MY2022 Provider Appointment Availability Survey (PAAS)

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INTRODUCTION

The Department of Managed Health Care's (DMHC) Timely Access to Non-Emergency Health Care Services regulations requires that all health plans ensure that health care services are provided to patients in a timely manner and in compliance with the DMHC's timely access standards. Valley Health Plan (VHP or Plan) is committed to ensuring that contracted providers have the capacity to offer our enrollees appointments within the established timely access standards and are appropriate for the nature of the individual member's condition and consistent with good professional practice.

To ensure that VHP's contracted providers are meeting timely access standards, VHP monitors and reports on providers' performance by administering the Provider Appointment Availability Survey (PAAS). This Executive Summary provides an overview of the MY 2022 Provider Appointment Availability Survey ("PAAS") that QMetrics (VHP's contracted survey vendor) administered on behalf of Valley Health Plan ("Plan"). This is the first year that QMetrics administer the survey for VHP, the data for MY 2022 will be used as the baseline data for comparison for future reporting years.

PROGRAM GOALS

To ensure that VHP meets the provider appointment access standards established by Department of Managed HealthCare (DHMC).

PROGRAM OBJECTIVES

- Measure appointment access by provider type and by appointment type.
- Evaluate VHP's timely access performance in comparison to DHMC's standards thresholds.
- Identify areas for improving on timely access to appointments.
- Develop interventions, as appropriate, to address deficiencies and/or gaps in care.

DMHC's STANDARDS AND RATE OF COMPLIANCE (ROC)

Urgent Care Appointment		
Provider Type	Compliance Standard	Rate of Compliance (ROC)
PCP	within 48 hours	70%
Psychiatrist	within 96 hours	70%
Specialist	within 96 hours	70%
NPMH	within 96 hours	70%
Non-Urgent Care Appointment		
Provider Type	Compliance Standard	Rate of Compliance (ROC)
PCP	within 10 business days	70%
Psychiatrist	within 15 business days	70%
Specialist	within 15 business days	70%
NPMH	within 10 business days	70%
Ancillary	within 15 business days	70%

METHODOLOGY:

On behalf of VHP, QMetrics administered the PAAS survey in full accordance with the MY 2019 PAAS Methodology and supporting guidance issued by the Department of Managed Health Care ("DMHC"). The DMHC's newly enacted amendments to Rule 1300.67.2.2 became effective on April 1, 2022. On March 4, 2022, the DMHC issued the APL 22-007, which instructed plans to continue to follow the MY 2019 PAAS Methodology for MY 2022 due to the retrospective nature of the Timely Access Compliance Report. (see APL 22-007 *Monitoring and Annual Reporting Changes due to SB 221, AB 457 and Amendments to Rule 1300.67.2.2*)

The PAAS Methodology required for MY 2022 provided for a Three-Step Protocol for survey administration via fax, email/online, and telephone surveys. For the telephone portion of the survey, QMetrics used both its own domestic QMetrics Contact Center and Ansafone, QMetrics' contracted call center vendor partner located in Ocala, Florida. QMetrics has partnered with Ansafone for the PAAS survey since MY 2017. All MY 2022 PAAS survey telephone calls were conducted between 9:00am to 5:00pm Pacific Standard Time (PST), Monday through Friday.

Prior to survey launch, QMetrics worked closely with Ansafone to structure the call center scripting, rules logic, training, and reporting to comply with the requirements of the required PAAS Methodology and PAAS Survey Tool requirements for each Provider Survey Type. QMetrics sequenced the survey by Provider Survey Type to accommodate a three week "dark period" between wave 1 and wave 2 as required by the MY 2019 PAAS Methodology. In addition, QMetrics established call logic for the survey which required at least five call attempts before deeming a call to be "unreachable" (busy, hang up, voicemail, disconnect, no answer). A call-back phone number was established for providers to make inbound calls to the call center when an agent left a voicemail message at a provider office. In these

cases, providers were asked to call back within the DMHC required call parameters for completion of the survey.

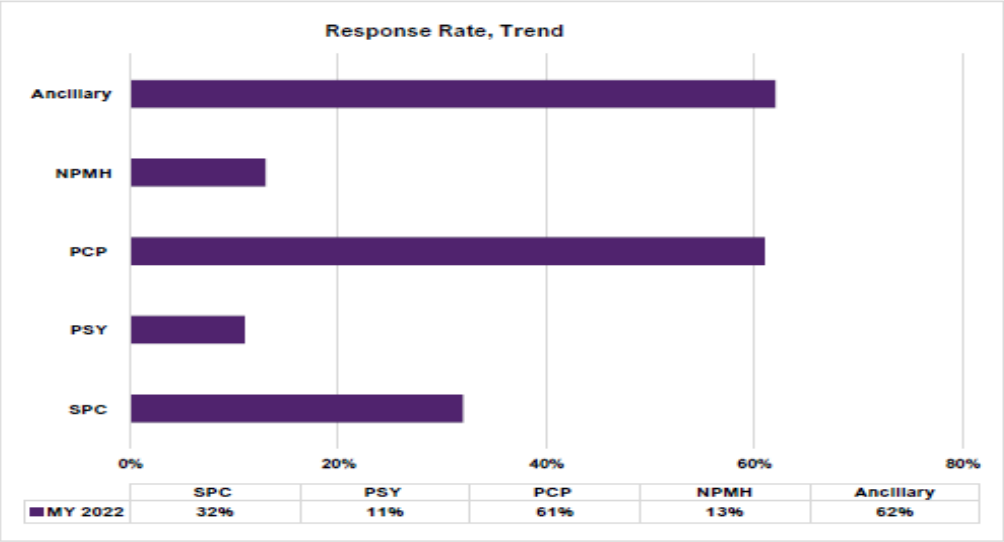
QMetrics' internal Contact Center fielded the PAAS survey using the Voxco Computer Assisted Telephonic Interview (CATI) system. The CATI system was programmed with survey questions, response options and call flow logic. The use of the CATI system ensures consistency in the fielding of the survey across all interviewers. The same scripting, rules logic, and training used with Ansafone were applied. The QMetrics Contact Center followed the MY 2019 PAAS Methodology guidelines. A total of five call attempts and an inbound line were set up for providers to complete the survey within the parameters determined by the DMHC.

Throughout the survey campaign, QMetrics worked closely with Ansafone to monitor and oversee the process and survey data. QMetrics met with Ansafone and conducted quality assessment reviews of call recordings on a weekly basis. Similarly, the QMetrics Contact Center was also monitored closely. Call recordings were reviewed daily, which allowed areas of improvement to be identified and addressed immediately with call agents. Weekly meetings with all call agents were held for quality assessment as a team.

QMetrics used the census or sample approach, depending on Plan need, per the protocol outlined in the MY 2019 Methodology for all survey type/county combinations. The census protocol requires survey administration to all providers, whereas the sample protocol allows for a "sample" of providers to be surveyed on the Contact Lists. VHP has elected to conduct a census protocol for MY 2022. QMetrics monitored fax, email, and call results closely throughout the campaign.

RATE OF RESPONSE:

Graph 1: PAAS Response Rate



Data Source: DMHC PAAS Survey Results Template MY 2022 (Individual Provider Type Results Tabs)

The MY 2022 Response Rates for the VHP's providers ranged from 11% to 62%, with Ancillary Providers at the highest level and Psychiatry providers at the lowest level. As discussed under the *Other Nuances Specific to the Plan* section of this report (pg.10), both the VHP's Psychiatry and Non-Physician Mental Health (NPMH) providers had low response rates in MY 2022, similar to the VHP's results in MY 2021.

PROGRAM PERFORMANCE:

Comparative Analysis of Plan's MY 2022 Results Data

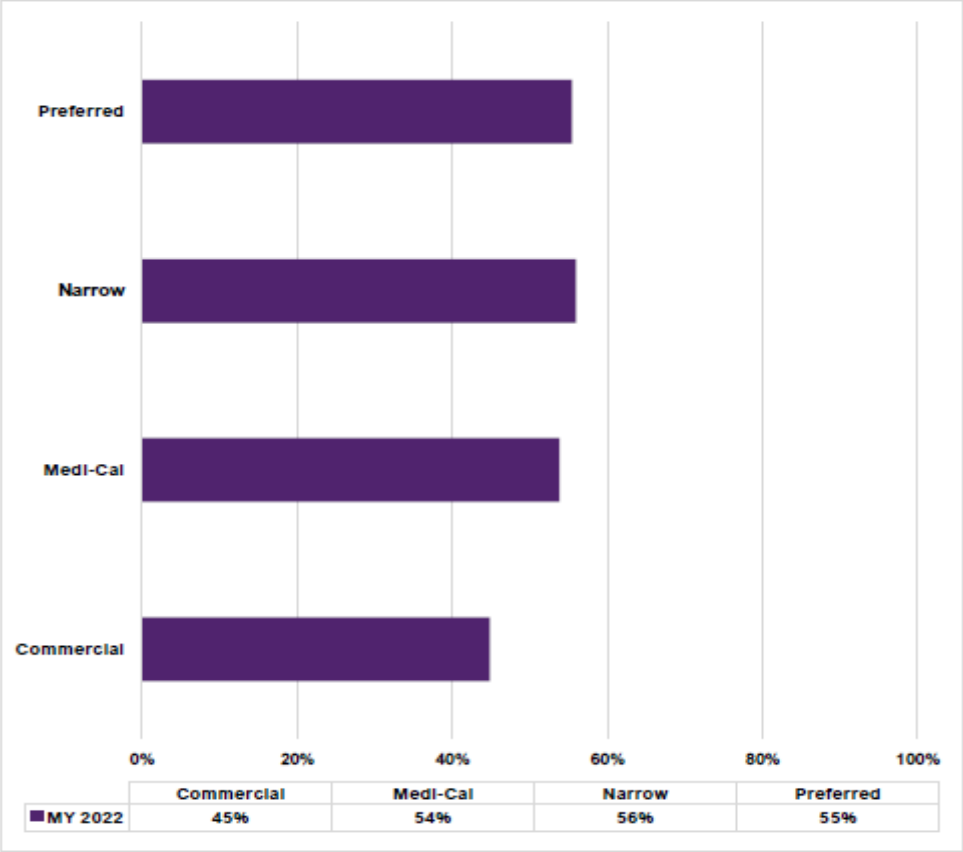
VHP conducted an analysis of the MY 2022 PAAS Results Data to assess differences across networks and provider types and provided a clear view of the VHP's MY 2022 Results as it relates to the VHP's Response Rates and Compliance Rates by Provider Survey Type and Network.

Under the newly approved (but not applicable to MY 2022) Timely Access to Non-Emergency Health Care Services and Annual Timely Access and Network Reporting Requirements Regulation, the Department has set forth a specific definition of "Patterns of Non-Compliance". Under § 1300.67.2.2(b)(12)(A), one method the Department will use to identify a Pattern of Non-Compliance is if fewer than 70% of the network providers for a specific network had a non-urgent or urgent appointment available within the PAAS time-elapsed standards when combining all Provider Survey Types together for the appointment type. The Department will use the information reported to the Department in the "Rate of Compliance Urgent Care Appointments (All Provider Survey Types)" field and the "Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)" field in the Summary of Rate of Compliance (ROC) Tab of the PAAS Results Report Form to make this determination.

Although the VHP will not be subject to the 70% Rate of Compliance (ROC) standard for its MY 2022 results, VHP has used this threshold as a baseline in conducting the analysis of the Plan's results and the threshold will be used for comparison purpose for future measurement year.

Rate of Compliance – Urgent Care Appointments, by Network/Market

Graph 2: Summary Rate of Compliance Urgent Appointment, All Provider Types Combined by Market



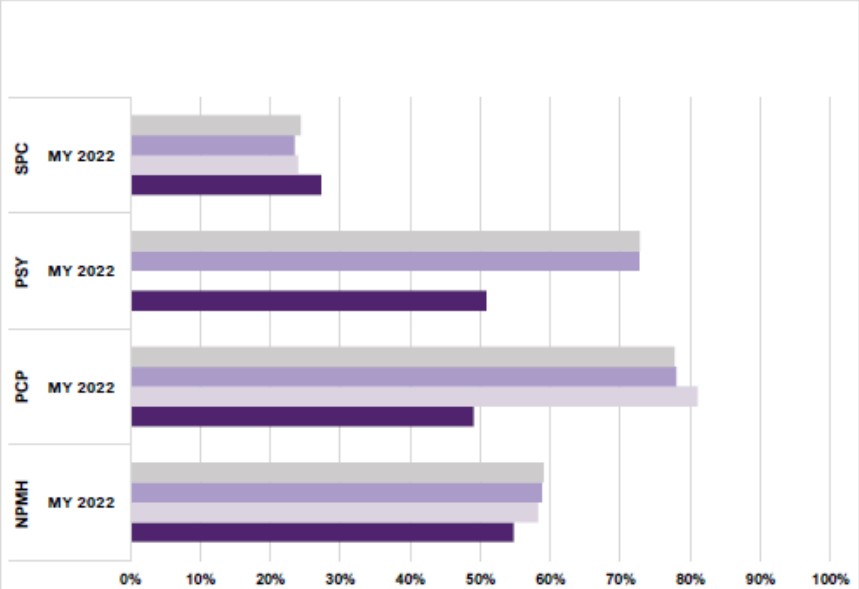
	Commercial	Medi-Cal	Narrow	Preferred
MY 2022	45%	54%	56%	55%

Data Source: DMHC PAAS Survey Results Template MY 2022 (Summary of ROC Tab)

Graph 2 shows the Summary Rate of Compliance (ROC) for urgent appointments, all provider types combined (excluding Ancillary which does not have an urgent ROC per DMHC methodology). This graphical representation is at the network level, in which Valley Health Plan has four networks: Commercial, Medi-Cal, Narrow and Preferred. The Plan's network MY 2022 ROC for urgent appointments ranged from 45% to 56%. The MY 2022 urgent rates of compliance are below the DMHC 70% threshold for urgent ROC for all networks (§ 1300.67.2.2(b)(12)(A)).

Rate of Compliance – Urgent Care Appointments, by Provider Types, and Network/Market

Graph 3: Rate of Compliance Urgent Appointment, by Provider Type and Market



	NPMH MY 2022	PCP MY 2022	PSY MY 2022	SPC MY 2022
Preferred	59%	78%	73%	24%
Narrow	59%	78%	73%	23%
Medi-Cal	58%	81%	0%	24%
Commercial	55%	49%	51%	27%

Data Source: DMHC PAAS Survey Results Template MY 2022 (Network by Provider Survey Type Tab)

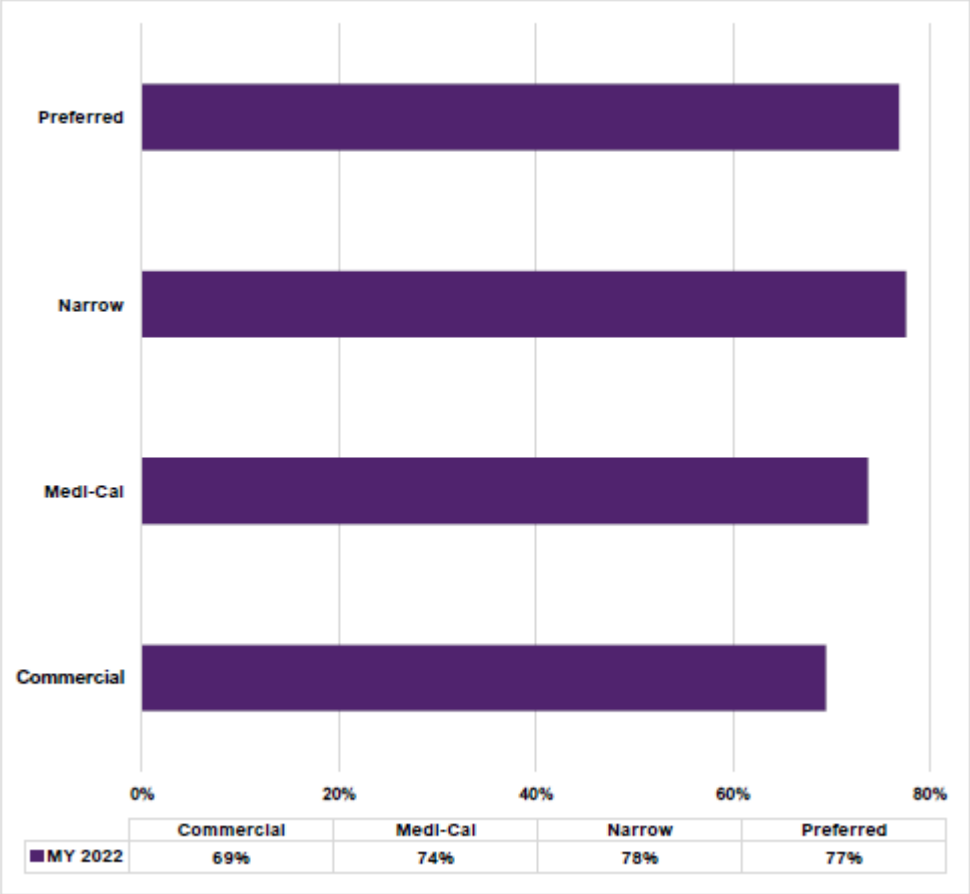
Graph 3 shows ROC for urgent appointments by provider type and network. Trends across provider types show that PCP providers reported the highest overall urgent ROC across the four networks (ROC Range: 81% - to 49%). SPC providers reported the lowest overall urgent ROC across the four networks, ranging from 23% to 27%. Trends at the network level show that Preferred, Narrow, and Medi-Cal networks reported comparable rates across all provider types, except for PSY, in which Medi-Cal had a rate of 0%. The Commercial network overall had the lowest rates out of all networks; with the exception of SPC providers, where it reported the highest rate.

The table below shows Rate of Compliance (ROC) for Urgent Care Appointments by Provider Type:

Urgent Care Appointment				
Provider Type	Appointment Type	MY 2023 Rate	Rate of Compliance (ROC)	ROC Met (Y/N)
PCP (within 48 hours)	Urgent Care	81%	70%	Y
Psychiatrist (within 96 hours)	Urgent Care	73%	70%	Y
Specialist (within 96 hours)	Urgent Care	27%	70%	N
NPMH (within 96 hours)	Urgent Care	59%	70%	N

Rate of Compliance – Non-Urgent Appointments, by Network/market

Graph 4: Summary Rate of Compliance Non-Urgent Appointment, All Provider Types Combined by Market



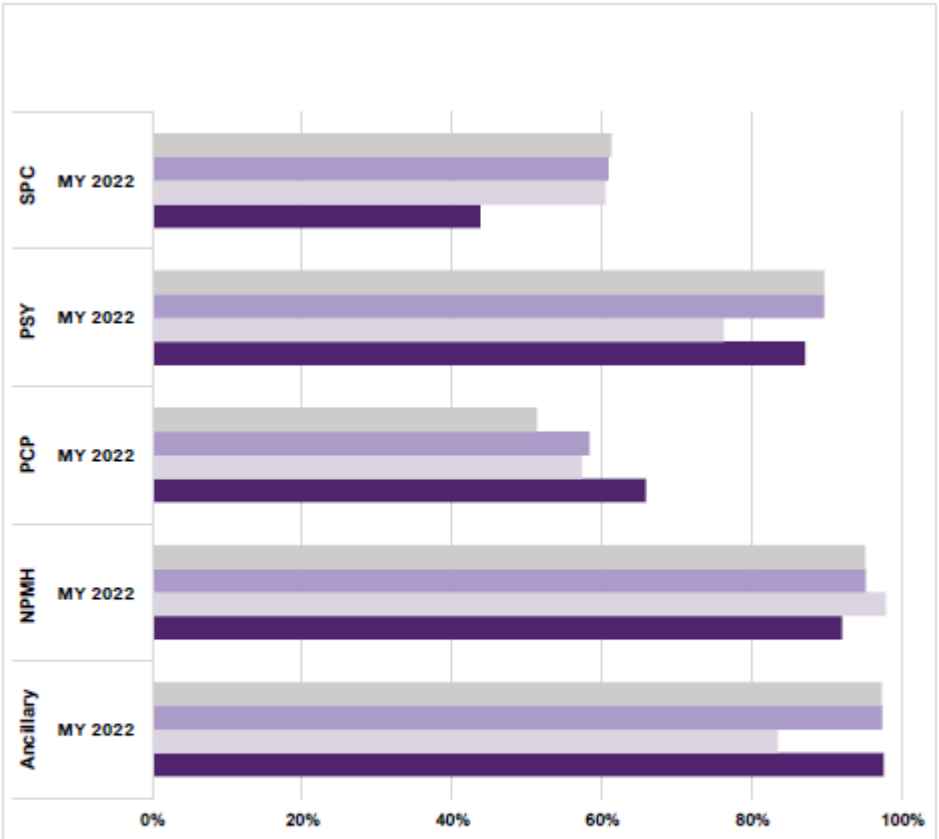
	Commercial	Medi-Cal	Narrow	Preferred
MY 2022	69%	74%	78%	77%

Data Source: DMHC PAAS Survey Results Template MY 2022 (Summary of ROC Tab)

Graph 4 shows the Summary ROC for non-urgent appointments, with all provider types combined at the network level. The Plan's MY 2022 Rates of Compliance for non-urgent appointments ranged from 69% to 78%, across the four networks. Three networks are reporting rates (74% - 78%) higher than the DMHC 70% threshold for non-urgent ROC. The Commercial Network is the only network not meeting the threshold but is only slightly below (69%) by one (1) percent (§ 1300.67.2.2(b)(12)(A)).

Rate of Compliance – Non-Urgent Appointments, by Provider Type and by Network/Market

Graph 5: Rate of Compliance Non-Urgent Appointment, by Provider Type and Market



	Ancillary MY 2022	NPMH MY 2022	PCP MY 2022	PSY MY 2022	SPC MY 2022
Preferred	97%	95%	51%	90%	61%
Narrow	97%	95%	58%	90%	61%
Medi-Cal	83%	98%	57%	76%	60%
Commercial	97%	92%	66%	87%	44%

Data Source: DMHC PAAS Survey Results Template MY 2022 (Network by Provider Survey Type Tab)

Graph 5 shows ROC for non-urgent appointments by provider type and network. Trends across provider types show that Ancillary, NPMH and PSY providers are overall reporting high non-urgent ROC across the four networks (most rates are 90% or greater). Rates for PCP and SPC are trending lower than the other provider types across the networks, ranging from 44% to 66%. Trends at the network level show some slight variances across the four networks, but overall rates are comparable across the provider types.

The table below shows Rate of Compliance (ROC) for Urgent Care Appointments by Provider Type:

Non-Urgent Care Appointment				
Provider Type	Appointment Type	MY 2023 Rate	Rate of Compliance (ROC)	ROC Met (Y/N)
PCP (within 48 hours)	Non-Urgent Care	66%	70%	N
Psychiatrist (within 96 hours)	Non-Urgent Care	61%	70%	N
Specialist (within 96 hours)	Non-Urgent Care	90%	70%	Y
NPMH (within 96 hours)	Non-Urgent Care	98%	70%	Y
Ancillary (within 15 business days)	Non-Urgent Care	97%	70%	Y

OVERALL QUALITATIVE ANALYSIS:

Barriers, Challenges from survey Methodology

The Three-Step Protocol outlined in the MY 2019 Methodology and utilized by QMetrics in administering the MY 2022 PAAS outreach campaign was the same overall approach used in the prior year and since MY 2019 as required by the DMHC. The various survey modalities each presents unique challenges and process nuances during the survey campaign, some of which are described below.

Fax:

Fax surveys returned with legibility issues or incomplete information can present a challenge during the fielding process. Based on previous lessons learned, QMetrics utilizes a process of a 100% manual review of each fax to assess accuracy and completeness of the faxed survey response after OCR data capture.

Email/Online:

A challenge with the surveys administered via the email/online process is that the emails have a chance of being blocked by spam and/or firewall rules. QMetrics works to address this challenge by monitoring for "bounce back" emails during the fielding process.

Another challenge occurs when multiple provider surveys are associated with one centralized email address. In such cases, email recipients that receive many surveys at one time may not respond to all surveys received. QMetrics utilizes its White Glove process to help reduce the burden on impacted providers and assist with obtaining completed surveys.

With the understanding that some providers may have questions about the survey, QMetrics has established a dedicated email provider inquiry inbox and responds to all provider email inquiries within one business day to provide clarification and obtain a completed survey whenever possible.

Phone:

An inherent challenge with the phone survey process is the process of navigating phone trees to find the appropriate person to complete the survey and time constraints at the provider office especially when multiple providers are associated with the same provider office phone number. QMetrics has deployed multiple approaches to address these challenges such as the White Glove process, agent training, and programmatic configuration to enable multiple surveys to be completed in one phone call or via a

provider call-back.

Another challenge with the phone surveys is encountering situations where office staff state they are not allowed to answer the survey questions and a manager would need to respond instead. This can result in being transferred to voicemails or additional phone trees which decrease the likelihood of obtaining a completed survey. QMetrics encouraged Plans to send pre-fielding notifications to provider offices to make providers aware of the upcoming survey, to remind providers of the appointment standards, and to encourage provider office cooperation.

Other Nuances Specific to the Valley Health Plan:

- During fielding, it was reported that QMetrics encountered several NPMH providers who refused to complete the PAAS. One of the NPMH provider groups who refused to complete the survey included 54 providers. QMetrics informed Valley Health Plan of the issue on 10/18/22, unfortunately alternative contact information was not able to be provided for this group. The high refusal rate is a contributing factor to the low response rate for NPMH providers, as shown in the later Comparative Analysis section.
- Psychiatry (PSY) Providers also had a low response rate due to a high number of Ineligible, Refused/Declined to Respond, and No Response dispositions. Additionally, 136 of the records with Telehealth in the County field were returned with an Ineligible – Provider Not in County disposition.
- The VHP's NPMH and PSY response rates were also low in MY 2021.

Other Barriers, Challenges inhibiting VHP's Provider to meet Goal

Some barriers inhibiting achievement of the goals may be correlated to the following:

- VHP believes that the COVID-19 pandemic and the stay-at-home order had a significant impact on providers' in office operations, creating a limitation of appointment availability. The stay-at-home order also limited the office staffs' ability to work in the office setting which impacted the providers' ability to respond to the survey in a timely manner.
- Providers do not appear to be aware that they must complete the survey within a specific timeframe for their responses to be considered compliant.
- The DMHC 's PAAS methodology imposes stringent rules by disallowing another provider in the office to see the patient if the primary provider is not available or away. This new rule is problematic and resulted in more providers being non-compliant. Scheduling appointments with an alternative physician in the same office location supports timely and appropriate access to care for patients.
- Responding to the PAAS places a significant burden on providers because each health plan collects their own survey data. As a result, providers who contract with multiple health plans and work in multiple counties could be surveyed multiple times. This contributes to survey fatigue and likely increases the non-response rate for the survey.
- A large proportion of the providers contacted for participation in the survey are deemed ineligible.

This is driven by the quality issues with the contact data. Investing time and resources up front to improve the quality of the contact data will be a priority for VHP for the next survey year.

Factors Impacting Ability to Meet Target Sample Size and/or Rates of Compliance

Despite all best efforts and initiatives in place designed to meet Target Sample Sizes, the following factors are inherent issues to consider as to why a Target Sample Size may not be met in certain County/Network combinations:

- The PAAS Methodology requires the Contact Lists to include providers contracted as of December 31st of the previous year; however, PAAS fielding does not occur until months later. Provider data that has changed during this long lag in time is likely to trigger an ineligible response or no response due to outdated contact information.
- County/Network combinations with small provider counts require all or the majority of providers to complete the survey with an Eligible – Completed Survey disposition to meet the Target Sample Size, which is very difficult to accomplish if some or any providers are deemed to be ineligible for the survey due to changing provider data.

Below are some factors that could have had an impact on compliance rates in MY 2022

- Current shortage of Primary Care Providers in the state of California, impacting timeliness of care for patients[1].

[1]Coffman, Janet, 2017, California's Primary Care Workforce: Supply, Characteristics and Pipeline, Healthforce Center at UCSF. <California's Primary Care Workforce: Supply, Characteristics and Pipeline | Healthforce Center at UCSF >

- Staffing shortages nationwide resulting in longer wait times for patients seeking care. This can impact not only timeliness of care, but a provider's ability to be able to complete a survey (impacting the Plan's ability to meet Target Sample Size)[2].

[2]Johnson, Steven, 2022, Staff Shortages Choking U.S. Health Care System, U.S. NEWS < Staff Shortages Choking U.S. Health Care System | Healthiest Communities Health News | U.S. News (usnews.com) >

- The COVID-19 Pandemic caused many patients to defer routine health care (48%)3 which has led to clinics playing catchup on preventative and routine care in MY 2022. This may also have had an adverse impact on timeliness of care[3].

[3]Shukla, Prakriti, 2022, Delay of routine health care during the COVID-19 pandemic: A theoretical model of individuals' risk assessment and decision making., National Library of Medicine. < Delay of routine health care during the COVID-19 pandemic: A theoretical model of individuals' risk assessment and decision making - PMC (nih.gov)>

OPPORTUNITIES FOR IMPROVEMENT:

VHP has prioritized below the opportunities that will be implemented to improve performance for timely access with all practitioner types. These interventions were identified based on the above analysis. The table below outlines the key interventions.

Description of Intervention for MY 2022	Barrier Address	Time Frame	Expected Outcome
Initiatives to Increase Response Rate and to Meet Target Sample Size: VHP continue to work with QMetrics to utilize a multi-faceted approach and several initiatives both prior to and during the PAAS fielding process in efforts to meet Target Sample Sizes. Some of the initiatives designed to encourage provider survey completion were as follows: • Following the census approach as the primary fielding approach • Pre-fielding provider communication • Providing a fielding implication analysis during the pre-validation process and in Plan meetings • Reviewing Plan data internally to identify potential hurdles prior to and during fielding. • Monitoring through the Interim Dashboard reporting and analysis • White Glove process • Phone fielding (5 attempts) • Utilizing VHP internal Provider Relations Department to conduct provider outreach and education	1. Overall low rate of response for all provider types 2. Unable to achieve sufficient target sample size	Prior to MY 2023 Survey Administration	To improve Rate of response and meet target Sample Size
Initiatives to Increase Rate of Compliance 1. Develop education tools on that focus on: a. Timely Access Standards b. The importance of their response to the survey. c. The limited time frames allowed for responses to be counted. d. Contractual obligation to adhere to the DMHC standards; and	Low Rate of Compliance	Prior to MY 2023 Survey Administration	To improve Rate of Compliance

e. Possible issuance of CAP and conduct follow-up on the CAP to demonstrate the importance of participation in the survey. 2. Education on the Timely Access Standards by engaging Provider Relations Department on the communication to the providers: a. During new provider orientations. b. During in-person field visits c. Publish the Timely Access standards on VHP's website. d. Publish the requirements in VHP's Provider Bulletin.			

CONCLUSION:

Timely access to health care is an important element of a high-performing health plan and VHP commits to working with its network providers to improve and achieve the standards on timely access to care for VHP's members. Giving the very strict methodology and the evolution of the methodology, VHP and our network providers have faced challenges related to data collection and reporting. The survey methodology places a significant burden on our providers who participate in multiple health plans, and who are consequently required to participate in multiple surveys. VHP's follow-up with the providers indicates that they have survey fatigue resulting in an increase in the non-response rate from our providers. Collaboration across the health plans operating in Santa Clara County may improve survey capture. Other unprecedent challenges related to the COVID-19 pandemic and the stay-at-home order significantly impacted appointment availability. VHP has seen a significant increase in the use of telehealth during this time as a way for providers to address the needs of their patients. Understanding the challenges faced by our providers has caused VHP to prioritize improvement interventions for the upcoming survey year. VHP understands that it will continue to require a substantial amount of effort by both VHP and VHP's providers to be compliant with the timely access to care standards. With the implementation of the interventions set forth above, VHP is confident that it will reduce the overall burden and challenges to the providers in the upcoming reporting year while concurrently seeing a better response rate to PAAS.