

Subject: Access to Care

Objective:

- I. To ensure that each Tuality Health Alliance (THA) Oregon Health Plan (OHP) member has access to a primary care provider (PCP) or patient centered primary care home (PCPCH) offering high quality care, located geographically near members' residence, assuring integrated and coordinated care provided in linguistically and culturally appropriate settings, and offering accessible nontraditional settings for families, diverse communities and underserved populations as needed.
- II. To ensure that THA maintains an adequate network of providers in Washington County to provide members with access to primary care providers, specialty care providers, pharmacies, hospitals, vision, and ancillary services.

Definitions:

Primary Care Provider (PCP): a person or entity formally designated as primarily responsible for coordinating ongoing healthcare services that are appropriate to the member needs.

Patient Centered Primary Care Home (PCPCH): a model of primary care that has received attention in Oregon and across the country for its potential to advance the "triple aim" goals of health reform: a healthy population, extraordinary patient care for everyone, and reasonable costs, shared by all. PCPCHs achieve these goals through a focus on wellness and prevention, coordination of care, active management and support of individuals with special health care needs, and a patient and family-centered approach to all aspects of care. PCPCHs emphasize whole-person care in order to address a patient and family's physical and behavioral health care needs.

Policy:

- I. **Access to Primary Care**
 - a. THA providers shall not discriminate between THA OHP members and non-THA OHP members.
 - b. If a THA OHP member does not choose a PCP/PCPCH within thirty (30) days of enrollment, THA will assign a PCP/PCPCH to him/her. THA will assist members in selecting or changing a PCP/PCPCH upon request. Refer to THA Policy I-4: Primary Care Provider (PCP)/Patient Centered Primary Care Home (PCPCH) Selection for detailed guidelines.

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- c. Credentialed PCP/PCPCH's who meet the THA OHP member threshold requirements may close to THA OHP members, but remain open to other patients.
 - d. Credentialed PCP/PCPCH's will be required to re-open to THA OHP members if their THA OHP member assignments fall below the required threshold based upon the number of days the provider works.
 - e. THA providers will have their THA OHP member threshold requirements adjusted based on the number of days they work:
 - i. Four (4) days per week: is full-time 150 THA OHP member threshold
 - ii. Three (3) days per week: is part-time 80% THA OHP member or 120 THA OHP member threshold
 - iii. Two (2) days per week: is part-time 60% THA OHP member threshold or 90 THA OHP member threshold
 - f. THA monitors the provider network at least monthly to ensure adequate service capacity and compliance with access guidelines.
 - g. Any PCP/PCPCH closing to OHP THA members but not meeting the applicable THA OHP member threshold, THA will furnish a written request to open their availability for THA OHP assignments. If the provider does not respond, the PCP/PCPCH will be administratively opened for assignments and members will be assigned up to the required threshold. These incidents will be reported to the THA Quality Management Committee (QMC).
 - h. For any PCP/PCPCH not accepting THA OHP members as patients, the THA Provider Relations will conduct a phone survey to verify if the PCP/PCPCH is open for non-THA OHP members. Findings will be reported to the THA QMC.
 - i. THA providers who meet THA OHP member thresholds may remain closed to assignment of new THA OHP members. PCP/PCPCH's may accept family members of existing THA OHP members or THA OHP members referred by other providers.
- II. **Access for Members with a disability, limited English proficiency, or diverse cultural and ethnic backgrounds**
In accordance with American with Disabilities Act Title II, Civil Rights Act Title VI, as well as Federal and State regulations and statutes, providers must provide appropriate accommodations for THA OHP members with disabilities, having limited English proficiency, or are from diverse cultural and ethnic backgrounds.

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- a. Providers shall ensure THA OHP members are provided with appropriate accessible equipment and features including:
 - Street level access or accessible ramp into the facility;
 - Wheelchair access to the examination room;
 - Wheelchair access to the lavatory;
 - Doors with levered hardware or other special adaptations for wheelchair access;
 - Wheelchair access to operate elevators;
 - Features to distinguish between elevator floor numbers for members with vision impairment; and
 - Communication/Interpreter Services.
- b. THA OHP members with hearing impairments have access to the TTY line for phone communication by calling 800-753-2900.
- c. Providers shall ensure THA OHP members are provided with a qualified or certified interpreter as needed. Refer to THA Policy I-2: Interpreter Services for detailed information.
- d. Providers shall ensure THA OHP members are provided with culturally appropriate coordinated services as needed. Refer to THA Policy 6-5: Cultural Competency for detailed information.

III. Scheduling Care

- a. Routine Appointments
All THA providers must schedule routine care appointments within four weeks of the appointment request.
- b. Emergency Care and Urgent Care
Members with emergency needs shall be seen immediately or referred to the Emergency Department. Members with urgent needs are encouraged to be seen within 72 hours or as indicated in the initial screening. Refer to THA Policy 1-6: Emergency Care and Urgent Care for more detailed information.

IV. Access Monitoring and Audits

- a. The THA Provider Relations monitors plan membership and the provider network on a monthly basis to ensure service capacity.
- b. The THA Complaints and Grievances Subcommittee compile and review

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complaints regarding access on a bi-monthly basis. A threshold of three access complaints against a single provider entity results in an onsite visit and completion of a site survey which addresses scheduling, calendaring, access to appointments, etc.

- c. Annually, or more often as required, THA Provider Relations completes an after-hours access audit.
 - THA Provider Relations will perform the After-Hours/Access Survey according to THA Policy X-5: Site Reviews.
 - THA Provider Relations may conduct random re-audits during the year to monitor for compliance.
 - Access noncompliance issues will be forwarded to the THA Medical Director for development of a corrective action plan. Access noncompliance is officially monitored by the THA Medical Director and THA QMC.

- d. When a need is identified for additional providers, suggested additions to the THA network will be presented to the THA leadership team for approval and recommendations. The need for additional providers may be identified by members, THA network providers or their clinical staff, or THA staff.

References: 42 CFR 438.206(b)
 42 CFR 438.208(b)
 Health Share of Oregon Policy QUAL-10: Access Standards
 Health Share of Oregon RAE Participation Agreement
 OAR 409-055-0000
 OAR 410-141-3160
 OAR 410-141-3220

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| Formulated: | November 1993 |
| Reviewed: | April 1995 January 2014 |
| Revised: | September 1998 October, 1999 December 2000 January 2002 June 2003 December 2005 January 2007 October 2009 December 2011 November 2013 July 2014 December 2016 June 2017 April 2018 |