TIMELY ACCESS TO CARE

PROVIDER EDUCATION SERIES

INTRODUCTION

CareSource® members rely on us and our provider partners to deliver the *right care* at the *right time*.

That means it needs to be *timely*.

Access & Availability Audit

***Are members able* to access their provider as soon as needed?**

CAHPS®[1] Survey

***Do members feel* they can access care from their providers as soon as needed?**

1. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. For Marketplace the CAHPS survey is incorporated in CMS's Qualified Health Plan Enrollee Experience (QHPEE) Survey.
CAHPS® is a registered trademark for the Agency of Healthcare Research and Quality (AHRQ).

OBJECTIVES

1

Understand the ‘big picture’ of how CareSource measures timely access to care through the Access & Availability Audit and the CAHPS Survey.

What is it?
Why is it important?
How does it work?
How is it measured?

2

Build foundational knowledge so that our provider partners will have the education and support needed to ensure their CareSource patients receive timely access to care.

Access Standards
CAHPS Questions
Tips to Success
Quality Patient Experience Guide

ACCESS & AVAILABILITY AUDIT

BACKGROUND & METHODOLOGY

To ensure regulatory and accreditation compliance, CareSource must monitor and track our contracted providers' ability to deliver timely access to care for their CareSource patients.

The National Committee for Quality Assurance (NCQA) and state regulators developed access to care standards that CareSource must abide by as an operating health plan.

The Access & Availability Audit enables CareSource to confirm our providers are meeting these standards. If a provider fails to meet a standard, CareSource supports improvement efforts through a partnership to remove barriers to care.

PURPOSE

Improve CareSource patients' ability to access their provider as soon as needed.

OBJECTIVE

Identify gaps in timely access to care so that we can work with providers to reduce barriers.

DATA COLLECTION PROCESS

CareSource contracts with a third-party research company to conduct the audit to ensure the results are free from bias and accurately identify access barriers.

1. CareSource sends the vendor a list of eligible primary care (PCP) and specialist providers.
2. The vendor cleans the list by removing duplicate providers using phone number matching.
3. Specialty group quotas are set to produce a statistically valid sample.
4. Providers are randomly selected.
5. Auditors make up to 3 phone call attempts using an approved script.

TIMING

4X/year
(Quarterly)
Allows providers/CareSource the chance to improve scores within the same year. Providers who fail have six months to improve before re-auditing.

Why is the Access & Availability Audit important?

The audit informs CareSource's ability to maintain healthcare access and availability standards for our members, fulfill network requirements, identify potential gaps and work toward their resolution.

REGULATORY REQUIREMENTS

CareSource is required to meet standards set by state and contract requirements and follow protocol set by agencies such as NCQA.

PATIENT EXPERIENCE & SATISFACTION

Monitoring access to care through the audit helps ensure CareSource patients have a positive healthcare experience which will likely be reflected in the CAHPS survey.

IMPROVE PATIENT HEALTH OUTCOMES

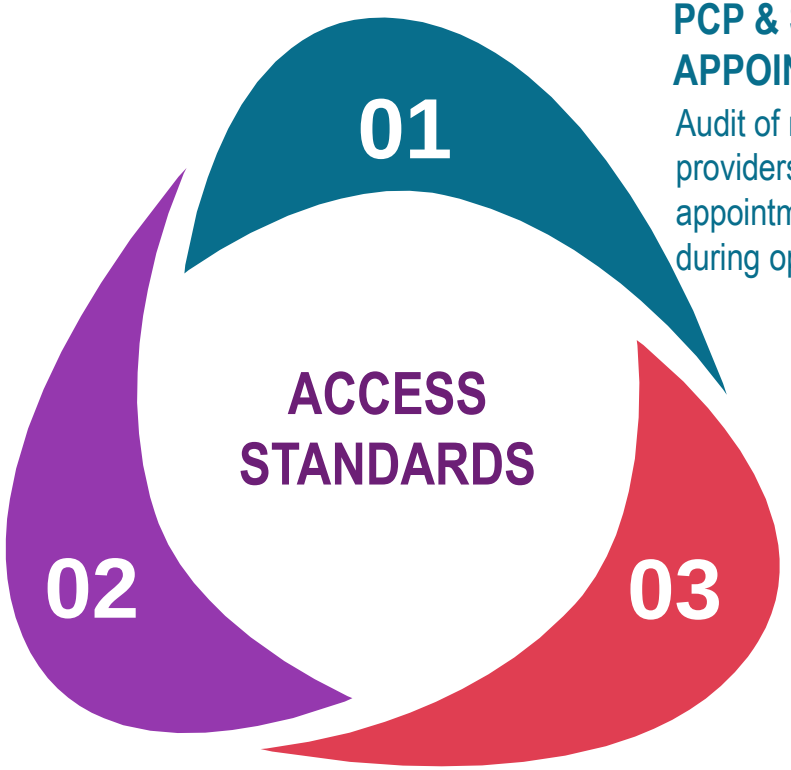
Monitoring access to care through the audit helps to ensure patients are getting the appropriate care as soon as needed.

REDUCE UNNECESSARY EMERGENCY DEPARTMENT (ED) VISITS

Ensuring standards are met, and following the audit protocol, helps inform patients where they should go to receive the level of care they need.

What is the Access & Availability Audit?

The audit measures three sets of access standards



PCP & SPECIALIST APPOINTMENT AVAILABILITY

Audit of randomly selected PCP and specialist providers' availability to schedule a timely appointment when a CareSource patient calls during operating hours.

BEHAVIORAL HEALTH APPOINTMENT AVAILABILITY

Audit of randomly selected behavioral health prescribing and non-prescribing providers' availability to schedule a timely appointment when a CareSource patient calls during operating hours.

PCP AFTER HOURS AVAILABILITY

Audit of randomly selected PCP providers' availability when a CareSource patient calls outside of operating hours.

Access & Availability Audit questions by standard type are available in the appendix.

OHIO ACCESS STANDARDS

		APPOINTMENT TYPE	MARKETPLACE, MYCARE DUAL SPECIAL NEEDS (D-SNP)	MEDICAID
01 PCP & SPECIALIST APPOINTMENT AVAILABILITY	PCP	Regular/Routine Care	6 Weeks	6 Weeks
		Non-Urgent Sick Primary Care	N/A	3 Calendar Days
		Urgent Needs	48 Hours	4 Hours
		Emergency Needs	Seen Immediately	Seen Immediately
	NON-PCP/ SPECIALIST	Regular/Routine Care	12 Weeks	6 Weeks
		Urgent Needs	48 Hours	48 Hours
		Emergency Needs	Seen Immediately	Seen Immediately
	OB/GYN	First of 2nd Trimester	N/A	7 Calendar Days
		2nd Trimester Follow-up	N/A	14 Calendar Days
		3rd Trimester or High Risk	N/A	3 Calendar Days
	DENTAL	Regular/Routine Care	6 Weeks	6 Weeks
		Urgent Needs	48 Hours	48 Hours
02 BEHAVIORAL HEALTH APPOINTMENT AVAILABILITY	PRESCRIBING & NON-PRESCRIBING	Regular/Routine Care	10 Business Days	10 Business Days
		Follow-up Routine Care	30 Calendar Days	30 Calendar Days
		Urgent Needs	48 Hours	4 Hours
		Non-Life-Threatening Emergency	Not to Exceed 6 Hours	Not to Exceed 6 Hours
		Emergency Needs	Seen Immediately	Seen Immediately
03 PCP AFTER HOURS AVAILABILITY	PCP & BACK-UP PROVIDER	Telephone Access	24 Hours 7 Days/Week	24 Hours 7 Days/Week
		Must provide 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a recorded message used after hours, patients should be given the means to contact their PCP or a back-up provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to the PCP or back-up provider, and only recommends emergency room use for after hours.		

Access & Availability Audit questions by standard type are available in the appendix.

MARKET OUTREACH

Providers who pass the audit are considered compliant. No outreach will occur.

Providers who fail are considered non-compliant. They will receive notification from a CareSource representative notifying them of their results and the specific measures that need improvement.

These providers will be re-audited after six months (two quarters) to give time to implement improvements. The CareSource Health Partner (HP) team will work with these providers to develop and implement an improvement plan.

What can I do to prepare for the audit?

ENSURE YOUR UNDERSTANDING OF THE ACCESS & AVAILABILITY AUDIT

Prepare by keeping staff at your practice up-to-date with the audit format and purpose, including what it is and why CareSource conducts it. Make sure everyone understands what happens if you fail and how CareSource will work with you so that you have the tools and resources to improve.

KEEP YOUR INFORMATION CURRENT

Advanced notice of status changes, such as a change in address or phone, or when adding or removing a provider from your practice, helps CareSource maintain current records which is critical for accurate claims processing. Additionally, it ensures CareSource's directory is up to date and reduces unnecessary calls. Ensure your understanding of how to submit changes and consider having a process in place to regularly check your status to be sure your information is up-to-date.

KNOW THE ACCESS STANDARDS AND WHERE TO FIND THEM

Access standards are available in this training, on **CareSource.com** > Improving Quality Scores, in the provider manual and in your contract with CareSource. Consider posting a copy of these standards in your office and display where it is easy to reference throughout the day.

CHECK-IN REGULARLY WITH YOUR CARESOURCE HP REP TO GET THE SUPPORT YOU NEED

Talk to your CareSource representative about your timely access procedures. Review known barriers and ask for support. We want to help you succeed!

COMMON A&A BARRIERS/QUESTIONS

Regular/Routine Care Appointments

Barrier/Question:	*Tips to Improve:*
The doctor in my practice has limited availability during the week (e.g., 2 days/week) or is unable to meet the timeframes in the standards.	It is acceptable to schedule the patient with another provider in your practice to meet the standard requirement. If your practice has telehealth capabilities, inform the patient of this option as it is also acceptable for meeting the standard.
The doctor is no longer with my practice.	This is an example of the importance of having your information up-to-date to avoid unnecessary audit calls. The next slide in this training explains how to update your practice information. You may contact your HP rep if you need assistance.
Closure during the holidays causes delays in meeting timeframes.	Standard timeframes are required even during holidays. Consider partnering with another provider office to serve as a back-up for when your office closes.

Urgent Care Appointments

Barrier/Question:	*Tips to Improve:*
The practice is unable to meet the timeframes in the standards.	Consider evaluating ways to build in more flexibility within your daily schedule to accommodate urgent care needs.
What is the definition of an urgent care visit?	An appointment for services that require prompt attention and necessary care for unexpected illness or injury.
We have walk-in hours. Will this pass the standard?	Yes, walk-in hours are acceptable for urgent care.
What should we do to meet the standard if we are closed on Fridays?	It is acceptable to meet the standard if you can see the patient on the next business day.

Emergency Care Appointments

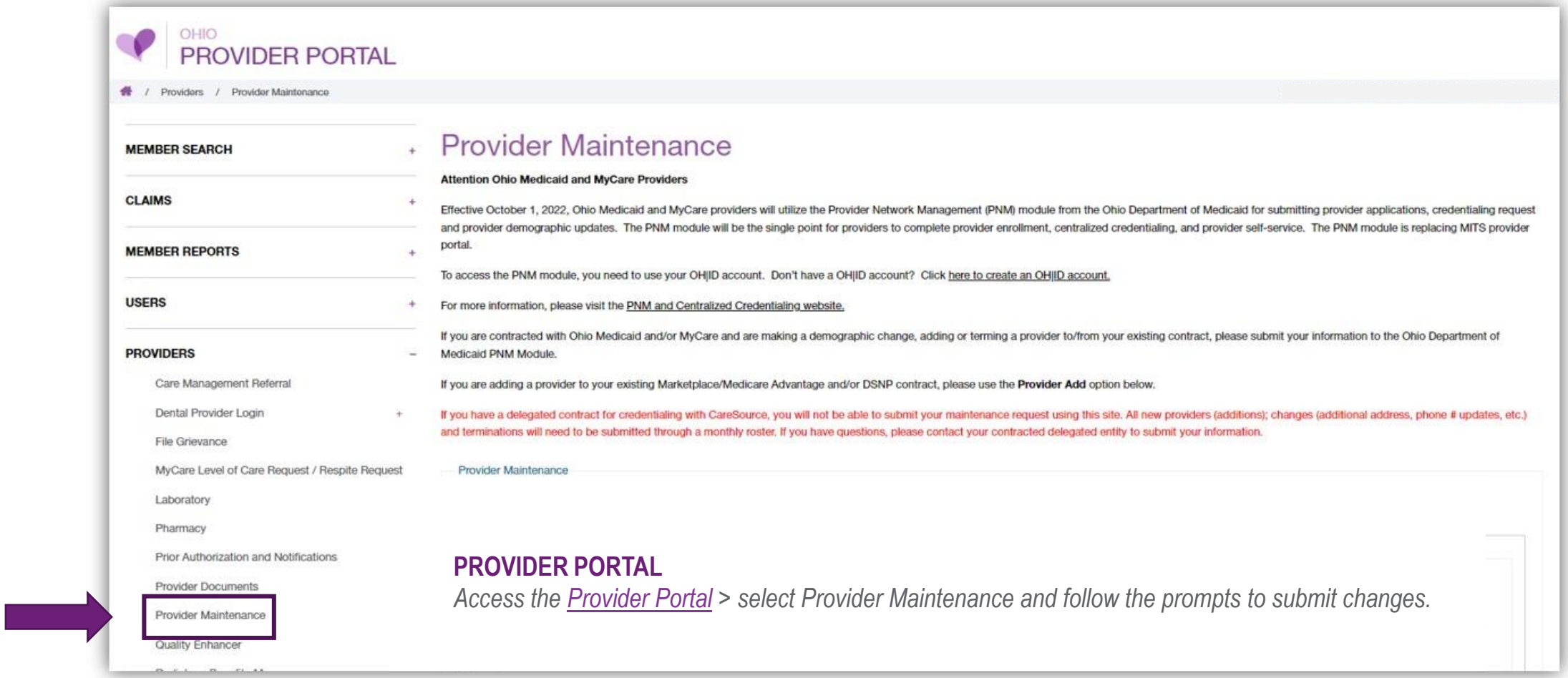
Barrier/Question:	*Tips to Improve:*
My practice is unable to meet the timeframes in the standards.	It is acceptable to advise the patient to go to an urgent care facility as this will meet the standard.
My office staff cannot advise how to treat an emergency.	Offering to triage the patient is considered a passing response. This would include asking the patient to stay on the line to be connected to an on-call provider.

After Hours Access

Barrier/Question:	*Tips to Improve:*
How did my practice fail both the live person and auto-attendant measures?	This will happen if the call is initially picked up by an auto-attendant, then transferred to a live person. If the messaging service prompts to transfer to a live person, the auditor will pursue that option. This results in both the live person and auto-attendant scripts to be followed and responses recorded for both.
Our office is small and not able to provide after-hours access to a provider.	It is acceptable to include a number to reach an on-call provider, but your practice doesn't have to be open for operation after office hours.
Why did I fail if my office has an auto-attendant in place and offers a way to reach the provider after hours as well as emergency directions?	It is possible that your recording was not working properly when the audit was conducted. Check your after-hours number to confirm it is working currently and correct the recording if there is an error.

HOW TO SUBMIT PROVIDER INFO CHANGES

Use the Provider Maintenance Form on the Provider Portal to submit information changes



PROVIDER PORTAL

Access the Provider Portal > select Provider Maintenance and follow the prompts to submit changes.

CAHPS SURVEY

What is CAHPS® ?

It is a *survey* taken by CareSource members and developed by AHRQ[1] that CMS[2] and NCQA[3] use as part of the criteria for measuring the quality of Health Plans.[4]

Consumer Assessment of Healthcare Providers & Systems

Medicaid CAHPS

CAHPS for Medicare is called

MCAHPS

D-SNP & MyCare

CAHPS for Marketplace is called

QHPEE

Qualified Health Plan Enrollee Experience

Generally fields annually Feb – June

Members randomly selected & answers kept anonymous

Required mixed method protocol sent by certified vendor, SPH

Members rate:

- *CareSource*
- *Their access to care*
- *Their providers*
- *And more*

1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)
2 Center for Medicare and Medicaid Services (CMS) requires MCAHPS and QHP surveys for Stars
3 National Committee for Quality Assurance (NCQA) requires the HEDIS CAHPS survey for Medicaid
4 Surveys used to meet other requirements such as state contracts and reporting, AQAs, quality assessments, etc.

Why is CAHPS Important?

★—★★★★★ ***Ratings*** **represent the** ***Quality*** **of our Plan!**

Our members' voices make up 1/3 of our Global Stars Rating through the CAHPS survey!*

CAHPS weighs into Health Plan Stars Ratings

The ***National Standard*** for representing the quality of Medicaid, Medicare and Marketplace plans.

State Contracts, NCQA and CMS require CareSource to administer the CAHPS survey, report the data and to implement improvement strategies.

We can't do it without you!

Our members – your CareSource patients – count on our partnership to meet their health care needs. Together, we can make a difference in the perceived quality of care for those we serve.

40% or more of the questions on the CAHPS survey are about interactions specifically between the patient and their provider. This means ***YOU*** make a ***BIG impact*** on the results of the survey and our health plan scores.

*Varies by plan

How does CAHPS relate to Timely Access to Care?

There are two sets of questions in the CAHPS survey that relate to Timely Access to Care

Getting Needed Care

CareSoure members are asked:

1. *In the last 6 months, how often was it **easy to get** the care, tests or treatment you needed?*
2. *In the last 6 months, how often did you **get an appointment to see a specialist as soon as you needed**?*

Respondents have the option of answering:
Never I Sometimes I Usually I Always

Getting Appointments & Care Quickly

CareSoure members are asked:

1. *In the last 6 months, when you **needed care right away**, how often **did you get care as soon as you needed**?*
2. *In the last 6 months, how often did you **get an appointment for a check-up or routine care as soon as you needed**?*
3. *Wait time includes time spent in the waiting and exam room. In the last 6 months, how often did you **see the person you came to see within 15 minutes of your appointment time**?*

Respondents have the option of answering:
Never I Sometimes I Usually I Always

Favorable Response

How can I make a difference in CAHPS?

The quality of care our providers deliver to our members makes a big impact on our CAHPS results and this includes timely access to care. We created the Quality Patient Experience Guide (QPEG) to take a partnership approach in making sure the care we provide to our members – your CareSource patients – is perceived to be easy, timely and of high quality.

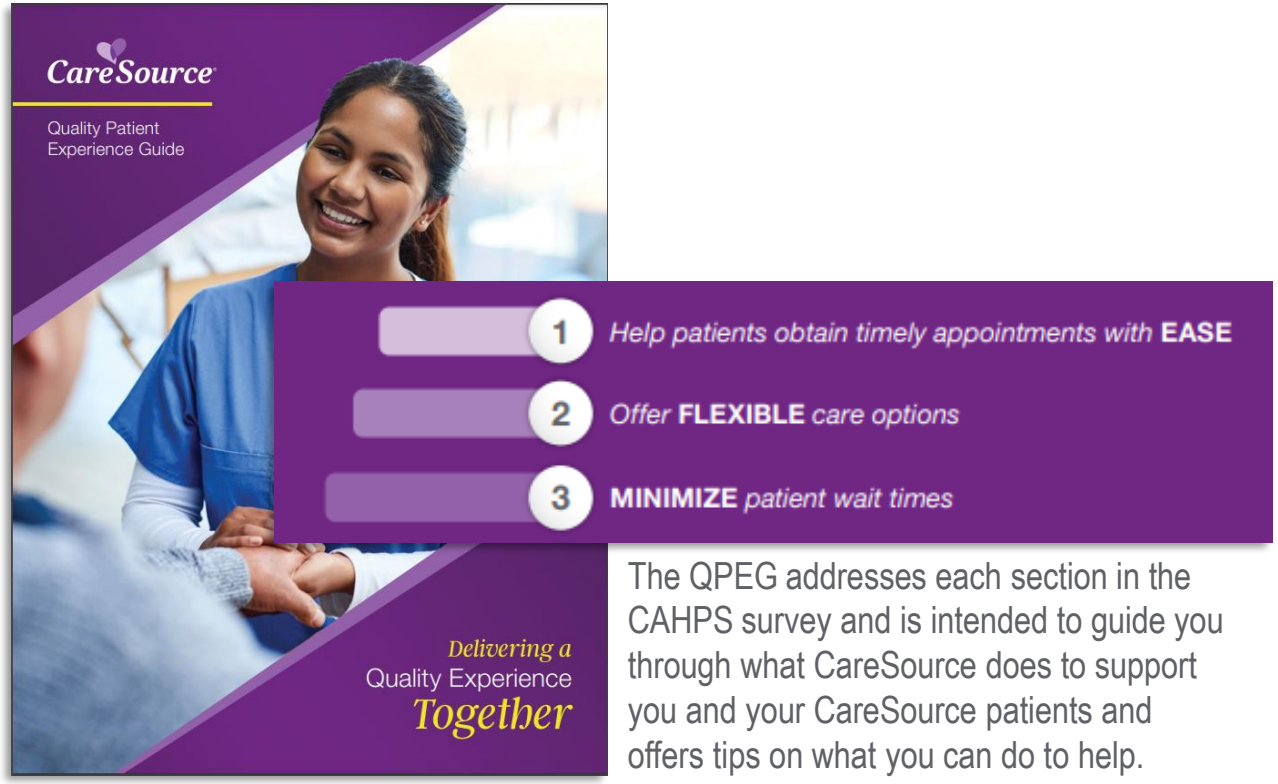
REVIEW THE QPEG WITH YOUR CARESOURCE HP REP

- Your rep can send you an electronic or hard copy.
- Electronic copies are also available on **CareSource.com** > Ohio Quality Patient Experience Guide

ENSURE UNDERSTANDING OF THE ACCESS TO CARE QUESTIONS IN CAHPS

Review the questions and favorable responses for a clear understanding of patient perceptions and experiences related to timely access to care and how it is measured in the CAHPS survey.

Evaluate your standards and procedures to ensure patients are getting routine, specialist and urgent care *as soon as needed* and what you are doing to make it *easy* for patients to get needed care, tests and treatment. **Ask your patients if you are making their care timely and easily accessible.**



The QPEG addresses each section in the CAHPS survey and is intended to guide you through what CareSource does to support you and your CareSource patients and offers tips on what you can do to help.

NOW WHAT?

Please click here to attest to completing the training on Timely Access to Care

WAS THIS TRAINING HELPFUL?

This training material was developed with the goal of collaborating with you to deliver a high standard of care to CareSource patients.

Will you please tell us how we are doing by clicking here to take a short anonymous survey? We will use your feedback to evaluate the effectiveness of this training material for educating our provider partners about Timely Access to Care, and ways we can improve as we develop future resources.

THANK YOU!

APPENDIX

A&A Audit Questions

A&A AUDIT QUESTIONS & PASS/FAIL RESPONSES

01 PCP & NON-PCP/SPECIALIST APPOINTMENT AVAILABILITY

Appointment Type	Question	Response Options PASS	FAIL
Regular/Routine Care	*The provider is required to schedule routine appointments within <INSERT STANDARD> of the patient's request. If a patient calls for a routine visit, would you be able to see them within <INSERT STANDARD>?*	**YES**	**NO**
	Can another CareSource provider within the same office see the patient within <INSERT STANDARD>?	**YES**	**NO**
Non-Urgent Sick Primary Care	*If I needed to make an appointment for a Non-Urgent/Sick primary care visit, would I be able to obtain an appointment within <INSERT STANDARD>?*	**YES**	**NO**
	Can another CareSource provider within the same office see the patient within <INSERT STANDARD>?	**YES**	**NO**
Urgent Needs	*Could I obtain an urgent appointment within <INSERT STANDARD>, meaning within <INSERT # of Business Days>? For example, if I had experienced an asthma attack within the last 24 hours.*	**YES**	**NO**
	If <provider> is unavailable, would I be able to schedule with another provider in the practice in place of <provider>?	**YES**	**NO**
Emergency Needs	*What would you tell a caller with an emergency situation?*	**Hang up and dial 911** **Go to the nearest Emergency Room** **Go to an urgent care center** **Same day appointment/can be seen immediately** *(Correct response is at least one of the above to pass)*	**Stay on the line to be connected to on-call provider** **Leave your name/number, someone will call you back** **Provide another number to contact physician** **Doctor or on-call physician can be paged** **Other (doesn't fit in any above response)** **Don't know** **No answer/refuses**

A&A AUDIT QUESTIONS & PASS/FAIL RESPONSES

01 OB/GYN SPECIALIST APPOINTMENT AVAILABILITY

Appointment Type	Question	Response Options PASS	FAIL
First of 2nd Trimester	*Appointments for pregnant members are required to be made within <INSERT STANDARD> of the member calling. Would you be able to schedule an appointment for a member for a routine visit within <INSERT STANDARD> with provider or another provider within the practice?*	**YES**	**NO**
2nd Trimester Follow-up	*Follow-up appointments for pregnant members are required to be made within <INSERT STANDARD> of the member calling. Would you be able to schedule an appointment for a member for a follow-up appointment within <INSERT STANDARD> or another provider within the practice?*	**YES**	**NO**
3rd Trimester or High Risk	*Appointments for pregnant members in the 3rd trimester or considered high risk are required to be made within <INSERT STANDARD> of the member calling. Would you be able to schedule an appointment for a member for a follow-up appointment within <INSERT STANDARD> or another provider within the practice?*	**YES**	**NO**

A&A AUDIT QUESTIONS & PASS/FAIL RESPONSES

01 DENTAL SPECIALIST APPOINTMENT AVAILABILITY

Appointment Type	Question	Response Options PASS	FAIL
Regular/Routine Care	*The provider is required to schedule routine appointments within <INSERT STANDARD> of the patient's request. If a patient calls for a routine visit, would you be able to see them within <INSERT STANDARD>? Example: teeth cleaning or annual x-ray*	**YES**	**NO or Provider does not offer this service to members**
	Can another CareSource provider within the same office see the patient within <INSERT STANDARD>?	**YES**	**NO**
Urgent Needs	*The Provider is required to schedule urgent care appointments within <INSERT STANDARD> of the patient's request. If a patient calls saying he/she is having severe tooth pain, can you see them the day they called or at least by the next day? Example: severe tooth pain.*	**YES**	**NO or Provider does not offer this service to members**
	Can another CareSource provider within the same office see the patient within <INSERT STANDARD>?	**YES**	**NO**

A&A AUDIT QUESTIONS & PASS/FAIL RESPONSES

02 PRESCRIBING AND NON-PRESCRIBING BEHAVIORAL HEALTH (BH) APPOINTMENT AVAILABILITY

Appointment Type	Question	Response Options PASS	FAIL
Initial Care	*Initial care appointments for new patients are required to be made within <INSERT STANDARD> of the member contacting your group. If a patient calls for a new patient appointment, would you be able to see them within <INSERT STANDARD> including walk-in or telehealth appointments?*	**YES**	**NO or Provider does not offer this service to members**
Follow-up Routine Care	*Follow-up care appointments are required to be made within <INSERT STANDARD> of a previous appointment if medically necessary. If a patient calls for a follow-up appointment, would you be able to see them within <INSERT STANDARD> when medically necessary including walk-in appointments or telehealth, with any BH professional?*	**YES**	**NO or Provider does not offer this service to members**
Urgent Needs	*Urgent care appointments are required to be made within 48 hours of the member contacting your group with a need. If a patient calls in with an urgent care crisis, would you be able to treat them within <INSERT STANDARD> including walk-in or telehealth appointments?*	**YES** **Stay on the line and connect with 911** **Connect with the group's triage line for same-day evaluation by a BH clinician** **Facilitate evaluation at the nearest emergency room** **Facilitate evaluation at a BH Crisis unit** **Facilitate linkage with same day services through a BH Mobile Crisis Line/Team** *(Correct response is at least one of the above to pass)*	**NO**
Non-Life-Threatening Emergency	*Non-life-threatening emergency appointments are required to be made within <INSERT STANDARD> of the member contacting your group in a need. If the patient calls in with a non-life-threatening emergency, would you be able to treat them within <INSERT STANDARD> including walk-in or telehealth appointments?*		
Emergency Needs	*Providers are expected to have standard operating procedures for handling life-threatening emergency service requests. How do you respond to a life-threatening emergency BH situation?*		

A&A AUDIT QUESTIONS & PASS/FAIL RESPONSES

03 PCP AFTER-HOURS AVAILABILITY

Access Type	Question	Response Options PASS	FAIL
Live Person	*If a caller needed to speak with a physician, what ways do you have of reaching <Dr.X> or an on-call physician?*	**Advice nurse or answering service can contact physician** **Physician can be paged** **Physician can be reached at a different number** **This is the physician**	**There is no way to contact physician** **Other reason** **Don't Know**
	Can <Dr. X> or an on-call physician return a call regarding an urgent matter within 20 minutes?	**YES**	**NO** **There's no way to contact the physician** **Don't Know**
	MEDICAID ONLY: *If I wanted to speak with my doctor/the on-call physician in Spanish, would you be able to provide that service?*	**YES**	**Not Sure** **Other**
Recording/Auto-attendant	*Does the recording/auto-attendant provide contact information for after-hours access for the physician or provide a timeframe in which the call will be returned?*	**Yes, gives another phone number or pager to contact physician or an on-call physician** **Yes, leave a message and you will receive a phone call same day** **Yes, leave a message and you will receive a phone call (no specific time given)**	**Yes, leave a message and you will receive a phone call the next business day** **No contact information given** **Other**

PARTNER with *Purpose*

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