

CHELAN-DOUGLAS CDRSN/PHP/PHP POLICY AND PROCEDURE MANUAL		Chapter:	1.10.3
Title:	INTRODUCTION AND ADMINISTRATIVE POLICIES	Page:	1 of 4
		Date Effective:	July 1, 2004
Subject:	ACCESS STANDARDS: FURNISHING OF SERVICES: TIMELY ACCESS	Date Revised:	July 1, 2004
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Effectively Managed
WAC 388-865-0340
DSHS/MHD – CDCDRSN/PHP/PHP contract
42 CFR 438.206(c)(1)(i)-(vi)
State of MHD Quality Strategy Doc Sec IV, V

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDCDRSN/PHP/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy describes the process for timely access to services to enrollees.

DEFINITIONS: “Provider” means: In BBA language the provider is the CMHPs.

“Provider” can also means: A term that indicates a contracted agency that provides mental health services within the CDRSN/PIHP. May also refer to a facility or an individual.

“Provider” can also mean: A clinician and/or physician, hospital, group practice, nursing home, pharmacy or any individual or group of individuals that provides a health care service. NOTE: In these P&Ps, the use of term “provider” takes on the meaning of a contracted agency or individual providing mental health services within the CDRSN/PIHP.

“Sub-contractor” means: In BBA language the sub-contractor refers to entities under contract such as national behavioral healthcare companies, as operate in some areas of the state.

A CDRSN/PIHP’s “provider network” consists of all providers, provider employees and facilities of the organization, if any, along with any providers who have entered into written agreements to serve the organization’s enrollees.

POLICY:

The CDRSN/PIHP provides timely access to services to enrollees. The CDRSN/PIHP assures compliance with the following rules regarding timely access:

1. Meets and requires its providers to meet State standards for timely access to care and services, taking into account the urgency of need for services.
2. Ensures that the network providers offer hours of operations that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-service, if the provider services only Medicaid enrollees.
3. Makes services included in the contract available 24 hours a day, 7 days a week, when medically necessary.
4. Established mechanisms to ensure compliance by providers, and monitors providers regularly to determine compliance.
5. The CDRSN/PIHP takes corrective action if there is failure to comply.

A CDRSN/PIHP's provider network consists of all provider employees and facilities of the organization, if any, along with any providers who have entered into written agreements to serve the organization's enrollees. This statement defines the jurisdiction for this P&P.

PROCEDURE: The CDRSN/PIHP informs its contracted providers and practitioners of its standards through provider contracts, manuals, orientation programs. In addition, the following documents/processes are key to both structuring the CDRSN/PIHP and its providers to assure timely access to services, but also monitoring against the standards:

- State MHD Access to Care Standards--04/07/03
- surveys of Medicaid enrollees;
- analysis of Medicaid enrollee complaints and grievances;
- provider self-reports of appointment and in-office waiting times, supplemented by random calls or audits;
- test calls and ongoing monitoring of data from one's automated call distribution software, such as abandonment rates, percentage of callers who terminate a call before reaching a CDRSN/PIHP representative, call wait times.
- Provider credentialing and re-credentialing, and provider profiling, should reflect a monitoring and compliance mind set as well, if these functions are done by the CDRSN/PIHP. Whatever level of provider network management and decision making activities should reflect the CDRSN/PIHP's commitment to the access and timeliness standards.

Provider Contract Audits and Clinical Medical Record Reviews are brought to the Quality Management Oversight Committee for regular review and recommendations are forwarded to the CDRSN/PIHP, RSN

Advisory Board, and RSN Governing Board as per the CDRSN Quality Management Plan.

The CDRSN/PIHP provider contract requires access to all Medicaid enrollees and establishes timeliness standards for access, including looking to ensure the providers' hours and days of operation do not discriminate against Medicaid enrollees.

SEE ALSO: Glossary of Terms and Acronyms