

## ***NHP/NHIC-Access-Practitioner/Plan Standards***

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### **Abstract/Purpose:**

Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) establishes mechanisms to ensure appropriate access to primary care, behavioral health care and member services is provided and maintained for its members. Prompt access to practitioners is vital for members' care. To facilitate this process, NHP/NHIC promotes and expects members to choose a Primary Care Practitioner (PCP) and contact their PCP first to access medical care. When a specialist is actively following a member, access through the specialist may also be appropriate. In addition, NHP/NHIC seeks to provide excellent customer service to its members through prompt telephone access to the Customer Service department.

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### **I. POLICY:**

Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) establishes mechanisms to ensure appropriate access to primary care, behavioral health care and member services is provided and maintained for its members. Prompt access to practitioners is vital for members' care. Valid methodology will be used to collect and perform an annual data analysis to measure performance against standard for the following:

- A. PCP Appointment Access
- B. Member Services Telephone Access
- C. Behavioral Health Appointment Access
- D. Behavioral Health Telephone Access
- E. Care Management Telephone Access
- F. Specialist Appointment Access

### **II. VALUES:**

The mission of Affinity Health System is supported by adherence to the following values: Service, Creativity, Teamwork and Integrity. The NHP/NHIC policy on Practitioner/Plan Access Standards was developed with these core values in mind. The standards listed in this policy support the value of Service as it seeks to anticipate, understand and respond to individual, organizational, and community needs as they access healthcare services. NHP/NHIC exercises its values of Creativity and Teamwork to clearly communicate its access expectations to all network practitioners, encouraging the achievement of best

practice goals. The value of Integrity is represented as the policy content is in accordance with accreditation guidelines and state regulations.

### III. ACCESS STANDARDS:

#### A. **PCP Services Appointment Access:**

NHP/NHIC requires all health care practitioners to provide access to health care services without excessive scheduling delays. Practitioners will have policies and procedures in place to properly identify emergency conditions and appropriately triage such cases. Triage involves identifying which cases can be managed in the office or making alternative arrangements, e.g. emergency room, for cases which cannot be safely managed in the office setting. Each NHP/NHIC PCP will provide 24-hour medical care coverage for members.

Using the third next available appointment methodology, the maximum time period between a request for an appointment and the date offered will be:

1. Regular and Routine Care: Next calendar day  
*Defined as non-urgent symptomatic condition that is medically stable*
2. Urgent Care: Same Day  
*Defined as symptoms with sudden or recent onset requiring medical intervention the same day*
3. Preventive Care: 15 calendar days  
*Defined as a preventive health evaluation without medical symptoms for existing patients, such as an annual physical exam*
4. Life threatening, emergent problem: Immediate access
5. After hours Care: Acceptable coverage includes:
  - a. the telephone answered by a clinic staff member
  - b. a messaging center/switchboard operator
  - c. an answering service, or by an answering machine with instructions on how to obtain access to care. If a recording device is used, clear instructions for obtaining care in emergent and urgent conditions must be included
  - d. For all other conditions, one of the following access options:

- a phone number or pager number of a contracted covering practitioner
- NurseDirect's phone number, or other nurse triage phone line
- Directions to an NHP/NHIC-contracted urgent care center directly associated with the contracted group
- *Note:* Directing members to the emergency room to obtain all after-hours care is not acceptable

If a practitioner's schedule cannot accommodate the member requesting an Urgent Care or Routine Care appointment within these time intervals, an appointment will be offered with an alternative practitioner, nurse practitioner, physician assistant or certified nurse midwife at the same location, or if none are available, at another location. If an Urgent Care appointment or a Routine Care appointment request cannot be scheduled within the appropriate timeframe, referral to an urgent care clinic may be offered as an alternative. The member may choose to decline alternatives and accept a delayed appointment with the practitioner.

**B. Member Services Telephone Access:**

1. Customer Service – Percent of calls answered within 30 seconds\*\*
2. Customer Service - Average speed of answer : =50 seconds \*\*
3. Customer service - Telephone abandonment rate: = 5 %

**C. Behavioral Health Services Appointment Access:**

The maximum time period between a request for an appointment and the time/date offered will be:

1. \*Emergent, non-life threatening: 6 hours
2. Urgent Care: 48 hours
3. Routine Care: 10 business days
4. Emergent, Life Threatening: Immediate access

*Note:* \*Members with non-life threatening emergencies may be directed to the emergency room.

D. **Behavioral Health Telephone Access:**

1. Behavior Health - Average speed of answer: = 30 seconds \*\*
2. Behavior Health - Telephone abandonment rate: = 5%

E. **Care Management Telephone Access:**

1. Care Management – Average speed of answer: =30 seconds\*\*
2. Care Management – Telephone abandonment rate =5%

\*\*Measures refer to a live, non-recorded voice.

F. **Specialist Services Appointment Access:**

Using the third next available appointment methodology, various High Volume Specialists selected annually will be surveyed for:

1. Long appointment: within 5 calendar days.  
*Defined as a consultation or new patient visit*
2. Short appointment: within 5 calendar days.  
*Defined as a follow-up appointment*

IV. **Office Hours/Office Wait Time:**

- A. NHP/NHIC requires health care practitioners to have office hours that accommodate the needs of NHP/NHIC members. These hours should be clearly posted and communicated to members.
- B. Members have a right to receive timely treatment without unreasonable delays waiting for the practitioner, either in the examination room or the waiting room. However, because of the unpredictable nature of health care needs, delays are sometimes unavoidable.
- C. Members can expect the courtesy of being informed when waiting time is anticipated to be more than 30 minutes. Alternatives to waiting should be offered, as appropriate.
- D. NHP/NHIC requires practitioners to be readily accessible by telephone. NHP/NHIC members have the right to expect courteous and prompt service when contacting their practitioner for appointments or for general information. When communicating about a medical condition, they will speak with an individual with training appropriate to address

their needs. Response to patient telephone calls will be prompt and reliable:

1. All phones will be answered within 30 seconds of the first ring.
2. Emergency Care calls, weekdays or after-hours, will be dealt with immediately.
3. Urgent Care calls, weekdays or after-hours, will be responded to within 30 minutes
4. Routine Care calls will be returned by the end of the day, unless other arrangements are made with the patient
5. For offices with electronic measurements, call abandonment rate will be less than 5%. If such measurement is not available, very good or excellent satisfaction with access to the office by telephone will be maintained as measured by surveys to be performed by NHP/NHIC.

V. **MONITORING OF STANDARDS:**

- A. Practitioner Access Standards will be monitored on a regular basis using the following tools:
  1. PCP Appointment Access Survey - annually
  2. Specialist Appointment Access Survey – annually
  3. Behavioral Health Appointment Access Survey - annually
  4. PCP After Hours Telephone Survey - annually
  5. Access complaints data analysis - quarterly
  6. Member satisfaction survey data analysis – annually
  7. Customer Service telephone indicators – quarterly
  8. Behavioral Health telephone indicators – quarterly
  9. Care Management telephone indicators – quarterly
- B. A multidisciplinary team will do analysis of the collected data at least annually.
- C. Results of the quarterly and annual surveys and rates are monitored and reported to Quality Management Committee (QMC) as they are obtained.

- D. Practitioners or sites with identified opportunities for improvement will be contacted in a timely manner regarding the survey results, and a follow-up measurement may be scheduled.
- E. Performance not meeting these standards, with failure to make significant progress in meeting standards, may result in one or more of the following actions:
  - 1. Closing of primary care panels
  - 2. Contracting with additional practitioners, if needed
  - 3. Adverse credentialing or contracting decisions in cases of persistent failure to make progress toward meeting standards