



CORRECTIVE ACTION PLAN REQUEST

RE: CCHRI After-Hours Emergency Instructions and Availability - IPA/Medical Group Survey Results – Complete CAP and return to participating plans no later than xx/xx/xx(30 days from receipt of report)

As you may already know, the Provider After-Hours Access telephonic survey is conducted annually by CCHRI. The results are made available to all physician organizations and health plans that participate in this collaborative effort. CCHRI provides the participating health plans (2009 includes Anthem, Blue Shield, Health Net, PacifiCare and Western Health Advantage) with IPA-level results annually. Each plan, in turn, conducts a follow-up process to help groups that perform below standards to improve performance. Beginning this year, CCHRI is helping to coordinate and streamline this process by sending to you, on behalf of the participating health plans, a standardized form for you to complete with your Corrective Action Plan. Once completed, please return a copy of the form to each of the participating plans with who you contract.

The table below summarizes the performance expectations in the area of after-hours accessibility for urgent care issues and emergency instructions:

After Hours Emergency Instructions and Urgent Care Availability Results

Accessibility Category	CCHRI Standard
After hours emergency instructions	100%
After hours availability	100%

A Corrective Action Plan (CAP) is required for either measure that does not meet 100% compliance. **Please complete the attached form and return it to the appropriate plans no later than xx/xx/xx**

Guidelines:

When the office is closed, it is expected that each physician office’s automated message or answering service will provide appropriate emergency instructions and will have a healthcare professional available to return patient calls **within 4 hours** for situations where the patient perceives their issue as urgent. Specific guidelines are:

CCHRI participating plans require primary care physicians to make provisions so that assigned members have access to urgent and emergency care 24 hours a day, seven days a week.

Every after-hours caller is expected to receive emergency instructions, whether a line is answered live or by recording. Callers with an emergency are expected to be told to:

- Hang up and dial 911,
- Go to the nearest emergency room, or
- Hang up and dial 911 or go to the nearest emergency room.

After receiving emergency instructions, callers with non-emergency situations that cannot wait until the next business day should receive one of the following options:

1) When speaking to a person:

- Stay on the line to be connected to the doctor on call,
- Leave a name and number and a physician or qualified healthcare professional will call you back within specified time frames (not to exceed 4 hours),
- Reach the doctor at another number, or

2) When reaching a recording:

- Leave a message and have their call returned that same evening or day within 4 hours of receipt for situations where the patient perceives their issue as urgent,
- Call an alternate phone or pager number to contact the physician on call.

Please share these standards as appropriate to ensure members receive appropriate after hour's instructions.

Included in this packet are the individual practitioner performance results for your physicians as well as, a management summary report which includes your organization's overall score on each of the measures. In an effort to assist you in preparing the corrective action response, we are also enclosing a sample of a Corrective Action Plan.

If you need any additional explanation to CCHRI's standards and/or your group's individual score, please contact me directly at **(415) 615-6359**

Sincerely,

Cathie Markow
Senior Manager
CCHRI

Encl.: *After Hours Access – Corrective Action Plan.*
Sample CAP Response Template

cc:

Anthem
Blue Shield
Health Net
PacifiCare
Western Health Advantage

Health Plan Contacts for Corrective Action Plan

Plan	Contact
Anthem	Name: Email: Phone: Address:
Blue Shield of California	Name: Email: Phone: Address:
Health Net	Name: Email: Phone: Address:
PacifiCare	Name: Email: Phone: Address:
Western Health Advantage	Name: Email: Phone: Address: