



Today we are Carelon Behavioral Health. We are working on updating all documents, but some historic references to Beacon may remain.

Our name may be new, but our commitment to you remains the same.

# Medicaid & FHK Appointment Access Standards

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February 8, 2022



# Provider requirements

- As a Beacon Health Options (Beacon) credentialed provider, Beacon monitors you/your practices' accessibility to ensure that Florida Medicaid members receive timely access to behavioral health services based on the clinical urgency of their needs.
- Contractually, Beacon's providers must ensure that their members have timely access to care. Access to care is defined in your executed contract, Section 1.4.
- **1.4 Access to Care.** *Provider shall abide by all access to care standards as required by applicable laws and guidelines, including but not limited to standards established by NCQA, CMS, and AHCA*

# Provider requirements (cont'd.)

## NCQA:

- *In addition, NCQA deems Beacon to be 100% compliant for the "non-life threatening emergencies" component of Factor 1 if members are directed to the ER for all emergencies. Factor 1 can be defined as the members' ability to access care for emergencies 24 hours per day / 7 days per week and access urgent care within 24 hours.*
- In order to be found compliant by NCQA and in accordance with your contract, it is required that you/your practice direct all members with emergencies to the nearest emergency room, if you/your practice cannot accommodate them within the specified time frames. This directive must be indicated on an automated voicemail or via an answering service available to all members during non-business hours.
- Please note that local community mental health centers (CMHCs) are able to provide wraparound services for Florida Medicaid members and members should be referred back to Beacon's Call Center to be provided with a list of CMHCs in their area.
- **Please have members contact Beacon should they need to be referred to a local CMHC.**

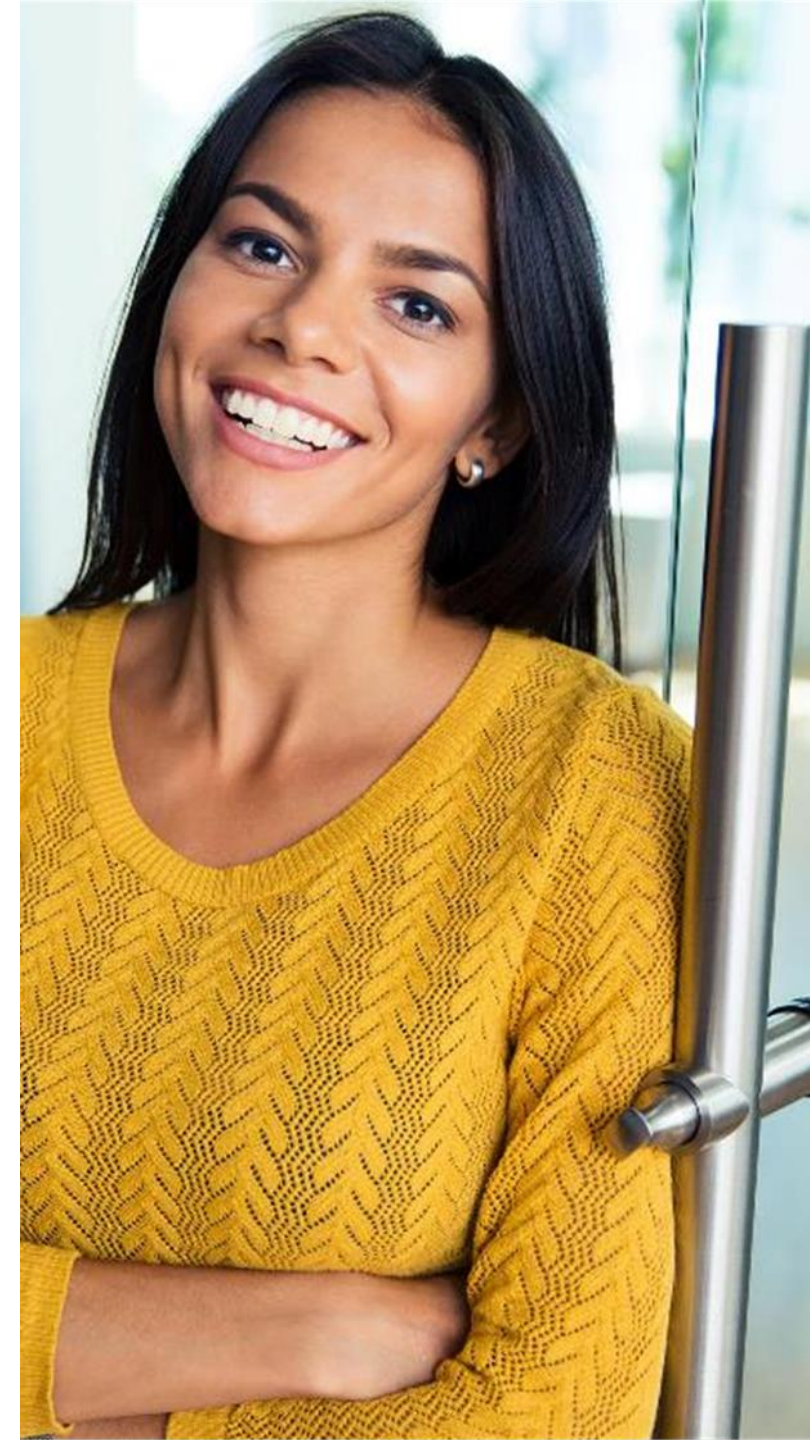
# Timely Appointment Access Standards

## Medicaid

Appointment Type	Appointment Standard
Urgent Care (Initial and Follow-up –NOT requiring PA)	Within 48 hours
Non-Urgent Care (Follow-up post discharge)	Within 7 business days
Non-Urgent Care (Initial appointment – OP)	Within 14 days

## FHKs

Appointment Type	Appointment Standard
Emergency	Immediately upon presentation
Non-life threatening Emergency	Within 6 hours
Urgent Care	Within 24 hours
Routine Care	Within 7 business days



**Quarterly Compliance Goal 90%**

# Quarterly Survey

- Telephonic survey for appointment schedulers/office staff
- Includes the following provider types
  - Primary Care Physicians (PCPs)
  - Specialists (SPEC)
  - Behavioral Health (BH)
- Assess all appointment types (BH - urgent and routine care)
- Include questions such as;
  - *“How soon can an established patient can be seen for an urgent appointment?”*
  - *“How soon can an established patient can be seen for a routine care appointment?”*
- Appointment schedulers asked to provide the next available appointment date for each appointment type

# Tip Sheet - Quarterly

- Sent quarterly to provider network prior to survey period
- Available as a screensaver for providers



### WHAT IS THE APPOINTMENT ACCESS TO CARE STANDARD LOOKING AT?

Ensuring that Florida Medicaid and Florida Healthy Kids members receive timely access to behavioral health services based on the clinical urgency of their needs.

### WHY IS THE APPOINTMENT ACCESS TO CARE STANDARD IMPORTANT?

To improve patient access to routine and urgent care.

### WHO IS INCLUDED IN THE MEASURE?

Providers who see Florida Medicaid and Florida Healthy Kids members.

### WHEN DOES A PROVIDER 'PASS' THE MEASURE?

#### Florida Healthy Kids (FHK) Benchmarks:

- Members with emergencies have access to behavioral healthcare immediately
- Urgent Care has access to care within twenty-four (24) hours
- Routine Sick Patient Care within seven (7) days of request for services

#### AHCA Medicaid (MMA) Benchmarks:

- Urgent Appointments within 48 hours of the request
- Follow-Up Appointments Post Inpatient Discharge within 7 days
- Outpatient Appointments must be given within 14 days of the request.

### HOW TO COMPLY WITH 24-HOUR URGENT CARE IN BH SETTING?

Urgent care Providers who schedule through telehealth within the standard times will be compliant. Providers can also be compliant by referring to other facility/provider as an option.

### WHAT CAN PROVIDERS DO TO IMPROVE COMPLIANCE?

- Refer to other facilities/ providers
  - Auditor will score as compliant for referrals to other facilities/providers
- Telehealth appointments by the provider meets standard or referrals to Brave Health or other Telehealth provider.

**BRAVE HEALTH DEDICATED PHONE LINE: 305.501.6662**  
**BRAVE HEALTH FAX: 727.306.8033 | EMAIL: BEACON@BEBRAVEHEALTH.COM**



## Compliant Scenarios

- Offering appointments within the required timeframe.
- Offering appointments within the required timeframe through Telemedicine/Telehealth option.
- Offering appointments within the required timeframe with other locations.
- Offering appointments within the required timeframe with other providers within their practice.

# Non-compliant Scenarios

- Offering any appointment exceeding the required timeframe

## Medicaid-

- Urgent Care- 49 hours or above
- Routine Care- 15 days or above

## FHKs-

- Urgent Care- 25 hours or above
- Routine Care- 8 days or above

- Offering ER as an alternative/**Crisis?**





# Non-compliant Corrective Action Plan (CAP)

- Non-compliant providers are reported to Medicaid & FHKC on a quarterly basis.
- All non-compliant providers are contacted by our Provider Relations Representatives to discuss findings and assist the provider office in implementing a corrective action plan (CAP) to address non-compliance.
- The Provider Relations Representative will follow up with the provider within a month to monitor the CAP implementation.
- All non-compliant providers will be re-surveyed in the next wave and as needed until they meet compliance.

# Corrective Action Plan (CAP) Letter



July 12, 2021

Provider Name  
Provider Mailing Address  
Provider C, State Zip

**Subject: ACTION REQUIRED** Noncompliance notice for appointment availability

Dear Practice Administrator or Office Manager:

As required by the contract with the Florida Healthy Kids Corporation, Simply Healthcare Plans, Inc. (Simply) recently conducted an *Appointment Availability Survey* for Florida Healthy Kids providers. Diana Salazar, LCSW, included in the telephonic study to evaluate appointment availability, were found to be out of compliance in meeting our standards in the areas indicated below.

Your office did not meet our appointment availability standards in the following area(s), listed as **NONCOMPLIANT**:

Appointment type	Appointment standard	Noncompliant area(s)
Urgent care visits without prior authorization	Behavioral health: within 24 hours	NONCOMPLIANT
Initial visit routine care	Behavioral health providers: within 7 days	NONCOMPLIANT
Nonlife-threatening emergency	Behavioral health providers: within 6 hours	COMPLIANT
Refusal	Office refused to take the survey	

#### Next steps to correct noncompliance

Using the attached form, please describe the action(s) your office has taken to remedy the above-outlined issue(s). Provide as much detail as possible and return the completed form to us as soon as possible.

**PLEASE NOTE:** \*\*Failure to return the attached form, with feedback related to barriers and interventions will prompt further review of your network participation status.\*\*

The survey process

## What happens if CAP is not returned to Beacon?

- Referrals could be put on HOLD.
- Participation in the network reconsidered.



# Educational tools



## Access and availability – Know the difference!



**Access:**  
the ability to receive services in terms of proximity and convenience



**Availability:**  
the extent a service is received within a reasonable waiting time

To ensure members enrolled in Medicaid and Florida Healthy Kids receive care in a timely manner, the state of Florida and the National Committee for Quality Assurance (NCQA) require primary care physicians (PCPs), specialty providers, and behavioral health providers to maintain the following access and availability requirements:

### Statewide Medicaid Managed Care Managed Medical Assistance

Appointment type	Appointment standard
<b>Urgent medical care services</b>	<ul style="list-style-type: none"> <li>• Within 48 hours for services that do not require prior authorization</li> <li>• Within 96 hours for services that do require prior authorization</li> </ul>
<b>Nonurgent medical care services</b>	<ul style="list-style-type: none"> <li>• Within 30 days of a request for a primary care appointment</li> <li>• Within 60 days of a request for a pediatric specialist appointment after the appropriate referral is received</li> </ul>

### Florida Healthy Kids

Appointment type	Appointment standard
<b>Emergent or emergency visits</b>	Immediately upon presentation
<b>Urgent, nonemergency visits</b>	Within 24 hours
<b>Routine sick visits</b>	Within seven business days
<b>Routine and well-care visits</b>	Within four weeks

Medicaid Managed Care • Florida Healthy Kids

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract. S.FEC-2511-21



# Training Attestation

Thank you for completing the Florida Medicaid & FHKs Appointment Access Standards Training!

Please take a moment to complete the required attestation at the link below.

<https://chkmkt.com/BeaconFLMMAFHKSAA>