Practice Self-Assessment Tool for Accessibility (Medicare)

Provider Type These are the provider types monitored.	Appointment Type/Protocol These are the appointment types or protocol monitored.	Accessibility Standard You must meet this criteria to be considered compliant.	Accessibility Audit Questions 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 new patient is specifically identified in the question. **Important:** 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.
Appointment Access			
PCP, Behavioral Health (BH)	**Emergent Care** **(Medical)** 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. ● Seizure, diabetic coma, cardiac arrest, obvious fracture **(Behavioral Health)** 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. ● Attempted suicide, substance dependence, alcohol intoxication, acute depression, presence of delusions, violence, panic attacks, and significant rapid changes in behavior.	Immediately seen or referred to an emergency facility	If a new patient with your practice contacts your office today for an emergent care appointment, how soon could they be seen in person or via telemedicine by any practitioner in the office? If you are unable to see a patient immediately for emergency care, what instruction would you provide to the patient?
PCP, Behavioral Health (BH)	**Urgent Care** 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. ● **(Medical)** 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 ● (**Behavioral Health)** 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.	Immediately seen or within 24 hours	If a new patient with your practice contacts your office today for an urgent care appointment, how soon can they be seen, either in person or via telemedicine, by any practitioner? If you are unable to see a new patient for urgent care within the Plan's required timeframe, what instruction would you provide to the patient?
PCP, Behavioral Health (BH)	**Non Urgent, but in need of Medical Attention** ● **(Medical)** A request for coverage of medical care or treatment for which application of the time periods for making a decision does not jeopardize the life of health of the member or the member's ability to regain maximum function, and would not subject the member to severe pain. Non-urgent sick visit or episodes of chronic conditions. ● **(Behavioral Health)** Individual has feelings of hopelessness or helplessness but has no plan or intent to harm self. They have support but are noticing worsening symptoms and are having difficulty carrying out usual daily activities. The individual is showing signs of concerning behaviors but has no immediate risk or harm to self or others.	Within 7 business days	If a new patient with your practice contacts your office today for an appointment that is non-urgent but in need of medical attention, how soon can they be seen in person or via telemedicine by any practitioner?
PCP, Behavioral Health (BH)	**Routine or Preventative Care** ● **(Medical)** Care for conditions that do not need immediate attention. This care may lead to prevention or early detection and treatment of conditions. 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. ● **(Behavioral Health)** A member who needs to establish care, an established patient experiencing a new BH challenge, or follow- up routine care appointments that are visits later to evaluate patient progress and other changes that have taken place since an earlier visit. Individual has symptoms that are non-life-threatening, has support, and can reasonably function and carry out usual daily activities. This may also be a patient who is stable and transitioning to a new provider.	Within 30 business days	If a new patient with your practice contacts your office today for a routine or preventative care appointment, how soon could they be seen by any practitioner?