Access to Care Policy

Last Reviewed: January 19, 2019

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Policy:

Access to care policy for practitioner appointments is established to ensure that BlueShield of Northeastern New York members have timely accessibility to health and behavioral care services. Services are provided in a culturally competent manner and are accessible to all enrollees. These guidelines are supported by The Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) Standards for the Accreditation of Health Plans and the New York State Medicaid Standards for Participation. The guidelines are as follows:

Primary Care

- **After-hours access, including emergent life-threatening and urgent conditions in new and established patients:** Practitioner should employ a 24-hour, 7 days a week "on-call" telephone resource, which should include access to a "live voice" via an answering service, an answering service with the option to page the practitioner, an advice nurse with access to the practitioner, access to the practitioner auto-pager, or an answering machine/voicemail system with appropriate after-hours instructions for patients.

  The patient should either receive an immediate response or be instructed on what to do to obtain services after hours and on weekends. Answering machine/voicemail instructions should include an anticipated time frame in which the patient could expect a return call, for example, an after-hours phone call from an appropriate practitioner within an hour of the member contacting the organization. Patient calls cannot be routinely referred to an emergency room.

  - **Urgent medical or behavioral problems:** An appointment should be scheduled within 24 hours, based on symptoms and practitioner judgment.
  - **Follow-up after an emergency or hospital discharge for medical, mental health, or substance abuse conditions:** An appointment should be scheduled within five (5) days of discharge or as clinically indicated.
- **Non-urgent sick visits:** An appointment should be scheduled within 48 to 72 hours, based on symptoms and practitioner judgment.
- **Non-acute, symptomatic conditions in new and established patients:** An appointment should be scheduled within one (1) to four (4) weeks, based on symptoms and practitioner judgment.
- **Provider visits to make health, mental health and/or substance abuse assessments for the purpose of making recommendations regarding recipient's ability to perform work when requested by the LDSS** should be scheduled within ten (10) days of request by Medicaid Managed Care enrollee.
- **Routine, non-urgent, or preventive care visits:** An appointment should be scheduled within four (4) weeks.
- **Adult baseline and routine physicals:** An appointment should be scheduled within twelve (12) weeks.

- **Well child care:** An appointment should be scheduled within four (4) weeks of a request.
- **Specialist referrals (non-urgent and non-behavioral health):** Referrals should be provided within four (4) to six (6) weeks.

Specialist

- **After-hours access, including emergent life-threatening and urgent conditions in new and established patients:** Practitioner should employ a 24-hour, 7 days a week "on-call" telephone resource, which should include access to a "live voice" via an answering service, answering service with the option to page the practitioner, an advice nurse with access to the practitioner, access to the practitioner auto-pager, or an answering machine/voicemail system with appropriate after-hours instructions for patients.

  The patient should either receive an immediate response or be instructed on what to do to obtain services after hours and on weekends. Answering machine/voicemail instructions should include an anticipated time frame in which the patient could expect a return call, for example, an after-hours phone call from an appropriate practitioner within an hour of the member contacting the organization. Patient calls cannot be routinely referred to an emergency room.

  - **Urgent medical problems:** An appointment should be scheduled within 24 hours, based on symptoms and practitioner judgment.
  - **For non-acute symptomatic conditions in new and established patients**: An appointment is scheduled within one (1) to four (4) weeks, based on symptoms.
  - **For routine, non-urgent, or preventive care visits:** An appointment is scheduled within four (4) weeks of request.
  - **Follow-up after an emergency or hospital discharge for medical conditions:** An appointment should be scheduled within five (5) days of discharge or as clinically indicated.

Behavioral Health Care

Behavioral Health Practitioners include Psychiatrists, Psychologists, Clinical Social Workers, Community Mental Health Centers, and Chemical Dependency Treatment Centers.

- **After-hours access, including emergent life-threatening and urgent conditions in new and established patients:** Practitioner should employ a 24-hour, 7 days a week "on-call" telephone resource, which may include access to a "live voice" via an answering service, answering service with the option to page the practitioner, access to the practitioner auto-pager, or an answering machine/voicemail system with appropriate after-hours instructions for patients on what to do to obtain services. Instructions may include referral to a community 24-hour crisis services hotline. Emergent patient calls may be referred to an emergency room or to a community 24-hour crisis services hotline.
- **Emergent life-threatening** issues are triaged immediately.
- **Emergent nonlife-threatening behavioral health conditions**: Assessment and care should be rendered within six (6) hours.
- **Urgent behavioral health problems:** An appointment should be scheduled within 24 hours, based on symptoms and practitioner judgment.

- **Follow-up after an emergency or hospital discharge for medical, mental health, or substance abuse conditions:** An appointment should be scheduled within five (5) days of request or as clinically indicated**.**
- **Non-urgent mental health or substance abuse visits:** should be scheduled within ten (10) business days of request or as clinically indicated.
- **Follow-up routine behavioral health care appointments** for adults and pediatric members are scheduled to monitor and evaluate progress and/or changes that may have occurred since a previous visit. Follow-up visits are scheduled based on individual member need, condition, and practitioner assessment/treatment plan. Established, stable medication management visits may be scheduled every three (3) to six (6) months.
- **For members with depression**, at higher risk or newly diagnosed, visits may be scheduled as often as weekly or biweekly, based on practitioner assessment and treatment plan.
- **Counseling or psychotherapy visits with a non-prescribing practitioner** may be scheduled once monthly.
- **Provider visits to make health, mental health, and/or substance abuse assessments for the purpose of making recommendations regarding recipient's ability to perform work when requested by the LDSS** should be scheduled within ten (10) days of request by Medicaid Managed Care enrollee.

OB and GYN Care

- **After-hours access, including emergent life-threatening and urgent conditions in new and established patients:** Practitioner should employ a 24-hour, 7 days a week "on-call" telephone resource, which should include access to a "live voice" via an answering service, answering service with the option to page the practitioner, an advice nurse with access to the practitioner, access to the practitioner auto-pager, or an answering machine/voicemail system with appropriate after-hours instructions for patients.

  The patient should either receive an immediate response or be instructed on what to do to obtain services after hours and on weekends. Answering machine/voicemail instructions should include an anticipated timeframe in which the patient could expect a return call, for example, an after-hours phone call from an appropriate practitioner within an hour of the member contacting the organization. Patient calls cannot be routinely referred to an emergency room.
- **Urgent medical:** An appointment should be scheduled within 24 hours, based on symptoms and practitioner judgment.
- **Non-acute, symptomatic conditions in new and established patients:** An appointment should be scheduled within one (1) to four (4) weeks, based on symptoms and practitioner judgment.
- **Routine, non-urgent, or preventive care visits:** An appointment should be scheduled within four (4) weeks. Members have direct access to a women's health specialist for covered routine and preventive health care services.
- **Initial family planning:** An appointment should be scheduled within two (2) weeks.
- **Initial prenatal visits:** During the first trimester, an appointment is scheduled within three (3) weeks of diagnosis of the pregnancy, within two (2) weeks during the second trimester, and within one (1) week during the third trimester.
- **Initial visits for newborns to their primary care provider:** An appointment should be scheduled within two (2) weeks of hospital discharge.
- **Postpartum visit:** Should be scheduled 21 to 56 days after delivery.

General Guidelines

- **Members with an appointment** should not routinely be made to wait longer than one (1) hour.
- **Telephone access for physician offices:**
  - Phones should be answered promptly
  - If the office has an automated telephone directory, there should be a prompt for emergency situations that allows the caller to speak to someone
  - If the caller is to be placed on hold, the person answering the telephone must assess for an emergency before placing the caller on hold
  - Callers should not be on hold for more than three (3) minutes without someone checking on them
- Adherence to this policy is monitored during the provider office compliance attestation process or during onsite review, after-hours audits, as well as by member complaint evaluations and member satisfaction surveys.
- Corrective action is instituted as necessary for practitioners who do not achieve a compliant after-hours audit or office onsite review. Health Care Quality Improvement (HCQI) Department staff coordinates follow up with the practitioner's office and Provider Support department as needed.

Also, refer to Policy PRV011: Practitioner Office Site Evaluation and Availability Survey/Medical Record Keeping.