

## Practice Self-Assessment Tool for Accessibility

(Highmark Health Options West Virginia Medicaid)

<b>Provider Type</b> These are the provider types monitored.	<b>Appointment Type/Protocol</b> These are the appointment types or protocol monitored.	<b>Accessibility Standard</b> You must meet this criteria to be considered compliant.	<b>Accessibility Audit Questions</b> These are the questions that the accessibility audit call-agents may ask when they contact your office. The call-agent will request that you review the practice appointment schedule to identify the next available appointment slot (for in-person visit or telemedicine visit) or identify your practice sites protocol for the standard. The questions refer to established patients, unless specifically identified in the question. <b>Important:</b> If your practice site uses a call center to schedule member appointments, please ensure that the call center staff is educated on the access standards and audit process.
<b>Appointment Access</b>			
PCP, Specialist, Behavioral Health (BH)	<b>Emergency Care</b> <b>(Medical)</b> A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the individual or with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part. <ul style="list-style-type: none"> <li>● Seizure, diabetic coma, cardiac arrest, obvious fracture</li> </ul> <b>(Behavioral Health)</b> A mental health emergency is a life-threatening situation in which an individual is threatening immediate harm to self or others, is severely disoriented or out of touch with reality, or is otherwise out of control. Individual is able to be transported safely to you for evaluation. <ul style="list-style-type: none"> <li>● Attempted suicide, substance dependence, alcohol intoxication, acute depression, presence of delusions, violence, panic attacks, and significant rapid changes in behavior.</li> </ul>	Immediately seen or referred to an emergency facility	If a Medicaid patient contacts your office today with an emergency, how soon could they be seen by any practitioner in the office?
Behavioral Health (BH)	<b>Non-Life Threatening Emergency Care</b> An emergency situation where clinical evidence shows that a person requires immediate care, but that lack of care would not lead to death. <ul style="list-style-type: none"> <li>● Individual has intentions to harm self, well thought out plan, and has the means to carry out the plan. Able to agree not to harm self and willing to get help.</li> </ul>	Within 6 hours or will direct member to go to the emergency room or behavioral health crisis unit	If a Medicaid patient contacts your office today with a Non-Life Threatening Emergency condition, how soon could they be seen in your office? If you are unable to see a patient within 6 hours for a non-life-threatening emergency, what instruction would you provide to the patient?

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PCP, Specialist, Behavioral Health (BH)	<b>Urgent Care</b> A request for medical care or services where application of the time frame for making routine or non-life threatening care determinations -Could seriously jeopardize the life of health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgement, or -Could seriously jeopardize the life, health, or safety of the member or others due to the member's psychological state, or -In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request. <ul style="list-style-type: none"> <li>• <b>(Medical)</b> Sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain; patient being treated with chemotherapy has sores, fevers, dehydration or nausea, sick visits with high fever or severe symptoms</li> <li>• <b>(Behavioral Health)</b> Individual has feeling of hopelessness or helpless but no plan or intent to harm self. Notice symptoms are worsening and has support. Has difficulty carrying out usual daily activities, Individual is showing signs of concerning behaviors but has no immediate risk or harm to others. The practitioner has known this person for years, and knows they will rapidly decompensate without adjustment in medication.</li> </ul>	Within 48 hours	If a Medicaid patient contacts your office today for an urgent medical condition, how soon could they be seen by any practitioner in the office?
PCP, Specialist	<b>Routine Preventative Care</b> Care for conditions that do not need immediate attention. This care may lead to prevention or early detection and treatment of conditions. <ul style="list-style-type: none"> <li>• Immunizations, screenings and physical exams, A well patient exam, annual routine/ preventative exam, routine physical or sports physical, on-going back pain or treatment of a chronic condition, routine follow-up appointment</li> </ul>	Within 21 calendar days	If a Medicaid patient contacts your office today for a routine preventative care appointment, how soon could they be seen by any practitioner in the office?
PCPs and Specialists who provide prenatal care	<b>Initial Prenatal Care</b>	Within 14 calendar days of pregnancy confirmation	If a Medicaid patient contacts your office today, indicating that she has just found out she is pregnant, how soon could she be seen by any practitioner in the office?
Behavioral Health (BH)	<b>Initial Routine Care</b> Initial routine care appointments do not include follow-up care for an existing problem <ul style="list-style-type: none"> <li>• Individual has symptoms that are non-life threatening, has support, and able to function and able to carry out usual daily activities.</li> <li>• Stable and transitioning to a new provider.</li> </ul>	Within 10 business days	If a Medicaid patient contacts your office today for initial routine care, how soon could they be seen in your office?

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Behavioral Health (BH)	<b>Follow-up Routine Care</b> Follow-up routine care appointments are visits at later, specified dates to evaluate patient progress and other changes that have taken place since a previous visit. <ul style="list-style-type: none"> <li>Follow-up to check labs, response of medication, assignment or f/up therapy session, review medical records from previous provider.</li> </ul>	Within 15 business days	If a Medicaid patient contacts your office today for follow-up routine care, how soon could they be seen in your office?
PCPs that treat members under the age of 21	<b>EPSTD Services</b>	Must be scheduled in accordance with EPSTD guidelines and the EPSTD Periodicity Schedule	If a new Medicaid patient contacts your office today requesting an EPSTD screening, how soon could they be seen by any practitioner in the office?
PCP, Specialist	<b>Supplemental Security Income (SSI)</b>	SSI enrollees must be encouraged to schedule an appointment with a PCP or Specialist who manages the enrollee's care within 45 calendar days of initial enrollment.	If a new Medicaid patient who self identifies as receiving supplemental security income (SSI) contacts your office today, how soon could they be seen by any practitioner in the office?
PCP, Specialist	<b>Wait time in the office waiting room and exam room for routine care</b>	Average office wait time is no more than 30 minutes	What is the average amount of time a patient waits in the office waiting room and exam room before actually being seen by a practitioner for a routine care appointment? <b>Important:</b> If your practice site uses a call center to schedule member appointments, make sure that you provide the call center staff with data regarding "the average wait time".
<b>After-hours Access</b>			
PCP	<b>After-hours Care</b>	<b>24 hours day/7 days per week</b>  <b>A live person, recording or auto attendant will direct patients in the case of a true emergency to call 911 or go to the nearest Emergency Room. An on-call physician is available after-hours.</b>  <i>Instructions provided by the practice will include one or more of the following options:</i> *Call 911 or go to the nearest emergency room *Direct patient to go to an urgent care center *See patient same day *See patient at another location same day  <b>Important Reminders:</b> Practice sites must be accessible to members 24 hours a day/7 days a week.  Our members must be instructed to call 911 or go directly to the emergency room in the case of a true emergency.  Answering services or machines must instruct members on how to reach an on-call physician. The member must receive a phone call within one hour with instructions.	During non-business hours, if a patient contacts your office regarding and Emergent or Urgent care need, what instructions are provided to the member? (instruction must be provided within 1 hour)

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