

# Provider Alert

**ALERT #2**

**Date: December 7, 2010**

## **UPDATE TO THE PROVIDER MANUAL: URGENT CARE APPOINTMENT ACCESS**

*The following information should be noted immediately to your chief executive officer, chief operating officer, program director, billing director, and staff.*

In order to increase consistency with other Managed Care Entities (MCE) and existing MBHP/HNE BH Performance Specifications, and in compliance with the National Committee for Quality Assurance (NCQA), MBHP/HNE BH is updating the provider responsibilities described in the Provider Manual for providers contracted to provide outpatient urgent care services. This Provider Manual update concerns Volume 1, Chapter 5: “Network Management and Credentialing, Provider Responsibilities” and the *urgent care* definition found in the glossary. As a reminder, all MBHP/HNE BH Provider Alerts are considered part of the MBHP/HNE BH Provider Manual and can be found on our website at [www.masspartnership.com](http://www.masspartnership.com) under “HNE Be Healthy,” “HNE Be Healthy Provider Manual.”

### **Definition of Urgent Care**

Urgent care is designed for a behavioral health need that is not of an emergent nature, but without intervention will likely lead to the decompensation of the Member, resulting in the possibility of a more intensive level of care than traditional outpatient treatment.

Care should be defined as “urgent” when:

- the Member is upset and distressed but not in immediate danger of harm to self or others and there is evidence of adequate pre-morbid functioning, but social/family supports have significantly changed or diminished; and/or
- the Member is displaying moderate impairment in judgment, impulse control, and/or functioning which is expected to further diminish; and/or
- the Member indicates intoxication or the risk of withdrawal; and/or
- the Member indicates an urgent need to be seen.

### **Outpatient Services Provider Responsibilities Modification**

The existing Provider Manual specifies that outpatient facilities/clinics, group practices, and individual practitioners are required to offer an urgent care appointment to our Members in three business days. However, the timeline requirement noted in the existing Outpatient Performance Specifications is 48 hours. **Please be advised that the requirement is 48 hours**, and the Provider Manual will be updated to reflect this timeline.

The revised timeline is effective immediately as part of providers' contracts with MBHP/HNE BH. However, we acknowledge that some providers may need time to implement this in order to remain contract compliant. Therefore, MBHP/HNE BH expects that all providers will be in full compliance with this revision by **12/31/2010**.

As a reminder, providers are contractually required to ensure access to services for Members in accordance with these standards. All providers manage services to eliminate the necessity of maintaining waiting lists. Providers who are not able to offer access that complies with these access standards are expected to offer to refer Members to another network provider in order to ensure that Members receive services in a timely manner. Providers should contact MBHP/HNE BH for assistance with making referrals as needed.

#### **Appointment Access Tracking**

**MBHP/HNE BH's regional network managers will be surveying providers regarding their ability to offer an urgent care appointment time that is within 48 hours of the Member's request as well as their ability to offer a routine appointment time that is within 10 business days of the Member's request.** Please note that our medical records review staff also audit providers on their ability to provide routine appointments in 10 business days. Providers should keep accurate documentation in medical records of the date a Member requests an appointment, the type of appointment (urgent or routine), and the date of the first appointment that is offered to the Member.

#### **Provider Assistance**

If you have questions regarding this *Alert*, please contact our Community Relations Department at **1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then #3 then #1 to skip prompts)**, Monday through Thursday, 8 a.m. to 5 p.m., and on Fridays from 9:30 a.m. to 5 p.m.

Regional staff are also available to address provider questions, and they will review the revised timelines with providers in appropriate meetings over the next few months.