



Policy #: 500-3002-C
Title: Access to Care
Dept.: Provider Services
Signature of CEO: _____
Effective Date: 10/2003
Revision Date: 1/2008

I. PURPOSE

To establish standardized access to care parameters for CenCal Health contracted providers to ensure health services are available and accessible to members within a reasonable period of time.

II. POLICY

CenCal Health will ensure the accessibility of primary care, urgent, and specialty health care is in compliance with approved Access to Care Standards.

III. DEFINITIONS

None

IV. PROCEDURE

A. Process for Access to Care Standards Adoption/Approval

Annually, the Provider Services Department presents Access to Care Standards (Attachment A) to the Network Management Committee (NMC) and the Provider Advisory Board (PAB) for review and input. Once approved, the standards are presented to the Healthcare Operations Committee (HOC).

At the minimum, CenCal Health establishes Access to Care Standards for the following:

- Timeliness of preventive care appointments
- Timeliness of routine primary care appointments
- Timeliness of urgent care appointments
- Access to after-hours care, and

- Key elements of telephone service, such as responsiveness of Member Services telephone lines and responsiveness of provider appointment telephone lines.

B. Staff Education

- Key Health Services staff are trained to perform facility site audits, which includes assessing appointment availability to the provider. Certain staff are also trained in the investigation and resolution of member and provider complaints regarding appointment availability if it appears the member's health was put at risk.
- Member Services Representatives are trained in telephone access standards, and are responsible for logging member complaints. Select staff are trained to investigate and resolve member complaints, to gather and analyze data on the department's compliance with telephone access standards related to responsiveness of member services telephone lines, and to gather and analyze member satisfaction data.
- Provider Services Representatives are trained in the appointment availability standards to enable them to assist providers in complying. Designated staff are trained to log, investigate, and resolve provider complaints relating to access (i.e. inability to obtain an appointment with a specialist in a timely fashion), to gather and analyze data on the provider network's compliance with the appointment availability standards, and to gather and analyze provider satisfaction data.

C. Disclosure of Process to Members and Providers

- Access to Care Standards are communicated to members via member newsletters and the Explanation of Coverage (EOC) for each program.
- Access to Care Standards are communicated to providers via several avenues, which may include: the Provider Bulletin, the Provider Manual, and CenCal Health's website: www.cencalhealth.org.
- Additionally, provider service agreements:
 1. Require providers to comply with Access to Care Standards adopted by CenCal Health.
 2. Allow CenCal Health to monitor for compliance with access standards via complaint data analysis, facility audits, and provider audits.
 3. Require that providers not discriminate against members of CenCal Health programs with respect to accessibility of care, accessibility of emergency services, and provider availability for the provision of health care services.
 4. Require providers to participate in CenCal Health's Quality Assessment and Improvement Program (QAIP), which includes cooperation with the assessment of quality of care and utilization patterns. Contracted providers agree to take the appropriate corrective action as deemed necessary by CenCal Health.

D. Confidentiality and Privacy

CenCal Health has adopted and implemented health plan confidentiality policies and procedures to include the HIPAA Privacy Standards that are effective April 14, 2003 and Security Standards effective April 2005. CenCal Health's Privacy Program is a comprehensive process that addresses all Privacy Standards and interrelating Security Standards. All minimum necessary precautions, as noted in the HIPAA Privacy and Security Standards, have been implemented. Members of the programs under CenCal Health are notified of these standards through the HIPAA Notice of Privacy Practices.

CenCal Health's provider and Business Associate contracts specify expectations regarding the confidentiality of protected member information.

E. Monitoring of the Process

Compliance with the Access to Care Standards is measured in various ways:

- The Provider Services Department tracks and trends provider complaints related to access and reports findings to NMC, HOC, and the Board of Directors (BOD).
- The Member Services Department tracks and trends member complaints related to access and reports findings to the Member Support Committee (MSC), and HOC. If data suggests an access issue for a specific provider, the Provider Services Department would perform the appropriate barrier analysis and intervention.
- Member Satisfaction Surveys for the Medi-Cal population are conducted via the CAHPS survey per the Department of Health Care Services' schedule. Results and analysis with any recommendations are reported to MSC, HOC, Community Advisory Board (CAB), and the BOD.
- Disenrollment Surveys for the Healthy Families population are conducted by the Managed Risk Medical Insurance Board per their schedule. The Member Services QI Manager reports the results of the Authority's internal Voluntary Disenrollment Surveys for the Healthy Families and the In-Home Supportive Services membership to the MSC, HOC and the Community Advisory Board (CAB) quarterly.
- The Member Services Department tracks and trends member reselections related to access and reports findings to MSC and HOC.
- The Member Services Department monitors the responsiveness of member services telephone lines against Access to Care Standards. Results are reported to MSC and HOC.
- The Health Services Department conducts facility audits of all OB/GYNs and PCPs at the time of initial application to the network, and at least every three years thereafter. Results are reported to the Clinical Management Committee (CMC) and the Medical Advisory Committee (MAC).

Based on analysis of the above monitoring activities, the HOC sets priorities for opportunities for improvement, and delegates to appropriate committees and departments to implement strategies to improve performance. Evaluating the effectiveness of interventions, reprioritizing opportunities for improvement and oversight of monitoring activities are the ongoing responsibility of the HOC. The HOC will report to the BOD as appropriate.

V. FORMS

ATTACHMENT 1

	Criteria	Standard
1.	Timeline for preventive care appointments:	Within 30 Calendar Days
2.	Timeline for routine primary care appointments:	Within 14 Calendar Days
3.	Timeline for initial prenatal care appointments:	Within 7 Calendar Days
4.	Timeline for urgent appointments:	Within 24 hours
5.	Timeline for emergency care:	Immediately
6.	Access to after-hours care:	Primary Care Providers make available 24-hrs coverage, 7 days per week basis to members. The same standards of access and availability is required by physicians “on-call”. Primary Care Providers make available a licensed triage personnel or physician and / or information available regarding what to do in an emergency (answering machine or voice mail).
7.	Non-urgent specialist referral:	Within 21 Calendar Days. Professional judgement and community standards will be expected to drive appointment decisions.
8.	Waiting Time in office (non-urgent) :	30 minutes Maximum
9.	PCP Telephone Access (during business hours):	Physicians, or office staff, make information available to members on how to access clinical care, how to resolve problems members are experiencing, and how to make an appointment.
10	Telephone Access (Member Services): Call Wait Time / Number of Seconds / Abandon Rate	The Authority’s Member Services Department Representatives have an established goal of answering the telephone at 85% within 30 seconds. Abandon Rate goal is 5% or less.

VI. REFERENCE

DHCS: California Department of Health Care Services Contract 04-35904
Article VII, Attachment 1, Section 7.5

Knox-Keene: Knox-Keene Health Care Service Plan Act Of 1975:
Article 5, Section 1367.03

NCQA: National Committee for Quality Assurance “Standards and Guidelines for the Accreditation of Managed Care Organizations 2007”,
QI3, QI4, QI5, QI6, CR6

PROVIDER CONTRACT: Authority Physician Services Provider Agreement:
2.4.1-2.4.5; 3.6.4-3.6.5; 3.9