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Improving Access to Care

# Key Points for Improving Access to Care

Managed Health Services (MHS) is committed to improving the patient experience for members.

Improving access to care and the patient's experience with access is about:

- Finding the correct balance between supply and demand.
- Demonstrating flexibility to patients by offering same-day appointments, as well as convenient and sufficient hours of operation that consider the needs of the populations being served, and the appointment scheduling standards for the region and product line.
- Returning patients' phone calls timely, especially after hours, when urgent or emergent medical advice is needed.
- Keeping patients informed of processes and outcomes when a referral and authorization for a service are needed, and in a format and language the member can understand.

# Key Points for Improving Access to Care

## Measuring supply and demand

- Maintain convenient, appropriate and sufficient office hours.
- Request time from patients that is convenient.
- Offer at least three days and times to the patient.

# Key Points for Improving Access to Care

## Open same-day appointment slots

- Serve the acute and urgent needs of the patient.
- Migrate from a fully booked appointment schedule to one with several open appointment slots.
- Reserve multiple slots each day, leaving them unfilled until the afternoon.

# Key Points for Improving Access to Care

## Quick-Start Method Suggestion

- First week, leave two to four appointment slots open each day, schedule evenly between late morning and afternoon.
- These slots should only be given out the same day. Record the time of the day they fill up.
- After a week, if the appointments have been filled through 2 p.m., add two to four more available appointments.
- Continue weekly, based on demand.

# Key Points for Improving Access to Care

## Improve after hours access

- For better member satisfaction, direct patients to the appropriate level of care, reduce inappropriate use of the Emergency Room (ER) services.
- Discuss after-hours and weekend access to care during their visit, including education about the 24-Hour Nurse Advise Line, for members needing primary care 24 hours a day.
- Offer a brochure reinforcing your office hours, which hospital the patient should use for emergency care, and other details about accessing care after hours.

# Key Points for Improving Access to Care

## Urgent Care Center Use

- Educate patients about how to reach out with urgent care questions after hours and find availability for urgent visits.
- Seek care from primary care physicians (PCP) if they have conditions that require prompt attention but do not pose immediate, serious threat to health or life.
- Ask patients to inform office of any past urgent care or ER visits to provide follow-up care within a few days of the urgent care or ER visit.
- Call patient's physician's office to determine whether to go to the ER. Another option is to contact MHS at 1-877-647-4848.

# Key Points for Improving Access to Care

## Address Multiple Medical Problems

- Try to handle more than one medical problem during the visit to help reduce future visits.
- Ask the patient to list all conditions and concerns at the start of the visit.
- Providers should try and gather patient's medical needs, negotiate priorities, and identify if follow-up appointments are needed.

## Recommendations:

- Review the patient's medical problems.
- Conduct recommended preventative screenings, and schedule or perform preventative services, even when patient presents for other reasons.
- Address self-management techniques and coping strategies with patients on their medical needs.
- Schedule quarterly or monthly follow-up appointments before the patient leaves the office.



# Key Points for Improving Access to Care

## **Keep Patient Informed of the Referral and Prior Authorization Process**

MHS members cite one of the top challenges to accessing care is that care tests or treatments were delayed due to approvals or prior authorization. It is important to evaluate the manner and format in which the referral and authorization procedures are communicated to the member.

## **Providers may consider the following questions to assist in communications to the patient with this evaluation:**

- Do your communications inform patients of processes in plain language and at reading levels they can understand?
- Do you provide communications to patients in their preferred languages?
- Are referrals being processed and submitted for approval the same day as they are identified?
- Do you have a process in place to ensure that all referrals are submitted with all required documentation to prevent delays?
- Are you informing the patient of applicable authorization review and decision-making timelines?
- Are you explaining to the patient the difference between a regular routine referral and an expedited referral?

# Resources

## Appointment Scheduling Tips

Help Managed Health Services (MHS) members obtain health care services in accordance with access standards as required by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA).

### PCPs and Specialists

| Appointment Type   | Appointment Standard               |
|--|------------------------------------|
| Urgent care appointments with PCPs that do not require prior authorization       | Within 48 hours of request         |
| Urgent care appointments with specialist that do not require prior authorization | Within 48 hours of request         |
| Non-urgent appointments with PCP   | Within 10 business days of request |
| Non-urgent appointment with specialist   | Within 15 business days of request |
| Physical exams and wellness check appointment                                    | Within 30 calendar days of request |
| First prenatal appointment with PCP  | Within 10 business days of request |
| First prenatal appointment with specialist                                       | Within 10 business days of request |
| Well-child visit with PCP  | Within 10 business days of request |

### Ancillary Services

|  |                                    |
|--|------------------------------------|
| Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition. | Within 15 business days of request |
|--|------------------------------------|

### Behavioral Health Services

|   |                                    |
|---|------------------------------------|
| Access to non-urgent appointment with physician (psychiatrist) for routine care   | Within 15 business days of request |
| Access to non-urgent appointment with nonphysician behavioral healthcare provider | Within 10 business days of request |
| Access to urgent care (psychiatrist)  | Within 48 hours                    |
| Access to urgent care (non-physician)   | Within 48 hours                    |

### After-Hours Access

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| Emergency care | Call 911 or go to the nearest emergency room |
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# MHS Provider Network Territories

## NETWORK LEADERSHIP

### JILL CLAYPOOL

Senior Vice President, Network Development & Contracting  
1-877-647-4848  
Jill.E.Claypool@mhsindiana.com

### MARK VONDERHEIT

Senior Director, Provider Network  
1-877-647-4848  
MVONDERHEIT@mhsindiana.com

### JENNIFER GARNER

Manager, Provider Relations  
1-317-771-5537  
jgarner@mhsindiana.com

## NETWORK OPERATIONS

### KELVIN ORR

Director, Network Operations  
1-877-647-4848  
Kelvin.D.Orr@mhsindiana.Com

## NEW PROVIDER CONTRACTING

### TIM BALKO

Director, Network Development & Contracting  
1-877-647-4848  
TBALKO@mhsindiana.com

### MICHAEL FUNK

Manager, Network Development & Contracting  
1-877-647-4848  
Michael.J.Funk@mhsindiana.com

## ENVOLVE VISION, INC.

### SIERRA HICKS

Sierra.Hicks@EnvolveHealth.com  
Vision Provider Services: 1-844-820-6523  
Questions: Envolve\_AdvancedCaseUnit@EnvolveHealth.com

## ENVOLVE DENTAL, INC.

### THOMAS "TONY" SMITH

Thomas.Smith@EnvolveHealth.com  
Dental Provider Services: 1-855-609-5157  
Questions: ProviderRelations@EnvolveHealth.com

### CAROLYN VALACHOVIC MONROE

Provider Engagement Administrator II  
1-317-443-8243  
CMONROE@mhsindiana.com

## PROVIDER GROUPS

Community Health Network  
Indiana University Health  
Wayspring Health  
Reid Hospital  
Norton Hospital  
St. Elizabeth Hospital

### MONA GREEN

Provider Engagement Administrator II  
1-812-614-1003  
mona.green@mhsindiana.com

## PROVIDER GROUPS

St. Vincent/Ascension  
Wellcare Complete  
Lutheran Medical Group  
Parkview Health System  
Beacon Medical Group  
American Senior Care  
CarDon & Associates  
OrthoIndy  
Heart City Health  
ONE  
Franciscan Health



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Questions?

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