

WELCOME

Timely Access to Care Oversight & Monitoring PPG Training



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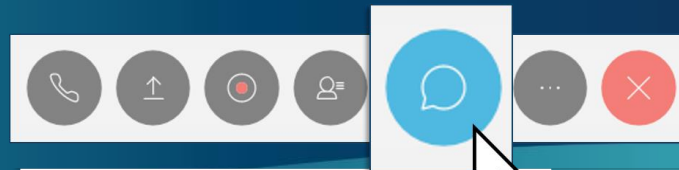
For All of L.A.

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ACCESS CODE: 2493 563 1690 Attendee ID: Each attendee has their own unique ID.

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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



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Housekeeping



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- 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



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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





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Timely Access To Care Overview

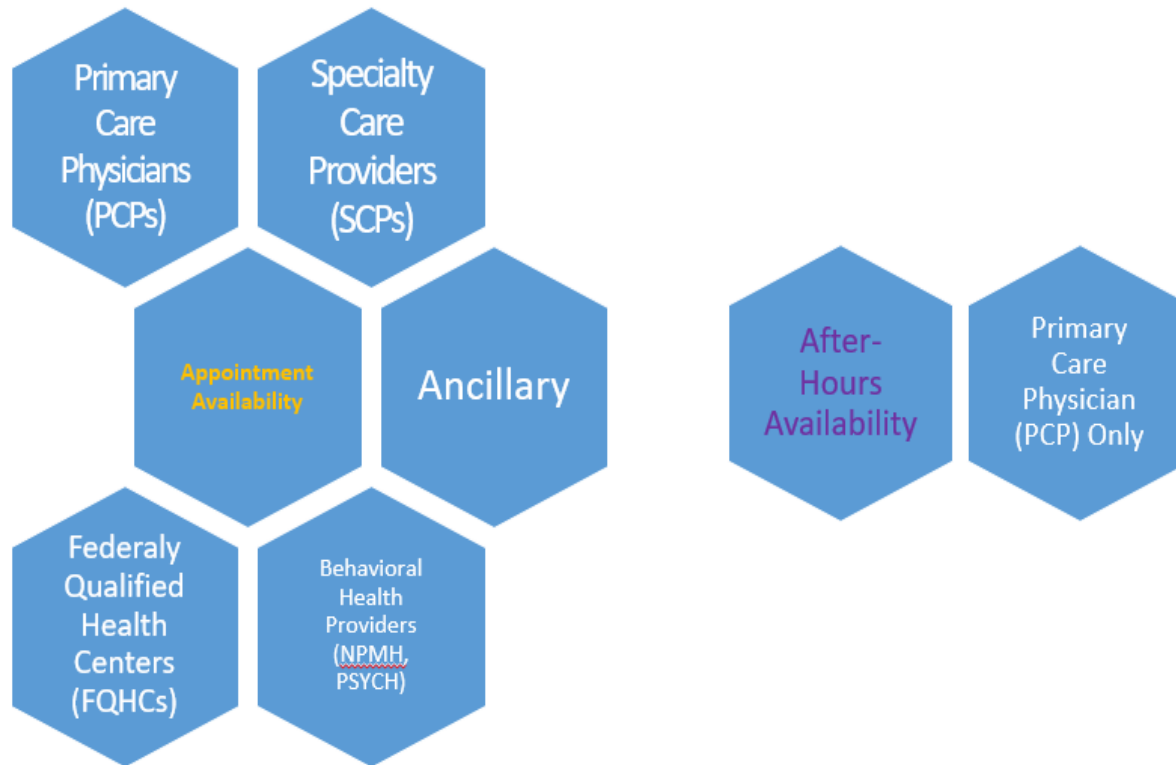


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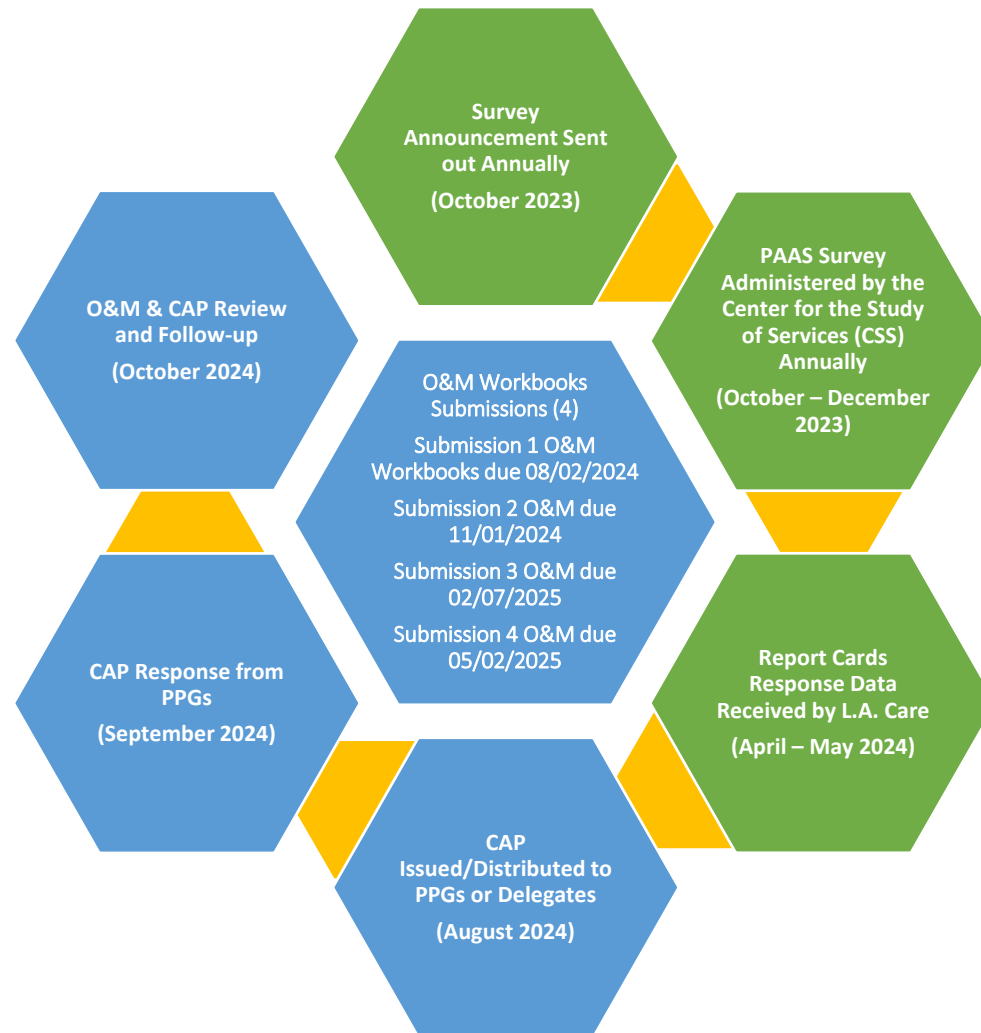
Timely Access to Care: A Regulatory Requirement



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



Timely Access to Care Overview – MY2023 Access to Care Timeline



Timely Access to Care Overview - DMHC Accessibility Standards: 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 - DMHC Accessibility Standards: 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 - DMHC Accessibility Standards: 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





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Resources & Interventions



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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





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Oversight & Monitoring (O&M) Overview



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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.





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Oversight & Monitoring (O&M) Processes Appointment Availability



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O&M Processes – Appointment Availability Survey Script



Appointment Availability

Survey Script

Call Introduction

- 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)].
- For record keeping purposes, may I have your name? (record on Audit Tool)

Survey Questions

Standard	Question	Answer Options
1	<p>PPG Prior Authorization Required? (Specialists only)</p> <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> <ul style="list-style-type: none"> Does your IPA/Medical Group require prior authorization for any urgent services by your office? 	<p>YES – Go to question 2 NO – Go to question 3</p> <p style="background-color: #E6E6FA; padding: 5px; text-align: center;">If NO, enter NA into audit tool for question 2</p>
2	<p>Urgent Appointment with Prior Authorization (96 hours)</p> <p>Ask Specialists only</p> <p>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?</p> <p>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?</p>	<p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>96 hours</u>, enter Compliant in Audit Tool and move to Question 3. If not, move to Question 2b.</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>96 hours</u>, enter Compliant in Audit Tool and move to Question 3. If not, enter Noncompliant and move to Question 3.</p>

3	<p>Urgent Services without Prior Authorization (48 hours)</p>	<p>a. Does your IPA offer urgent services without a prior authorization?</p> <p>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?</p> <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>	<p>YES – go to questions 3b NO – go to question 4</p> <p style="background-color: #E6E6FA; padding: 5px; text-align: center;">If NO, enter NA into audit tool for question 3</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>48 hours</u>, enter Compliant in Audit Tool and move to Question 4. If not, move to Question 3c.</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>48 hours</u>, enter Compliant in Audit Tool and move to Question 4. If not, enter Noncompliant and move to Question 4.</p>
4	<p>Routine Appointment (10 business days – PCP) (15 business days – SCP)</p>	<p>a. When is the next available appointment date and time with [Dr. Name or FQHC Name] for a non-urgent (Routine) appointment?</p> <p>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?</p>	<p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>10 business days</u> (PCP) or <u>15 business days</u> (SCP) enter Compliant in Audit Tool. If not, move to Question 4b.</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>10 business days</u> (PCP) or <u>15 business days</u> (SCP), enter Compliant in Audit Tool. If not, enter Noncompliant.</p>
5	<p>Initial Prenatal Appointment (10 business days)</p>	<p>a. Does your IPA offer prenatal care appointments?</p> <p>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?</p> <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>	<p>YES – go to questions 5b NO – End survey and enter N/A in survey tool</p> <p style="background-color: #E6E6FA; padding: 5px; text-align: center;">If NO, enter NA into audit tool for question 5</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>10 business days</u> enter Compliant in Audit Tool. If not, move to Question 5c.</p> <p>Date: ___/___/___ Time: ___:___ AM/PM</p> <p style="background-color: #E6E6FA; padding: 5px;">If the appointment is within <u>10 business days</u>, enter Compliant in Audit Tool. If not, enter Noncompliant.</p>

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

Appointment Availability Audit Tool - PCP

PPG Name: **SAMPLE IPA** Submission 1 Due Date: 8/2/24 (April - June)

5 Fill in this information

Surveyed
Compliant
Ineligible
Non-Compliant
% Compliant

6 Enter #

Surveyed, #Compliant & Ineligible

#Non-compliant & % Compliant will auto populate once information is entered above

4 Fill in this information using the drop-down menu and select options for the Calls

Instructions:

- When conducting the re-survey, please let the staff know that you are asking the questions as a current patient.
- 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 Apt and Routine Appt. require an answer, please refer to the script tab to see acceptable answers for these columns.
 - b) **Ineligible**: Not Contracted, Termined, 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").

Columns A-N to be filled out by L.A. Care ONLY

MY2023 Submission 1 - Audit Results

Physician Demographics													MY2023											
First Name or FQHC Name	Last name	License	NPI	Address	City	State	Zip Code	County	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)	Compliant Status	Task Number (or Retired or Termined)	Comments	Calls Outcome
<p>LA Care will populate this information for the first submission with providers found non-compliant in the 2023 annual survey. MY2023 PAAS results will be included in these columns. You will need to move Providers that remain non-compliant to the next tab thereafter</p>													<p>1 Fill in this information</p> <p>2 Enter "Compliant" or "Non-Compliant" for each survey question here</p> <p>3 If Provider is termed or incorrect phone number, they are considered Ineligible</p>											

Separate submission tabs for PCP & SCP

AA Instructions Script Timeline **Sample Audit Tool** PCP No Response SCP No Response **Refusal & Ineligible Terminology** Sub 1 2023 PCP_DUE 8.2.24 Sub 1 2023 SCP_DUE 8.2.24 Sub 2 2023 PCP_DUE 11.1.24 Sub 2 2023 SCP_DUE 11.1.24 Sub 3 2023 PCP_DUE 2.7.25 Sub 3 2023 SCP_DUE 2.7.25 Sub 4 2024 PCP_DUE 5.2.25 Sub 4 2024 SCP_DUE 5.2.25

O&M Processes – Audit Tool: Appointment Availability

Appointment Availability Audit Tool - PCP																															
PPG Name: SAMPLE IPA															Submission 1 Due Date: 8/24 (April - June)																
Total # of PCPs found in MY2023										2		# Surveyed		2		# Compliant		1		# Ineligible				# Non-Compliant		1		% Compliant		50%	
<p>Instructions:</p> <p>1. When conducting the re-survey, please let the staff know that you are asking the questions as a <u>current patient</u>.</p> <p>2. Column P / Row 17 - Reason for Non-Compliance - Here are a few samples of how to categorize the responses:</p> <p>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 I. If the answers to Urgent and Routine questions were both "Yes", then this provider would be counted as Compliant. Urgent Apt and Routine Appt. require an <u>answer</u>; please refer to the script tab to see acceptable answers for these columns.</p> <p>b) Ineligible: Not Contracted, Termined, Wrong/Disconnected Phone Number, On leave, Retired, No longer at facility/office.</p> <p>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").</p>																															
MY2023 Submission 1 - Audit Results																															
Physician Demographics										MY2023 Outcome																					
First Name or FQHC Name	Last Name	License	NPI	Address	City	State	Zip Code	County	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)	Compliant Status	Task Number (For Retired or Termined Providers)	Comments	Calls Outcome							
John	Doe	23456	12345	12345 St.	Los Angeles	CA	90001	Los Angeles	(888)541-5563	Complete	12/28/22	Compliant	Compliant	Compliant	7/11/2023	Jash	John	Compliant	Compliant	Compliant	Compliant			NA - Responded or did not Refuse - Survey							
Jane	Doe	23456	12345	787 Lincoln Ave	Los Angeles	CA	90001	Telehealth	(800)424-6952	Complete	12/17/22	Compliant	Non-Compliant	Non-Compliant	7/11/2023	Angie	Mary	Compliant	Non-Compliant	Non-Compliant	Non-Compliant		Phone is correct but takes multiple times to get a response. Rings and hangs for more than 10 minutes	No response - Unable to confirm contact - Survey							
<p>AA Instructions Script Timeline Sample Audit Tool PCP No Response SCP No Response Refusable/Ineligible Terminology Sub 1 2023 PCP_DUE 8.2.24 Sub 1 2023 SCP_DUE 8.2.24 Sub 2 2023 PCP_DUE 11.1.24 Sub 2 2023 SCP_DUE 11.1.24 Sub 3 2023 PCP_DUE 2.7.25 Sub 3 2023 SCP_DUE 2.7.25 Sub 4 2024 PCP_DUE 5.2.25 Sub 4 2024 SCP_DUE 5.2.25</p>																															

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.





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Oversight & Monitoring (O&M) Processes After-Hours



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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.]	<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] 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. • 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.

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

After Hours Audit Tool - PCP

PPG Name: _____ Submission 1 Due Date: 8/2/24
(April - June)

5 Fill in this information

6 Fill in # Surveyed, # Compliant & Ineligible

6 Fill in # Surveyed, # Compliant & Ineligible

6 # Non-Compliant & % Compliant Will Auto populate once information is entered above

5 # Surveyed
Compliant
Ineligible
Non Compliant
% Compliant

Columns A-N to be filled out by L.A. Care ONLY

4 Please use the dropdown menu to answer

4 Calls Outcome

Background Outcome														Call Information				Audit Tool										
First Name or FQHC Name	Last name	License	NPI	Address	City	State	Zip Code	County	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	
<p>1 Fill in this information</p> <p>LA Care will populate this information for the first submission with providers found non compliant in the 2023 annual survey. MY2023 PAAS results will be included in these columns. You will need to move Providers that remain non-compliant to the next tab thereafter</p>														<p>2 Enter "Compliant" or "Non-Compliant" in each survey question</p>				<p>3 If Provider is termed or incorrect phone number, they are considered Ineligible</p>					<p>4 Please use the dropdown menu to answer</p>					
																												<p>No response - Unable to confirm contact - Survey</p> <p>No response - Incorrect contact - Do NOT Refuse Survey</p> <p>Refused Survey - Do NOT Refuse Survey</p> <p>NA - Responded or did not Refuse - Survey</p>

Instructions Script Timeline Sample Audit Tool **Refusal & Ineligible Terminology** Sub 1 2023_DUE 8.2.24 Sub 2 2023_DUE 11.1.24 Sub 3 2023_DUE 2.7.25 Sub 4 2023_DUE 5.2.25 No Response

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.





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Common Issues with O&M Workbooks



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

Common Issue	How to address
<p>Blank Entries</p> <p>This Includes:</p> <ul style="list-style-type: none">• Skipped questions• Blank rows• Not utilizing the Comments Column	<ul style="list-style-type: none">• 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
<p>Only A Portion Of Non-compliant Providers Are Surveyed</p>	<ul style="list-style-type: none">• Please survey all non-compliant (this includes eligible and refused) providers listed in the Submission 1 2023 PCP and SCP tabs
<p>Missing Task Number For Retired Or Termed Providers</p>	<ul style="list-style-type: none">• 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





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Corrective Action Plan (CAP)



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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:

<p>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.</p>	
	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 Access Measure? Please provide a detailed analysis.	<p>Root cause analysis (RCA) is the process of discovering the root causes of problems in order to identify appropriate solutions.</p> <p>Resources: https://www.tableau.com/learn/articles/root-cause-analysis#definition https://www.indeed.com/career-advice/career-development/root-cause-analysis</p>
Corrective Action Plan & Completion Date/Expected Completion Date	<p>Actions taken to correct and prevent reoccurrence; should be aligned with the corresponding root cause(s)</p> <p>Please use the SMART Goal format to outline your Action Plan SMART Goal reference in link below: https://www.atlassian.com/blog/productivity/how-to-write-smart-goals</p> <p>Please enter the Completion date / Expected Completion Date after each line of your action plan.</p>
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) Form for <PPG> Fields highlighted in yellow to be completed by the PPG CAP Due Date:				Fields highlighted in blue to be completed by Accreditation Reviewer		
Appointment Availability (AA) and After Hours(AH) Finding(s)	CAP Required (Yes/No)	What is the root cause(s) for the failed Access Measure? Please provide a detailed analysis.	Corrective Action Plan & Completion Date/Expected Completion Date	Implementation Documents, if applicable	Responsible Party	CAP Status	L.A. CARE Accreditation Reviewer Name & Date:	Follow Up Action / Comments
Primary Care Providers(PCPs)								
EXAMPLE <40%> of Primary Care Providers did not meet the 48hr standard requirement for Urgent Appointment Availability MY2021 - Compliant MY2022 - 22%	Yes	EXAMPLE 1. Lack of knowledge in access standards due to high staff turn-over and lack of training. 2. Provider office has limited urgent appointment availability due to having only 2 providers.	EXAMPLE 1. Provider offices will hold quarterly training seminars to reinforce Access to Timely care compliance where office Managers will distribute updated compliance regulations and training materials. 2. Dr. Aguilera's office will improve access to routine appointments by 10% through scheduling template modifications by the end of quarter 3. 3. ABC Clinic will hire 2 additional providers by the end of quarter 4 to help meet the demands for urgent appointment availability. Notices of Corrective Action have been issued to providers who did not meet this standard 6/8/2022 and expecting signed responses and compliance by 6/15/2022	EXAMPLE Quick Reference Guide to Access Standards Copy of training material and tools given to Providers. Sent via email, fax and uploaded to the Provider Portal Memorandum - Availability Survey - Action Required Timely Access to Care Standards Policy Provider(s) Notice of Corrective Action and suggested interventions	EXAMPLE John Doe, Compliance Manager			

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.





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Questions?



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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
- THonianian@lacare.org
- Anton Sarmenta, QI Specialist
- Asarmenta@lacare.org





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Thank you for your participation!



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