

# MEDICAL ASSOCIATES HEALTH PLANS

## ADMINISTRATIVE POLICY AND PROCEDURES MANUAL

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**POLICY NUMBER:** 2

**POLICY TITLE:** Standards for Access to Care and Service

**POLICY STATEMENT:** Medical Associates Health Plans (MAHP) is committed to meeting the medical and behavioral health care needs and concerns of its members in a timely fashion. To achieve this goal, the following standards of care and service have been developed to describe this commitment.

**DESCRIPTION:** All members shall have access to care both during and after regular office hours and on weekends. MAHP recognizes and incorporates the following definitions into these standards for access to care:

1. **Primary Care** – Primary Care is defined as those services provided by practitioners whom members utilize for the majority of their health care needs. These services include routine physicals, preventive health services, and other non-emergent needs. These services are provided by the practitioners of Internal Medicine, Pediatrics, Family Practice, Acute Care and Obstetrics/Gynecology.
2. **Behavioral Health Care** – Behavioral Health Care is defined as services provided by psychologist and psychiatrist. These services include counseling, medication management, substance abuse treatment and other behavioral health services.
3. **Regular and Routine Care** – Appointments are for members with chronic, minor illness or reappointments for a disease process (i.e., Diabetes, Sinus problems, rechecks, etc.)
4. **Urgent Care** – Urgent Care is defined as those medical services provided in cases where patients have experienced a change in health status that is not considered life threatening. These services are provided by primary care practitioners, specialty care practitioners, or participating MAHP walk-in care facilities (including Acute Care).
5. **Emergency Care** – Emergency Care is defined as those medical services provided in cases of a serious or disabling condition resulting from injury or illness which arises suddenly and requires immediate care and treatment to avoid serious physical impairment. These services are provided by primary care practitioners, specialty care practitioners, or participating MAHP walk-in care facilities (including Acute Care).

### ***Standards for General Professional Behavior and Concern for Patients/Members***

1. Employees and practitioners will show respect for patient confidentiality by not accessing a patient's medical record unless the medical record is necessary for the provision of medical services or the administration of MAHP.
2. Employees and practitioners will respect the privacy of all patients and members.
3. Employees and practitioners serving members will clearly display visible identification.
4. Adult members will be addressed by name, including title (i.e., Mr. Smith, Ms. Jones) or full name (i.e. John Smith, Jane Jones) unless otherwise directed by the member.
5. Employees and practitioners will make themselves visible when calling a member from the waiting area and escorting them to an office or examination room.
6. With every routine office visit, the address and telephone numbers recorded in the chart are verified with the patient and corrected if necessary.
7. Patients shall be treated in accordance with the "Members' Rights and Responsibilities" statement.

### ***Standards for Telephone Access – During Normal Hours of Operation***

1. All practitioner offices will have adequate telephone coverage during normal hours of operations, i.e., 8:00 a.m. to 5:00 p.m., Monday through Friday.

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2. Employees will identify themselves by their name and department when answering the telephone. Practitioners will identify themselves by name when answering the telephone.
3. All messages of an emergent or urgent nature are given immediately to the requested practitioner or designee. Other messages are given to the requested practitioner or designee in a timely manner (i.e. within 30 – 60 minutes).
4. Employees, when having telephone contact, will:
  - a. Demonstrate caring, courteous attributes.
  - b. Possess good communication abilities appropriate for telephone service.
  - c. Identify the office/department, themselves, and include a greeting with an offer of service (i.e. “How may I help you?”).
5. Incoming calls (after answered by a live voice), will be placed “on hold” only if absolutely necessary, provided the caller is able to hold. Staff will ask if the caller can continue to hold or have a call returned to them in a mutually agreeable time frame.
6. All members shall have access to the MAHP Member Services Department. The staff is available to members to answer inquiries, related concerns, clarification on benefits and claims related issues, etc. The staff is available 8:00 a.m. to 5:00 p.m., Monday through Friday.
7. **Automated Phone Systems** utilized during normal business hours will meet the following criteria:
  - Message will state the name of the facility and hours of operation
  - Give clear instructions for calls of urgent or emergent nature
  - Keep “press” key instruction options to a limited number

### ***Standards for Telephone Access – After Normal Hours of Operation***

1. All practitioners and providers will make available to patients an emergency telephone number for use *after* regular office hours for receipt of care, *or* may instruct the caller whom to call or where to proceed to receive care.

MAHP contracted providers are encouraged to arrange coverage when the office is closed. The following scripts **may** be used:

- Medical Associates Clinic providers: “If this is a life threatening emergency, hang up and dial 911. If this is not life threatening, call (*insert practitioners name who is covering*) or MAHP Patient Services Help Nurse at 563-584-3110 or 1-800-648-6868.”
  - All other practitioners: “If this is a life threatening emergency, hang up and dial 911. If this is not life threatening, call (*insert covering practitioner’s name*) or call the emergency room (*name of hospital*) at (*insert hospital emergency room phone number*).
2. All members shall have access to the Medical Associates Patient Services Department nurses. These nurses are available 24 hours/day, including weekends and holidays to provide medical advice and assist patients with accessing appropriate medical care. There is no charge to members for this service.

### ***Standards for Access to Care for Special Needs Members with Cultural, Linguistic and Complex Needs***

MAHP shall make provisions for the access of special needs members and under-served populations as follows:

1. Primary care practitioner offices, specialty care offices, and all behavioral health practitioner offices will be evaluated for handicap accessibility at the time of the initial credentialing site visit or on an as needed basis.
2. MAHP shall provide a Telecommunications Device for the Deaf 800 number for the deaf and hearing impaired.

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3. MAHP will monitor the percent of non-English speaking population within the service area per the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and will implement or recommend needed actions at a threshold of 5%.
4. Propio is a language line available to Medical Associates staff to use when working with individuals that speak another language See Attachment A
5. MAHP will monitor the average literacy level of the population within the service area and will create member materials, which are compatible with such level.\*
6. MAHP can provide Complex Case Management for Members with health issues that need a coordinated effort to provide care.

\*Resources which may be utilized include the State E-gov data on readability.

### ***Standards for Appointment Access***

1. Members shall have open access to network practitioners including primary care and specialty care practitioners (with the exception of some specialties where a referral from the primary care practitioner is required).
2. Patients requiring out of area / non-participating behavioral health provider services will be directed to the Health Care Services Department per Health Care Services Policy and Procedure Mental Health Access Standards.
3. Members within the MAHP service area will have access to a primary care practitioner within 20 miles of the member's home and specialty care practitioner within 60 miles of the member's home.
4. Patients requesting routine care, such as defined above, shall have appointment access to practitioners within the network within 30 days of the request. If the practitioner the patient is requesting is not available within 30 days, an appointment should be offered and/or arranged with another practitioner in that department/office. If the patient declines, the department/office has still acted according to the standard.
5. Patients being evaluated in a walk-in facility or primary care office, who are needing out of area / non-participating behavioral health provider services, will be directed to the Health Care Services Department per Health Care Services Policy and Procedure, Mental Health Access Standards. The patient may subsequently be referred back to a primary care practitioner or a specialty care provider for further care if the patient's condition indicates.
6. Patients requiring urgent care, such as described above, will be seen within 48 hours of the request. Patients requiring urgent care may initially be seen by a primary care practitioner in an effort to triage and stabilize the patient. Once stabilized, the patient may be referred to a specialty care practitioner. Subsequent appointments with specialty care practitioners will be provided within 14 days of the request.
7. Patients requiring emergency care, as defined above, will be seen on the same day of the request. Receptionists/Central Scheduling staff will locate a department nurse for triage.
8. The Medical Associates Patient Services and MAHP Health Care Services staff is available to all members to assist in accessing appointments with any practitioner within the MAHP service area.
9. Each 20 mile radius practitioner service area that a member's home falls into shall have an office that is accepting new patients.
10. Behavioral Healthcare appointments will be handled with the following goals in mind:
  - Care will be provided within 6 hours for non-life-threatening emergencies (in the behavioral health practitioners' office or an emergency department, if directed).
  - Urgent care needs will be provided with an appointment within 48 hours.
  - Initial care appointments will be provided within 10 business days.

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- Appointments for routine follow-up care with Psychology will be within 30 days and Psychiatry 45 days of the initial care appointment.

Triaging behavioral healthcare appointment needs is done by the practitioner's office. Members calling MAHP to make such appointments will be directed to our behavioral healthcare practitioners' offices. For those members seeking out of area / non-participating behavioral healthcare services, the MAHP Health Care Services Department will assist in management of these.

### ***Standards for Appointment Delays***

1. Patients will be advised when a practitioner is more than 20 minutes behind schedule. Patients will be allowed the opportunity to wait, knowing of the delay, or reschedule the appointment if necessary.
2. When the patient checks in for his/her appointment, the receptionist will inform the patient that the practitioner is running behind schedule, apologize for the delay and explain approximately how long the patient can expect to wait, or if they cannot wait, another appointment will be made within a time frame that is acceptable to the patient and to the practitioner based on medical appropriateness.
3. When the practitioner is delayed significantly, the patient should be allowed to remain in the comfort of the waiting room, rather than in an exam room.

### ***Standards for Follow-Up on Abnormal Test Results***

1. Abnormal test results will be released only to the patient or a representative designated by the patient. This notification may be communicated via patient portal, letter, telephone, or verbally during a follow-up appointment and will be documented in patient's medical record.
2. Under no circumstances should test results be placed on answering machines or voicemail. If the phone is answered by an answering machine or voicemail a message should be left identifying the caller and the request for a return call.
3. Patients are to be notified on a timely basis of all abnormal critical test results. The timeliness of the notification is based upon the medical indication and urgency of follow-up care of the need for a change in treatment plan.

### **PROCEDURE:**

1. The development and revision of these standards will be the responsibility of MAHP. Revisions to the standards will be based upon responses to member and provider satisfaction surveys, results of accessibility/availability audits which are conducted at least annually, and at the direction of the Quality Improvement Committee or Medical Associates Clinic Board of Directors.
2. A copy of these standards will be provided to all MAHP practitioners. Additionally, these standards will be placed in the MAHP "Provider Reference Guide." Feedback regarding performance against these standards will be provided to practitioners at the direction of the Quality Improvement Committee and Board of Directors.

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Zach Keeling  
Chief Executive Officer  
Medical Associates Clinic & Health Plans

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Date

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Jill Mitchell  
Chief Operating Officer  
Medical Associates Health Plans

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Date

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Dr. Westpheling  
Interim Acting QIC Chair  
Quality Improvement Committee

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Date

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Chad Nachtman, MD  
President, Board of Directors  
Medical Associates Clinic

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Date

Original Effective Date: 08/94  
Revised Dates: 08/95, 04/00, 08/00, 10/00, 10/01, 01/02, 01/03, 07/03, 02/04, 01/05, 02/07, 01/08, 07/09, 02/10, 02/11, 03/12, 01/13,  
03/14, 03/15, 01/16, 01/17, 01/18, 12/18, 9/20, 9/21, 9/23  
Reviewed Dates: 07/96, 01/11

**REQUIRED DISTRIBUTION LIST**

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|---|---|--|
| <input type="checkbox"/> Administration   | <input type="checkbox"/> EDI                  | <input type="checkbox"/> Member Services                     |
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# MEDICAL ASSOCIATES HEALTH PLANS ADMINISTRATIVE POLICY AND PROCEDURES MANUAL

Attachment A:

### Medical Associates Clinic / Propio Telephonic Interpreter Services

(Be sure to call Administration at 4100 each time you use the interpreter line, with the date of the call, length of the call, patient's name, and physician/employee's name who made the call.)

1. Dial: **1-855-293-8133**
2. Select the Language:  
For a Spanish Interpreter, press 1  
For all other languages, enter 2-digit language code
3. Enter Access Code: **7408**  
Provide required information:  
**Caller's First and Last Name (this is very important)**  
**Location**  
**Limited English Speaker's First and Last Name**

Third-party dial out: Notify the first person who answers (interpreter/coordinator). Please note: International calls are subject to additional fees. Ask internal management for approval. Client Support: 1-888-528-6692 Back-up Interpreter Number: 1-866-386-1284  
(Only use if primary number is unavailable)



Top Language Codes				Language	Code	Language	Code	Language	Code	Language	Code
Language	code	Language	code	Albanian	47	Fulani	30	Kurdish	76	Samoan	79
Albanian	47	Kinyarwanda	94	Amharic	39	Georgian	82	Laotian	50	Serbian	82
Amharic	39	Korean	30	Arabic	23	German	61	Lithuanian	69	Serbo-Croatian	64
Arabic	23	Mandarin	24	Armenian	59	Greek	63	Macedonian	93	Somali	29
Bengali	48	Nepali	25	Bangla	58	Gujarati	40	Mai	78	Spanish	01
Bosnian	37	Oromo	96	Bengali	48	Haitian Creole	29	Malayalam	75	Swahili	38
Burmese	21	Pashto	77	Bosnian	37	Hakha-Chin	95	Mandarin	24	Tagalog	46
Cambodian	51	Polish	42	Bulgarian	67	Hakka Chinese	87	Mandingo	89	Tamil	85
Cantonese	31	Portuguese	35	Burmese	21	Hebrew	90	Marshallese	81	Teddim	96
Chuukese	18	Punjabi	49	Cambodian	51	Hindi	43	Mongolian	72	Thai	57
Dari	80	Rohingya	16	Canadian French	55	Hmong	44	Nepali	25	Tibetan	83
Farsi	33	Russian	27	Cantonese	31	Ibo	65	Oromo	96	Tigrinya	45
French	26	Somali	29	Chin	32	Indonesian	70	Pashto	77	Tongan	97
Gujarati	40	Swahili	38	Chuukese	18	Italian	50	Persian	74	Turkish	54
Haitian Creole	28	Tagalog	46	Croatian	92	Japanese	83	Polish	42	Twi	86
Hakha-Chin	95	Tigrinya	45	Dari	80	Karen	34	Portuguese	35	Ukrainian	71
Hindi	43	Turkish	54	Dutch	84	Karenni	60	Punjabi	49	Urdu	41
Hmong	44	Ukrainian	71	Farsi	33	Kinyarwanda	94	Rohingya	16	Vietnamese	22
Japanese	63	Urdu	41	Filipino	73	Kirundi	63	Romanian	52	Yoruba	98
Karen	34	Vietnamese	22	French	26	Korean	30	Russian	27	Language Not Listed*	99

Complete list online: [LanguageCodes.info](http://LanguageCodes.info)

\* For the quickest connect time, please use language specific 2-digit code when available.