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Provider Appointment Availability Survey Measurement Year 2018

Survey Tool



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Survey Tool Introduction

The Department of Managed Health Care created five Survey Scripts to be used in administering the Provider Appointment Availability Survey (PAAS).

The Survey Tool includes the survey script language which must be used in conducting the survey. (Please review the MY 2018 PAAS 2018 Methodology for specifications related to allowable changes to the Survey Tool and eFiling requirements.) Instructions, related to completing specific fields or administering the survey, are in italics. Responses to the survey and compliance calculations must be recorded in the Raw Data Template and submitted to the Department in the health plan's Timely Access Compliance Report.

Online, Email and/or Fax Survey

Please respond to this communication on or before mm/dd/yy; otherwise, we will contact you via phone to take this survey.

Thank you for participating in this online survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This [online/email/fax] survey is designed to help [insert health plan name(s)] better assess enrollee access to provider services. Please respond to this survey no later than five business days of this communication.

[If sending a reminder survey, the health plan should change the requested response time to indicate the amount of time remaining to respond.]

The date and time you respond to the survey is used to calculate appointment wait times. Please indicate the date and time of this response:

Date: (mm/dd/yy)

Time: (hh:mm am/pm) PT

[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm). If the online software or program used to conduct the survey accurately captures the time and date of the response in Pacific Time, this question must be omitted and this data must be used to populate the response date and time in the Raw Data Template. All fax surveys must include this field.]

[Confirm the provider's contact information, including name, address (optional), county, telephone number (optional), and specialty. Health plans may allow the provider to update the contact information during the survey or provide information on how to separately report any updates or corrections to the provider's information. In addition, the health plan should confirm the provider is eligible to take the survey.]

Please indicate whether any of the following items apply to [Provider Name or FQHC] in [County]:

I do not practice in [County];

I am retired or for other reasons am no longer practicing;

I am not [*insert one: a Primary Care Provider, a Cardiologist, an Endocrinologist, a Gastroenterologist, a Psychiatrist, a Non-Physician Mental Health Provider, affiliated with an entity or facility providing MRI services, affiliated with an entity or facility providing Mammogram services, or affiliated with an entity or facility providing Physical Therapy services*];

[Provider Name or FQHC] is not affiliated with the email or fax number that this survey was sent to;

I do not provide [*insert one: Primary Care, Cardiology, Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health Provider, MRI, mammogram, or Physical Therapy*] appointments.

If any of the above items apply, [Provider Name or FQHC] is not eligible to take the survey and the survey is complete. Please submit the survey by *[insert directions to submit the survey (e.g., fax the survey to a specific number or click the submission button)]*. Thank you for your time. If none of the above items apply, please respond to the questions set forth below.

For services provided by [Provider Name or FQHC Name] in [County], please provide a response to the following questions:

Question 1:

Urgent service means health care for a condition, which requires prompt attention, but does not rise to the level of an emergency. When is [Provider Name or FQHC Name]’s next available appointment date and time for urgent services?

[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm) PT or indicate that this appointment type is not applicable and provide a brief explanation.]

[Urgent Appointments are not measured for Ancillary Providers in the MY 2018 PAAS Methodology. Please exclude this question from surveys sent to Ancillary Providers and renumber the questions appropriately.]

Calculation 1:

[Record on the Raw Data Template whether an urgent appointment is available within 48 hours (PCPs) or 96 hours (Specialists Physicians and Non-Physician Mental Health Providers). If NA, insert the explanation in the "Comment 1" field of the Raw Data Template.]

Question 2:

When is [Provider Name or FQHC Name]’s next available appointment date and time for non-urgent services?

[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm) PT or indicate that this appointment type is not applicable and provide a brief explanation.]

Calculation 2:

[Record on the Raw Data Template whether a non-urgent appointment is available within 15 business days (calculated as 21 calendar days) for Specialists Physicians and Ancillary Providers or within 10 business days (calculated as 14 calendar days) for PCPs and Non-Physician Mental Health Providers.¹ If NA, insert the explanation in the "Comment 2" field of the Raw Data Template. If the provider does not offer urgent and non-urgent appointments, this provider is ineligible to take the survey.]

This concludes our survey. [Insert directions to submit the survey.] Thank you very much for your time. Have a nice day.

¹ When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends and holidays must be included when calculating calendar days.

Primary Care Physicians and Provider (PCP) Survey Script

Date Survey Completed: _____ [mm/dd/yy]
Time Survey Completed: _____ [hh:mm am/pm] PT
Provider First Name: _____
Provider Last Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Provider Survey Type: _____ Primary Care Provider (PCP)
Specialty / Subspecialty: _____
Address: _____ [Optional to validate]
County of this Office Location: _____
Provider Group/IPA/Medical Group Affiliation: _____
Network(s): _____

Introduction:

"Hello. My name is [Say Name]. I am calling on behalf of [health plan(s)] to conduct an appointment availability survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes and includes no more than [two] questions.² Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider's Name or Name of the FQHC]?"

If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. The responder may need a physical address to respond to the survey. If so, please ensure that the surveyor has access to the provider's address located within the appropriate county; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

If the provider is no longer affiliated with the office, provider group, or plan, mark the provider as ineligible for the survey, then move on to the next provider in the oversample list to ensure target sample sizes are met. In addition, if the provider does

² *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey and number of questions as appropriate.*

not respond or declines to respond to one or more questions, please move to the next provider in the oversample list. (For more information, see Step 8 of the Methodology, under the headings "Replacements" and "Non-Responders.")

Surveyor Notes

- If the provider reports that the wait time depends upon whether the patient is a new or existing patient, request the dates for both and use the earlier date (shorter duration time).
- If the provider reports that patients are served on a walk-in or same day basis, ask the provider to confirm that walk-in slots are available later that same day and, if so, enter the date and approximate time that a patient walking in at the time of the call would be seen. A confirmed slot for later that date is compliant.

Question 1:

“Urgent service means health care for a condition, which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or at the FQHC] for urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer urgent appointments.

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 48 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- Mark “Y” to indicate yes, there is an available urgent appointment within 48 hours. (Go to Question 2)
- Mark “N” to indicate no, there is no available urgent appointment within 48 hours. (Go to Question 2)
- Mark “NA” to indicate that this question is not applicable, because this provider does not offer non-urgent appointments. (Go to Question 2)

Question 2:

“When is the next available appointment date and time with [Provider Name or at the FQHC] for non-urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer non-urgent appointments.

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 10 business days (14 calendar days) of your request.³ Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- Mark "Y" to indicate yes, there is an available non-urgent appointment within 10 business days. (Conclude Survey)
- Mark "N" to indicate no, there is no available non-urgent appointment within 10 business days. (Conclude Survey)
- Mark "NA" to indicate that this question is not applicable, because this provider does not offer non-urgent appointments. (If the provider does not offer urgent and non-urgent appointments, this provider is ineligible to take the survey. Conclude survey.)

"This concludes our survey. Thank you very much for your time. Have a nice day."

³ When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends and holidays must be included when calculating calendar days.

Specialty Care Physicians Survey Script

Date Survey Completed: _____ [mm/dd/yy]

Time Survey Completed: _____ [hh:mm am/pm] PT

Provider First Name: _____

Provider Last Name: _____

Person Spoken to: _____

Health plan creating survey data: _____

Name of individual conducting survey: _____

Provider Survey Type:

_____ Specialist Physicians Combined

_____ Psychiatry

Appointment Type:

_____ Cardiology

_____ Endocrinology

_____ Gastroenterology

_____ Psychiatry

Specialty / Subspecialty: _____

Address: _____ [Optional to validate]

County of this Office Location: _____

Provider Group/IPA/Medical Group Affiliation: _____

Network(s): _____

Introduction:

"Hello. My name is [Say Name]. I am calling on behalf of [health plan(s)] to conduct an appointment availability survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes and includes no more than [two] questions.⁴ Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider's Name or Name of the FQHC]?"

If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

⁴ If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey and number of questions as appropriate.

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. The responder may need a physical address to respond to the survey. If so, please ensure that the surveyor has access to the provider's address located within the appropriate county; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

If the provider is no longer affiliated with the office, provider group, or plan, mark the provider as ineligible for the survey, then move on to the next provider in the oversample list to ensure target sample sizes are met. In addition, if the provider does not respond or declines to respond to one or more questions, please move to the next provider in the oversample list. (For more information, see Step 8 of the Methodology, under the headings "Replacements" and "Non-Responders.")

Surveyor Notes

- If the provider reports that the wait time depends upon whether the patient is a new or existing patient, request the dates for both and use the earlier date (shorter duration time).*
- If the provider reports that patients are served on a walk-in or same day basis, ask the provider to confirm that walk-in slots are available later that same day and, if so, enter the date and approximate time that a patient walking in at the time of the call would be seen. A confirmed slot for later that date is compliant.*

Question 1:

“Urgent service means health care for a condition, which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or Name of the FQHC] for urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer urgent appointments.

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 96 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- Mark “Y” to indicate yes, there is an available urgent appointment within 96 hours. (Go to Question 2)*
- Mark “N” to indicate no, there is no available urgent appointment within 96 hours. (Go to Question 2)*

- Mark “NA” to indicate that this question is not applicable, because this provider does not offer urgent appointments. (Go to Question 2)

Question 2:

“When is the next available appointment date and time with [Provider Name or Name of the FQHC] for non-urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer non-urgent appointments.

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 15 business days (21 calendar days) of your request.⁵ Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- Mark “Y” to indicate yes, there is an available non-urgent appointment within 15 business days. (Conclude Survey)
- Mark “N” to indicate no, there is no available non-urgent appointment within 15 business days. (Conclude Survey)
- Mark “NA” to indicate that this question is not applicable, because this provider does not offer non-urgent appointments. (If the provider does not offer urgent and non-urgent appointments, this provider is ineligible to take the survey. Conclude survey.)

“This concludes our survey. Thank you very much for your time. Have a nice day.”

⁵ When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends and holidays must be included when calculating calendar days.

Non-Physician Mental Health Providers (NPMH) Survey Script

Date Survey Completed: _____ [mm/dd/yy]
Time Survey Completed: _____ [hh:mm am/pm] PT
Provider First Name: _____
Provider Last Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Provider Survey Type: _____ Non-Physician Mental Health Provider (NPMH)
License Type: _____
Address: _____ [Optional to validate]
County of this Office Location: _____
Provider Group/IPA/Medical Group Affiliation: _____
Network(s): _____

Introduction:

"Hello. My name is [Say Name]. I am calling on behalf of [health plan(s)] to conduct an appointment availability survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes and includes no more than [two] questions.⁶ Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider's Name or Name of the FQHC]?"

If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. The responder may need a physical address to respond to the survey. If so, please ensure that the surveyor has access to the provider's address located within the appropriate county; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

⁶ *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey and number of questions as appropriate.*

If the provider is no longer affiliated with the office, provider group, or plan, mark the provider as ineligible for the survey, then move on to the next provider in the oversample list to ensure target sample sizes are met. In addition, if the provider does not respond or declines to respond to one or more questions, please move to the next provider in the oversample list. (For more information, see Step 8 of the Methodology, under the headings "Replacements" and "Non-Responders.")

Surveyor Notes

- If the provider reports that the wait time would depend upon whether the patient is a new or existing patient, request the dates for both and use the earlier date (shorter duration time).

- If the provider reports that patients are served on a walk-in or same day basis, ask the provider to confirm that walk-in slots are available later that same day and, if so, enter the date and approximate time that a patient walking in at the time of the call would be seen. A confirmed slot for later that date is compliant:

Question 1:

“Urgent service means health care for a condition, which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or Name of FQHC] for urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer urgent appointments.

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 96 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- Mark “Y” to indicate yes, there is an available urgent appointment within 96 hours. (Go to Question 2)
- Mark “N” to indicate no, there is no available urgent appointment within 96 hours. (Go to Question 2)
- Mark “NA” to indicate that this question is not applicable, because this provider does not offer urgent appointments. (Go to Question 2)

Question 2:

“When is the next available appointment date and time with [Provider Name or Name of FQHC] for non-urgent services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer non-urgent appointments.

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 10 business days (14 calendar days) of your request.⁷ Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- *Mark “Y” to indicate yes, there is an available non-urgent appointment within 10 business days. (Conclude Survey)*
- *Mark “N” to indicate no, there is no available non-urgent appointment within 10 business days. (Conclude Survey)*
- *Mark “NA” to indicate that this question is not applicable, because this provider does not offer non-urgent appointments. (If the provider does not offer urgent and non-urgent appointments, this provider is ineligible to take the survey. Conclude survey.)*

“This concludes our survey. Thank you very much for your time. Have a nice day.”

⁷ *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends and holidays must be included when calculating calendar days.*

Ancillary Providers Survey Script

Date Survey Completed: _____ [mm/dd/yy]
Time Survey Completed: _____ [hh:mm am/pm] PT
Provider First Name: _____
Provider Last Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Specialty / Subspecialty: _____
Provider Survey Type:
 _____ MRI
 _____ Mammogram
 _____ Physical Therapy
Address: _____ [Optional to validate]
County of this Office Location: _____
Provider Group/IPA/Medical Group Affiliation: _____
Network(s): _____

Introduction:

"Hello. My name is [Say Name]. I am calling on behalf of [health plan(s)] to conduct an appointment availability survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes and includes no more than [one] question[s].⁸ Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider's Name or Name of the FQHC]?"

If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. The responder may need a physical address to respond to the survey. If so, please ensure that the surveyor has access to the provider's address located within the appropriate county; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

⁸ *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey and number of questions as appropriate.*

If the provider is no longer affiliated with the office, provider group, or plan, mark the provider as ineligible for the survey, then move on to the next provider in the oversample list to ensure target sample sizes are met. In addition, if the provider does not respond or declines to respond to one or more questions, please move to the next provider in the oversample list. (For more information, see Step 8 of the Methodology, under the headings "Replacements" and "Non-Responders.")

Surveyor Notes

• *If the provider reports that the wait time would depend upon whether the patient is a new or existing patient, request the dates for both and use the earlier date (shorter duration time).*

• *If the provider reports that patients are served on a walk-in or same day basis, ask the provider to confirm that walk-in slots are available later that same day and, if so, enter the date and approximate time that a patient walking in at the time of the call would be seen. A confirmed slot for later that date is compliant.*

Question 1:

“When is the next available appointment date and time with [Provider Facility or Entity Name or Name of the FQHC] for non-urgent [MRI, Mammogram, or Physical Therapy] services?”

Date: mm/dd/yy

Time: hh:mm am/pm PT

_____ Not applicable, this provider does not offer non-urgent appointments.

Calculation 1:

Calculate whether the appointment date and time in Question 1 is available within 15 business days (21 calendar days) of your request.⁹ Indicate in the Raw Data Template whether the appointment is available within the appropriate timeframe:

- *Mark “Y” to indicate yes, there is an available non-urgent appointment within 15 business days. (Conclude Survey)*
- *Mark “N” to indicate no, there is no available non-urgent appointment within 15 business days. (Conclude Survey)*
- *Mark “NA” to indicate that this question is not applicable, because this provider does not offer non-urgent appointments. (If the provider does not offer urgent or non-urgent appointments, this provider is ineligible to take the survey. Conclude survey.)*

“This concludes our survey. Thank you very much for your time. Have a nice day.”

⁹ When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends and holidays are included in calculating calendar days.