



Appointment availability standards

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK).

Agenda

- Timely access standards overview
- Quarterly survey
- Compliant scenarios
- Non-compliant scenarios
- Non-compliant *Corrective Action Plan (CAP)*
- Educational tools

FHK timely access standards

Urgent care



24 hours

Sick care



Seven days

Well care



Four weeks

Quarterly goal: **90%** of compliance

Easy and timely access standards

Appointment type	Appointment standard
Medicaid urgent medical	<ul style="list-style-type: none">• Within 48 hours of a request for care services that does not require prior authorization• Within 96 hours of a request for care services that does require prior authorization
Medicaid non-urgent medical or behavioral healthcare services	<ul style="list-style-type: none">• Within 7 days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment• Within 14 days for initial outpatient behavioral health treatment• Within 30 days of a request for a primary care appointment• Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist

FHK quarterly survey

- Telephonic survey for appointment schedulers.
- Includes the following provider types:
 - Primary care providers — PCPs
 - Specialists — SPECs
 - Behavioral health — BH
- Assess all appointment types (urgent, sick, and well care).
- Includes questions such as:
 - *“How soon can an established patient can be seen for an urgent appointment?” **Please provide date and time***
 - *“How soon can an established patient can be seen for a sick care appointment?” **Please provide date and time***
 - *“How soon can an established patient can be seen for a well care appointment?” **Please provide date and time***
- Appointment schedulers will be asked to provide the next available appointment date for each appointment type.

Agency for Health Care Association (AHCA) quarterly survey

Telephonic survey for appointment schedulers.

- Includes the following provider types:
 - Primary care providers — PCPs and PEDs
 - Pediatric specialists — SPECs
 - Behavioral health — BH

Assess all appointment types (urgent and non-urgent).

- Includes questions such as:
 - “How soon can an established patient be seen for **urgent care**? Assume prior authorization is **not** required.” *Please provide date and time.*
 - “How soon can an established patient be seen for **urgent care** if prior authorization **is** required? Assume you received authorization today. Please provide the soonest available appointment considering alternate providers or locations. *Please provide date and time.*
 - “How soon can a patient can be seen for a follow up appointment after a behavioral health hospitalization? Please provide the soonest available appointment considering alternate providers or locations.” *Please provide date and time.*

Appointment schedulers will be asked to provide the next available appointment date for each appointment type.

Compliant scenarios

- Offering appointments within the required timeframe.
- Offering appointments within the required timeframe through telemedicine/telehealth.
- Offering appointments within the required timeframe with other locations.
- Offering appointments within the required timeframe with other providers.

Non-compliant scenarios

- Offering any appointment exceeding the required timeframe:
 - Urgent care — 25 hours or above
 - Sick care — Eight days or above
 - Well care — Five weeks or above
- Offering ER as an alternative

Non-compliant *Corrective Action Plan (CAP)*

- Non-compliant providers are reported to FHK in a quarterly basis.
- All non-compliant providers are contacted by our Provider Relations representatives to discuss findings and assist the provider office in implementing a corrective action plan to address non-compliance.
- The Provider Relations representative will follow up with the provider within a month to monitor the corrective action plan implementation.
- All non-compliant providers will be re-surveyed in the next wave and as needed until they meet compliance.

Educational tools



Access and availability – Know the difference!



Access:
the ability to receive services in terms of proximity and convenience



Availability:
the extent a service is received within a reasonable waiting time

To ensure members enrolled in Medicaid and Florida Healthy Kids receive care in a timely manner, the state of Florida and the National Committee for Quality Assurance (NCQA) require primary care physicians (PCPs), specialty providers, and behavioral health providers to maintain the following access and availability requirements:

Statewide Medicaid Managed Care Managed Medical Assistance

Appointment type	Appointment standard
Urgent medical care services	<ul style="list-style-type: none"> • Within 48 hours for services that do not require prior authorization • Within 96 hours for services that do require prior authorization
Nonurgent medical care services	<ul style="list-style-type: none"> • Within 30 days of a request for a primary care appointment • Within 60 days of a request for a pediatric specialist appointment after the appropriate referral is received

Florida Healthy Kids

Appointment type	Appointment standard
Emergent or emergency visits	Immediately upon presentation
Urgent, nonemergency visits	Within 24 hours
Routine sick visits	Within seven business days
Routine and well-care visits	Within four weeks

Medicaid Managed Care • Florida Healthy Kids

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract. SLPEC-2511-21

Thank you

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