

# APPOINTMENT AVAILABILITY STANDARDS DURING OFFICE HOURS & AFTER OFFICE HOURS ACCESS STANDARDS

STANDARDS	DEFINITION	SCHEDULED APPOINTMENT TIME FRAME
<b>Emergency Care (Emergent)<sup>1</sup></b>	Emergency care is medical care given for a condition that, without immediate treatment, could result in placing the member's life or general health in severe jeopardy, or cause severe impairment in one or more bodily function(s), or cause severe dysfunction of one or more body organ(s) or parts. Examples of emergency conditions include seizure, stab/gunshot wounds, diabetic coma, cardiac arrest, meningitis, obvious fracture (bone showing through skin).	Requires <b>immediate</b> face-to-face medical attention. If a practitioner or covering practitioner is not immediately available, the member or representative should call <b>911</b> .
<b>Urgent Care</b>	Urgent care is medical care given for a condition that, without timely treatment, could be expected to deteriorate into an emergency or cause prolonged, temporary impairment in one or more bodily function(s), or development of a chronic illness or need for a more complex treatment. Examples of urgent conditions include abdominal pain of unknown cause, unremitting new symptoms of dizziness cause unknown, suspected fracture.	Requires timely face-to-face medical attention within <b>24 hours</b> of member notification of the existence of an urgent condition.
<b>Non-Urgent Sick Visit</b>	Medical care given for an acute onset of symptoms that is not emergent or urgent in nature. Examples of non-urgent sick visit include cold symptoms, sore throat and nasal congestion.	Requires face-to-face medical attention within <b>48 to 72 hours</b> of member notification of a non-urgent condition, as clinically indicated.
<b>Routine Primary Care</b>	Routine primary care services include the diagnosis and treatment of conditions to prevent deterioration to a more severe level, or minimize/reduce risk of development of chronic illness or the need for more complex treatment. Examples include psoriasis, chronic low back pain.	Requires a face-to-face visit within <b>4 weeks</b> of member request.
<b>Preventive Care/Routine Physical Exam</b>	Preventive care or services are rendered to avert disease/illness and/or its consequences. There are three levels of preventive care: primary, such as immunizations, aimed at preventing disease; secondary, such as disease screening programs, aimed at early detection of disease; and tertiary, such as physical therapy, aimed at restoring function after the disease has occurred.	Requires a face-to-face visit within <b>4 weeks</b> of member request.

<sup>1</sup> Emergency Care (Emergent): "Emergency condition" means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

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<b>Routine Specialty Care</b>	Specialty care is medical care given by a specialist. Examples include podiatry and neurology.	Requires a face-to-face visit within <b>4 weeks</b> of member request.
<b>Assessment Regarding Ability to Perform/Return to Work</b>	An appointment for assessment of the member's mental health/medical status needs as related to recommendation regarding member's capability to perform or return to work.	Requires appointment within <b>2 business days</b> of member request.
<b>Initial Family Planning/ Reproductive Health Visits</b>	Family planning/reproductive health services include screening and treatment services to prevent, diagnose, alleviate or ameliorate sexually transmitted diseases, anemia, cervical cancer, glycosuria, proteinuria, hypertension and breast disease. Also includes routine gynecological examinations, pregnancy testing and HIV counseling and testing.	Requires a face-to-face visit within <b>2 weeks/14 days</b> of member request.
<b>Initial Prenatal Visit</b>	Initial prenatal visit is medical care given for a condition in which the patient has tested positive for pregnancy and is requesting an initial visit.	Requires appointment scheduled within <b>3 weeks</b> for first trimester, <b>2 weeks</b> for second trimester and <b>1 week</b> for third trimester. A schedule of follow-up appointments is given to the patient based on American College of Obstetricians and Gynecologists Guidelines and practitioner risk assessment.
<b>Postpartum Visit</b>	During the postpartum visit an assessment of the mother's blood pressure, weight, breasts, abdomen and a pelvic exam is conducted to determine the mother's physical health status and general well-being following childbirth.	Requires a face to face visit within <b>21 – 56 days</b> following delivery
<b>Routine GYN Visit</b>	Routine GYN care is a situation in which a short delay in treatment would not result in deterioration to a more severe level or cause need for more complex treatment. Examples include routine pap smear, refill of oral contraceptives.	Requires a face-to-face visit within <b>4 weeks</b> of member request.
<b>Pediatrician Conference</b>	A prenatal visit (during 3rd trimester) is recommended for parents who are at high risk, for first-time parents and for those who request a conference.	Requires appointment scheduled within <b>10 days</b> of member request or as clinically indicated.
<b>Follow-Up Visit for Breast-Fed Infants</b>	Follow-up visit for a breast-fed infant is medical care given for a condition in which delay of treatment could result in failure to thrive, dehydration and/or malnutrition.	Requires face-to-face medical attention within <b>48 to 72 hours</b> of discharge.
<b>Initial Newborn PCP Visit</b>	An appointment for assessment of a newborn's physical status to ascertain the general well-being of the child and to promote early detection of immediate medical needs and promote early educational opportunities.	Requires appointment within <b>2 weeks</b> of hospital discharge.

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STANDARDS	DEFINITION	SCHEDULED APPOINTMENT TIME FRAME
<b>Routine Well-Child Visits</b>	Well-child services are those provided to members under 21 years of age that are essential to: a) prevent, diagnose, prevent the worsening of, alleviate or ameliorate the effects of an illness, injury, disability, disorder or condition; b) assess the overall physical, cognitive and mental growth and developmental needs of the child; and c) assist the child to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.	Requires well-child services within <b>4 weeks</b> of member request.
<b>Any Other Condition</b>		Up to medical judgment of the practitioner.
STANDARDS	DEFINITION AND BENCHMARK	
<b>Geographic (GEO) Access Standards for All Physicians</b>	Members must be offered a choice of at least three (3) PCPs, three (3) OB/GYNs and three (3) high-volume specialists within program distance/travel time standard. <ul style="list-style-type: none"> <li>• Normal condition/primary road – 30 miles/30 minutes.</li> <li>• Rural areas – 60 miles/60 minutes.</li> </ul>	
<b>Office Waiting Time Standard</b>	Members with appointments should be seen within 15 minutes, but no later than 30 minutes, of their scheduled appointment time or arrival time, whichever is later. If a delay is unavoidable, the member should be informed and alternatives offered to the patient.	
<b>24-Hour Accessibility</b>	All network practitioners must be available, either directly or through coverage arrangements, 24 hours a day, 7 days a week, 365 days a year. Availability must be by live voice direct to the practitioner or covering practitioner, or via an answering service that can reach the practitioner or covering practitioner. If an answering machine is used, it must provide an option for the member to directly contact the practitioner or covering practitioner in case of emergencies. An answering machine cannot simply refer the member to an emergency room unless it is a life-threatening issue.	

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## BEHAVIORAL HEALTH STANDARDS

STANDARDS	DEFINITION	SCHEDULED APPOINTMENT TIME FRAME
<b>Emergency Care (Emergent)</b>	An emergency appointment for life-threatening mental health or substance abuse conditions (suicidal intent) or for non-life-threatening mental health or substance abuse conditions that nevertheless necessitate immediate intervention, i.e., psychosis.	Requires <b>immediate</b> face-to-face medical care. The member or representative should call <b>911</b> .
<b>Urgent Care</b>	An urgent appointment for an acute mental health or substance abuse condition, or a condition that may become an emergency if not treated, i.e., acute major depression and acute panic disorder.	Requires appointment scheduled within <b>24 hours</b> .
<b>Follow-Up for Emergency/Hospital Discharge</b>	An appointment for a follow-up visit related to an emergency room or hospital discharge for evaluation of acute mental health condition.	Requires appointment scheduled within <b>5 days</b> of member request or as clinically indicated, but no later than <b>7 days</b> post discharge.
<b>Routine Care</b>	An appointment for specific mental health or substance abuse concerns that are not of an urgent nature, i.e., marital problems, tensions at work and general anxiety disorder.	Requires appointment within <b>10 business days</b> of member request.
<b>Average Speed to Answer</b>	The amount of time it takes for a live voice to answer the telephone in the Mental Health Department.	Telephone call answered by a live voice within <b>30 seconds</b> .
<b>Call Abandonment</b>	The number of calls that went unanswered by a “live voice” and ultimately voluntarily disconnected in the Mental Health Department.	Less than <b>5 percent</b> .

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## APPOINTMENT AVAILABILITY STANDARDS FOR MEDICAID BEHAVIORAL HEALTH PROVIDERS

SERVICE TYPE	EMERGENCY	URGENT	NON-URGENT MH/SUD	BH SPECIALIST	FOLLOW-UP TO EMERGENCY OR HOSPITAL DISCHARGE	FOLLOW-UP TO JAIL/PRISON DISCHARGE
MH Outpatient Clinic/ PROS Clinic		Within 24 hrs	Within 1 wk of request		Within 5 days of request	Within 5 days of request
ACT		Within 24 hrs for AOT		N/A	Within 5 days of request	
PROS		Time-frame to be determined	Within 2 wks of request		Within 5 days of request	Time-frame to be determined
Continuing Day Treatment				2-4 wks		Time-frame to be determined
IPRT				2-4 wks		
Partial Hospitalization					Within 5 days of request	
Inpatient Psychiatric Services	Upon presentation					
CPEP	Upon presentation					
OASAS Outpatient Clinic		Within 24 hrs	Within 1 wk of request		Within 5 days of request	Time-frame to be determined
Detoxification	Upon presentation					
SUD Inpatient Rehab	Upon presentation	Within 24 hrs				
Opioid Treatment Program		Within 24 hrs			Within 5 days of request	
Rehabilitation services for residential SUD treatment supports				2-4 wks	Within 5 days of request	
<b>HOME AND COMMUNITY BASED 1915(I)-LIKE SERVICES</b>						
Rehabilitation and Habilitation	N/A	N/A	Within 2 wks of request		Within 5 days of request	
Crisis Intervention/Respite	Immediately	Within 24 hours for short term respite	N/A		Immediate	
Educational and Employment Support Services	N/A	N/A	Within 2 wks of request		N/A	
Peer Supports	N/A	Within 24 hours for symptom management	Within 1 wk of request		Within 5 days of request	

### KEY

MH - Mental Health  
 PROS - Personalized Recovery Oriented Services  
 ACT - Assertive Community Treatment  
 AOT - Assisted Outpatient Treatment  
 BH - Behavioral Health

IPRT - Intensive Psychiatric Rehabilitation Treatment Programs  
 CPEP - Comprehensive Psychiatric Emergency Program  
 OASAS - Alcoholism and Substance Abuse Services  
 SUD - Substance Use Disorder



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