
Behavioral Health: Accessibility to Care Standards



Agenda



- Overview of Access to Care Standards and Audit Process
- Behavioral Health (BH) Accessibility Standards and Examples
- Detailed review of Highmark Wholecare's Annual Audit Process
- Provider Accessibility Tips and Resources



Accessibility Overview

- Highmark Wholecare ensures timely access to primary and specialty care through monitoring and measuring accessibility standards.
- Annual audits, member complaints, and reviews by the Access Audit Work Group are used to identify access barriers and drive provider education.
- Practice sites failing access standards receive report cards and must submit a corrective action plan.
- Practice site administrators must complete self-assessments and ensure staff education on standards.
- Education on accessibility standards is promoted through various channels, including newsletters, manuals, provider website, webinars, and outreach activities.



Accessibility Overview

Highmark Wholecare contracts with Press Ganey, a National Committee for Quality Assurance (NCQA) certified survey vendor to conduct an annual appointment accessibility audit to determine if practices are adhering to established access standards related to timely access to care for our members.

Appointment Access Audit

Phone interviews with scheduling staff during business hours to assess the wait time for members to schedule appointments.

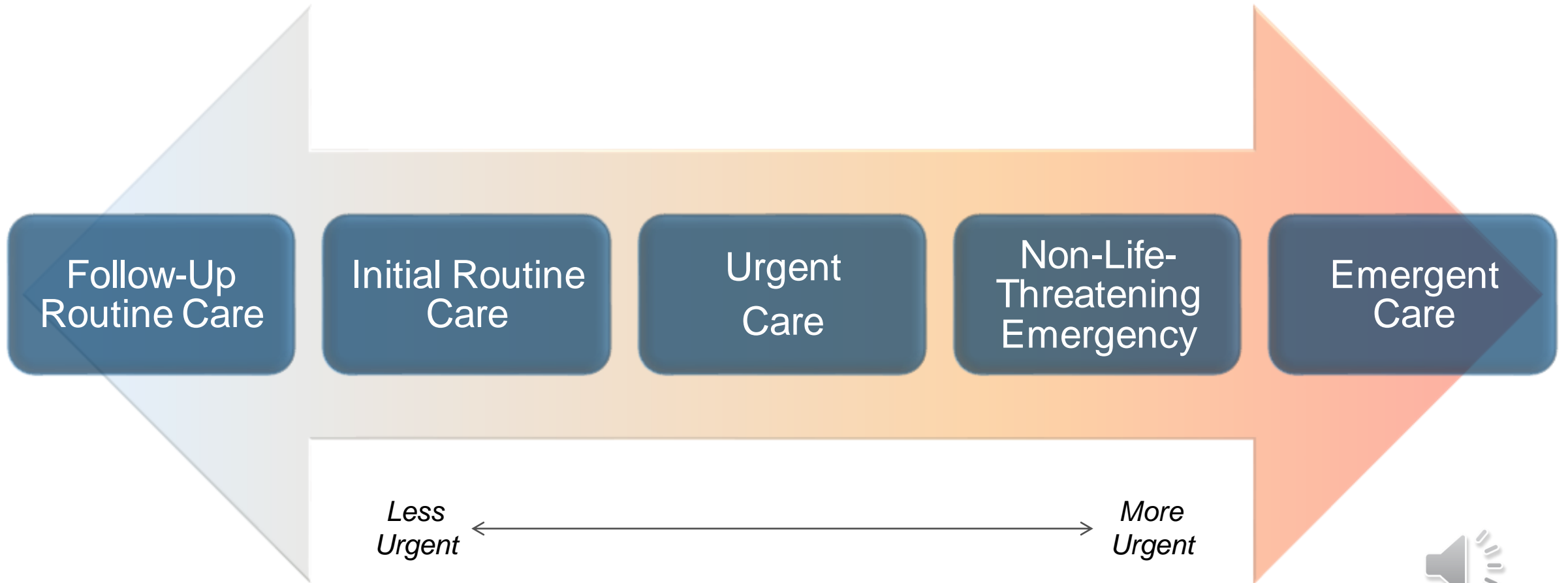


Accessibility Overview

1. The Accessibility audit is conducted annually, typically in the 3rd Quarter of the year.
2. Press Ganey will contact a random sample of our provider network by phone to complete the audit. Call-center agents will ask series of questions to determine compliance with Highmark Wholecare Accessibility Standards.
3. The call-center agent will request that the office appointment schedule be reviewed (real-time) to obtain a specific date and time of the office's next available appointment.
4. Identification of office protocol or instructions provided to members by provider offices may also be included as part of the audit.



Appointment Types



Access Standards for Appointment Types

Emergent Care	Seen immediately or referred to an emergency facility
Non-Life-Threatening Emergency	Seen within 6 hours or referred to an emergency facility or behavioral health crisis unit
Urgent Care	Seen within 48 hours
Initial Routine Care	Seen within 10 business days
Follow-Up Routine Care	Seen within 15 business days



Emergent Care

An emergency situation where clinical evidence shows that a person requires immediate care, and that lack of care could result in death.

- May have intentions to self-harm alongside a well-thought-out plan and the means to carry out the plan
- Unable to abstain from self-harm and/or unable to agree to safety contract
- May not be willing to accept help



Seen immediately
or
referred to an
emergency facility





Seen within 6 hours
or
referred to an
emergency facility

Non-Life-Threatening Emergency

An emergency situation where clinical evidence shows that a person requires immediate care, but that lack of care would not lead to death.

- May have intentions to self-harm alongside a well-thought-out plan and the means to carry out the plan
- Able to agree to abstaining from self-harm
- Willing to accept help





Seen within 6 hours
or
referred to an
emergency facility

Non-Life-Threatening Emergency

Example 1

Sofia lives alone and is not sure she wants to go through another day alone. For the past two days, she has had thoughts about taking all her prescription medications that she just recently filled or taking a knife from her kitchen to cut her wrist. She wants help and does not want to harm herself due to her religious beliefs. She has a friend that will drive her to the provider's office.





Seen within 6 hours
or
referred to an
emergency facility

Non-Life-Threatening Emergency

Example 2

Ryan had an argument with his father. He hears voices telling him to harm his father by punching him in the face. He knows that is not right and would harm his father. He can usually ignore the voices but today the voices are getting louder, making it hard to ignore them. He knows the voices are coming from his head. He reports he goes to the clinic, and they see him on the same day whenever the voices are too loud.



Urgent Care

A request for medical care or services where application of the time frame for making routine care determinations 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 behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.



Seen within 48 hours



Urgent Care

- 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.
- Individual is showing signs of concerning behaviors but has no immediate risk or harm to self or others. The practitioner has known this person for years and knows they will rapidly decompensate without adjustment in medication.



Seen within 48 hours



Urgent Care

Example 1

Nia stopped taking her depression medication 2 months ago. She was doing well but was told last week there would be a lay-off at work in the next 60 days. Because she is new to the company, she is worried she will be laid off. Since this news, she noticed not being able to sleep, increased eating, and feeling hopeless and helpless as she does not know how she will be able to care for herself. At times she thinks about not waking up but has no thoughts or plan to harm herself. She has family and friends who support her.



Seen within 48 hours



Urgent Care

Example 2

Andre has been doing well for the past 6 months. He has a diagnosis of bipolar disorder that is well-controlled with his medications. He works daily and lives with his supportive wife. He also has an adult son that lives down the street from him. For the past two days, Andre has not been able to sleep more than 3-4 hours at a time. He has a lot of thoughts running through his mind. He has no thoughts of wanting to harm himself or anyone else. He feels more energetic, and his wife notes he came home with gifts for his grandchildren although it is not a special occasion. Today, he got into an argument with his boss. His boss has known him for 20 years and suggested he take a few days off. Andre's wife secured the credit cards and made Andre an appointment tomorrow to see his doctor of 10 years.



Seen within 48 hours





Seen within 10
business days

Initial Routine Care

A member who needs to establish care or an established patient experiencing a new BH challenge. Initial routine care appointments do not include follow-up care for an existing problem.

- Symptoms are non-life-threatening
- Able to function and carry out usual daily activities and has support
- May also be a stable patient who is transitioning to a new provider





Seen within 10
business days

Initial Routine Care

Example 1

Juan has a supportive family and good job. He has noticed mood swings over the past two months. At times, he feels sad for several days and will stay home instead of joining the family for outings. He is not interested in his usual activities like playing tennis or card games with the guys. He is able to work but feels unmotivated to finish projects. He does not have feelings of wanting to harm self or others.





Seen within 10
business days

Initial Routine Care

Example 2

Sandra has been followed by her PCP for the past 25 years. She is prescribed an antidepressant and mild sleep medication. Sandra noticed she is unable to focus and is starting to worry about little things. She finds herself checking several times to see if she locked the door when she leaves home. She also isn't socializing as much because she is spending a lot of time going back home to check that she locked her doors. She has no sleep disturbance nor appetite changes and denies thoughts of harming self or others. Sandra's PCP gave her refills for 60 days and provided the names of three different psychiatrists for her to discuss her new symptoms.



Follow-Up Routine Care

Visits at later, specified dates to evaluate patient progress and other changes that have taken place since an earlier visit.

- Follow-up to check labs
- Response to medication (new/adjustment)
- Follow-up therapy session
- Review medical records from previous provider



Seen within 15
business days



Follow-Up Routine Care

Example 1

At their last appointment, Alex's doctor started them on an antidepressant and ordered an EKG and labs. Alex is scheduled for a routine follow-up appointment within the appropriate timeframe so Alex and their doctor can review medication response and test results.



Seen within 15
business days



Follow-Up Routine Care

Example 2

Marco has a diagnosis of bipolar disorder and has been doing well until he recently started experiencing hypomanic symptoms. At that time, he was seen for an Urgent Care appointment, and his medications were adjusted. He has a supportive wife, adult son, and boss. To see if he is responding positively to the new medication regimen, he is scheduled for a follow-up appointment within 15 business days of his medication change appointment. He is instructed to call the nurse line if he has any issues with the new medications and dosing.



Seen within 15
business days



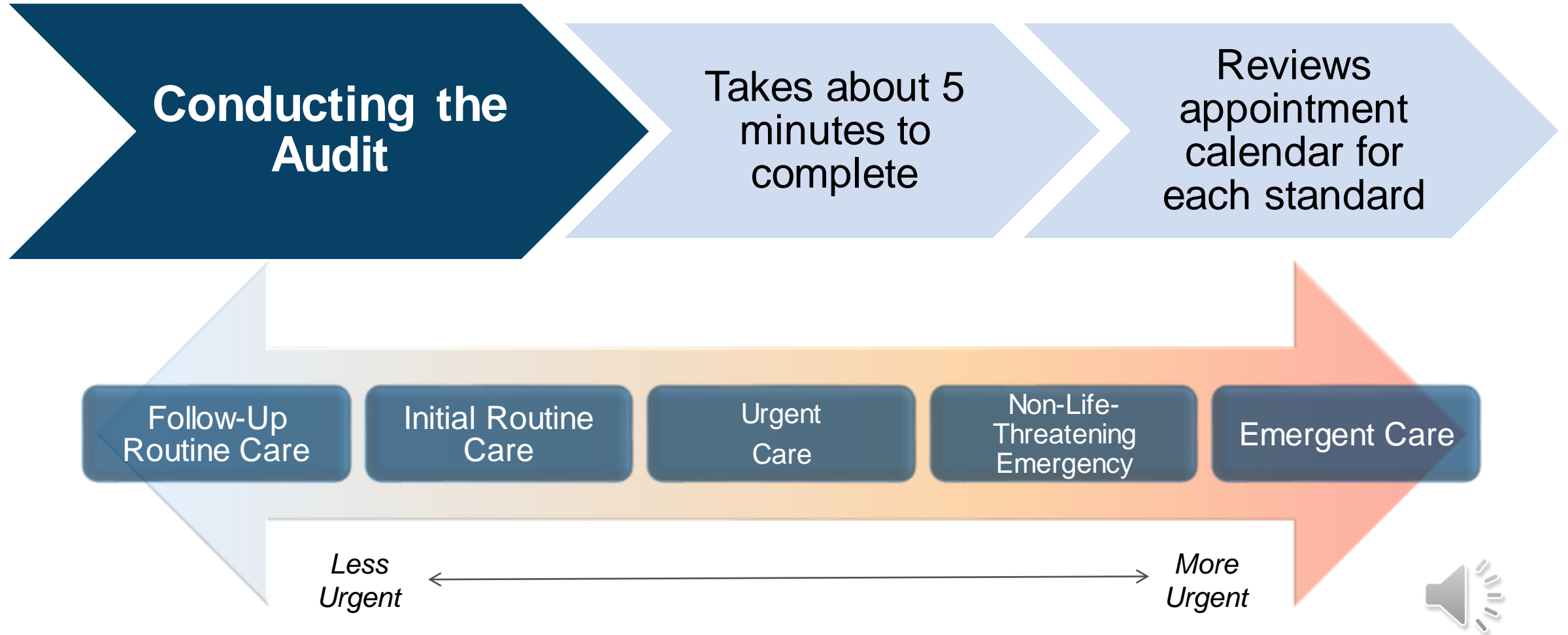
Annual Provider Accessibility Audit Process



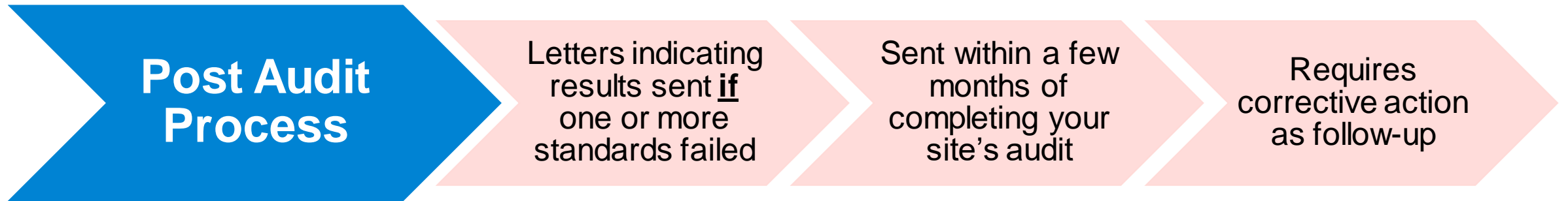
Provider Accessibility Audit Process



Provider Accessibility Audit Process



Provider Accessibility Audit Process



Within 45 days of receipt of the letter and report card, you must complete the following:

- ✓ Submit of a corrective action plan for each failed standard
- ✓ Complete staff training and a practice self-assessment; and
- ✓ Provide attestation from your corporate compliance officer or office administration confirming the above

This can be faxed to the number on the letter, **or** the corrective action plan can be completed online: <https://wholecare.highmarkprc.com/Provider-Resources/Accessibility-to-Care-Standards>

Please see the **PROVIDER ACCESS CORRECTIVE ACTION PLAN (CAP) -ONLINE SUBMISSION FORM** dropdown.



Non-Compliance with Standards

Within 45 days, offices failing one or more standards must:

Submit an
action plan



Complete
staff training



Complete a
self-assessment



The Office Administrator or Corporate Compliance must sign the action plan template, attesting to completion of staff training and self-assessment



Non-Compliance with Standards

- All providers failing one or more accessibility standards will be reaudited the following year.
- Providers who are non-compliant with one or more accessibility standards **for two consecutive years** are reviewed by the Highmark Wholecare audit workgroup for determination of actions.

Examples of audit results notification letters:

Non-Compliant One (1) Year	https://content.highmarkprc.com/Files/Wholecare/Forms/NonCompliant1yrAuditResultsNotification.pdf
Two (2) Consecutive Years	https://content.highmarkprc.com/Files/Wholecare/Forms/NonCompliant2yrAuditResultsNotification.pdf



Provider Accessibility Tips and Resources



BH Access Compliance Tips



Ensure coverage for vacation or any extended absence.



Try the Practice Self-Assessment Tool, available on our website:

<https://content.highmarkprc.com/Files/Wholecare/Forms/PracticeSelfAssessmentTool.pdf>



Share information with scheduling staff. Education of staff responding to the audit questions is a contributing factor to compliance with the standards.



Practice Improvement Opportunities

Telehealth

- Provide services virtually, through secure video conferencing or over the phone.
- Permitted since 2007, certain physical and behavioral health services can be provided and billed for via telemedicine.
- Providers should consult the Office of Medical Assistance Programs (OMAP) and Office of Mental Health and Substance Abuse Services (OMHSAS) telemedicine bulletins for more information on service delivery and billing.
- <https://www.dos.pa.gov/ProfessionalLicensing/Pages/Telemedicine-FAQs.aspx>



Triage Line

- Protocol with an objective process to guide individuals in making decisions on how to best allocate resources, specifically appointments in this case.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Guidelines for Behavioral Health Crisis Care practice toolkit for resources and information on how to access and refer patients to these services:
- <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>



Additional Resources for BH Providers

988 Suicide & Crisis Lifeline

- Free, confidential, 24/7 mental health support
- Available by calling **or** texting 988
- Chat also available at <https://988lifeline.org>
- For anyone in a U.S. state, territory, or tribe
- Text and chat currently only available in English
- Calls can be translated into 250+ different languages
- People can also contact 988 if they are worried about a loved one



Additional Resources for BH Providers

PA Support & Referral Helpline	1-855-284-2494 (TTY: 724-631-5600)
Crisis Text Line	Text PA to 741741
Veteran Crisis Line	Dial 988 then Press 1
Disaster Distress Helpline	1-800-985-5990
The Trevor Project Lifeline (LGBTQIA+)	1-866-488-7386 Text "Start" to 678-678
Trans Helpline	877-565-8860
Find Support Now	www.FindSupport.gov



Additional Resources for BH Providers

Get Help Now (National Helpline)	1-800-662-HELP (4357)
National Treatment Locator	https://apps.ddap.pa.gov/gethelpnow/
Find Treatment . gov	https://findtreatment.gov/
Opioid Treatment Program Directory	https://dpt2.samhsa.gov/treatment/
Early Serious Mental Illness Treatment Locator <i>(for recent onset of serious mental illness such as psychosis, schizophrenia, bipolar disorder, and more)</i>	https://www.samhsa.gov/esmi-treatment-locator
Buprenorphine Practitioner Locator	https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator
Opioid Use Disorder Centers of Excellence (OUD-COEs)	https://www.dhs.pa.gov/Services/Assistance/Pages/Centers-of-Excellence.aspx



Highmark Wholecare Resources

- It can be helpful to refer Highmark Wholecare members to our Behavioral Health Case Management Team. They can assist with:
 - Finding other BH providers who may have more open access to care;
 - Barriers to care such as transportation, internet access, obtaining a cell phone, telehealth appointments, and other treatment/non-treatment needs; and
 - Collaborating with other specialized case management teams and our provider networks to ensure high-quality, comprehensive, holistic care for our members.

Members can dial the number on the back of their insurance card and request to speak with the Behavioral Health Case Management team.



Thank You!

For more information on Accessibility to Care Standards, visit our website at <https://wholecare.highmarkprc.com/Provider-Resources/Accessibility-to-Care-Standards>



This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 17 counties in northeastern Pennsylvania, 13 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.