DOCUMENT HISTORY LOG

STATUS[1]	DOCUMENT REVISION[2]	EFFECTIVE DATE	DESCRIPTION[3]
Baseline	2.0	October 1, 2016	Initial version Uniform Managed Care Manual Chapter 5.4.1.14, "After-Hours Provider Accessibility Report Instructions." This chapter applies to contract issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-13-0042, and 529-13-0071.

[1] Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

[2] Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

[3] Brief description of the changes to the document made in the revision.

I.   Applicability of Chapter 5.4.1.14

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS and STAR Kids Programs (The term "MCO" includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. MCOs participating in the demonstration may also be referred to as Medicare-Medicaid Plans (MMPs) in this chapter.

All MCOs must submit an Accessibility Report (UMCM Chapter 5.4.1.13) for each Service Area in accordance with the instructions below.

II.   Objective

MCOs contracting with the State of Texas to provide comprehensive health care services to qualified Program recipients must submit the After-Hours Provider Accessibility Report in accordance with the Contract for services between HHSC and the MCO, and in accordance with the instructions below. Ad Hoc reports may be requested by HHSC as needed.

III.   General

The After-Hours Provider Accessibility Report must be completed using the template provided by HHSC. Each MCO is required to submit one report that includes all Service Areas by plan code.

All shaded data fields in the After-Hours Provider Accessibility Report represent fields where data input is required. All data fields not shaded represent cell-referenced data or calculations.

HHSC will provide the After-Hours Provider Accessibility Report template to the MCOs in an electronic format. Spreadsheet integrity is critical to the automated compilation of this data. MCOs may not alter the file name, worksheet name, existing cell locations, or the format of the data in the cells. MCOs may not add or delete any columns or rows to the spreadsheet.

IV.   Naming Convention and Submission

MCOs must choose one plan code for the deliverable name and submission.

V.   After-Hours Provider Accessibility Report

The After-Hours Provider Accessibility Report will provide HHSC with information on member access to care by plan code and SDA. The After-Hours Provider Accessibility Report must be submitted annually by the 2nd Friday in December following the report period.

VI.   Data Entry Instructions

Please follow the instructions for each of the tabs in the workbook listed below. Each row should contain provider After-hours accessibility measures for one plan code. MCOs are required to populate the data in the After-hours Accessibility Report tab in Excel. After-hours accessibility measurements must range between 0 and 100%, formatted as a percentage with two decimal places. HHSC interprets 0% as no access to a provider type. If there are no members residing in non-urban counties it is appropriate to use "N/A" rather than zero for measures related to outpatient behavioral health.

Report Elements

The following instructions apply to each section/column of the tabs.

1. **MCO Information**
   - **Plan Code**
     - o Select a plan code from the drop down for each row. After the plan code is selected, MCO program and Service Area will be automatically populated.
   - **MCO, Program, and Service Area**
     - o Do not enter any data, data will auto populate based on Plan Code.

2. **Reporting Period**
   - Please select the reporting period (e.g. SFQ1, SFQ2, SFQ3 and SFQ4) from the drop down column to indicate the quarter when survey was completed.

3. **After-Hours Compliance: MCOs must require that PCPs are accessible to Members 24 hours a day, seven (7) days a week.**
   a. **Columns F - K: Language Compliance(English/ Spanish):** the office telephone is answered after normal business hours by a recording in the language of each of the Major Population Groups served, directing the patient to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone.
   b. **Columns L-Q: Accessibility to Reach a Provider (<30 minutes) Compliance:**
      i. The office telephone is answered after-hours by an answering service that meets language requirements of the Major Population Groups and that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes and;
      ii. The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP, or another designated medical provider, who can return the call within 30 minutes
   - **Language Compliance and the 30 minute accessibility sub-columns**: MCOs should enter numerical data in the following columns labeled below for PCP providers in STAR, STAR+PLUS and STAR Kids programs for each SDA:
      o **Columns F & L: Total number of providers within the SDA**- specify the total number of providers within each SDA
      o **Columns G & M: Number of Providers Surveyed in SDA**- specify the number of providers surveyed to determine compliance with after-hours accessibility standards.
      o **Columns H & N: MCO anticipated annual percentage Goal/ target for compliance**- MCO should specify their internal accessibility goal/ target for ascertaining compliance.
      o **Columns I & O: Percent of Compliant Practitioners** - specify the percentage of practitioners/ providers compliant with the MCO and HHSC accessibility standards
      o **Columns J & P: Percent of Non-Compliant Practitioners**- specify the percentage of practitioners/ providers who failed to meet MCO and HHSC accessibility standards
      o **Columns K & Q: Compliance Standard Met:** Select (yes or no) from the dropdown list whether the standard was met. If the standard was not met, the cell is conditionally formatted to highlight as red when No response was selected from the drop down list.
      o Do not include dual eligible members in calculations.