



**Healthfirst Guide to Improving
the Patient Experience:**
Best Practices in Access and Availability

2018

This guide highlights several strategies you can implement in your practice to improve the patient experience and continuously perform well on access and availability audits conducted by Healthfirst and IPRO. It also highlights provider access, visit scheduling, and waiting time standards that comply with New York State regulations.

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CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask patients to evaluate their experiences with healthcare, including their providers.

The surveys are conducted annually for our Medicare, FIDA, Medicaid, Qualified Health Plan (QHP), and Essential Plan (EP) members through a certified vendor on behalf of the Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health.



Healthfirst also conducts satisfaction surveys year-round that mirror the CAHPS measures to understand what drives patient satisfaction.

The surveys assess the quality of patients' experiences with their providers and with accessing care. The key topics covered are **Getting Needed Care, Getting Appointments and Care Quickly, and Care Coordination.**

Questions from each key topic are listed in the grid below. These measures are subject to change each year and may vary across each survey.

Getting Needed Care	<ul style="list-style-type: none"> In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
	<ul style="list-style-type: none"> In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
Getting Care Quickly	<ul style="list-style-type: none"> In the last 6 months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed?*
	<ul style="list-style-type: none"> Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?*
	<ul style="list-style-type: none"> In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*

Continued

Care Coordination

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?*
- In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?*
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?*

*These measures are also part of the Healthfirst Quality Incentive Program (HQIP).

Improving patient satisfaction may lead to increased patient engagement and better health outcomes. Improved patient communication helps patients (1) feel more comfortable, (2) better understand their health conditions, and (3) improve follow-through with their treatment plan.

If you are eligible for the Healthfirst Quality Incentive Program (HQIP), improving satisfaction can also improve your performance on those metrics, thereby increasing the incentive payments earned for your practice or organization.





APPOINTMENT AVAILABILITY AND 24-HOUR ACCESS STANDARDS

Healthfirst maintains provider access, visit scheduling, and waiting time standards that comply with New York State regulations. Healthfirst and the NYSDOH actively monitor adherence to these standards. Healthfirst conducts audits of provider appointment availability, office waiting times, and 24-hour access and coverage. All participating providers are expected to provide care for their Healthfirst patients within these access guidelines.

The chart below highlights the NYS standard timeframes for access and availability. It is required that you at least meet these standards. If you want to improve member satisfaction and provide an excellent patient experience, you should aim to exceed the standards and accommodate the patient’s preferences.

Note: Healthfirst research finds that members are more likely to rate well if they are seen within two weeks for both Primary Care Physicians (PCPs) and specialists for routine appointments. As you look to improve access in your practices, you should use this as a target benchmark.

Type of Service	Standard(s)
<p>Emergency Care: An emergency condition is defined as a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the person afflicted with such condition in: a) serious jeopardy, impairment, dysfunction, disfigurement, or b) placing the health of others in serious jeopardy, in the case of a behavioral condition.</p>	<p>Care must be provided immediately upon presentation at the service delivery site.</p>
<p>Urgent Care: Urgent care services are healthcare services that are not emergency services (as that term is defined in the applicable plan contract). These services are provided for an unexpected illness, injury, or condition which a reasonable person would believe requires immediate medical attention.</p>	<p>Urgent medical or behavioral problems must be seen to within 24 hours of request.</p>
<p>Non-urgent “Sick” Visits: These are visits for symptomatic conditions that are neither of an emergent nor an urgent nature.</p>	<p>Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.</p>
<p>Routine Care: These visits are for routine management of clinical conditions or other follow-up care, as is clinically appropriate.</p>	<p>Appointment must be scheduled within 4 weeks of request.</p>

Continued

Type of Service	Standard(s)
Adult Baseline and Routine Physicals	Appointment must be scheduled within 12 weeks of enrollment.
Well-child Care Visits	Appointment must be scheduled within 4 weeks of request.
Initial Prenatal Visits	<p>First Trimester: Appointment must be scheduled within 3 weeks of request.</p> <p>Second Trimester: Appointment must be scheduled within 2 weeks of request.</p> <p>Third Trimester: Appointment must be scheduled within 1 week of request.</p>
Newborn Visits: Initial Visit to the PCP	Appointment must be scheduled within 2 weeks of hospital discharge
Initial Family Planning Visits	Appointment must be scheduled within 2 weeks of request.
Non-urgent Referred Specialist Visits	Appointment must be scheduled within 4 to 6 weeks of request.
In-plan Behavioral Health or Substance Abuse Follow-up Visits (subsequent to an emergency or inpatient stay)	Appointment must be scheduled within 5 days or as clinically indicated
In-plan Non-urgent Behavioral Health or Substance Abuse Visits	Appointment must be scheduled within 2 weeks of request



Healthfirst conducts audits of provider appointment availability, office waiting times, and 24-hour access and coverage. All participating providers are expected to provide care for their Healthfirst patients within these access guidelines.

Office Hours

Each Medicaid, managed care, and CHP PCP must practice at least two (2) days per week and maintain a minimum of 16 office hours per week at each primary care site. HIV Specialist PCPs working at academic institutions may have some flexibility with this requirement. Medicare and commercial providers must maintain a minimum of ten (10) office hours per week at each primary care site. Providers who care for the homeless population are not required to maintain a minimum of 16 office hours per week at each primary care site.

24-Hour Coverage

Participating providers must be accessible 24 hours a day, 7 days a week, throughout the year, either directly or through backup coverage arrangements with other Healthfirst participating providers. Each provider must have an on-call coverage plan, acceptable to Healthfirst, that outlines the following information:

- Regular office hours, including days, times, and locations
- After-hours telephone number and type of service covering the telephone line (e.g., answering service)
- Providers who will be taking after-hours calls

Facilities as well as individual practitioners must conform to the following requirements:

- Members will be provided with a telephone number to use for contacting providers after regular business hours. Telephone operators receiving after-hours calls will be familiar with Healthfirst and its emergency care policies and procedures, and will have key Healthfirst telephone numbers available at all times
- The Healthfirst provider will be contacted and patched directly through to the member, or the provider will be paged and will return the call to the member as soon as possible, but in no case to exceed 30 minutes
- It is expected that Healthfirst providers will be familiar with Healthfirst and will be able to act in accordance with Healthfirst emergency policies and procedures such as notifying Medical Management of emergency care or admissions. These policies are further discussed in Section 11 of the Provider Manual. Please be aware that hospital-based providers may have their own particular on-call group relationships
- If the covering provider is not located at the usual site of care for the member, the covering provider must provide clinical information to the member's PCP by the close of business that day, or, if on a weekend, by the next business day, so that it can be entered into the member's medical record

Continued

Healthfirst members must be able to locate a Healthfirst participating provider or his/her designated covering provider. It is not acceptable to have an outgoing answering machine message that directs members to the emergency room in lieu of appropriate contact with the provider or covering provider. If an answering machine message refers a member to a second phone number, a live voice must answer that phone line.

Waiting Time Standards

In addition to access and scheduling standards, Healthfirst providers are expected to adhere to site-of-care waiting time standards. They are as follows:

- **Emergency Visits:** Members are to be seen immediately upon presentation at the service delivery site
- **Urgent Care and Urgent Walk-in Visits:** Members should be seen within one (1) hour of arrival. Please note that prescription refill requests for medications to treat chronic conditions are considered urgent care. It is essential that these medications be dispensed to members promptly to avoid any lapse in treatment with prescribed pharmaceuticals
- **Scheduled Appointments:** Members should not be kept waiting for longer than one (1) hour. *CAHPS Standard: Members rate you on whether they are waiting longer than 15 minutes of their scheduled appointment time to see their provider
- **Non-urgent Walk-in Visits:** Members with non-urgent care needs should be seen within two (2) hours of arrival or scheduled for an appointment in a time frame consistent with the Healthfirst scheduling guidelines

Missed Appointments

Healthfirst expects providers to follow up with members who miss scheduled appointments. When there is a missed appointment, providers should follow the guidelines below to ensure that members receive assistance and that compliance with scheduled visits and treatments is maintained.

- At the time an appointment is scheduled, confirm a contact telephone number with the member. If the member does not keep the scheduled appointment, document the occurrence in the member's medical record and attempt to contact the member by telephone
- To encourage member compliance and minimize the occurrence of "no shows," provide a return appointment card to each member for the next scheduled appointment

Test Results and Medical Records

- When you refer Healthfirst members for tests and treatments, be sure to discuss when the results will be available and the procedure for following up with test results
- Give your Healthfirst members a clear time frame of when they should follow up to review results with you
- Notify Healthfirst members of both **normal and abnormal** test results. In the event of delayed results, contact your Healthfirst members to inform them of the status of their testing
- Make sure you have updated contact information (name, address, phone, etc.) for your Healthfirst members
- Assist your Healthfirst members with securing their medical records from past providers. Their care will be improved when your medical team has their full medical history

You should educate your patients on all these standards and define their expectations so they understand that the care they are receiving is timely and optimal based on their condition. Your office policies and workflows should aim to go above and beyond the standards listed here.



THE PATIENT EXPERIENCE

We have highlighted several strategies you can implement in your practice to improve the patient experience and continuously perform well on access and availability audits conducted by Healthfirst and IPRO. These strategies address two major areas for improvement: untimely appointments and long phone hold times. New York State (NYS) standards are also provided.

Untimely Appointments

	NYS Standard	What you can do in your practice
Routine Care	Appointment must be scheduled within 4 weeks of request.	Offer Healthfirst members an appointment on the day they call your office, regardless of the reason for the visit.
Non-urgent "Sick" Visits	Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.	<p>Make sure each physician has a panel size that is manageable based on his or her scope of practice, patient mix, and time spent in the office.</p> <p>Develop plans for how your practice will handle times of extreme demand or physician availability.</p>
Non-urgent Referred Specialist Visits	Appointment must be scheduled within 4 to 6 weeks of request.	<p>Recommended Timeframes</p> <p>Same-day PCP appointment (acute conditions)</p> <ul style="list-style-type: none"> a. 3-day PCP appointment (any condition) b. 10-day specialist appointment c. Offer extended hours of operation (early morning, evening, and weekend hours) <p>Scheduling Template Design</p> <ul style="list-style-type: none"> a. Improve scheduling templates to reflect actual appointment time b. Create different visit types to accurately reflect attendance time to patient c. Open-Access/Walk-In Appointment Availability d. Schedule Template Efficiency (i.e., Modified-Wave Scheduling Method) <p>Scheduling Process Improvement</p> <ul style="list-style-type: none"> a. Daily audit of schedule b. Offer an alternative. Refer to urgent care when appropriate or to a Healthfirst participating provider such as a nurse practitioner or physician assistant c. Actively utilize the appointment wait list d. Offer self-scheduling on an online patient portal e. Conduct appointment or confirmation calls f. Avoid overbooking/overcrowded schedules

Continued

Long Phone Hold Times

NYS Standard

The Healthfirst provider will be contacted and patched directly through to the member, or the provider will be paged and will return the call to the member as soon as possible, but **in no case to exceed 30 minutes**.

24 hour, 7 day a week coverage:

- a. After-hours telephone number and type of service covering the telephone (voice message) must be provided
- b. Members will be provided with a telephone number to use for contacting providers after regular business hours
- c. Telephone operators receiving after-hours calls must be familiar with Healthfirst and its emergency care policies and procedures, and will have key Healthfirst telephone numbers available at all times

Practice must have an acceptable outgoing answering machine message that **does not direct members to the emergency room in lieu of appropriate contact with the provider or covering provider**:

- a. If an answering machine message refers a member to a second phone number, a live voice must answer that phone line

What you can do in your practice

Make sure you have the **correct amount of phone lines** to accommodate your patient volume, as well as the proper extensions. Update as needed.

Make sure the **initial greeting is short and concise, without a lot of call transfers. Incoming calls should fall into specific categories**:

- a. Physician or hospital calling
- b. Pharmacy calling
- c. Patient needs to speak with a provider
- d. Patient requests
- e. Patient scheduling
- f. Other (speak with a customer service rep)

For call requests that require **actions for which phone staff are not trained**:

- a. Capture the specific information that other staff of the practice will need to accommodate the requests
- b. Remind members not to expect action or a response before a specific date and time so as to not tie up phone lines on both
- c. If there is an instance (holiday or during lunch hours) where the member is going to be sent to voicemail anyway, send the call straight to voicemail instead of having the phone ring

Call Center Services

- a. Healthcare call centers can respond quickly to patients, reduce the burden on administrative staff, and help improve the patient experience
- b. A quality call center will work with patients to make sure their experience is positive





HFDOCFINDER.ORG

Helping Healthfirst members access the care they need

Healthfirst is committed to providing our members with the highest quality service possible so they can stay healthy. As you know, access to care is a key Consumer Assessment of Healthcare Providers & Systems (CAHPS) measure that impacts the patient experience. So we want to make sure you have all the support you need to give our members the best care.

One way you can achieve this is by helping our members book an appointment to a specialist or facility you are referring them to. You can use our online directory at HFDocFinder.org to look up an in-network provider (no login needed!).

Healthfirst offers many different health plans. Providers may have chosen to participate in some of our plans but not in others. You must first select your Healthfirst member's health plan to search for providers that participate in their plan.

Find a Doctor or Healthcare Professional

We work hard to make it easy for you to get the care you need, when you need it. To get started, **select your plan first** then type in a doctor's name, specialty, and more, or use one of the shortcuts below. Your Primary Care Provider (PCP) should always be your first choice for managing your care.

Select your plan

- Medicaid/CHPlus Provider Directory
- Healthfirst Medicaid Managed Care
- Healthfirst Child Health Plus
- Personal Wellness Plan Provider Directory
- Healthfirst Personal Wellness Plan (HARP)
- Medicare Advantage Plans Provider Directory
- Healthfirst 65 Plus Plan (HMO)
- Healthfirst Coordinated Benefits Plan (HMO)
- Healthfirst Increased Benefits Plan (HMO)
- Healthfirst Mount Sinai Select (HMO)
- Medicare Special Needs Plans (SNP) Provider Directory
- Healthfirst Life Improvement Plan (HMO SNP)
- Healthfirst AssuredCare (HMO SNP)
- Healthfirst CompleteCare (HMO SNP)
- Fully-Integrated Dual Advantage (FIDA) Plan Provider Directory
- Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan)
- Managed Long Term Care
- Senior Health Partners
- Marketplace Provider Directories
- Healthfirst Essential Plan
- Healthfirst Leaf Premier Plans
- Healthfirst Platinum Leaf Premier
- Healthfirst Gold Leaf Premier
- Healthfirst Silver Leaf Premier
- Healthfirst Bronze Leaf Premier

Enter Miles

Order a Directory

To order a printed version of the directory, please click here.

[Click Here](#)

Once you have selected your Healthfirst member's health plan, you may narrow your search by applying the following filters:

- The **Distance From You** filter returns providers within the radius selected, sorting providers by distance from the Healthfirst member's home. The **Specialty** filter returns only providers within the specialty chosen. Filters such as language and hospital/group affiliation are also available. If the Healthfirst member has not previously seen the provider, apply the **Accepting New Patients** filter to determine whether new patients are being accepted.

Continued

DISTANCE FROM YOU

10007

10 miles

PROVIDER NAME

Enter Provider Name

[Apply Filter](#) [Clear](#)

ACCEPTING NEW PATIENTS

Show only those accepting new patients (3,377)

SPECIALTY

You May Select Multiple

Adolescent Medicine (26)

Family Practice (546)

General Practice (11)

[Apply Filter](#) [Clear](#)

WEEKEND HOURS

Show only those with weekend hours (1,265)

- Use the search box to search for providers by name, facility, specialty, and more

Find a Doctor or Healthcare Professional

We work hard to make it easy for you to get the care you need, when you need it. To get started, **select your plan first** then type in a doctor's name, specialty, and more, or use one of the shortcuts below. Your Primary Care Provider (PCP) should always be your first choice for managing your care.

Healthfirst Medicaid Managed Care ZIP Code Enter Miles

Type in a doctor, care provider, specialty, facility and more!


Please begin typing here, then click one of the options in the drop-down menu.


Order a Directory


To order a printed version of the directory, please click here.

[Click Here](#)

Medicaid is a New York State-sponsored health insurance program that provides free coverage for New Yorkers who meet the state's eligibility requirements of having low income levels or of getting state assistance in the form of Supplemental Security Income.


[Doctors and Care Providers](#)


[Facilities](#)


[Urgent Care Centers](#)

- Browse for providers by clicking on any classification in the bottom pane. You will be able to narrow results by multiple filters, including Primary Care Physician, Specialist, Pharmacy, Hospital, Community Health Center, and Urgent Care Center

Select Type of Doctor or Healthcare Provider

Click the links below to find a doctor or healthcare provider. Narrow your search by entering your zip code or number of miles away, or both if preferred.

Plan Selected: Healthfirst Medicaid Managed Care ZIP Code Enter Miles

[Primary Care Provider](#)

[Specialist](#)

[OBGYN](#)

[Behavioral Health Provider](#)

[Dental](#)

[Vision](#)

[Laboratory](#)

[Pharmacy](#)

[Diabetic Supplies](#)

[Durable Medical Equipment](#)

[Ancillary](#)

[Specialty Definitions](#)

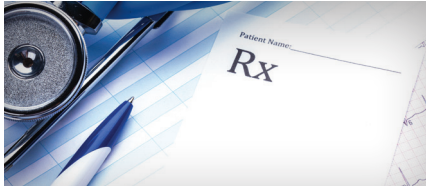
- **Review** detailed provider information, including location, phone number, hours, and hospital/group affiliations
- **Create** a personalized directory of all the providers returned from your search
- **Email** ReportIncorrectInformation@healthfirst.org if you need to update your provider profile

Updating Your Provider Profile

Providers are responsible for contacting Healthfirst to report any changes in their practice. It is essential that Healthfirst maintain an accurate provider database in order to ensure proper payment of claims and capitation, to comply with provider information reporting requirements mandated by governmental and regulatory authorities, and to provide the most up-to-date information on provider choices to our members. Changes and updates should be submitted at least thirty days before their effective date. **Any changes to the following list of items should be reported to Healthfirst via our electronic Demographic Change Form, found on the Secure Provider Portal. Once you have logged in to your account, click on Submit Your Information and complete the electronic Demographic Change Form.**

Changes can also be faxed to Healthfirst at 1-646-313-4634/Attn: Demographic Update Request. These should be submitted with a fax cover sheet that includes full contact information, along with a comprehensive request on the provider or group letterhead that includes the provider's license number and identifies the practice record for update. Any supporting documentation (such as a W-9 form or a board certificate) should be faxed with these requests.

- Update in the provider or group name and tax ID number (W-9 required)
- Update in provider/group practice address, zip code, telephone, or fax number (full practice information required)
- Update in the provider/group billing address (W-9 required)
- Update in the member age limits for service at the practice (if applicable)
- Update in NY license, such as a new number, revocation, or suspension (new certificate or information on action required, if applicable)
- Closure of a provider panel (reason for panel closure)
- Update in hospital affiliation (copy of current and active hospital privileges)
- Update or addition of specialty (copy of board certificate or appropriate education information)
- Update in practice's office hours
- Update in provider's board eligibility/board certification status
- Update in participation status
- Update in NY Medicaid Number (if applicable)
- Update in National Provider Identification Number (if applicable)
- Update in wheelchair accessibility
- Update in covering provider
- Update in languages spoken in the provider's office



ADDITIONAL RESOURCES

To learn more about the areas to focus on for improvement and how to implement best practices, and to find helpful resources and links for both you and your Healthfirst patients, visit www.healthfirst.org/PatientSatisfaction.



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