Measurement Year 2019

Provider Appointment Availability Survey (PAAS)

Survey Tool

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**Provider Appointment Availability Survey
Measurement Year 2019**

Survey Tool Introduction

The Department of Managed Health Care developed this Survey Tool to conduct the Provider Appointment Availability Survey (PAAS) via the Three Step Protocol. The Survey Tool contains six survey scripts to be used in administering the PAAS. The Email, Electronic Communication or Fax Survey is used to administer the survey to all Provider Survey Types. The remaining five survey scripts are specific to each Provider Survey Type, and are used only to administer the survey telephonically.

Before making any changes to the Survey Tool, the health plan must review the MY 2019 PAAS Methodology for specifications related to allowable changes to the Survey Tool and eFiling requirements.

Instructions in the survey scripts, related to completing specific fields or administering the survey, are in italics. Responses to the survey and compliance calculations must be recorded in the *Raw Data Template* and submitted to the Department in the health plan's *Timely Access Compliance Report*.

Email, Electronic Communication or Fax Survey Script

Please respond to this survey on or before <u>mm/dd/yy</u>; otherwise, *(name of survey vendor)* will contact you via phone to complete this survey.

Thank you for participating in this survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey is designed to assist [insert health plan name(s)] in assessing enrollee access to provider services. Please respond to this survey no later than five business days of this communication. *[If sending a reminder, the health plan should change the requested response time to indicate the amount of time remaining to respond.]*

The date and time you respond to the survey is used to calculate appointment wait times. Please indicate the date and time of this response:

Date: (mm/dd/yy)
Time: (hh:mm am/pm) PT

[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm). If the online software or program used to conduct the survey accurately captures the time and date of the response in Pacific Time, this question must be omitted and this data must be used to populate the response date and time in the Raw Data Template. All fax surveys must include this field.]

[Confirm the provider's contact information, including name and specialty. (Address, county, telephone number, NPI, etc. are optional fields that may be validated during the survey.) Health plans may allow the provider to update the contact information during the survey or provide information on how to separately report any updates or corrections to the provider's information. In addition, the health plan should confirm the provider is eligible to take the survey.]

Please indicate whether any of the following items apply to [Provider Name or FQHC/RHC Name]:

__ I do not practice in [County].
__ I am retired or for other reasons am no longer practicing.
__ I am not [insert type of provider being surveyed].
__ [Provider Name or FQHC/RHC Name] is not affiliated with the email or fax number that this survey was sent to.
__ I do not provide [insert type of provider being surveyed] appointments.
__ I am not scheduling appointments because I am out of the office on leave (e.g., maternity leave, vacation, etc.).

[If the provider checked one of the first five items, record the provider as ineligible in the outcome field of the Raw Data Template and replace the provider with another provider from the oversample. If the provider is not scheduling appointments because he or she is on leave, in the Raw Data Template record "NA" in the question fields and "N" in the calculation fields to indicate that the provider does not have an urgent and non-urgent appointment available within the applicable appointment standards.]

If any of the above items apply, the survey is complete. Please submit the survey by *[insert directions to submit the survey]*. Thank you for your time.

If none of the above items apply, please note the following items and provide a response to the following questions:

- If patients are served on a walk-in or same day basis, provide the date and approximate time that a patient walking in at the time of the call would be seen.
- If appointment wait times depend upon whether the patient is a new or existing patient, use the earlier appointment date and time (shorter duration time).

Question 1:

Urgent services are for a condition which requires prompt attention, but does not rise to the level of an emergency. When is [Provider Name or FQHC/RHC Name]'s next available appointment date and time for urgent services? *[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm) PT or indicate that this appointment type is not applicable and provide a brief explanation.] [Urgent appointments are not measured for Ancillary Providers. Please exclude this question from surveys sent to Ancillary Providers and renumber the questions appropriately.]*

Calculation 1:

[Record on the Raw Data Template in the urgent calculation field whether an urgent appointment is available within 48 hours (Primary Care Providers) or 96 hours (Specialist Physicians and Non-Physician Mental Health Providers). If NA, insert the explanation in the "Comment 1" field of the Raw Data Template.]

Question 2:

When is [Provider Name or FQHC/RHC Name]'s next available appointment date and time for non-urgent services? *[Allow space for provider to insert date (mm/dd/yy) and time (hh:mm am/pm) PT or indicate that this appointment type is not applicable and provide a brief explanation.]*

Calculation 2:

[Record on the Raw Data Template in the non-urgent calculation field whether a non-urgent appointment is available within 15 business days (calculated as 21 calendar days) for Specialist Physicians, Psychiatrist and Ancillary Providers or within 10 business days (calculated as 14 calendar days) for Primary Care Providers and Non-Physician Mental Health Providers.[1] If NA, insert the explanation in the "Comment 2" field of the Raw Data Template.]

This concludes our survey. [Insert directions to submit the survey.] Thank you very much for your time.

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[1] *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends must be included when calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes.*

Telephonic Survey Introduction

The telephonic survey scripts for each of the five Provider Survey Types are set forth below. The following information is excerpted from the MY 2019 PAAS Methodology and provided here for the Survey Administrator's convenience. Please note the information excerpted has been modified for use with the telephonic survey. Review the MY 2019 PAAS Methodology for complete information related to administering the survey.

Replacements of Non-Responding and Ineligible Providers

An ineligible or non-responding provider (defined below) shall be replaced if another provider from the oversample of the same Provider Survey Type and within the same County/Network is available. If a replacement of a provider is necessary, use the next available provider in the oversample as a replacement until the required sample size is reached. Continue to replace providers until either the required sample size is reached or all of the providers of that same Provider Survey Type in the County/Network have been exhausted.

Non-Responding Providers

A non-responding provider is a provider that does not respond to one or more applicable items within the required time-frame or that declines to participate in the survey.

Ineligible Providers

A provider is ineligible if he/she meets the definition of one or more of the following outcomes:

- "Provider not in Plan Network" – The provider no longer participates in the health plan's network at the time the survey is administered or did not participate in the health plan's network on December 31 of the prior year;
- "Provider not in County" – The provider does not practice in the relevant county at the time the survey is administered or on December 31 of the prior year;
- "Provider retired or ceasing to practice" – The provider retired or for other reasons is no longer practicing;
- "Provider Listed under Incorrect Specialty" – Was included in the *Contact List* under an incorrect Provider Survey Type;
- "Contact Information Issue (Incorrect Phone or Fax Number/Email)" – Was unable to be surveyed because he/she was listed in the database with incorrect contact information that could not be corrected; or
- "Provider does not offer Appointments" – The provider does not offer enrollees appointments (e.g., provides only hospital-based services or peer-to-peer e-consultation services).

Record the Response and/or Outcome in the Raw Data Template

Once the health plan has a response to the applicable survey questions (or has identified the provider as being ineligible or non-responsive), record the response and/or outcome to that provider for all applicable networks within the county in the *Raw Data Template*.

Compliance Determinations

For each response to the question related to the next available appointment, a calculation must be made to determine compliance. All compliance determinations shall be recorded on the *Raw Data Template* in the appropriate calculation field.

Survey Administration Notes

• If the provider reports that the wait time would depend upon whether the patient is a new or existing patient, request the dates for both and use the earlier date (shorter duration time).

• If the provider reports that patients are served on a walk-in or same day basis, ask the provider to provide the date and approximate time that a patient walking in at the time of the call would be seen.

• If the provider is not scheduling appointments at the time of the survey because the provider is out of the office (e.g., vacation, maternity leave, etc.), in the *Raw Data Template* record "NA" in the appointment date and time fields and "N" in the calculation fields to indicate that the provider does not have an urgent and non-urgent appointment available within the applicable standard.

• If a provider declines to respond to the survey, offer the option to respond at a later time. If the provider is willing to participate later, the health plan shall offer the provider the option to receive a follow-up call within the next two business days. If the provider declines to receive a follow-up call or does not respond within the next two business days, record the provider as a non-responder on the *Raw Data Template* and replace the provider with a another provider from the oversample.

• Referral of a patient to a different provider (e.g., a provider covering for a provider on vacation or in a separate urgent care center) cannot be recorded as the initially surveyed provider providing an appointment. An appointment offered at a different office in the same county with the same provider can be recorded as an available appointment with the initially surveyed provider. (For FQHCs/RHCs, appointment availability at a separate site with any provider of that Provider Survey Type within the same FQHC/RHC qualifies as an available appointment.)

• All survey calls shall be conducted during normal business hours.

Telephonic Primary Care Provider Survey Script

Date Survey Completed: _____ *[mm/dd/yy]*
Time Survey Completed: _____ *[hh:mm am/pm] PT*
Provider First Name: _____
Provider Last Name: _____
FQHC/RHC Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Provider Survey Type: _____Primary Care Provider
Specialty / Subspecialty: _____
Address: _____ *[Optional to validate]*
County of this Office Location: _____ *[Optional to validate]*

Introduction:

"Hello. My name is [Say Name]. I am calling [from health plan name or on behalf of health plan name(s)] to conduct an appointment availability survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes.[2] Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider Name or FQHC/RHC Name]?"

- If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

- If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

Validate Provider Information
If yes, validate the office information above with the person spoken to and conduct the survey. Please ensure that the surveyor has access to the provider's address located within the appropriate county in case this information is necessary to access appointment data; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

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[2] *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey, as appropriate.*

If the provider is a non-responder or is ineligible to take the survey for any of the reasons set forth above in the Telephonic Survey Introduction, mark the provider as a non-responder or ineligible for the survey in outcome field of the Raw Data Template, then move on to the next provider in the oversample to ensure the required target sample sizes are met or there are no additional Provider Survey Types remaining in the County/Network to survey.

Question 1:

"Urgent services are for a condition which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer urgent appointments.
_____   Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave*.*

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 48 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template in the urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available urgent appointment within 48 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 48 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 48 hours because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer urgent appointments.*

(Go to Question 2.)

Question 2:

"When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for non-urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer non-urgent appointments.
_____   Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave*.*

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 10 business days (14 calendar days) of your request. [3] Indicate in the Raw Data Template in the non-urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available non-urgent appointment within 10 business days.*
- *Mark "N" to indicate no, there is no available non-urgent appointment within 10 business days.*
- *Mark "N" to indicate no, there is no available urgent appointment within 10 business days because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer non-urgent appointments.*

(Conclude survey.)

"This concludes our survey. Thank you very much for your time."

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[3] *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends must be included when calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes.*

Telephonic Specialist Physicians Survey Script

Date Survey Completed: _____ *[mm/dd/yy]*
Time Survey Completed: _____*hh:mm am/pm] PT*
Provider First Name: _____
Provider Last Name: _____
FQHC/RHC Name: _____
Person Spoken to: _____
Health plan creating survey data:_____
Name of individual conducting survey:_____
Provider Survey Type: _____Specialist Physicians
Specialty/Subspecialty:
　　　　　_____Cardiovascular Disease
　　　　　_____Endocrinology
　　　　　_____Gastroenterology
Address: _____ *[Optional to validate]*
County of this Office Location: _____ *[Optional to validate]*

Introduction:

"Hello. My name is [Say Name]. I am calling [from health plan name or on behalf of health plan name(s)] to conduct an appointment availability survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes.[4] Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider Name or FQHC/RHC Name]?"

- If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]

- If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. Please ensure that the surveyor has access to the provider's address located within the appropriate county in case this information is necessary to access appointment data; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

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[4] *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey, as appropriate.*

If the provider is a non-responder or is ineligible to take the survey for any of the reasons set forth above in the Telephonic Survey Introduction, mark the provider as a non-responder or ineligible for the survey in outcome field of the Raw Data Template, then move on to the next provider in the oversample to ensure the required target sample sizes are met or there are no additional Provider Survey Types remaining in the County/Network to survey.

Question 1:

"Urgent services are for a condition which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer urgent appointments.
_____   Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave*.*

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 96 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template in the urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available urgent appointment within 96 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 96 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 96 hours because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer urgent appointments.*

(Go to Question 2.)

Question 2:

"When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for non-urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer non-urgent appointments.
_____   Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave*.*

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 15 business days (21 calendar days) of your request.[5] Indicate in the Raw Data Template in the non-urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available non-urgent appointment within 15 business days.*
- *Mark "N" to indicate no, there is no available non-urgent appointment within 15 business days.*
- *Mark "N" to indicate no, there is no available urgent appointment within 15 business days because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer non-urgent appointments.*

(Conclude survey.)

"This concludes our survey. Thank you very much for your time."

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[5] *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends must be included when calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes.*

Telephonic Psychiatrists Survey Script

Date Survey Completed:_____ *[mm/dd/yy]*
Time Survey Completed: _____ *hh:mm am/pm] PT*
Provider First Name: _____
Provider Last Name: _____
FQHC/RHC Name: _____
Person Spoken to: _____
Health plan creating survey data:_____
Name of individual conducting survey:_____
Provider Survey Type: _____Psychiatry
Address: _____ *[Optional to validate]*
County of this Office Location: _____ *[Optional to validate]*

Introduction:

"Hello. My name is [Say Name]. I am calling [from health plan name or on behalf of health plan name(s)] to conduct an appointment availability survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes.[6] Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider Name or FQHC/RHC Name]?"

- *If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]*

- *If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.*

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. Please ensure that the surveyor has access to the provider's address located within the appropriate county in case this information is necessary to access appointment data; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

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[6] *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey, as appropriate.*

If the provider is a non-responder or is ineligible to take the survey for any of the reasons set forth above in the Telephonic Survey Introduction, mark the provider as a non-responder or ineligible for the survey in outcome field of the Raw Data Template, then move on to the next provider in the oversample to ensure the required target sample sizes are met or there are no additional Provider Survey Types remaining in the County/Network to survey.

Question 1:

"Urgent services are for a condition which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____ Not applicable. This provider does not offer urgent appointments.
_____ Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave*.*

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 96 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template in the urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available urgent appointment within 96 hours. Mark "N" to indicate no, there is no available urgent appointment within 96 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 96 hours because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer urgent appointments.*

(Go to Question 2.)

Question 2:

"When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for non-urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____ *Not applicable. This provider does not offer non-urgent appointments.*
_____ *Not applicable. This provider is not scheduling appointments because he or she is out of the office on leave.*

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 15 business days (21 calendar days) of your request. [7] Indicate in the Raw Data Template in the non-urgent calculation field whether the appointment is available within the appropriate timeframe:

- _Mark "Y" to indicate yes, there is an available non-urgent appointment within 15 business days._
- _Mark "N" to indicate no, there is no available non-urgent appointment within 15 business days._
- _Mark "N" to indicate no, there is no available urgent appointment within 15 business days because the provider is not scheduling appointments while he or she is out of the office on leave._
- _Mark "NA" to indicate that this question is not applicable because this provider does not offer non-urgent appointments._

(Conclude survey.)

"This concludes our survey. Thank you very much for your time."

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[7] _When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends must be included when calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes._

Telephonic Non-Physician Mental Health Care Providers Survey Script

Date Survey Completed: _____ *[mm/dd/yy]*
Time Survey Completed: _____ *[hh:mm am/pm] PT*
Provider First Name: _____
Provider Last Name: _____
FQHC/RHC Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Provider Survey Type: _____ Non-Physician Mental Health Provider (NPMH)
License Type: _____
Address: _____ *[Optional to validate]*
County of this Office Location: _____ *[Optional to validate]*

Introduction:

"Hello. My name is [Say Name]. I am calling [from health plan name or on behalf of health plan name(s)] to conduct an appointment availability survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes.[8] Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider Name or FQHC/RHC Name]?"

- *If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]*

- *If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.*

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. Please ensure that the surveyor has access to the provider's address located within the appropriate county in case this information is necessary to access appointment data; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

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[8] *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey, as appropriate.*

If the provider is a non-responder or is ineligible to take the survey for any of the reasons set forth above in the Telephonic Survey Introduction, mark the provider as a non-responder or ineligible for the survey in outcome field of the Raw Data Template, then move on to the next provider in the oversample to ensure the required target sample sizes are met or there are no additional Provider Survey Types remaining in the County/Network to survey.

Question 1:

"Urgent services are for a condition which requires prompt attention, but does not rise to the level of an emergency. When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer urgent appointments.
_____   Not applicable. This provider is out of the office on extended leave*.*

Calculation 1:

Calculate whether the appointment date and time in Question 1 is within 96 hours of this request. Calculate the number of hours between the time of your request and the time of the available appointment (weekends and holidays are included in calculating hours). Indicate in the Raw Data Template in the urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available urgent appointment within 96 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 96 hours.*
- *Mark "N" to indicate no, there is no available urgent appointment within 96 hours because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer urgent appointments.*

(Go to Question 2.)

Question 2:

"When is the next available appointment date and time with [Provider Name or FQHC/RHC Name] for non-urgent services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer non-urgent appointments.
_____   Not applicable. This provider is out of the office on extended leave.

Calculation 2:

Calculate whether the appointment date and time in Question 2 is available within 10 business days (14 calendar days) of your request. [9]Indicate in the Raw Data Template in the non-urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available non-urgent appointment within 10 business days.*
- *Mark "N" to indicate no, there is no available non-urgent appointment within 10 business days.*
- *Mark "N" to indicate no, there is no available urgent appointment within 15 business days because the provider is not scheduling appointments while he or she is out of the office on leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer non-urgent appointments.*

(Conclude survey.)

"This concludes our survey. Thank you very much for your time."

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[9] *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends must be included when calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes.*

Telephonic Ancillary Service Providers Survey Script

Date Survey Completed: _____ *[mm/dd/yy]*
Time Survey Completed: _____ *[hh:mm am/pm] PT*
Provider First Name: _____
Provider Last Name: _____
FQHC/RHC Name: _____
Person Spoken to: _____
Health plan creating survey data: _____
Name of individual conducting survey: _____
Specialty / Subspecialty: _____
Provider Survey Type:
        _____Mammogram
        _____Physical Therapy
Address: _____ *[Optional to validate]*
County of this Office Location: _____ *[Optional to validate]*

Introduction:

"Hello. My name is [Say Name]. I am calling [from health plan name or on behalf of health plan name(s)] to conduct an appointment availability survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than [five] minutes.[10] Are you the appropriate person to respond to survey questions regarding scheduling appointments for [Provider Name or FQHC/RHC Name]?"

- *If no, "May I speak to someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?" [Repeat introduction when transferred to the appropriate person.]*

- *If no one is available, ask what time would be convenient during the next two business days to call-back. Schedule and conduct follow-up calls within two business days.*

Validate Provider Information

If yes, validate the office information above with the person spoken to and conduct the survey. Please ensure that the surveyor has access to the provider's address located within the appropriate county in case this information is necessary to access appointment data; however, the survey questions relate to the next available appointment at any office in the county the medical provider delivers services.

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[10] *If additional DMHC-approved questions are included, revise the time it is anticipated to take the survey, as appropriate.*

If the provider is a non-responder or is ineligible to take the survey for any of the reasons set forth above in the Telephonic Survey Introduction, mark the provider as a non-responder or ineligible for the survey in outcome field of the Raw Data Template, then move on to the next provider in the oversample to ensure the required target sample sizes are met or there are no additional Provider Survey Types remaining in the County/Network to survey.

Question 1:

"When is the next available appointment date and time with [Provider Facility or Entity Name or FQHC/RHC Name] for non-urgent [Mammogram or Physical Therapy] services?"

Date: mm/dd/yy
Time: hh:mm am/pm PT
_____   Not applicable. This provider does not offer non-urgent appointments.
_____   Not applicable. This provider is out of the office on extended leave*.*

Calculation 1:

Calculate whether the appointment date and time in Question 1 is available within 15 business days (21 calendar days) of your request.[11] Indicate in the Raw Data Template in the non-urgent calculation field whether the appointment is available within the appropriate timeframe:

- *Mark "Y" to indicate yes, there is an available non-urgent appointment within 15 business days.*
- *Mark "N" to indicate no, there is no available non-urgent appointment within 15 business days.*
- *Mark "N" to indicate no, there is no available non-urgent appointment within 15 business days because the provider is out of the office on extended leave.*
- *Mark "NA" to indicate that this question is not applicable because this provider does not offer non-urgent appointments.*

(Conclude survey.)

"This concludes our survey. Thank you very much for your time."

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[11] *When calculating calendar days exclude the first day (e.g., the day of request) and include the last day. Weekends are included in calculating calendar days. The holidays set forth in Government Code section 6700 are excluded when calculating non-urgent appointment timeframes.*