



Title:	Accessibility of Services				
Department/Line of Business:	Quality Improvement				
Approver(s):	VP CMO, SWHP				
Location/Region/Division:	SWHP				
Document Number:	SWHP.QLI.001.P				
Effective Date:	10/10/2017	Last Review/ Revision Date:	10/10/2017	Origination Date:	10/1/1996

LINE OF BUSINESS

This document applies to the following line(s) of business:
All SWHP & ICSW

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

After-hours Care - care that is provided outside of normal clinic hours

Emergency Care – critical care associated with a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in death, serious jeopardy to the health of the individual or a woman’s unborn child, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part

Non-life Threatening Emergency Behavioral Health Care – a behavioral health emergency situation where clinical evidence shows that a person requires immediate care, but the lack of care would not result in death

Preventative Care – care designed for prevention and early detection of illness in asymptomatic people, generally including routine physical examinations, tests, and immunizations

Primary Care – the level of care that encompasses routine care of individuals with common health problems and chronic health conditions that can be managed on an out-patient basis

Routine Care – non-urgent care for symptomatic conditions

Specialty Care – care associated with a specialty practitioner

Urgent Care – care for a health condition that is not an emergency but is medically necessary and severe or painful enough to cause a prudent layperson, possessing average knowledge of health and medicine, to believe that his or her condition requires medical treatment within 24 hours

POLICY

Scott & White Health Plan (SWHP)/Insurance Company of Scott and White (ICSW) provides, maintains, and monitors timely access to regular and routine care appointments, urgent care appointments, behavioral healthcare appointments, and after-hours care in accordance with state and federal regulations. SWHP has established valid methodology to collect and analyze data to measure its performance against the standards set forth by the “Accessibility of Services” Policy and applies to the entire practitioner population.

The SWHP/ICSW Quality Improvement Sub-committee (QIS) has overall accountability and responsibility for maintaining assurance that members receive timely access to medical care and behavioral health care and receive appropriate after-hours care instructions. The QIS has delegated the implementation and monitoring of this policy to SWHP’s Quality Improvement (QI) department. Providers who fail to comply with established standards shall be notified of their contractual infraction and subject to corrective action up to contract termination.

PROCEDURE

At least annually, a representative of SWHP’s QI department conducts provider surveys to collect data for appointment availability and appropriate after-hours messaging utilizing a statistically valid sample of contracted providers. After-hours messaging survey calls are conducted between the hours of 6:00pm and 6:59am. A log of appointment availability and after-hours messaging responses are maintained by the QI department. SWHP conducts quantitative and quantitative analysis of its performance against its “Accessibility of Services” standards and a qualitative analysis of performance results. If the analysis reveals issues at the organizational level, SWHP conducts a practitioner-level analysis across all practitioners and practices or from a statistically valid sample of them. Analysis findings and recommendations are presented to the QIS to initiate corrective action intervention.

SWHP has established the following standards for accessibility of services:

Level of Service/Appointment Type	Standard
Emergent	
Emergency Care	Immediately upon presentation at the service facility
Newborn	
Newborn Care (less than 6 months of age)	14 calendar days
Primary	
Urgent Primary Care	24 Hours
Routine Primary Care	Commercial: 21 calendar days Medicaid: 14 calendar days Medicare: 30 calendar days
Specialty	
Urgent Specialty Care	24 Hours
Routine Specialty Care	Commercial and Medicaid: 21 calendar days Medicare: 30 calendar days
OB/GYN	
High Risk Prenatal Care New Member in 3 rd Trimester Care	5 calendar days or immediately if an emergency exists
Routine Prenatal Care	14 calendar days
Preventive Care	

Preventive Care Child (6 months of age through 20 years of age)	60 calendar days
Preventive Care Adult (21 years of age and older)	Commercial and Medicaid: 90 calendar days Medicare: 30 days
Behavioral Health	
Urgent Behavioral Health Care	24 hours
Initial Behavioral Health Care	14 calendar days
Routine Follow-up Behavioral Health Care	14 calendar days
Telephone Access	No centralized screening or triage used
After-Hours	
After-Hours Messaging	<ul style="list-style-type: none"> Coverage available 24 hours a day/7 days a week, 365 days a year Office phone is answered after hours by an answering service advising members of options for care After-Hour calls to be returned <30 minutes

* Standards apply to all lines of business unless otherwise specified.

* Behavioral Health Care reported separately for prescribing and non-prescribing practitioners.

* Urgent care applies to Medicare requirement of "services that are not emergency or urgently needed , but in need of medical attention- within one week".

SWHP/ICSW members have direct access to behavioral health practitioners. For behavioral healthcare emergencies (including non-life threatening behavioral health emergency), members are instructed to go directly to the emergency room.

For Medicaid plans, SWHP follows the telephone access requirements for emergency/crisis behavioral health calls as set forth by Texas Medicaid and CHIP Uniform Managed Care Contract, Attachment B1, Sections 8.1.15.3 and 8.1.4.7.

Providers found to be in violation with the "Accessibility of Services" standards set forth in this policy will be monitored quarterly until compliant and subject to the following corrective action as indicated:

Offense Level	Corrective Action
First Offense	Phone call from Provider Relations (PR) accompanied by an e-mail or faxed letter notifying of appointment availability infraction or recommending an alteration of the clinic's after hour messaging.
Second Offense	Certified Letter to the provider clinic sent by PR notifying of appointment availability infraction or recommending an alteration of the clinic's after hour messaging and a copy of their Medicaid Contract.
Third Offense	A face-to-face visit between SWHP's PR representative and the provider notifying of appointment availability infraction or recommending an alteration of the clinic's after hour messaging.
Fourth Offense	Recommendation to terminate the contractual agreement between SWHP/ICSW and the provider presented to Network Development and Credentialing by the Quality Improvement Sub-committee.

ATTACHMENTS

None.

RELATED DOCUMENTS

Policy: SWHP.QLI.014.P Medicaid Hotline Standards

REFERENCES

2017 NCQA Health Plan Accreditation Standards, NET 2 Accessibility of Services
2017 NCQA Health Plan Accreditation Standards, Appendix 9 Glossary
Texas Medicaid and CHIP Uniform Managed Care Contract, Attachment B-1, Sections 8.1.3 and 8.1.4
Texas Medicaid and CHIP Uniform Managed Care Contract, Attachment A, Article 2 Definitions
Texas Department of Insurance (TDI) 28 TAC §11.1607
Code of Federal Regulations (42 CFR §417.106; §422.112;)
Medicare Managed Care Manual, Chapter 4, Section 110
<https://www.medicare.gov/glossary/a.html>
<http://www.tdi.texas.gov/consumer/glossary.html>

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.