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Department	Provider Operations
Subject	Measurement Year (MY) 2022 After-Hours Survey Final Report

INTRODUCTION

Under the California Code of Regulations, Title 28, Section 1300.67.2.2, subdivision (d)(2)(C)), the Department of Managed Health Care (DMHC) requires health plans to provide or arrange for the provision of telephone triage or screening services 24 hours per day, 7 days per week. Plans are required to ensure that telephone triage or screening services are provided in a timely manner appropriate for the enrollee's condition and that the triage or screening waiting time does not exceed 30 minutes time. To measure afterhours service, Valley Health Plan (VHP) collects after-hours data on the accuracy of emergency and non-emergency instructions provided to members seeking after-hours care from primary care physicians (PCP) and behavioral health (BH) practitioners (collectively referred to herein as Providers). VHP contracted with an external survey vendor, QMetrics to administer the measurement year (MY) 2022 After-Hours survey. This report provides an overview and analysis of VHP's after-hours access and timeliness results for MY 2022 across different provider types in combined network. This is Qmetrics' first year administering the After-Hours Survey on behalf of VHP. The data for MY 2022 will be used as the baseline data for future reporting years.

PROGRAM GOALS

To ensure that VHP meets the after-hours timely access standards established to meet the needs of members and address any deficiencies.

PROGRAM OBJECTIVES

- Evaluate VHP's provider on compliance standards for life-threatening emergency instructions provided.
- Evaluate VHP's provider on compliance standards for the ability to connect to a Live Provider.
- Assessing the timeframe in which a member can hear back from a VHP's provider.
- Identify any areas for improving after-hours access.
- Develop interventions as appropriate to address gaps in care.

STANDARDS AND THRESHOLDS FOR AFTER-HOURS CARE

- Measure 1: 90% PCP and BH provider offices provide 911 information.
- Measure 2: 90% PCP and BH provider offices offer the ability to connect to a Live Provider
- Measure 3: 90% -PCP and BH provider offices provide information indicating that the practitioner will respond in 30 minutes or less.

SURVEY OVERVIEW

Valley Health Plan (VHP) is a full-service Knox-Keene health plan contracted with QMetrics (an independent DMHC's certified survey vendor) to administer the MY 2022 After-Hours Survey on behalf of



VHP. The ICE MY 2016 tool was used as a reference for this survey and modifications to the questionnaire were made to captured information on how providers triage and screen calls from members after normal business hours. The population surveyed includes all Primary Care Providers (PCP), Psychiatry and Non-Physician Mental Health (NPMH) provider offices contracted with VHP as of December 31, 2021.

DATA REQUIREMENTS

The survey population was derived from VHP's MY 2022 Provider Appointment Availability Contact Lists, which contained all the information required to administer the After-Hours Survey. This Contact List included providers contracted with VHP as of December 31, 2021. QMetrics and VHP performed a quality review assessment of the Contact List provider data to ensure field completeness, appropriate provider specialty type, and data accuracy. QMetrics received the data file in Excel format and performed an additional check for field completeness and adherence to quality standards.

SURVEY TOOL

QMetrics used the ICE After-Hours Survey© questionnaire and instruction set as a basis for fielding. The questionnaire is designed to capture the instructions provided to callers (members) who call After-Hours stating that they are "dealing with a life-threatening situation." The questionnaire captures these key pieces of information:

- 1. Who answered? (Live Agent or Auto-Attendant/Live Agent)
- 2. What instructions were provided to the caller stating they are "dealing with a lifethreatening situation"?
- 3. When a patient expresses an urgent need to talk to a live provider:
 - a. Is there an opportunity to speak to a live provider?
 - b. What is the method of contacting the provider?
 - c. How quickly can the patient expect to hear from the provider or on-call provider?

Please see Appendix I for a copy of the full survey tool with scripting and pathways.

METHODOLOGY

VHP and QMetrics updated the ICE provider After-Hours access survey methodology to ensure the statistical rigor needed to confidently make generalizable comparisons and conclusions based on the data derived from this study. This study will help VHP better understand their network's After-Hours procedures and improve the quality and completeness of their timely access data. There were two waves of outreach during after-business hours of 5:00 PM and 9:00 PM, and weekends over a period that was equal to or less than two (2) months.

To avoid provider abrasion, the survey was fielded using a single survey for each unique provider office. The provider office was determined by unique phone number. The results for each unique office location were applied to all providers at that provider office location. Providers who practice in multiple locations with different phone numbers were included in the survey more than once to provide results for each



unique location. However, if a location had a combination of providers (PCP, PSY or NPMH) the responses were not applied to the other provider types. Each provider type had a separate call list to avoid biasing of the results across different provider types.

One (1) phone call attempt was made to each location to assess a member's experience when calling provider offices for triage and screening purposes after business hours. A report was sent to VHP on October 31, 2022, for phone numbers that were identified as wrong (incorrect contact information) to allow for correction.

SURVEY SAMPLE & SURVEY CALL SCHEDULING

VHP supplied QMetrics with its Provider Appointment Availability Survey (PAAS) Contact Lists. The table below provides a summary of the records from which the sample of providers to be called was drawn.

Provider Type	Records Recieved	Unique Phone Numbers
NPMH	262	102
PCP	995	216
Psychiatry	192	28
Total	1,449	346

Note: Different provider types may share the same phone number, in these cases each provider type was surveyed and counted separately to reflect accurate counts and compliance by provider type.

SURVEY RESPONSE RATE:

The table below shows Count & Percentage on all Call Disposition

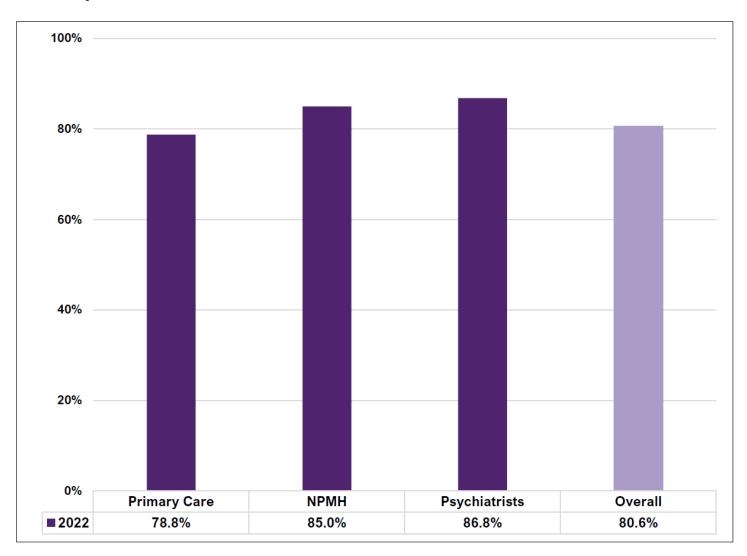
The overall MY 2022 response rate of 80.6% demonstrates strong provider engagement. The most common reason for non-completed surveys was due to the other disposition, which comprised 11.6% of all calls. The Other disposition includes providers that were not able to be surveyed due to not receiving confirmation of contact information or updated contact information.

Call Disposition, 2022			
Disposition	Count	Percent	
Completed	1552	80.6%	
Other	223	11.6%	
No answer	101	5.2%	
Disconnected	38	2.0%	
Wrong Number	8	0.4%	
Refused	4	0.2%	
Total	1926	100%	



The Graph Below shows Survey Response Rates by Provider Type

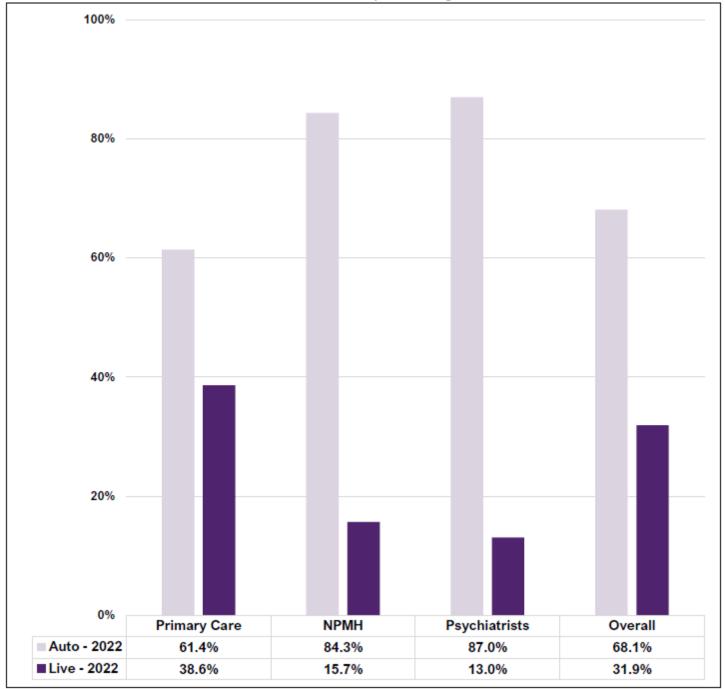
The graph below provides survey responses by provider type for MY 2022. The highest response rate was for Psychiatrists at 86.8%, closely followed by NPMH with a rate of 85.0%. The provider type with the lowest response rate was PCP with a rate of 78.8%.



The Graph below shows Response Mode by Provider Type

The majority of MY 2022 After-Hours calls were answered via *Auto-Attendant* at a rate of 68.1%. 31.9% of the MY 2022 calls were answered via *Live Agent* or office staff. As indicated in Graph 3, Psychiatrists had the highest rate of *Auto-Attendant* responses out of all provider types. In comparison, PCP had the highest incident of *Live Agent* answered calls over any other provider type.





PERFORMANCE BY STUDY MEASURES

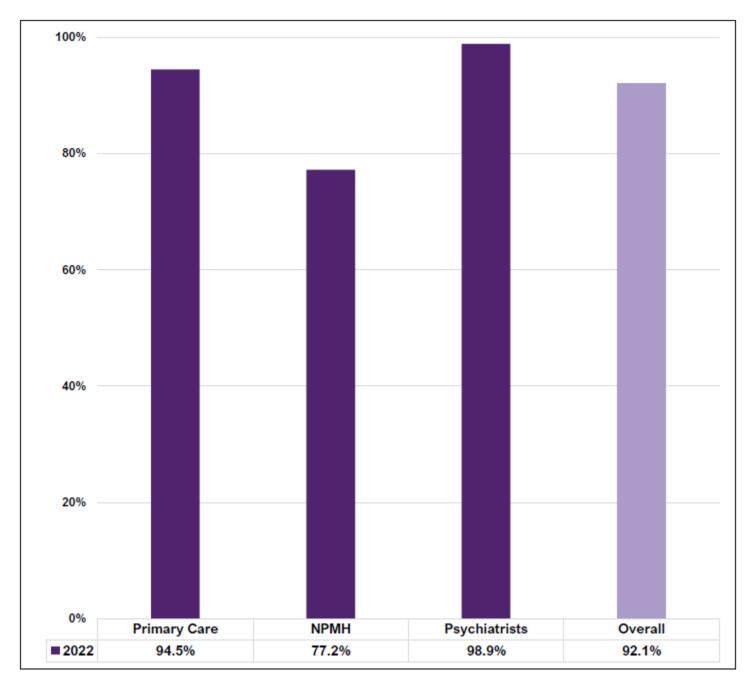
Measure 1: VHP's Standard for Life-Threatening Emergency Situation Instructions

MY 2022 Compliance Rate	Goal of Compliance Rate	Goal Met Y/N	
92.1%	90%	Y	

Graph below: Compliance for Emergency Instructions by Provider Type



For MY 2022, VHP meet the standard threshold of 90% of provider compliance for emergency Instruction during after-hour. The survey responses resulted in an overall compliance rate of 92.1% for providing appropriate emergency instructions to patients. Compliance is defined as the provider telling the patients to *Go to the Nearest Emergency Room* and / or *Hang Up and Dial 911*. As indicated in Graph 4, Psychiatrists had the highest compliance at 98.9%, followed by PCPs at 94.5% and NPMH providers at 77.2%.



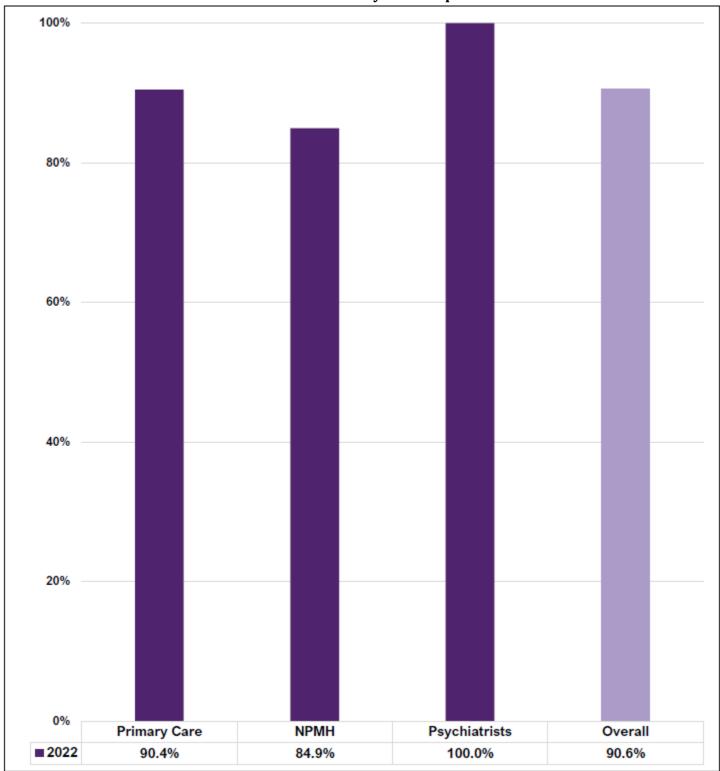


Measure 2: Ability to Connect to a Live Provider

MY 2022 Compliance Rate	Goal of Compliance Rate	Goal Met Y/N
90.6%	90%	Y

Graph below shows Compliance Rate for Ability to connect to a live provider by Provider Type The rate of compliance for the ability to connect to a Live Provider was high in MY 2022 with an overall compliance rate of 90.6%. Psychiatrists had a higher compliance rate (100%) than PCPs at 90.4% and NPMH Providers at 84.9%.



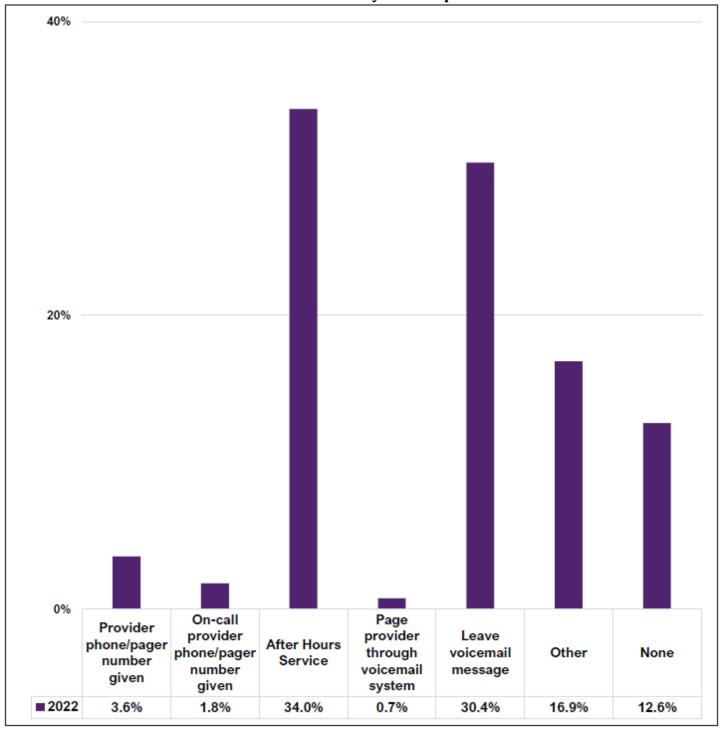




Method Offered to Reach a Provider Graph below: Method Offered to Reach a Provider

As indicated in Graph below, the most common methods to reach a provider were After Hours Service, Leave Voicemail Message, and Other. For MY 2022, VHP fell below the compliance threshold for method offering to member to reach a provider during after-hour. The finding that 87.4% of provider offices offer a method for member to reach a live or on call provider. 12.6% of provider offices did not offer an option to reach a provider (the "None" disposition) is of particular interest. Further outreach will be made to these provider offices to provide additional education on appropriate after-hours triage and screening requirements.





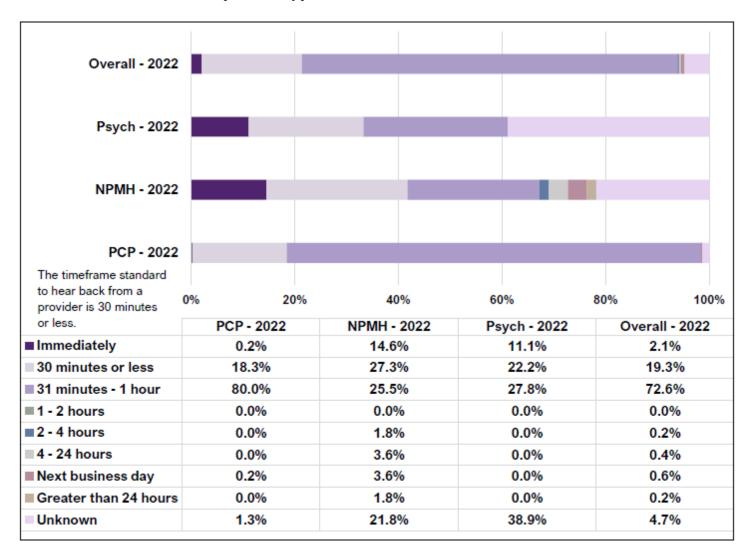


Measure 3: Timeframe to Hear from a Physician

MY 2022 Compliance Rate	Goal of Compliance Rate	Goal Met Y/N	
21.4%	90%	N	

Graph below: Timeframe to Hear from Provider

Graph below indicates the timeframes for which a member could expect to hear back from a provider. Only 21.4% of providers were compliant with the standard for members to receive a call back within 30 minutes or less for triage and screening services (this standard combines the *Immediately* and *30 Minutes or Less* dispositions) in MY 2022. Differences were found between provider types. 41.9% of NPMH providers were compliant with the standard, while 33.3% of Psychiatrists were compliant. 18.5% of PCPs were compliant with this standard. VHP has an opportunity to educate all providers on this compliance standard. The most common timeframe across all provider types was *31 minutes – 1 hour*.





Opportunities for Improvement:

For MY 2022, VHP met two of the three After-hour survey measures. The survey responses resulted in an overall compliance rate of 92.1% for providing appropriate emergency instructions to patients. While the data indicates that overall After-Hours compliance rates for most standards are being met, the rate of compliance with the standard for the ability of members to receive a call back from a provider within 30 minutes or less was low at 21.4% in MY 2022. Further outreach should be made to these provider offices to provide additional education on appropriate after-hours triage and screening requirements.

VHP will further analyze the raw data of the survey results to better understand the root causes of the low compliance rates in the timeframe for a patient to receive a call backs standard. WHP will focus on the following points to maintain compliance rates with the standards and to improve compliance rates with the standard for members to receive a call back from a provider within 30 minutes or less:

- Offer training on After-Hours compliance standards and procedures to provider offices, with a focus on the 30 minute or less provider call back standard.
- Educate providers on the importance of survey responses.
- Research and update contact information for the providers identified under the *Other* disposition to ensure the contact information is up to date prior to survey fielding.

Based on the result for MY202, VHP has prioritized the opportunities that will be implemented to improve performance for the measures that are not meeting the goals set forth above. The table below outlines the key interventions for 2022.

De	scription of Intervention for MY2021	Barrier	Time Frame	Expected
		Addressed		Outcome
1.	Ensure PCP and behavioral health providers are	Non-	6 months	5%
	compliant with the DMHC requirement to have	compliant		improvement
	an outgoing message that states to call 911 in	with 911		from PY
	the case of an emergency.	information		
		and 30 min		
2.	Ensure PCP and Behavioral Health providers	call back		
	are compliant with the requirement that			
	practitioner offices provide information			
	indicating that the practitioner will respond in			
	30 minutes or less.			
	Non-compliant Providers and Providers			
	who did not respond to the prior year			
	(PY) survey will be contacted by VHP's			
	Provider Relations Specialists (PRS) in			
	advance of the next year's survey to re-			
	educate on the after-hours standard			
	requirement, audit their after-hour			



Description of Intervention for MY2021 Barrier Time Frame Expected				
Description of intervention for M12021	Addressed	Time Tame	Outcome	
 message, and provide guidance on the changes required to have the message compliant with the DMHC requirements. VHP's Provider Relations Department plans to issue a Corrective Action Plan (CAP) letter to non-compliant Providers and the PRSs will work with the non-compliant Providers to identify barriers inhibiting the Providers' ability to respond to the survey. Assist non-compliant Providers to set-up after-hours outgoing messaging to meet DMHC requirement. Provide re-education to all VHP 	Addressed		Outcome	
Providers on DMHC after-hours standards through PRS field visits, additional content on VHP's website and through VHP's Provider Bulletin. • Ensure newly contracted providers are educated on the standards during new				
 provider orientations. During orientation and facility site review, work with the provider to update the voice message (VM) as necessary. 				
 Conduct targeted outreach to Providers prior to the survey informing the Providers of the standards and to ensure they are compliant. Reference the requirements set forth in the Provider Manual and the contract which references the DMHC regulations. 				

CONCLUSION

The After-Hours Survey evaluates the level of compliance with After-Hours access standards to ensure the provider network is meeting current regulatory guidelines. VHP's network of PCP, Psychiatrist and



Non-Physician Mental Health Providers were called outside of regular business hours to first determine if providers' offices offer the appropriate After-Hours emergency instructions. The providers were also surveyed to determine if there was a mechanism to reach a provider after business hours and if a callback was offered, did providers connect with the caller within the required 30-minute timeframe. MY 2022 survey results indicate a high provider engagement. The overall response rate for MY 2022 was 80.6%, with an overall compliance rate for the provision of emergency instructions of 92.1%. The primary reason for surveys not being completed was due to the *Other* disposition, which represented 11.6% of calls. This was attributed to the 223 providers not able to be surveyed due to incorrect and unconfirmed contact information associated with 51 office phone numbers on the Contact List. The compliance rate for the ability to access a Live Provider was high at 90.6%. The overall rate of compliance with the standard for members to receive a call back within 30 minutes or less (which includes the *Immediately* disposition) for triage and screening services was 21.4% in MY 2022, showing that most providers are not available to their patients within the 30 minute or less standard.

The After-Hours Survey results reveal the need for the Plan to implement opportunities for improvement for both Access Compliance and Timeliness Compliance. During MY2022, VHP did not receive any complaints related to after-hours access that resulted in substantial harm indicated that VHP members are receiving necessary services during after-hours. To ensure that VHP's members receive the care they need in a timely manner, VHP offered additional services to members through third party telehealth, MLive service for urgent care, primary care, and behavioral health and a 24-hour Nurse Advice line, CareNet. MDLive PCPs and BH practitioners can diagnose, treat, and prescribe medications. Although these services do not replace the services provided by a member's PCP or BH provider, they do offer VHP's members access to after-hours services, which may not be available within the provider's offices during the after-hour time.





Appendix I. Survey Tool After-Hours Access Phone Survey and Script

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- III Z uraj 2eda#skrah#axp ehu#ru#ar#lavz hu#V fulsw#vhfwlra#II.#

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Hello Dr. Provider name, I'm calling on behalf of Valley Health Plan and you are an affiliated provider with them.
We are conducting an After-Hours access survey and would like to ask you a question regarding the emergency
instructions you would provide to your patients.
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              q#105#krxuv#
              h#507#krxuv##
              i#7057#krxuv##
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            d#\hv#,#Jr#wr#IE#,#Dlyh#Dwhqgdqw##
            e#Qr#,#Frqfoxgh#Edo##
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            g#X quhdfkdedn #Ddgjxdjh#Surednp ##
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            j#Kquhdfkdedn/Rwkhu#
            k#Jhixvhq#
            l#Jhixvhg/Whup lpdwhg#gxulqj#gwhuylhz#
#
VWDQGDUG#RQFOXVIRQ#的hhpjhqw# #surylghu#
Wklv#frqfoghv#rxu#vxuyh | ###hdoo | #lssuhfldwh#| rxu#Jp h#rgd | #lqg#krsh#| rx#kdyh#d#| uhdw#qlj kw#gd | #li#
rq#kh#z hhnhqq,#wkdqn#rx$#
IIII urgj Zdq pxp ehuruprpavz hu#
Iq#kh#dvh#ri##
      d此 urqj 歪dqtQxp ehu#f do#Uhsuhvhqvdwyh#r#qvxuh# urqj 2edq#qxp ehu#Huh#qrfxp hqwhq#lqq#
      uhwanghg#r#khdok#sodg#ru#gdwd#p suryhp hqw##
```

e #Q r #D qvz hu#F do#J hsuhvhqvdvlyh#r#liwhp sv#xs#vr#rqh#4,#vlp h#lqq#grfxp hqv#rxvfrp h#vr#khdox#solq# gdwd#p suryhp hqw##