

SECTION	Approval date:	
Office Management	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Access to Care 24/7	Revision date:	

POLICY:

The site shall have a provision for appropriate, coordinated access to health care services 24 hours a day, seven (7) days a week.

PROCEDURE:

- A. The staff shall ensure that current clinic office hours are posted within the office or readily available upon request.
- B. The PCP shall ensure that the following current site-specific resource information are available to site personnel:
 - 1. Physician office hour schedule(s),
 - 2. Group and/or Plan-specific systems for after-hours urgent care,
 - 3. Emergent provider/on-call coverage available 24 hours a day, 7 days per week, and
 - 4. A system for providing follow-up care.
- C. When the PCP is not on site during regular office hours, personnel are able to contact the provider (or covering provider) at all times by telephone, cell phone, pager, etc.
- D. During after-hours or when the PCP is not on site during regular office hours, the PCP (or covering provider) shall respond to urgent/emergent member matters within 30 minutes.
- E. Telephone answering machine, voice mail system or answering service are used whenever office staff does not directly answer phone calls.
- F. Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated to ensure functionality and validity of information:
 - Monthly
 - Quarterly
 - Other: _____
- G. After-hours emergent, urgent and routine care instructions/clinic information are made available to patients. The site has the following answering service/machine greeting and instructions (if different from below, see attached script):

“You have reached the office of _____ (Clinic/PCP name). Our office is currently closed. If this is a life-threatening emergency, hang up and call 911 or go to the nearest emergency room. If this is an urgent matter and you need to speak to the doctor, please call _____ (provider’s after-hours phone or pager number). Your call will be returned within 30 minutes. For routine matters such as appointments or prescription refills, please leave a message after the tone. Please be sure to include your name and your telephone number with the area code. We will return your call during our normal office hours. Our normal office hours are _____ (day) through _____ (day), _____ (opening time) until _____ (closing time).”

SECTION	Approval date:	
Office Management	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Triage	Revision date:	

POLICY:

The site shall have sufficient health care personnel to provide timely, appropriate health care services. Triage is the sorting and classification of information to determine priority of need and proper place of treatment. Telephone triage is the system for managing telephone callers during and after office hours.

PROCEDURE:

- A. The PCP shall ensure that appropriate personnel handle emergent, urgent and medical advice telephone calls. This includes licensed medical personnel such as a Certified Nurse Mid-Wives, Nurse Practitioners, Registered Nurses or Physician Assistants. Licensed Vocational Nurses (LVN) shall not perform triage independently (MCPB letter 92-15). The California Board of Vocational Nursing and Psychiatric Technician Examiners has determined that the Licensed Vocational Nurse Practice Act does not permit the LVN to perform triage independently (MCPB Letter 92-15). The LVN may perform that part of the triage process that includes observation and data collection relative to basic physical assessment. The LVN may not perform that part of the triage process that includes independent evaluation, interpretation of data, and determination of treatment priorities and levels of care. Unlicensed personnel, such as medical assistants, may provide patient information or instructions only as authorized by the physician (Title 16, §1366 (b)).

- B. Staff shall ensure that a telephone answering machine, voice mail system or answering service is utilized whenever office staff does not directly answer phone calls.
 1. The providers are responsible for the answering service they utilize. If a member calls after hours or on weekends due to possible medical emergency, the practitioner is responsible for authorization of or referral to, emergency care given by the answering service. There shall be a greeting that immediately state the following or similar instruction to the member: "If this is a life-threatening emergency, hang up and call 911 or go to the nearest emergency room."
 2. Answering service staff handling member calls cannot provide telephone medical advice if they are not a licensed, certified or registered health care professional. Staff members may ask questions on behalf of a licensed professional in order to help ascertain the condition of the member so that the member can be referred to licensed staff; however, they are not permitted, under any circumstance, to use the answers to questions in an attempt to assess, evaluate, advise, or make any decision regarding the condition of the member, or to determine when a member needs to be seen by a licensed medical professional.
 3. Unlicensed personnel responsible for answering telephone calls shall have clear instructions on parameters related to the appropriate questions to ask and responses to give to members in order to assist a licensed provider in triaging the member for appropriate care.

- C. Staff shall ensure that the telephone system, answering service, recorded telephone information, and recording devices are periodically checked and updated (see *Access to Care 24/7 Policy* for periodic monitoring schedule). The Health Plan encourage answering services to follow these steps when receiving a call:

1. Inform the member that if they are experiencing a medical emergency, they should hang up and call 911 or proceed to the nearest emergency medical facility.
2. Ask the member according to the PCP's or Physician Group's established instructions (who, what, when, and where) to assess the nature and extent of the problem.
3. Contact the on-call physician with the facts as stated by the member.
4. After office hours, physicians are required to return telephone calls and pages within 30 minutes. If an on-call physician cannot be reached, direct the member to a medical facility where emergency or urgent care treatment can be given.

SECTION	Approval date:	
Office Management	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Appointments and Patient Recall	Revision date:	

POLICY:

A system is established that provides timely access to appointments for routine care, urgent care, prenatal care, pediatric periodic health assessments/immunizations, adult initial health assessments, specialty care and emergency care.

PROCEDURE:

- A. Staff shall notify and remind members of scheduled appointments and/or preventive screening appointments.
- B. The PCP shall provide an initial health assessment (IHA) for each adult member within 120 days of the date of enrollment, unless the member's PCP determine that the member's medical record contains complete and current information consistent with the assessment requirements within periodicity time requirements.
- C. The Health Plan shall follow its procedure to advise the plan members of the availability and value of scheduling an IHA appointment. The Health Plan will provide monthly eligibility reports to PCPs, listing the members' names, addresses, and telephone numbers. If a member or guardian refuses to have an IHA performed, this information shall be documented in the member's medical record.
- D. Staff shall follow up on missed and/or canceled appointments via mail or phone. At least three attempts shall be made and documented in the patient's record.
- E. The PCP shall ensure that appointments are designed according to the patient's clinical needs and within the following timeliness standards:
 - 1. Urgent Care: within 24 hours
 - 2. Prenatal Care: within 7 days
 - 3. Non-urgent Care: within 14 days
 - 4. Well Baby Visits: within 14 days