

BEHAVIORAL HEALTH APPOINTMENT ACCESSIBILITY STANDARDS AND GUIDELINES

Access and Availability – Know the Difference!



Availability:

The ability to receive services in terms of proximity and convenience



Access:

The extent a service is received within a reasonable waiting time

Why is this measure important?

By ensuring timely appointment access, we aim to:






- Avoid harmful delays in care
- Develop efficient planning and scheduling systems that can meet the needs of members
- Improve patient experience
- Reduce unnecessary ER/Urgent Care visits

Reasons you may not meet the standard:

- Do not direct members with non-life-threatening emergencies to the ER or behavioral health crisis units
- No answer by office, answering service or voicemail
- Providing dates for appointments further out than standard guidelines

To ensure AultCare members received care in a timely manner, the National Committee for Quality Assurance (NCQA) and AultCare require providers to maintain a level of accessibility based on the type of appointment requested. AultCare uses the “third next available” appointment model rather than the “next available” appointment for routine and follow up appointments, as this is the industry standard for measuring appointment access and is more representative of true appointment accessibility. The accessibility standards are located in your provider manual.

AultCare reaches out to our provider offices annually to check that the office is complying with the appointment accessibility agreements. As a reminder, as a contracted provider, you have agreed to maintain the following accessibility standards:

| | | | |
|--|--|--|---|
|  | New Patient Care/Initial Visit | <ul style="list-style-type: none"> • Initial Visit within 10 business days <ul style="list-style-type: none"> ○ Appointment with no extenuating circumstances or sense of urgency ○ Initial visits do not include follow up care for an existing problem | When contacting the office, we ask for the first 3 available appointments to see prescribing and non-prescribing clinicians for a new patient appointment. |
|  | Routine/ Follow Up Care | <ul style="list-style-type: none"> • Follow up visit within 6 weeks <ul style="list-style-type: none"> ○ Follow up care appointments to evaluate member progress | When contacting the office, we ask for the first 3 available appointments to see prescribing and non-prescribing clinicians for an established patient. |
|  | Urgent Care | <ul style="list-style-type: none"> • Urgent care visit within 24-48 hours <ul style="list-style-type: none"> ○ Any request that would subject the patient to severe pain or distress without care ○ May direct to crisis line in lieu of appointment | When contacting the office, we ask when the first available appointment is for urgent visits for both prescribing and non-prescribing clinicians. |
|  | Emergency Care | <ul style="list-style-type: none"> • Non-life-threatening emergency care within 6 hours <ul style="list-style-type: none"> ○ Scheduling appointment within 6 hours of contact ○ May direct members with non-life-threatening emergencies to the ER or behavioral health crisis center | When contacting the office, we ask how non-life-threatening emergent visits are handled during business hours and after hours. Can use Customer Service telephone script that instructs staff to direct members with non-life-threatening emergencies to the ER or behavioral health crisis center |
|  | Follow Up Care after Inpatient Hospital Visit OR for Problem Office Visit | <ul style="list-style-type: none"> • Follow up visit within 7 days of inpatient hospital visit OR Problem Office Visit <ul style="list-style-type: none"> ○ Scheduling appointment within 7 days of discharge ○ Scheduling appointment within 7 days of request of problem office visit | When contacting the office, we inform the staff that we are inquiring about a follow up visit after a hospital stay. |

*May use telehealth if/when appropriate to meet the intent of the standard, specific to provider determination.

*All covered persons should have access to their provider or covering network provider when the office is closed. After hours phone calls should have 24/7 Triage/Answering Service or direct to ER.

*If an office is found noncompliant, AultCare will reach out to provide information on the missed standard(s) and may work with office to identify barriers and opportunities.

Source: Institute for Healthcare Improvement (<http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>)

