WELCOME

Timely Access to Care Oversight & Monitoring PPG Training

L.A. Care
HEALTH PLAN®

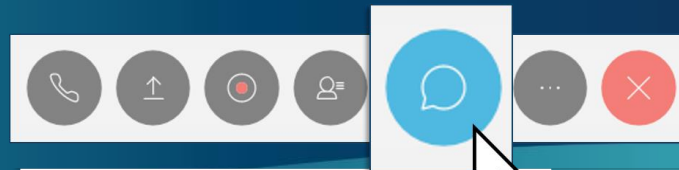**For All of L.A.**

CALL: +1-415-655-0002

ACCESS CODE: 2493 563 1690 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

Agenda

Welcome/Introductions

Timely Access to Care Overview

Resources, Interventions

Oversight & Monitoring Processes Overview

Corrective Action Plan (CAP)

Questions

Introductions

Our Team
Quality Improvement Accreditation
Access to Care

From Left to right:
Priscilla Lopez – Manager, Quality Improvement – Accreditation
Eva Benitez – Quality Improvement Project Manager II
Taleen Honanian – Quality Improvement Project Manager II
Anton Sarmenta – Quality Improvement Specialist

Timely Access To Care Overview

Timely Access to Care: A Regulatory Requirement
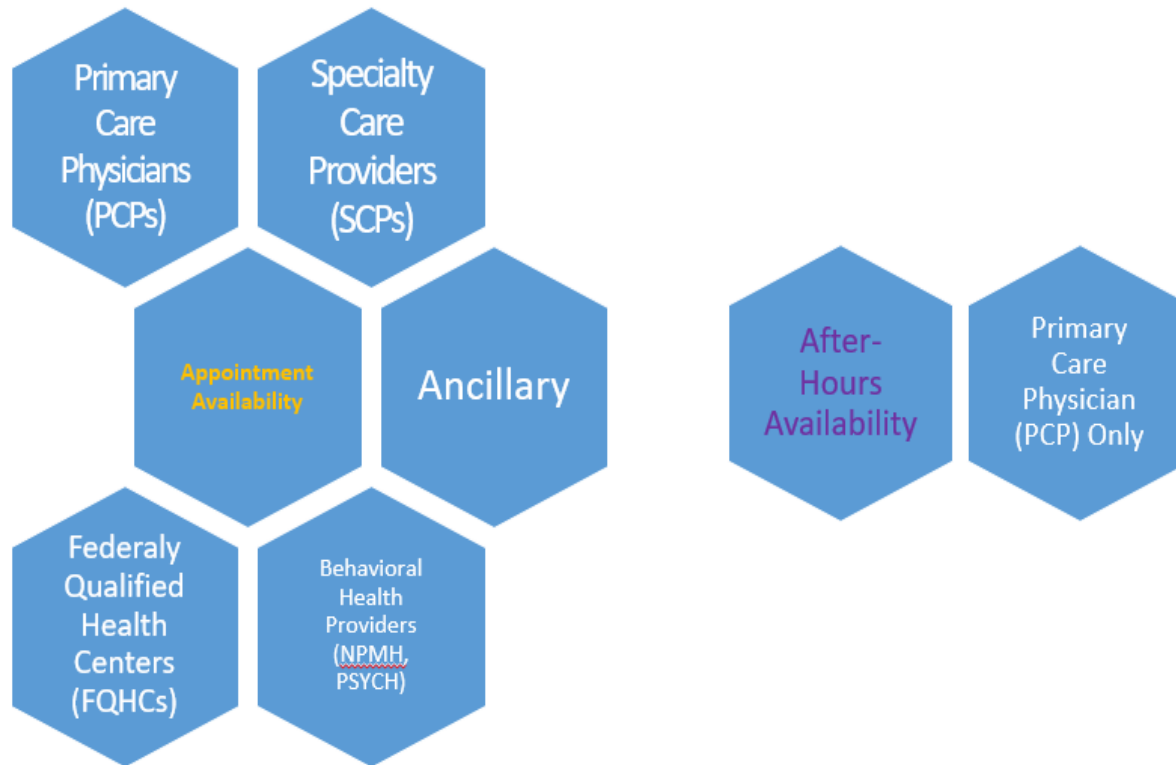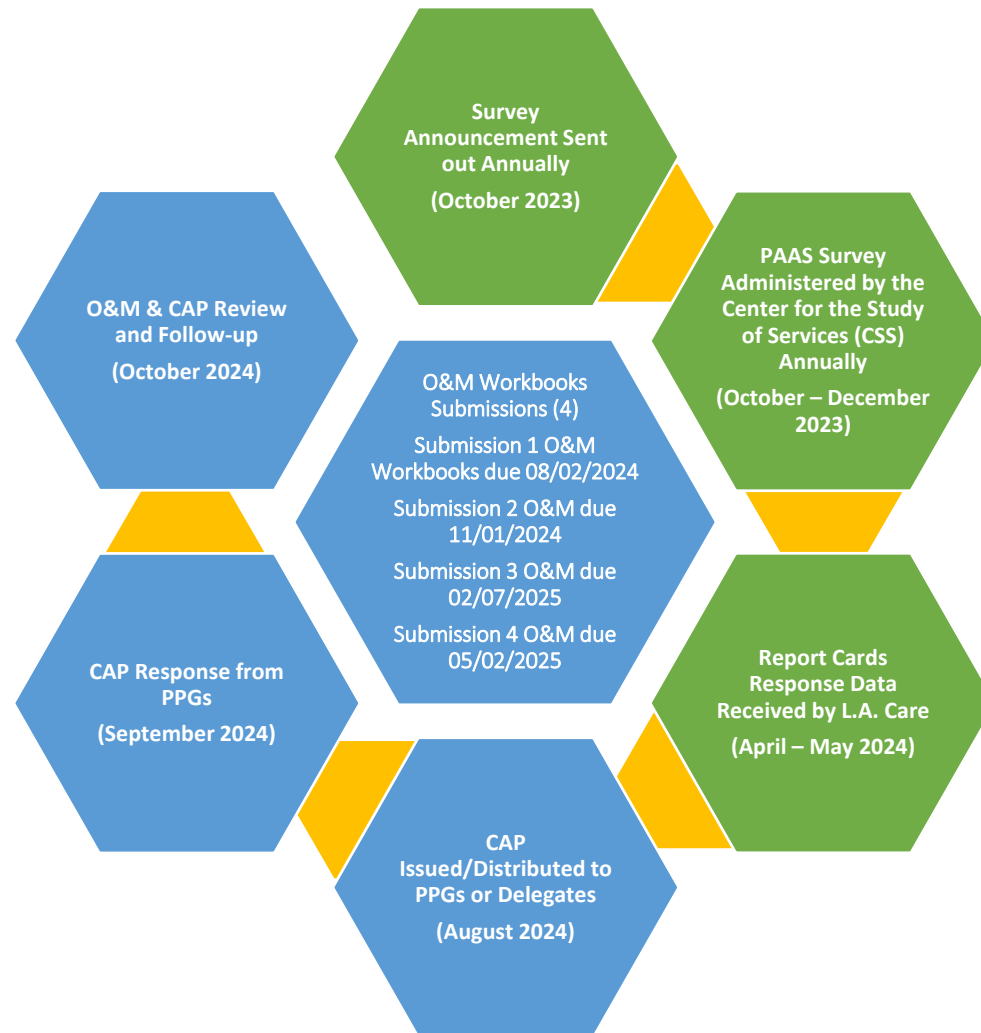
Timely Access to Care Overview - Survey Types: Appointment Availability & After-Hours

Primary Care Physicians (PCPs)

Specialty Care Providers (SCPs)

Appointment Availability

Ancillary

Federaly Qualified Health Centers (FQHCs)

Behavioral Health Providers (NPMH, PSYCH)

After-Hours Availability

Primary Care Physician (PCP) Only

Timely Access to Care Overview – MY2023 Access to Care Timeline

Survey Announcement Sent out Annually
(October 2023)

PAAS Survey Administered by the Center for the Study of Services (CSS) Annually
(October – December 2023)

O&M & CAP Review and Follow-up
(October 2024)

O&M Workbooks Submissions (4)
Submission 1 O&M Workbooks due 08/02/2024
Submission 2 O&M due 11/01/2024
Submission 3 O&M due 02/07/2025
Submission 4 O&M due 05/02/2025

Report Cards Response Data Received by L.A. Care
(April – May 2024)

CAP Response from PPGs
(September 2024)

CAP Issued/Distributed to PPGs or Delegates
(August 2024)

Timely Access to Care Overview - <u>DMHC Accessibility Standards</u>: Appointment Availability Care 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

Timely Access to Care Overview - <u>DMHC Accessibility Standards</u>: Appointment Availability Care 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

- 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*

Timely Access to Care Overview - <u>DMHC Accessibility Standards</u>: After-Hours 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 hang up and 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 provider will call back, page provider, etc.)
Timeliness	Recording or live person must state that provider will call back within 30 minutes

Resources & Interventions

Resources – Helpful Links

Please visit the L.A. Care Provider Resources for additional information and helpful tips in improving Timely Access to Care

- Access to Care Quick tips
  - https://www.lacare.org/sites/default/files/access-to-care-tips-0318.pdf
- Patient Satisfaction tips
  - https://www.lacare.org/providers/tools/quality-improvement-program/tips
- Pay-for-Performance (P4P) Program
  - https://www.lacare.org/providers/programs/quality-care-initiatives/p4p-program
- Universal Provider Manual
  - https://www.lacare.org/sites/default/files/la4289_upm_202312_0.pdf
- Elevating the Safety Net
  - https://www.lacare.org/providers/elevating-safety-net
- Provider Recruitment Program
  - https://www.lacare.org/providers/elevating-safety-net/provider-recruitment-program
- Provider Burnout
  - https://www.lacare.org/sites/default/files/la3970_provider_burnout_202207.pdf

Interventions- Appointment Availability: Suggestions for PPG

🖥️Leverage Technology

🖥️Advanced Analytics And Performance Reporting

🖥️Online Scheduling

🖥️Digital Patient Engagement

🖥️Telemedicine (e.g. video visits)

🖥️E-consults

🖥️Automated Appointment Reminders

🖥️Digital Interpreter Services

Interventions - Appointment Availability: Suggestions for PPG (cont.)

- Establish clear objectives, policies and Standards

- Consistently fill 80-90% of available appointment openings

- Provide same day service for 90% of patients scheduling before noon

- Ensure 3rd next available appointment within 3 weeks

- Answer at least 90% of calls (avoiding voicemail)

- Meet an 80% first call resolution rate

Interventions - Appointment Availability: Suggestions for PPG (cont.)

- Increase contracting efforts to expand physician network

- Make Timely Access to Care a contractual requirement and enforce as necessary

- Include Appointment Availability standards and performance standards in provider on-boarding education

- Share standards via fax, email, mail (e.g. L.A. Care's Access to Care Quick Tips) to providers.

- Audit newly contracted providers within 30 calendar days of activation

Interventions - Appointment Availability: Suggestions for PPG (cont.)

- Maintain updated Timely Access to Care policies (review annually and make changes as appropriate)

- Identify & monitor trends to address issues with Access to Care grievances.

- Create incentives for high performing offices

- Conduct webinars to educate the provider network

- Review provider appointment schedules.
  - *Rebuild schedules to accommodate same day appointments and to ensure timely access for urgent, routine well care physical exams, and IHAs*
  - *Rebuild panels to allow more open access and flexibility in patient scheduling.*

Interventions - After-Hours: Interventions focused on the Answering Service

- PPG to train practitioner's answering service. Offer quarterly training for provider office staff

- Provide a script to the physician's answering service that meets the DMHC Timely Access to Care standards for After Hours

- Offer practitioner offices a PPG sponsored call center for a minimal rate reduction

- Offer a listing of Answering Service companies that comply with DMHC standards upon practitioner contract execution

- Provide Health Plan audit results to the physician's office

- Request that offices conduct self-audits to ensure compliance

Oversight & Monitoring (O&M) Overview

Oversight & Monitoring Overview - 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

O&M Overview – 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

O&M Overview – Timeline Document

- First Measurement Year (MY) 2023 Workbook Due: August 2, 2024

MY 2023 Oversight & Monitoring Timeline
Appointment Availability & After-Hours

L.A. Care distributed NEW Oversight & Monitoring Workbooks populated with non-compliant providers from MY 2023 Annual Survey.

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

Submission Due	Due Date
Submission 1 (April – June) 2024 Survey Results	DUE: August 2, 2024
Submission 2 (July – September) 2024 Survey Results	DUE: November 1, 2024
Submission 3 (October – December) 2024 Survey Results	DUE: February 7, 2025
Submission 4 (January – March) 2025 Survey Results	DUE: May 2, 2025

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 non-compliant 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 Contact
Accreditation Team
atc@lacare.org

O&M Overview – Who to Survey

- Providers found non-compliant or who refused to participate in L.A. Care's MY 2023 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 Submission 1 (due August 2, 2023). The"MY2023 Outcome" columns on the submission 1 2023 PCP and submission 1 2023 SCP Detail tabs indicates Compliant, Non-Compliant, or N/A responses from the MY 2023 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 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.

Oversight & Monitoring (O&M) Processes
Appointment Availability

O&M Processes – Appointment Availability Survey Script

Appointment Availability
Survey Script

L.A. Care HEALTH PLAN

Call Introduction

1) Hello, my name is _____, and I am 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
1	PPG Prior Authorization Required? (Specialists only)	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). 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, *injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.* • Does your IPA/Medical Group require prior authorization for any urgent services by your office?	**YES** – Go to question 2 **NO** – Go to question 3 If NO, enter **NA** into audit tool for question 2
2	Urgent Appointment with Prior Authorization (96 hours) **Ask Specialists only**	a. When is the next available appointment date and time with [Dr. Name OR FQHC Name] for an urgent appointment that **DOES** require prior authorization? b. 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 96 hours, enter **Compliant** in Audit Tool and move to Question 3. If not, move to Question 2b. Date: ___ / ___ / ___ Time: ___ : ___ AM/PM If the appointment is within 96 hours, enter **Compliant** in Audit Tool and move to Question 3. If not, enter **Noncompliant** and move to Question 3.

3	Urgent Services *without* Prior Authorization (48 hours)	a. Does your IPA offer urgent services *without* a prior authorization?	**YES** – go to questions 3b **NO** – go to question 4 If NO, enter NA into audit tool for question 3
		b. When is the next available appointment date and time with [Dr. Name or FQHC Name] for urgent services appointments that **DOES NOT** require prior authorization?	Date: ___ / ___ / ___ Time: ___ : ___ AM/PM If the appointment is within 48 hours, enter **Compliant** in Audit Tool and move to Question 4. 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 48 hours, enter **Compliant** in Audit Tool and move to Question 4. If not, enter **Noncompliant** and move to Question 4.
4	Routine Appointment (10 business days – PCP) (15 business days – SCP)	a. 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. If not, move to Question 4b.
		b. Is there another practitioner in the office who could see the patient sooner? If so, what date and time is the earliest appointment?	Date: ___ / ___ / ___ Time: ___ : ___ AM/PM If the appointment is within 10 business days (PCP) or 15 business days (SCP), enter **Compliant** in Audit Tool. If not, enter **Noncompliant.**
5	Initial Prenatal Appointment (10 business days)	a. Does your IPA offer prenatal care appointments?	**YES** – go to questions 5b **NO** – End survey and enter N/A in survey tool If NO, enter NA into audit tool for question 5
		b. When is the next available appointment date and time with [Dr. Name or FQHC Name] for initial prenatal services appointments that **DOES NOT** require prior authorization?	Date: ___ / ___ / ___ Time: ___ : ___ AM/PM If the appointment is within 10 business days enter **Compliant** in Audit Tool. If not, move to Question 5c.
		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. If not, enter **Noncompliant.**

O&M Processes – Instructions: Appointment Availability

WHO to Survey

- Survey all providers (PCPs and SCPs) who were found to be non-compliant from the Provider Appointment Availability Survey (PAAS) for Measurement Year (MY) 2023.

- 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 the MY2023 PAAS.
  a) If the "Phone #" provided is incorrect, please note the correct phone number in the comments section.

- For subsequent submissions, populate these 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.

O&M Processes – Instructions: Appointment Availability

O&M Processes – Audit Tool: Appointment Availability

O&M Processes – Instructions: Appointment Availability

HOW to Conduct the Audit

- 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).

- 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 the Audit Tool

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

O&M Processes - 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.

  - Reminder: PPGs are required to notify L.A. Care via a PCDW task whenever a provider is terminated/retired from the network.

O&M Processes – After-Hours Survey Script

AFTER HOURS
Survey Script

Call Introduction
1) Hello, my name is _____, and I am 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.]	• Hang up and dial 911. • Go to the nearest emergency room. Enter **Compliant** or **Noncompliant** into Audit Tool
	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?	• Stay on the line and you will be connected to him/her or an on-call clinician. • 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.. Enter **Compliant** or **Noncompliant** into Audit Tool
		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?	• Immediately (can cross connect/transfer). • 1-30 minutes. Enter **Compliant** or **Noncompliant** into Audit Tool
		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.

Note: If the caller is required to hang up and dial a separate number in order to reach the After Hours Service BEFORE hearing the correct information above, the doctor is noncompliant with the After Hours Standards.

O&M Processes – Instructions: After-Hours

WHO to Survey

1. Survey all providers (PCPs) who were found to be non-compliant from the MY2023 Provider After Hours Availability Survey (PAHAS).

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 MY2023 Annual Survey.
   - 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.

WHERE to Submit Audit Tool

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

O&M Processes – Instructions: After-Hours

O&M Processes – Audit Tool: After-Hours

O&M Processes – Instructions: 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.

  - Reminder: PPGs are required to notify L.A. Care via a PCDW task whenever a provider is terminated/retired from the network.

Common Issues with O&M Workbooks

O&M Processes - Common Issues And How To Address Them

Common Issue	How to address

Blank Entries
 	
This Includes:
   • Skipped questions
   • Blank rows
   • Not utilizing the Comments Column
	• Please ensure that all fields are completed for all lines corresponding to the re-survey before submitting the workbook back to L.A. Care
	• Workbooks found with blank entries will be returned for completion and have a **2 business day deadline** to re-submit

Only A Portion Of Non-compliant Providers Are Surveyed	• Please survey **all** non-compliant (this includes eligible and refused) providers listed in the Submission 1 2023 PCP and SCP tabs
Missing Task Number For Retired Or Termed Providers	• Please include Task Numbers if Provider has Termed or Retired from your Network.

O&M Processes - Summary

✓Educate/Re-educate providers to ensure clarity and understanding on Appointment Availability and After hours requirements

✓Survey non-compliant providers until compliant in access measures

✓Failure to respond may result in notice of noncompliance

✓PPGs must use L.A. Care provided script and audit tool

✓Reporting frequency: Quarterly Submissions (Check timeline document for deadlines.)

✓Next report submission due: August 2, 2024

✓Submit reports to: Compliance_DOCommunications@lacare.org & CC: ATC@lacare.org

Corrective Action Plan (CAP)

Corrective Action Plan (CAP) - Instructions

- Appointment Availability (AA) and After Hour (AH) standards not met in MY2023 will require a CAP.

- Report Cards and CAPS are based on AA and AH standards that are not met for Access to Care.

- Participating Provider Groups with a **low response rate** in MY2023 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)
CAP Required(Y/N)	Identified Appointment Availability (AA) and After Hours(AH) Finding(s)
What are the root cause(s) for the failed Acess Measure? Please provide a detailed analysis.	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 & Completion Date/Expected Completion Date	Actions taken to correct and prevent reoccurence; should be aligned with the corresponding root cause(s) **Please use the SMART Goal format to outline your Action Plan** **SMART Goal referrence in link below:** **https://www.atlassian.com/blog/productivity/how-to-write-smart-goals** Please enter the Completion date / Expected Completion Date after each line of your action plan.
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.
Responsible Party	Name of the individual responsible for the specific CAP.
CAP Status	CAP Accepted or Not Accepted, Accepted with Validation 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 /	L.A. Care QI Accreditation Reviewer's Use Only

Corrective Action Plan (CAP) - Form

- 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:

Corrective Action Plan (CAP) - 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.

	CAP Required(Yes/No)	CAP Due Date	Root cause(s)
Specialty Care Providers(SCPs)			
50%of Specialty Care Providers did not meet the 96hr standard requirement for Urgent Appointment Availability	Yes	10/22/2023	Providers have been re-educated on the required access standards.

- **Missing Implementation Documents**: L.A. Care will be requesting evidence to ensure alignment with PPGs stated Actions. Please attach all applicable Implementation Documents with your CAP response submission e-mail.

- **Delinquent CAP submissions & follow-up response**: Please note that delinquencies and non-responsiveness to L.A. Care's CAP request and follow-ups may result to a Notice of Non-Compliance.

Questions?

We are here to support you!
For all Access to Care related questions, please contact
ATC@lacare.org

- Priscilla Lopez, QI Manager
  - Plopez1@lacare.org
- Eva Benitez, QI Project Manager II
  - Ebenitezbenitez@lacare.org
- Taleen Honanian, QI Project Manager II
  - THonanian@lacare.org
- Anton Sarmenta, QI Specialist
  - Asarmenta@lacare.org

Thank you for your participation!