

# Practice Self-Assessment Tool for Accessibility

Line of Business Medicaid 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. <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>				
Medicaid	PCP, Specialist	<b>Emergent Care</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. ● Seizure, diabetic coma, cardiac arrest, obvious fracture	Immediately seen or referred to an emergency facility	If a Medicaid patient contacts your office today with an emergent medical condition, how soon could they be seen by any practitioner in the office?
Medicaid	PCP, Specialist	<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. ● 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	Within 24 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?
Medicaid	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. ● 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	Within 10 business days Within 15 business days from the date of the referral for these Specialists: dermatology, orthopedic surgery, otolaryngology, and Pediatric Specialists including; allergy & immunology, endocrinology, gastroenterology, general surgery, hematology, infectious disease, nephrology, neurology, oncology, pulmonology, rehab medicine, rheumatology, urology	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?
Medicaid	PCP	<b>Health Assessment/General Physical Examinations and First Examinations</b>	Within 3 weeks of enrollment	If a new Medicaid patient contacts your office today requesting a general physical health assessment, how soon could they be seen by any practitioner in the office?
Medicaid	PCPs that treat members under the age of 21	<b>New member EPSDT screens</b>	Within 45 days from the effective date of enrollment	If a new Medicaid patient contacts your office today requesting an EPSDT screening, how soon could they be seen by any practitioner in the office?
Medicaid	PCP, Specialist	<b>Self Identified HIV or AIDs Diagnosis</b>	Within 7 calendar days from the effective date of enrollment	If a new Medicaid patient that has self identified as being HIV positive or diagnosed with AIDS contacts your office today, how soon could they be seen by any practitioner in the office?
Medicaid	PCP, Specialist	<b>Self Identified as receiving Supplemental Security Income (SSI) or SSI related consumer</b>	Within 45 calendar days from the effective date of 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?
Medicaid	PCPs and Specialists who provide prenatal care	<b>Prenatal Care-1st Trimester</b>	Within 10 business days of the member being identified as pregnant	If a Medicaid patient contacts your office today, indicating she is in her first trimester and has just found out she is pregnant, how soon could she be seen by any practitioner in the office?
Medicaid	PCPs and Specialists who provide prenatal care	<b>Prenatal Care-2nd Trimester</b>	Within 5 business days of the member being identified as pregnant	If an established Medicaid patient contacts your office today, indicating she is pregnant and is in her second trimester, how soon could she be seen by any practitioner in the office?
Medicaid	PCPs and Specialists who provide prenatal care	<b>Prenatal Care-3rd Trimester</b>	Within 4 business days of the member being identified as pregnant	If an established Medicaid patient contacts your office today, indicating she is pregnant and is in her third trimester, how soon could she be seen by any practitioner in the office?

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Medicaid	PCPs and Specialists who provide prenatal care	<b>Prenatal Care-High Risk</b>	Within 24 hours of the member being identified as a high risk or immediately if an emergency	If an established Medicaid patient contacts your office today, indicating she is pregnant and it is a high risk pregnancy, how soon could she be seen by any practitioner in the office?
Medicaid	PCP, Specialist	<b>Missed Appointments Protocol</b>	Practice conducts outreach whenever a member misses an appointment and documents in the medical record. Practice must make 3 attempts to reach the member with at least 1 attempt by phone.	When a Medicaid patient misses an appointment, do you make at least three (3) attempts to contact the member with at least one attempt by phone? <b>Important:</b> If your practice site uses a call center to schedule member appointments, make sure that you educate the call center staff regarding the missed appointment protocol.
Medicaid	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".
Medicare	PCP, Behavioral Health (BH)	<b>Emergent 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. ● Seizure, diabetic coma, cardiac arrest, obvious fracture <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. ● 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?
Medicare	PCP, 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. ● <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 ● <b>(Behavioral Health)</b> Individual has feeling of hopelessness or helplessness 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?
Medicare	PCP, Behavioral Health (BH)	<b>Non Urgent, but in need of Medical Attention</b> ● <b>(Medical)</b> 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. ● <b>(Behavioral Health)</b> 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?

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Medicare	PCP, Behavioral Health (BH)	<b>Routine or Preventative Care</b> <ul style="list-style-type: none"> <li>• <b>(Medical)</b> 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.</li> <li>• <b>(Behavioral Health)</b> 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.</li> </ul>	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?
<b>After Hours Access (24/7)</b>				
Medicaid	PCP	After-hours Care	After hour calls from members with an emergent or urgent medical condition will be handled within 1 hour of the member contacting the practice - through immediate instruction or member receives call back from practice site with instruction, within one (1) hour.	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)
			<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.	

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