

DMHC Provider Appointment Availability Survey Clarifications

Measurement Year 2016

Clarification Issued March 1, 2017

The ancillary provider Results Template, issued on March 31, 2017, contains fields for urgent appointments. The Survey Tool did not require plans to request this information. Therefore, for all urgent appointment fields (columns L-Q), enter “N/A” on the ancillary provider Results Template. Plans must still report data for non-urgent appointments (columns R-T) in the ancillary provider Results Template.

Clarifications Issued February 24, 2017

1. The DMHC provides the following guidance for measurement year 2016 with respect to allocating responses to items for urgent appointments, deemed non-compliant due to a provider’s failure to respond to one or more items. (This clarification is intended to be similar to the allocation method for non-responders used for measurement year 2015.)

The DMHC’s Provider Appointment Availability Survey (“PAAS”) Methodology for measurement year 2016 states:

Note: If a provider refuses to participate, that provider may not be replaced and must be recorded as non-compliant for each survey item. (See below for additional response options for providers that decline to respond at the time of the call but are willing to respond at a later time).

Non-responders should be recorded as non-compliant for each survey item they should have answered. To determine if a non-responder should have responded to the 48-hour appointment standard for urgent appointments that do not require prior authorization or the 96-hour appointment standard for urgent appointments that require prior authorization, the health plan should determine whether prior authorization is *always*, *never* or *sometimes* required by the health plan for each provider type.

- a. If a health plan always requires prior authorizations for urgent appointments with that provider type, then the health plan should answer “NA” for the survey item regarding urgent appointments that do not require prior authorization (48-hour standard) for all providers, including the non-responders. The health plan should indicate that the provider is not compliant for both survey items, urgent appointments that require prior authorization (96-hour appointment standard) and non-urgent appointments.

- b. If a health plan never requires prior authorizations for urgent appointments with that provider type, then the health plan should answer “NA” for the survey item regarding urgent appointments requiring prior authorizations for all providers (96-hour appointment standard), including the non-responders. The health plan should indicate that the provider is not compliant for both survey items, urgent appointments that do not require prior authorization (48-hour standard) and non-urgent appointments.
- c. If a health plan sometimes requires a prior authorization for urgent appointments with that provider type, the health plan should allocate non-responders in the same manner as responding providers of that type. The health plan should analyze the results for the responding providers and allocate the responses based on the proportion of providers that require prior authorization and those that do not require prior authorization.

For example, if 50% of responding specialist providers answered only the questions related to urgent appointments that require prior authorization (96-hour appointment standard), 30% answered only the questions related to urgent appointments that do not require prior authorization (48-hour appointment standard), and 20% answered both questions, then the non-responders should be allocated using the same proportions. The health plan should also indicate that the provider is not compliant for the survey item regarding non-urgent appointments.

Health plans that utilize a vendor completing the survey questions for multiple health plans may allocate the non-responders based on an overall allocation of all providers of that type responding to the vendor.

- 2. The DMHC provides the following guidance for health plans using Option 3 (online survey issued to 100% of all mental health providers with an email address), set forth in the Mental Health Provider Addendum to the Provider Appointment Availability Survey (“PAAS”) Methodology:
 - a. Do not include non-responders when calculating the “Number of Providers Responded” or deem non-responders non-compliant when calculating the rate of compliance. (See the instructions set forth on P. 22, Option 3, Mental Health Provider Addendum, MY 2016, PAAS Methodology, stating, “In the online survey option, providers that do not respond should not be counted as non-compliant.”)
 - b. Indicate “N/A” for the “Target Survey Sample Size” and “Target Survey Sample Size Achieved” fields in the Survey Results template.

- c. Indicate “N/A” for the “Person spoken to” field in the Raw Data template.

Clarifications Issued on September 29, 2016

Thank you to all of the participants in the Stakeholder meetings. In response to feedback received during and after the Stakeholder meetings the Department is providing clarifications for MY 2016 Timely Access Surveys. If there are any concerns or questions please feel free to contact Deborah Haddad at Deborah.Haddad@dmhc.ca.gov or Melanie.Wayland@dmhc.ca.gov.

Clarifications

1. FQHC are to be treated as a single provider. This includes specialty and mental health services.
2. Referral of a patient to a different provider in a different office (e.g. a separate urgent care center) does not count as the initial surveyed provider providing an appointment.
3. Another provider in the office should be taken to mean in the same physical location as the initial surveyed provider.
4. If a Plan never provides a type of service, such as an urgent appointment requiring pre-authorization, the Plan may report N/A for that item.
5. When completing the Survey Results tabs, please use an N/A (rather than 0%) if an item is not applicable.
6. Online Survey for NPMH- Please note that no sampling is allowed and an email should be sent to all providers for whom the Plan has email addresses. However, each wave may only include a portion of providers, as long as the two waves combined cover all providers for whom the Plan has email addresses. All providers should not be included in both waves, which could result in multiple responses from a single provider.
7. Typographic errors-On the Specialty Care Physicians and Non-Physician Mental Health Providers Survey tool, question 3b, The DMHC will remove the PCP-specific disclaimer. The DMHC will also make replace the word “appointment” which was cut off of the end of some questions on the Survey tool.
8. Compliance rates should be reported as whole numbers.

9. In the near future, the Department will send additional clarification regarding the manner in which non-responding providers should be allocated.