

HIGHMARK HEALTH OPTIONS WEST VIRGINIA (HHO WV)

Provider Access Standards and Annual Audit: Frequently Asked Questions (FAQs)

Question	Answer
<p>What are Accessibility Standards (Appointment Standards)?</p>	<p>Appointment Standards were established to ensure that Highmark Health Options members have timely access to Primary Care and Specialty Care services including: wait time to schedule appointments, after-hours access to care, and average wait time in the office waiting room before being seen by a practitioner in the office.</p>
<p>Where can I view the Accessibility Standards (Appointment Standards)?</p>	<p>The Accessibility Standards and other provider access resources are located on the Highmark Health Options website.</p>
<p>Why does Highmark Health Options conduct an annual provider access audit?</p>	<p>To monitor your practice site's adherence to the established accessibility standards to ensure our members have timely access to primary care and specialty care services; and to meet state and federal regulatory requirements.</p>
<p>When does Highmark Health Options conduct the annual provider access audit?</p>	<p>Normally, in the 2nd Quarter of each year.</p>
<p>What method of communication is used to conduct the provider access audit?</p>	<p>The provider access audit is conducted telephonically.</p>
<p>Who conducts the provider access audit?</p>	<p>A contracted vendor (Press Ganey) conducts the provider access audit on behalf of Highmark Health Options.</p>
<p>How many call attempts will be made to reach our practice site to conduct the provider access audit?</p>	<p>Press Ganey call agents will make up to 3 call attempts to reach your practice to complete the appointment audit.</p>
<p>How long will the provider access audit take?</p>	<p>It takes approximately 5 minutes to complete the audit.</p>

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Who at my practice site should complete the provider access audit?

Associates in your practice or call center that schedule patient appointments or have access to the appointment calendar.

If a **call center** schedules your patient appointments, your practice site's phone recording should identify the phone number option to press to schedule patient appointments. The audit call agent will follow the prompts to get to the appropriate line to conduct the audit.

In addition to audit questions regarding patient wait times to schedule appointments, all practice associates should be kept informed about your practice site's average office wait time for patients so that the audit questions are answered accurately.

How will the audit vendor identify themselves?

As a **Press Ganey call agent calling on behalf of Highmark Health Options** to conduct an annual provider accessibility audit to determine if your practice site is adhering to accessibility standards.

What should occur if the person contacted at my practice site is not the appropriate person designated to complete the provider access audit?

The Press Ganey call agent will request that you transfer them to the appropriate staff to answer the audit questions. If you are unsure of who to transfer the call to, contact your office administrator before transferring.

Note: Press Ganey call agents cannot accept call backs from practice sites to complete the audit so please educate your associates prior to the annual audit so they are aware of who is responsible for answering the audit questions.

Is our practice site required to participate in the provider access audit?

Yes, your practice site is contractually required to participate in the provider access audit. Highmark Health Options uses the audit results to identify provider access barriers and develop initiatives to improve access.

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Will our practice site receive documentation indicating the provider access audit results?

Yes, if your practice site participated in the annual provider access audit and failed one or more standards, your site will be mailed a letter along with a report card detailing your audit results.

The letter will be directed to the attention of Office Administrator/Corporate Compliance. It will indicate that your site failed the audit and must complete the actions identified in the letter and submit to Highmark Health Options via the method indicated in the letter within in 45 days.

Actions may include: submission of a corrective action plan (CAP) for each failed standard, completion of staff training, completion of a practice self-assessment, and attestation from your corporate compliance or office administrator confirming completion of both.

What happens if our practice site fails one or more standards in the annual provider access audit and does not submit a corrective action plan showing intent to mitigate non-compliance with the access standards, when requested by Highmark Health Options?

Providers are contractually required to adhere to and remain compliant with the Highmark Health Options Accessibility Standards.

Our Provider Education and Sanctioning process identifies that practice sites who are not compliant with the Highmark Health Options administrative procedures may be further reviewed for education and remediation. Highmark Health Options follows a tiered approach of education and sanctioning prior to implementing termination procedures.

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<p>What steps should our office site take to ensure that our site is meeting the provider accessibility standards?</p>	<ol style="list-style-type: none"> 1) Review the access standards. 2) Share the standards with all staff that schedule patient appointments, including call center staff. 3) Complete the practice self-assessment. 4) Contact your provider representative if you have additional questions regarding the access standards and/or audit. <p>The access standards, practice self-assessment tool and other provider access audit resources are located on the Highmark Health Options provider website.</p>
<p>How often will our practice site be audited?</p>	<p>Your practice site may be contacted by phone annually to complete the provider accessibility audit. Up to 3 call attempts will be made by Press Ganey call agents to complete the audit.</p>
<p>What is the purpose of the "Practice Self-Assessment Tool" and where can I find it?</p>	<p>The tool can be used by practice sites to determine if they are meeting the Highmark Health Options accessibility standards. You can access the tool on the Highmark Health Options provider website.</p>
<p>What is the most common reason that practice sites fail the accessibility audit? How can it be corrected?</p>	<p>Practice site and call center associates that schedule member appointments do not have a clear understanding of the accessibility standards and answer the audit questions inaccurately and/or do not have access to data related to member wait times in the office waiting room.</p> <p>This could be corrected through associate education of the accessibility standards as a part of new employee onboarding, continuous education for existing associates, and providing scheduling staff with office wait time data.</p>