

MANAGED HEALTH CARE PROGRAMS

APPOINTMENT ACCESSIBILITY GUIDELINES

Appointment Accessibility standards for Primary Care Physicians (PCP's), Specialists and Behavioral Health Providers are met when:

- ◆ A member in need of emergency care must be seen on the same day
- ◆ Life threatening emergencies will be triaged for Immediate Care.
- ◆ A member in need of urgent care (illness or injury) should be able to obtain an appointment within 24 hours.
- ◆ A member requiring a non-urgent, symptomatic or initial office visit (regular or routine care) should be able to obtain an appointment within 7 days.
- ◆ A member requiring a complete initial appointment for a physical examination or health assessment (Preventative Care) should be able to obtain an appointment within 28 days.
- ◆ A majority of the time, patient-waiting time for a scheduled appointment should be no more than 15 minutes.

TELEPHONE ACCESSIBILITY GUIDELINES

- ◆ Emergency calls will be answered promptly during office hours and returned promptly after hours by an appropriate health care professional.
- ◆ A member with an acute problem will receive a call back promptly.
- ◆ A member with a non-acute problem will receive a call back within 24 hours.
- ◆ Healthcare providers or an approved associate will be available by phone 24 hours a day, seven days a week.
- ◆ During off-hours, office phones will be forwarded to an answering service, the home of a healthcare provider fielding calls or to an answering machine that provides the member with the number of the healthcare provider, an approved associate or their answering service.

PROVIDER NETWORK

Availability standards for travel time between member's homes/work sites and healthcare provider are met when:

- ◆ At least 90% of the Plan's members will have 2 PCP's within 30 minutes of the member's residence or as required by state. For rural areas, at least 90% of the Plan's members will have one PCP within 60 minutes of the member's residence or as required by state. (For South Dakota, there shall be at least one full time PCP to each 2,500 members).
- ◆ The Plan will maintain a PCP to member ratio of not less than 1:1,000.
- ◆ At least 90% of the Plan's members will have high volume specialists available within 30 minutes of the member's residence (travel distance may vary by specialty) or as required by state. For rural areas, at least 90% of the Plan's members will have high volume specialists available within 60 minutes of the member's residence or as required by state.
- ◆ The Plan will maintain an obstetrical/gynecological to member ratio of not less than 1:5,000 and not less than 1:2,500 for all other high volume specialists, including behavioral health providers or as required by state.
- ◆ At least 90% of the Plan's members will have an acute care hospital, with emergency services, within 30 minutes travel time from member's residence or worksite or as required by state.
- ◆ Tertiary care will be available within 1 hour of member's residence for at least 90% of the Plan's members or as required by state. Examples of tertiary care include neurosurgery,

neonatal intensive care (levels III and IV), extracorporeal shock wave lithotripter. Excluded: organ transplant, burn care.

Exceptions may be made if the usual travel patterns for medical care exceed any of the above standards, i.e. in rural areas.

PROVIDER SELECTION

Standards are maintained to assure quality and continuity of care in selection of PCP's.

- ◆ A PCP may not close his/her panel to new patients without prior notification to the Plan.
- ◆ The PCP shall be required to offer services to a member who is currently an active patient in the PCP's practice, when said member elects to receive services under one of the Company's programs.
- ◆ This guideline is in effect even when the PCP's practice is no longer accepting new patients.
- ◆ The PCP shall be required to offer services to a member who signed up with the PCP prior to the closing of his/her panel.
- ◆ The PCP may decline acceptance of a new member during mid-month selection by a member.

GUIDELINE MONITORING

As part of the Quality Improvement process the Health Network Development staff will annually monitor network provider access and availability to ensure that the sufficiency of its network will meet the health care needs of members for both Primary Care Physicians (PCPs) and specialists, as appropriate.

To monitor compliance with the above guidelines the Health Network Development staff will:

- Review annual results of the Geomapping reports, completed by utilizing industry-standard software, to monitor compliance with the Availability guidelines.
- Review the annual results of the Consumer Assessment of Health Plans Study (CAHPS), a member satisfaction survey, to monitor compliance with the Accessibility guidelines.
- Monitor after-hour telephone accessibility through member complaints and member and/or provider surveys or after hours phone audits to ensure that the Physician or an associate is available 24 hours per day, 7 days per week.

Resolution of Insufficiencies

- ◆ Physicians out of compliance will be monitored until they become compliant.
- ◆ If any insufficiencies are identified through the annual Geomapping review, applications or requests for participation will be sent to non-contracted facilities or providers in the affected service area(s).
- ◆ Geomapping is done if at any time the membership level increases by 10,000 members to ensure network adequacy.
- ◆ The Plan shall monitor and trend any member complaints regarding accessibility and availability of providers by product and will geomap as trends are identified

The Managed Health Care Programs Accessibility and Availability Guidelines will be communicated to providers and are available on the Mutual of Omaha web-site.