report submission due: **July 13, 2018**
- Submit reports to: [ATC@lacare.org](mailto:ATC@lacare.org)



# Helpful Documents

## Suggested Interventions Document



### Timely Access to Care Suggested/Shared PPG 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
- Provide covering physicians for network providers on leave
- Form partnership with University Medical School for a fellowship program that places new PA and NP graduates to be placed in an office of their specialty
- 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
- Conduct ongoing meetings with key internal departments (Network Management & Credentialing) to address continued physician non-compliance
- Improve New Provider Orientation training
- 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
- Survey non-compliant practitioners in network to determine reasons for non-compliance. Potential questions:
  1. What are your hours in the office?

For days not in the office, what is the process for members to get appointments on those days (e.g. Members



# Helpful Documents

## FAQs Document



### 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?**  
This would not be compliant per DMHC; the provider needs to be in the same physical office.
- 2) Provider has multiple locations with the same office phone number patient calls for appointment at the location they have seen this provider, but provider has availability at a different location. Is this compliant?**  
This would not be compliant per DMHC; the provider needs to be in the same physical office.
- 3) Would it be considered compliant if a PCP refers a member who requires an Urgent (48 hour) Appointment to an Urgent Care Facility, if they are unable to fit them in during next 48 hours of scheduled office time?**

The DMHC methodology indicates the member must see their PCP or a covering physician at the *same office*, for an urgent appointment, within 48 hours of the member's request. In this scenario, if the urgent care facility is located at the same office site, the PCP can utilize practitioners in the urgent care facility as "covering physicians" and that would be compliant. If the urgent care facility is not located at the same office site, the PCP would be considered non-compliant.



# 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.

	Standard <sup>1</sup>	Medi-Cal	L.A. Care Covered	Cal-MediConnect
<b>Primary Care Providers (PCP) Accessibility Standards</b>				
<b>Routine Primary Care Appointment (Non-Urgent)</b> Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.			≤ 10 business days of request	
<b>Urgent Care Appointment</b> - 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	
<b>Emergency Care</b> - 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	
<b>Preventive health examination (Routine)</b>		≤ 30 business days of request		≤ 30 calendar days of request
<b>First Prenatal Visit</b> - 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
<b>Specialty Care Provider (SCP) Accessibility Standards:</b>				
<b>Routine Specialty Care Physician Appointment</b> (including Behavioral Health Physician)			≤ 15 business days of request	
<b>Urgent Care Appointment</b> - 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	
<b>Ancillary Care Accessibility Standards:</b>				
<b>Routine Ancillary Appointment (Non-Urgent)</b>			≤ 15 business days of request	
<b>Behavioral Health Care Accessibility Standards:</b>				
<b>Routine Appointment</b>			≤ 15 business days of request (Physicians) ≤ 10 business days of request (Non-Physicians)	
<b>Urgent Care Appointment</b> - 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	
<b>Life-Threatening Emergency</b>			Immediately	
<b>Non-Life-Threatening Emergency</b>			≤ 6 hours of request	
<b>Emergency Care</b>			Immediate, 24 hours a day, 7 days per week	
<b>After Hours Care Standards:</b>				
<b>After Hours Care</b> - Physicians (PCPs, Behavioral Health, or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to members. <small>*Critical after-hours only be provided by appropriately qualified staff, e.g., physicians, physician assistants, nurse practitioners or RNs.</small>				<ul style="list-style-type: none"> <li>Automated systems must provide emergency 911 instructions; and</li> <li>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, Behavioral Health Provider, or covering practitioner</li> <li>Offer a call-back from the PCP, Behavioral Health Provider, covering practitioner or triage/screening clinician within 30 minutes.</li> </ul> <small>If process does not enable the caller to contact the PCP, Behavioral Health Provider, 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>
<b>Practitioner Telephone Responsiveness:</b>				
<b>In-Office/Waiting Room Time</b> - The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.			Within 30 minutes	
<b>Speed of Telephone Answer (Practitioner's Office)</b> - The maximum length of time for practitioner office staff to answer the phone.			Within 30 seconds	
<b>Missed Appointments</b> - The time after a missed appointment that a patient is contacted to reschedule their appointment.			Within 48 hours	



# Questions?



# We are here to support you!

*For all Access to Care related questions, please contact  
[ATC@lacare.org](mailto:ATC@lacare.org)*

- Annette Garcia, Accreditation Manager  
(213) 694-1250 x **6213**  
[AGarcia3@lacare.org](mailto:AGarcia3@lacare.org)
- Christine Salary, MPH, Project Manager  
(213) 694-1250 x **4697**  
[CSalary@lacare.org](mailto:CSalary@lacare.org)
- Jenny Li, MPH, Project Manager  
(213) 694-1250 x **6490**  
[JLi@lacare.org](mailto:JLi@lacare.org)

