ALAMEDA Alliance FOR HEALTH

Health care you can count on.
Service you can trust.

POLICY AND PROCEDURE

Policy Number	UM-048
Policy Name	Triage & Screening Services
Department Name	Medical Services
Policy Owner	Director Utilization Management
Line(s) of Business	All
Effective Date	3/31/2015
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	TBD
Compliance Committee Approval Date	TBD

POLICY STATEMENT

Alameda Alliance for Health ("Alliance") arranges for triage and screening services available by telephone to members 24 hours per day, 7 days per week. The plan ensures that the telephone triage or screening services are provided in a timely manner appropriate for the requesting member's condition.

Triage services are provided by the Alliance by the telephone medical advice services and the Alliance's primary care and mental health provider network. When the Alliance uses its primary care and mental health network to provide triage services it requires its providers to maintain a procedure for triaging or screening member telephone calls.

The plan has unlicensed staff who ask questions on behalf of a licensed staff person in order to help ascertain the condition of a member in order to refer the member to the adequate licensed staff. Though under no circumstances does the Alliance allow unlicensed staff to answer questions in an attempt to assess, evaluate, advise, or make a decision regarding the condition of a member or determine when a member needs to be seen by a licensed medical professional.

PROCEDURE

Alameda Alliance for Health is contingent on its contracted provider network to provide triage services to its members. Primary care providers and mental health care providers must provide triage and screening services 24 hours a day, 7 days a week. The provider's wait time for triage services is required to not exceed thirty (30) minutes.

A. <u>Provider Triage and Screening Procedures</u>

The providers must maintain the following procedures for triage and screening member telephone calls:

1. Employment, during and after hours, of a telephone answering machine and/or an answering service and/or office staff.
2. Notice to caller regarding length of wait for a return call from the provider.
3. Notice to caller regarding how they may obtain urgent or emergency care including, if applicable, how to contact another provider who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.

B. Nurse Advice Line

For cases when the providers are unable to meet the time-elapsed standards, the Plan provides members the Plan's nurse advice line to call as an alternative triage and screening service arrangement. Providers who are unable to provide triage and screening services are required to inform members about the Alliance's nurse advice line information. The nurse advice line provides interpreter services in threshold languages that are identified by DHCS within the Alliance's Service Area, and by the Alliance through membership assessments. See *CLS-008 Member Assessment of Cultural and Linguistic Needs* for more details.

The Alliance uses a nurse line to handle any calls that cannot be answered within the thirty (30) minute threshold for its Medi-Cal and Group Care (IHSS) members. The phone number for the nurse line is included in the EOC and Alliance website. Members may access the nurse line by calling the customer service line, located on the membership card, and following the appropriate prompts.

The Alliance monitors the triage standards for the Nurse Advice Line to ensure that the line provides 24 hours per day, 7 days per week triage/screening services in a timely manner appropriate for the members' condition, and that the waiting time does not exceed 30 minutes. This is done by reviewing quarterly reports on Nurse Line processes, including timeliness of responding to calls.

For behavioral health care needs, AAH provides triage and screening services for members and providers. See policy BH-002 Behavioral Health Services and MBR-062 MS Referrals and Triage .

C. <u>Member Distribution</u>

The Alliance provides members with information about the availability of triage and screening services and how to obtain the services in its Evidence of Coverage (EOC). The Alliance's EOC is provided to members upon enrollment and annually thereafter. The Alliance's website also provides information on triage and screening services. The Providers are provided with the triage and screening requirements as a part of the orientation when contracted with the Alliance, and in the Provider Manual posted on the Alliance's website.

DEFINITIONS / ACRONYMS

<u>Triage-</u> the assessment of a member's health concerns and symptoms via communication, with a physician, registered nurse, or other qualified health professional acting within his or her scope of practice and who is trained to screen or triage a member who may need care for the purpose of determining the urgency of the member's need of care.

<u>Triage</u> <u>waiting</u> <u>time</u> – the time waiting to speak by telephone with a physician, registered nurse,

or other qualified health professional acting within his or her scope of practice and who is trained to screen or triage a member who may need care.

AFFECTED DEPARTMENTS/PARTIES

Utilization Management
Member Services
Case Management
Behavioral Health
Quality Management
Provider Services
Compliance

RELATED POLICIES AND PROCEDURES

QI-107 Appointment Access and Availability Standards
QI-108 Access to Behavioral Health Services
QI-114 Monitoring Access and Availability Standards QI-
115Access and Availability Committee
QI-116 Provider Appointment Availability Survey
QI-117 Member Satisfaction Survey
QI-118 Provider Satisfaction Survey
CLS-008 Member Assessment of Cultural and Linguistic Services
CLS-009 CLS Program – Contracted Providers
CLS-011 CLS Program- Compliance Monitoring
PRV-003 Provider Network Capacity Standards
BH-002 Behavioral Health Services
MBR-062 MS Referrals and Triage

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

01/10/2016, 12/15/2016, 4/16/2019, 5/21/2020, 5/20/2021, 6/28/2022, 6/20/2023, 04/24/2024

REFERENCES

DHCS Contract Exhibit A, Attachment 9 Access and Availability
Title 28, CCR, §1300.67.2, Accessibility of Services
Title 28, CCR § 1300.67.2.2 Timely Access to Non-Emergency Health Care Services

MONITORING

The Compliance and Utilization Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Healthcare Quality Committee (HCQC) annually.