

HEALTH PLAN POLICY

Title: Accessibility of Network (USFHP)		Number: OPNC06
		Revision: B
Department: Operations	Sub-Department: Network Development	
Applicable Lines of Business: <input type="checkbox"/> Children's Health Insurance Plan <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non-Insured Business <input type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid		
Effective Date: 06/06/2022		
Revision Date(s): 08/21/2023, 07/25/2024		

PURPOSE:

To define the standards to assure the accessibility of primary care services and specialty care services. To establish a process for compliance with TRICARE requirements for timely access to care standards and monitoring activities.

DEFINITIONS AND ACRONYMS:

- **Appointment Waiting Time** – The time from the initial request for health care services by an enrollee or the enrollee's treating provider to the earliest date offered for the appointment for services inclusive of time for obtaining authorization from the plan or medical group (if delegated) and completing any other condition or requirement of the plan or its contracting providers.
- **CHRISTUS Health Plan (CHP)**
- **Primary Care Providers (PCP)** – A health care practitioner (a physician, physician assistant, or nurse practitioner) chosen by or assigned to a member that provides primary care and other medical services.
- **Specialty Care Providers (SCP)** – All practitioners providing specialty care to enrollees, which includes all specialty types included in the Medicare Specialty Codes including but not limited to dental, chiropractic, acupuncture, and vision providers.
- **TRICARE** – The Department of Defense's managed health care program for Service beneficiaries and their families, retirees and their families, survivors, and other TRICARE-eligible beneficiaries.
- **Uniformed Services Family Health Plan (USFHP)** – A U.S. Department of Defense-sponsored healthcare program that services military family members exclusively and delivers full TRICARE Prime benefits to active-duty, activated Guard and Reserve, and military retirees and their family members.
- **Urgent Care** – Health care for a condition which requires prompt attention when the enrollee's condition is such that the enrollee faces an imminent and serious threat to his or her health, including but not limited to, potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision-making process would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function.

POLICY:

All covered services must be available to members on a timely basis in accordance with TRICARE guidelines that are consistent with accepted practice parameters. The CHRISTUS Health Plan for USFHP will ensure that all contracted Primary Care Providers (PCP) and Specialty Care Providers (SCP) are in compliance with approved standards. The Health Plan will conduct annual analysis of the available

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network for its adequacy based on member's availability of practitioners to provide the services.

Methodology

A. (CHP) USFHP utilizes certified vendors to conduct the availability study.

B. The vendor is responsible to conduct survey via phone and mail (if needed). The primary mode of administration should be via phone, however if providers request a paper version of the survey, the survey instrument will be faxed to the provider office for completion. Provider office staff will be required to submit the completed responses back to the vendor within 5 business days.

C. Monitoring and Corrective Action Process- (CHP) USFHP monitors appointment access through an annual access to care survey conducted by a third-party vendor. The survey questions are based on the tool evaluated by (CHP) USFHP. The compliance rates for each question are calculated based on the responses given by the provider offices. The compliance rate is calculated based on the number of respondents meeting the timeframe thresholds established for individual questions. The vendor is responsible to enter all the collected responses into a database and provide a compliance rate for each question in the written report. The vendor should also provide detailed logs of providers not meeting the compliance threshold for any of the appointment wait time standards.

D. (CHP) USFHP will send a request for "corrective action plan" notice to all providers failing on any of the standards. Providers will be required to submit a written response to (CHP) USFHP within 60 days of the CAP notice. All providers failing on any of the thresholds will be included in an annual comparison analysis so that (CHP) USFHP can measure if corrective actions have been implemented and noncompliance issues have been resolved. The Network team is responsible for presenting the identified results via Quality Improvement Committee (QIC) and producing reports.

Standards

The comparison of performance of providers is based on the following standards:

A. Primary Care Providers Access to Care Standards (PCPs)

Criteria	Standard
Urgent (acute) Care Authorizations/Visits	<ul style="list-style-type: none">• Within 24 hours.• Drive time within 30 minutes of the beneficiary's residence.
Routine Care Visits	<ul style="list-style-type: none">• Within 7 calendar days• Drive time within 30 minutes of the beneficiary's residence.
Well-patient Visits	<ul style="list-style-type: none">• Within 28 calendar days
Non-Emergency Office Wait Time	<ul style="list-style-type: none">• 30 minutes maximum

B. Specialist Care Providers Access to Care Standards (SCPs)

Criteria	Standard
Specialty Care Visits	<ul style="list-style-type: none">• Within 28 calendar days.• Drive time within 60 minutes of the

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beneficiary's residence.

REFERENCES:

- [TRICARE Manuals - Home \(health.mil\)](http://health.mil)

RELATED DOCUMENTS:

- Availability – Texas and Louisiana Policy (OPCN05)
- USFHP Provider Manual

REVISION HISTORY:

Revision	Date	Description of Change	Approval Committee
New	06/06/2022	Initial release.	Executive Leadership
A	08/21/2023	Annual review. Updated template, definitions, references, and related documents.	Executive Leadership
B	07/25/2024	Annual review. Updated definitions and references. Added verbiage to clarify the applicable LOB in the policy section.	P & P Committee