Government Business Division
Policies and Procedures

Section (Primary Department) **Quality Management**		**SUBJECT (Document Title)** **Primary Care Providers (PCP) Access Hours - CA**	
Effective Date 10/28/1999	**Date of Last Review** 07/10/2024	**Date of Last Revision** 08/23/2023	**Dept. Approval Date** 07/10/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products				
☒ **Medicaid/CHIP**	☐ Arkansas	☐ Iowa	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☒ California	☐ Kentucky	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☐ Louisiana	☐ New York	☐ Virginia
	☐ District of Columbia	☐ Maryland	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Minnesota	☐ North Carolina	☐ West Virginia
	☐ Georgia	☐ Missouri	☐ Ohio	☐ Wisconsin
	☐ Indiana	☐ Nebraska	☐ South Carolina	

POLICY:

All Primary Care Providers (PCP) participating in any Anthem Blue Cross Medicaid (Anthem) provider network must be available to render services on-site for a minimum of twenty (20) hours per week. For non-safety net PCP clinics, a supervising physician must be available on-site at least eight (8) hours per week. In Los Angeles County, physicians must be physically present onsite a minimum of eight (8) hours per week with a maximum of four (4) sites and each site must be available a minimum of sixteen (16) hours per week to see members. These requirements allow assigned members timely access based upon a request for medical services.

American Indian members meeting the requirement to access Indian Health Service providers (IHS), will have timely access to Anthem's network IHS providers where available, however, Anthem allows for access to an out-of-network IHS provider without requiring a referral from a network PCP or prior authorization. Anthem also allows IHS providers, whether in-network or out-of-network, to provide referrals directly to network providers without requiring a referral from a network PCP or prior authorization.

In addition, Anthem provides continuous and effective case management of the health care services delivered to our members. All medically necessary services delivered to plan members are actively and continuously case managed by the member's PCP of record.

PCPs must offer hours of operation that are no less than the hours of operation offered to other members or comparable to Medi-Cal fee-for-service, if the provider serves only Medi-Cal members. In addition, the PCP must be available twenty-four (24) hours a day, seven (7) days a week, by telephone or have an on-call physician to take his or her calls. All Anthem members will have the availability to quality, comprehensive health care services twenty-four (24) hours a day, seven (7) days a week.

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DEFINITIONS:

Access: Member's ability to see his/her PCP during business hours

American Indian: A member who meets the criteria for an "Indian" under 42 Code of Federal Regulations (CFR) section 438.14(a).

American Indian Health Service Facilities (IHS): Facilities operated within funds from the Indian Health Service under the Indian Self-Determination Act and the Indian Health Care Improvement Act, in order to provide service to the eligible American Indians within a specific geographic area pursuant to 22 CCR section 55000 *et seq*. American Indian Health Services Facilities includes "Indian health care providers" as defined in 42 CFR section 438.14(a).

Primary Care Providers (PCP): Safety net clinics (Federally Qualified Health Centers, Rural Health Clinics, or IHS) or general practice, family practice, internal medicine, obstetric/gynecological or pediatric physicians who are assigned members. Specialists are also assigned as PCPs on a case-by-case basis, according to the member's health care needs, or state and federal laws.

Provider Data Solutions (PDS): Review the access hours to ensure that the minimum requirement for site access hours is met.

Provider Solutions (PS): Review the physician application

Site: A physical location where a practitioner sees members

PROCEDURE:

Initial Application
Upon initial contracting for the Anthem provider network, Provider Solutions (PS) will review the physician application to ensure that the hours of operation meet the minimum requirement for site access. If the provider meets the minimum requirement, they will be considered for participation in the network. If the site does not meet the requirement, PS will review the application request with management for a recommendation.

Adding a New Site
If an existing PCP adds a new site Clinical Health Solutions / Provider Data Solutions – Demographic Data Operations (DDO) business unit will review the access hours to ensure that the minimum requirement for site access hours is met. If the site meets the requirement, DDO will notify Quality Management to arrange a facility site review. After the facility has received

a successful audit, the new PCP site can be added to the network. If the site does not meet the requirement, PDS will notify PS, where the application request will be reviewed with management for a recommendation.

Monitoring PCP Access Hours

Monitoring of access to PCPs is tracked through:

- Access surveys
- Complaint and grievance process
- Credentialing and re-credentialing process
- Facility site reviews

Non-Compliance with Site Hours Requirements

If any negative trends are identified through the above monitoring process and an existing PCP site decreases its hours below the minimum requirement, the provider will be in breach of contract. PS will notify the provider of the breach and require a corrective action plan to cure the breach. If the office hours do not increase to minimum requirements, PS will notify PDS if the site requires termination. This applies if a PCP has one or more sites and falls below the requirements. For Medi-Cal Managed Care PCPs in Los Angeles County, the business unit that identifies the non-compliant PCP will notify LA Care who will put the provider through their minimum site hours requirement corrective action and monitoring process. The Health Plan will assist with the corrective action plan process as needed. PCPs who fail to cure the breach will be considered for termination and member panel reassignment. PCPs who are terminated due to non-compliance with site hours requirements may re-apply through the application processes no sooner than three (3) months from the effective date of the termination.

REFERENCES:

- American Indian Health Services Facilities, 42 Code of Federal Regulations (CFR) section 438.14(a)
- Anthem Blue Cross Provider Manual, Provider Procedures and Responsibilities
- DHCS Contract Exhibit A, Attachment 9, Section 3, E
- DHCS Contract Exhibit A, Attachment I, 1.0 (Definitions) and Attachment III, 5.2.8.F (Specific Requirements for Access to Programs and Covered Services)
- DHCS Contracts Exhibit A, Attachment 6, Section 10
- DHCS Policy Letter 98-012 Primary Care Physician Selection and Assignment Policy
- L.A. Care Health Plan PP FSR-001 Minimum Site Hours Requirement

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RESPONSIBLE DEPARTMENTS:

Primary Department: Quality Management

Secondary Department(s): Provider Data Solutions (PDS)
Provider Solutions (PS)

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
07/10/24	• Annual Review—no content changes • Alphabetized References section
08/23/23	• Annual Review • Revised Indian Health Center to IHS under Definitions section
07/31/23	• Off-Cycle Review • Content edits made throughout policy to comply with DHCS 2024 Contract Readiness, Network and Access to Care 5.2.8.F • Updated Policy section; added language to reflect members' timely access to IHS providers, in-network and out-of-network, and without the requirement of referral from a network PCP or prior authorization; additionally, IHS providers can provide referrals directly to network providers without a referral from a network PCP or prior authorization. • Updated Definitions section; added definition of American Indian and American Indian Health Services Facilities (IHS); updated definition name from "EHPDM" to "PDM" • Updated References section • Updated secondary department name for PDS
05/08/23	• Off-cycle review • Updated GBD Template to match current version • Unchecked the MMP/Duals product line from this policy • Updated Policy, Procedure, References, and Secondary Department(s) sections
09/12/22	• Annual Review

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Review Date	Changes
	• Updated template header from Medicaid Business Unit to Government Business Division • Revised PCP availability to render on-site services for a minimum of 20 hours per week under Policy section • Added Safety net clinics to definition of Primary Care Providers (PCP) • Updated department name from Anthem Provider Data Operations (APDO) to Elevance Health Provider Data Management (EHPDM) throughout Definitions, Procedure, and Responsible Department sections • Updated and alphabetized Reference section • Updated Contributing Departments header to Secondary Departments
09/07/21	• Annual Review • Added Provider Solutions (PS) and Anthem Provider Data Operations (APDO) under definitions • Updated procedure • Updated Provider Data Management Demographics (PDM) to Anthem Provider Data Operations (APDO) • Added MMP/Duals as an affected line of business
09/29/20	• Annual Review; no changes
10/24/19	• Annual Review • Updated Primary Dept from Provider Network to Quality Management • Added Provider Data Management as a Contributing Department • Updated References
11/09/16	• Requested Quality Management a Secondary Department to be able to review and approve changes • Updated Definition terms • Expanded the monitoring and follow-up process for sites that are non-compliant with minimum site hours requirements
04/07/16	• Annual Review • Changed Community Resource Coordinator to Health Plan • Updated Provider Operations Manual Reference
01/15/15	• Changed policy to new template • Changed PE&C to Provider Solutions (PS) • Removed Community Resource Center from Responsible Department • Removed Clinical Entity Compliance and Clinical Investigation from Responsible Department

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Review Date	Changes
	• Removed Member Satisfaction Survey from Monitoring Access Hours • Updated Reference: LA Care Manual from 2010 to 2014 • Updated Reference: removed Service Agreement between LI and Anthem • Removed Reference: MMCD Policy Letter. Policy letter is no longer accurate. • Updated Reference: Provider Operations Manual Section • Removed Reference: GMC Boilerplate. No longer in Sacramento Contract • Added Reference: DHCS Section 9 & 10