

**PIMA HEALTH SYSTEM  
STANDARD AND PROCEDURE**

<b>SUBJECT: Appointment Standards</b>	<b>Provider Services</b>
<b>APPLICABLE TO: Acute Care, LTC-Institutional, HCBS</b>	
<b>EFFECTIVE DATE: 01/10</b> <b>APPROVED BY:</b> <i>Patricia Alvarez Hurley by Signature</i>	
<b>SUPERSEDES: 5/94, 11/97, 12/99, 1/01. 4/02, 5/03, 10/03, 4/04, 10/04, 05/07, 05/09</b>	<b>PS-I-0024</b>

**I. STATEMENT OF PURPOSE:**

To establish standards for appointment availability and waiting time requirements for Pima Health System (PHS) Primary Care Providers, High Volume Specialists, Dental Providers and Behavioral Health Services.

**II. STANDARDS:**

- A.** PHS has established appointment time requirements for all situations to ensure that members receive medical services in a time period that is appropriate to their medical condition and meets standards established by AHCCCS.
- B.** Providers will ensure that appointment standards are adhered to in an effort to ensure accessibility of needed services, maintain member satisfaction and reduce unnecessary use of alternative services such as emergency room visits.
- C.** PHS will educate providers about appointment standards, monitor the adequacy of the process and take corrective action if required.
- D.** Appointment time requirements are as follows:

Primary Care Providers (PCP) Appointments

- 1. Emergency PCP appointments are available the same day.
- 2. Urgent Care PCP appointments are available within two (2) days.
- 3. Routine care appointments are available within twenty one (21) days.

Specialty Referral Appointments

- 1. Emergency appointments within twenty-four (24) hours of referral.
- 2. Urgent Care appointments within three (3) days of referral.
- 3. Routine appointments within forty-five (45) of referral.

### Dental Appointments

1. Emergency appointments within twenty four (24) hours.
2. Urgent Care appointments within three (3) days of request.
3. Routine care appointments within forty five (45) days of request.

### Maternity Care

1. First trimester - within fourteen (14) days of request.
2. Second trimester - within seven (7) days of request.
3. Third trimester - within three (3) days of request.
4. High risk pregnancies - within three (3) days of identification of high risk to the provider or immediately if an emergency exists.

### Behavioral Health Services for Long Term Care Members

1. Emergency appointments within twenty four (24) hours.
2. Routine appointments within thirty (30) days of referral.

### For all office visits

1. Office waiting time shall be less than 45 minutes unless provider is unavailable due to an emergency.

## **III. PROCEDURES:**

- A. PHS will inform all providers of appointment standards through site visits and by referencing PHS Standards and Procedures in the contract.
- B. This Standard and Procedure will be included as part of the Provider Manual. Providers are required to be aware of and adhere to the appointment standards of this Standard and Procedure.
- C. High Volume Specialists will be held to the PHS Standard and Procedure, **QM-I-F, High Volume Specialist** and must meet appropriate appointment standards.
- D. The Provider Services Division is responsible for conducting appointment availability surveys, monitoring provider accessibility and tracking the results. Appointment availability surveys will be conducted by phone calls to providers to determine the next available appointment for a new or established patient and/or through member survey. The availability of Behavioral Health services will be monitored through the Behavioral Health Coordinator.

- E.** The Provider Services Division will survey all primary care, high volume specialists, and dental providers for compliance with the appropriate standard at least annually.
- 1.** Surveys will occur during the first eight (8) months of the contract year.
    - a.** All results will be presented to the QM/UM Committee.
    - b.** Any provider who does not meet the appointment standards are described above, will receive a letter to that effect (**Exhibit A**).
  - 2.** During the last four (4) months of the contract year, all new providers will be monitored, any provider who did not meet the appointment standards during the first survey will be re-monitored and others will be monitored on a random basis to confirm continued compliance.
    - a.** All results will be presented to the QM/UM Committee. Any provider who remains out of compliance will receive a letter to that effect. (**Exhibit A**).
- F.** Appointment standard survey results will be entered into the computer and will be compared to the previous period's results. Whenever a provider does not meet the appointment standard(s), a Provider Non-Compliance form will be initiated by Provider Services and submitted to the PHS QM/UM Committee for recommendations (**Exhibit B**).
- Recommendations include, but are not limited to:
- 1.** A personal interview with provider by PHS Medical Director, continued monitoring.
  - 2.** Limitation of panel size; continued monitoring.
  - 3.** Closure of panel; continued monitoring.
  - 4.** Reassignment of members; continued monitoring.
  - 5.** No action; continued monitoring.
  - 6.** No action.
- G.** A copy of the letter will be placed in the Provider's Profiling Record and in Provider Services.
- H.** The Provider Services Division also reviews appointment availability and office wait time at biennial provider site visits. Providers who do not meet standards are reeducated, and a corrective action is requested (**Exhibit C**).
- I.** Overall results of the Appointment Standards will be published bi-annually in the Provider Newsletter.

**Exhibit A**

September 30, 2003

Dear Provider:

The Pima Health System (PHS) appointment monitoring survey conducted during this period demonstrates that the provider(s) listed below are out of compliance with the PHS Standard and Procedure regarding appointment standards:

Routine Primary Care - Standard is 21 days

<u>Provider Name</u>	<u>Days Over Standard</u>
	14

PHS will monitor appointment availability for improvement during the next 180 days. Should any provider remain out of compliance, further action may be taken. If any provider is out of compliance due to special circumstances, please let us know as soon as possible. A copy of this letter will be placed in the Provider's Profiling record and filed in Provider Services.

PHS is committed to working with you and your providers. Please feel free to contact Provider Services at 512-5613 if you have any questions or concerns with this matter.

Sincerely,

Alan Tiano  
Provider Services

cc: Quality Management  
Provider File

September 30, 2003

Dear Provider:

The Pima Health System (PHS) appointment monitoring survey conducted during this period demonstrates that the provider(s) listed below are out of compliance with the PHS Standard and Procedure regarding appointment standards:

Routine Primary Care - Standard is 21 days

<u>Provider Name</u>	<u>Days Over Standard</u>
	21

PHS will monitor appointment availability for improvement during the next 180 days. Should any provider remain out of compliance, further action may be taken. If any provider is out of compliance due to special circumstances, please let us know as soon as possible. A copy of this letter will be placed in the Provider's Profiling record and filed in Provider Services.

PHS is committed to working with you and your providers. Please feel free to contact Provider Services at 512-5613 if you have any questions or concerns with this matter.

Sincerely,

Alan Tiano  
Provider Services

cc: Quality Management  
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**Exhibit B**

**PHS QM/UM COMMITTEE  
APPOINTMENT STANDARDS  
PROVIDER NON-COMPLIANCE**

PROVIDER NAME:  
NETWORK:

SPECIALTY:

MONITORING PERIOD:

RESULTS:

**PHS QM/UM Committee Determination:**

- a personal interview with provider by PHS Medical Director; continued monitoring.
- limitation of panel size; continue monitoring.
- closure of panel; continue monitoring.
- member reassignment; continue monitoring
- no action; continue monitoring.
- no action.
- other: \_\_\_\_\_

Comments:

Implement corrective action for the following period: \_\_\_\_\_

\_\_\_\_\_  
PHS Medical Director Signature

\_\_\_\_\_  
Date

## Exhibit C

Initial Provider Orientation/Training  
Visit

Ongoing Provider Site  
Visit

### PIMA HEALTH SYSTEM PROVIDER SERVICES PROVIDER SITE VISIT REPORT

PROVIDER NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

PROVIDER REPRESENTATIVE: \_\_\_\_\_

IN ATTENDANCE: \_\_\_\_\_

PROVIDER ISSUES	CHECK IF REVIEWED	COMMENTS	ACTION
<b>PHS Overview</b>		Case Management program info _____	
ALTCS vs. Ambulatory		Just the Facts	
Referral Forms and Procedures		Delivered referral forms _____	
- Specialty Referrals		Medical Supplies order form _____ (LTC)	
<b>Provider Listings</b>		Delivered PPL dated _____	
<b>Prior Authorization</b>		Prior Auth Staff List	
		PA Requirements	
Provider Assistance Forms		Delivered Forms _____	
PCP		EPSDT forms _____	
OB Care			
<b>DENTAL</b>		CHILDREN - EPSDT -	
		Adult -Emergent or Medical need	
<b>Medical Record Keeping Practices</b>		Evidence that charts are organized and orderly	
Chart Started _____		Face Sheet _____	
PCP/Provider Orders _____		Applicable diagnostic/evals done _____	
Plan of Treatment _____		Summary of progress towards goals _____	
Date & Description of service provided _____		Signature / initials of provider of service _____	
<b>Medical Record Security</b>		Maintained in secure area _____	
<b>Electronic Medical Records</b>		Procedures to preserve and store data _____	
<b>Facility Review</b>		Handicapped parking available _____	
(New PCP, OB/GYN, & Dentist Site)		Handicapped access: doors, rooms, bathrooms _____	
		Office is clean/orderly _____	
		Lighting and ventilation adequate _____	
		Waiting room capacity adequate _____	
		Routine appt's no more than 5 per hour _____	
<b>Advanced Directives</b>		Left a copy of AD booklet _____	
<b>Behavioral Health</b>		BH Coord info sheet _____	
		Discussed family involvement in TX w/ minors and w/ adults with their permission. Need to identify member strengths, needs and decision making in service planning.	
<b>Bilingual Staff</b>		Discussed LEP services	
- Physician		PCP language(s)	
- Nursing Personnel		Office staff languages	
- Office Support			
<b>Provider Survey</b>		Left a blank survey _____	
<b>Transportation</b>		Emergent/Non-Emergent	
<b>Eligibility Verification Process</b>		On-Line _____ Telephonic _____	
		PCP Panel Inquiry handout _____	
<b>Electronic Billing/EFT</b>		Already billing with EDI _____	

PROVIDER ISSUES	REVIEWED	COMMENTS	ACTION
<b>Billing/Payment Issues</b> (e.g., accuracy of coding, co-insurance amounts)			
<b>Provider Manual</b>		Manual _____ Discuss/Refer to PHS Website _____ Contact person for updates _____	
<b>Information</b> - Member Handbooks Newsletters-		LTC/Ambulatory provider & member	
<b>Appointment Standards</b>		Appt Stand Monitoring (see below) PCP: ___ Emergency w/in same day. ___ UC w/in 2 days. ___ Routine w/in 21 days. Maternity: ___ 1st Tri w/in 14 days. ___ 2nd Tri w/in 7 days. ___ 3rd Tri w/in 3 days. ___ High Risk w/in 3 days of Identification or immediately if emergent Specialty: ___ Emergency w/in 24 hrs. ___ UC w/in 3 days. ___ Routine w/in 45 days.	
<b>Office Wait Time</b>		Wait Time noted _____ PCP & Specialist: ___ Wait Time does not exceed 45 minutes	
<b>Non-Discriminatory Policy</b>			
<b>Formulary/Pharmacies Available</b>		Formulary auth form _____ Handout on website formulary _____	
<b>Minority/Women Owned Business</b>		If yes, report to Deanna _____	
<b>Insurance</b> - Prof. Liability (Org Cred) - Commercial		Verified with contracts prior to visit _____ Obtained updated copies _____	
<b>License</b> - state &/or federal		Verified with contract prior to visit _____ Obtained updated copy _____	
<b>Medicare Cert.</b> (Org Cred)		Verified with contracts prior to visit _____	
<b>Accreditation</b> (Org Cred)		Obtained updated copies _____	
<b>Provider Credentialing</b>		Reviewed list of affiliated MDs, etc. _____	
<b>Provider Registration</b> - National Provider ID (NPI) - Provider Panel Update		Obtain Copies of NPI's _____ PCP Panel Inquiry handout _____	
<b>Fraud and Abuse</b> - Members - Providers			
<b>HIPPA</b> Review		Observe waiting area, staff discussions, fax, medical records area, and office area	
<b>Key Phone # Listing</b>		Forms Delivered _____	
<b>ADA</b>			
<b>Marketing Activities</b>			
<b>Corporate Compliance Updates</b>		Compliance Info Delivered _____ False Claims Act Info Delivered _____	
<b>Cultural Competency</b>			

Additional Training

\_\_\_\_\_ Accepted

\_\_\_\_\_ Declined

Updated information to be sent to: \_\_\_\_\_.

Written follow-up mailed to Provider on: \_\_\_\_\_.

Comments entered in computer on \_\_\_\_\_, by \_\_\_\_\_.