

Objective:

- I. To ensure each Tuality Health Alliance (THA) member has an ongoing source of primary care appropriate to the member's needs and a person or entity formally designated as primarily responsible for coordinating the health care services furnished.
- II. To ensure THA plan providers schedule member appointments in a manner appropriate to the reasons for the visit.
- III. To ensure appropriate accessibility of all covered services to THA members including Oregon Health Plan Division of Medical Assistance Programs (DMAP) and Providence Health Plan. Provider offices are encouraged to have a triage system in place to provide access to medical care appropriate to the level of treatment needed. Providers are encouraged to schedule appointments according to guidelines detailed below.

Policy:

- I. THA maintains a network of providers in western Washington County that provide access to services within a 30-60 mile radius. This travel time is limited to approximately 30 minutes or less for primary care or less than 60 minutes for specialty care.
- II. THA staff monitors the provider network monthly to ensure adequate service capacity to provide availability of and timely access to medically appropriate covered services.
 - A. Annually in the beginning of each calendar year, the Provider Relations and Contracting Specialist complete an after-hours audit and an access audit
 1. Noncompliance issues will be forwarded to the THA Medical Services Manager for development of plan
 2. Corrective action plan as directed by the THA Medical Director and/or Quality Management Committee.
 3. Random re-audits during year to monitor for compliance
 - B. THA staff also complete QI monitoring monthly of complaints regarding access. A threshold of 3 complaints in access results in an onsite visit to the provider and completion of the site survey which addresses scheduling, calendaring, access to appointments, etc.
 - C. Continued noncompliance may result in termination from THA.

- III. THA's network provides medically appropriate access to specialists, pharmacies, hospitals, and vision and ancillary services to members. All services are provided in a manner appropriate to the needs of the member including timely access, amount and duration of services. All THA providers deliver the same services to all patients regardless of source of payment.
- IV. Members are encouraged to schedule an initial visit with their Primary Care Provider within four weeks of eligibility with THA.
- V. THA Providers will make best efforts to schedule regular and routine care appointments for members within six weeks of request. A routine visit is defined as preventive or asymptomatic follow-up. Examples include provider-directed or clinic-scheduled follow-up for a stable or chronic condition.
 - A. Appointments may be scheduled Monday - Friday during normal business hours or as offered by the provider.
 - B. Patient may be scheduled via telephone or visit to the Primary Care Physician (PCP) office by contacting the office during business hours.
 - C. If a wait of over 45 minutes from the time of a scheduled appointment is anticipated, members shall be afforded the opportunity to reschedule the appointment. If a member does not keep the scheduled appointment time and arrives more than 15 minutes late without prior notification to the PCP office, then this time frame could increase based upon the patient load that day or the patient may be rescheduled.
 - D. If the provider's office needs to cancel or reschedule the member's appointment, the provider's office will attempt to contact the member to reschedule if there is sufficient time and a telephone number is available.
 - E. It is the responsibility of the PCP to notify THA Case Management when there has been a trend of missed appointments. THA Case Management will provide assistance to providers and members when the member fails to keep scheduled appointments. Case Management intervention may include:
 - 1. Contact with the member to identify barriers as to why appointments were not kept
 - 2. Assistance with timely rescheduling of missed appointments
 - 3. Recall or notification efforts
 - 4. Assistance with transportation or outreach services if missed appointment is due to a disability or diagnosis

- VI. Members with urgent needs are encouraged to be seen within 48 hours or as indicated in initial screening. An urgent need is defined as an unforeseen illness or injury that is severe or painful enough to require treatment within 24 hours, but will not result in loss of life or limb.
 - A. Appointment requests, which are determined to be “urgent”, will be triaged by the appropriate PCP office personnel to determine the patient complaint. A determination of the urgency of the patient need will result in scheduling within 24 hours and/or referral to another alternative setting to allow for immediate treatment.
 - B. The patient may contact the PCP office during normal office hours to be scheduled under the above guidelines.
 - C. After hours the patient may contact the PCP through their medical exchange to advise of an urgent need. The PCP or the on-call representative will determine whether the patient is to be seen in the office the following day; whether to refer the patient to an urgent care setting; or whether to refer the patient to the emergency room.
 - D. For Behavioral Health, the member shall be seen within 48 hours or as indicated in the initial screening or referred to the Crisis line of Washington County Mental Health @ 503-291-9111.

- VII. Members with emergency needs shall be seen immediately or referred to an emergency department. THA may not retroactively deny a claim for an emergency screening examination because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, turned out to be non-emergency in nature.

- VIII. Walk In - Appointment / Scheduling
 - A. Members, through initial member orientation to the plan, will be made aware that availability of walk-in appointments is at the discretion of the primary care provider office policy.
 - B. However, when a walk-in patient presents at their PCP office, with a medical, mental health or dental care need, the patient will be assessed by trained office personnel who will triage the patient need and assess the urgency of the physician/patient appointment within two hours. The patient can be advised to see a mental or dental health provider as appropriate.
 - C. If the member cannot be seen by their designated PCP and is referred to another source of care, information about the visit, treatment and any other

relative information will be returned to the PCP upon completion of the visit and follow-up visit should be scheduled with the designated PCP.

- IX. THA staff will perform routine monitoring of the scheduling of member appointments and after hours access in conjunction with the review of the provider office medical records.
- A. The Provider Relations Representative/Contract Specialist will perform the Office Site/Access Survey according to THA Policy X-5 Site Surveys.
 - B. The THA Provider Relations Representative/Contract Specialist will perform the After Hours Access Survey annually.

Refer: THA Policy I-1 Physician Access Plan
THA policy I-5 After Hours Access
THA Policy I-8 Emergency Services
THA Policy IV-3 Mental Health Services
THA Policy X-5 Site Surveys
OAR 410-141-0220
OAR 410-141-0120
OAR 410-141-0140
CFR 438.206 (b)
CFR 438.208 (b)
NCQA QI 5 Accessibility of Services 2011FCHP 2011-2012 contract Exhibit B
Part II Section 1 b Accessibility

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THA Plan Director

THA Medical Director