

New York Behavioral Health Variation to Access Standards



Type of Service	MVP Commercial
Emergency: Life-threatening/non-life-threatening	Immediate access
Urgent behavioral health	Within 48 hours
Routine behavioral health	Within 10 business days
Routine follow-up:	
• Licensed to prescribe behavioral health providers	30 days
• Non-License to prescribe behavioral health providers	20 days
MH of SA follow-up: Post emergency/post inpatient admissions	1 week
Non-urgent MH or SA Health, MH, and SA assessment for purpose of making recommendation regarding Member's ability to work when required by the local department of social services.	1 week

Medicare Variation to Access Standards

MVP must comply with all CMS requirements, and ensure that all covered services, including additional or supplemental services contracted for, on behalf of the Medicare Member are accessible. At a minimum, all PCPs, specialists, and ancillary providers must meet the following standards to ensure accessibility to Members.

Office waiting room time	Cannot exceed 30 minutes
Participating Provider should be accessible 24 hours a day, 365 days a year.	<ul style="list-style-type: none"> Such access must include an after-hours phone number published in a phone directory, on office business cards, or on insurance cards which connects the Member to an answering service, a hospital switchboard, an emergency department, or a paging system. An office announcement directing Members to leave a message is unacceptable.

Type of Service**MVP Commercial****Medicaid Managed Care, HARP, and Child Health Plus Variation to Access Standards**

Access and availability studies are routinely conducted by both the New York State Department of Health and MVP to ensure that the access and availability standards as described above are met for all Medicaid, HARP, and CHP Managed Care plans. Representatives from the local Department of Social Services, DOH or their designee may contact a providers' office, and attempt to schedule appointments for various types of services. It is important that all staff members are knowledgeable of both MVP requirements, and the standards described above. In the event that DOH contacts a provider office in this manner, the staff person who answers the telephone will be informed by the state representative at the conclusion of the conversation that he or she has just been tested on the standards. The DOH will also conduct tests to ensure that PCPs are available 24 hours a day by contacting providers after business hours to verify that an appropriate live voice "on-call" telephone system is in place. An after-hours voicemail message advising patients to call 911 in an emergency is not acceptable. In addition, as part of MVP's participation in the New York State Medicaid Managed Care program, MVP is required to conduct an annual survey on appointment availability, and 24-hour access to our Government Programs network.

Children's Home and Community Based Services (CHCBS) Variation to Access Standards

Children who have received a 1915(c) will be moved into Medicaid Managed Care programs. Children with a 1915(c)-waiver moved into MVPs Medicaid Plan will receive all current Medicaid along with CHCBS.

Medical health access standards listed here must be adhered to for CHCBS. In addition to the medical health access standards, Members receiving CHCBS will be provided comprehensive, and preventive health care services to ensure they receive appropriate preventive, dental, mental health, developmental, and special services.

MVP contracts with providers with expertise in caring for medically fragile children. In the event MVP does not have Participating Providers for such covered services, the referring provider must submit a prior authorization for an out of network provider. Refer to the MVP Utilization and Case Management policy for the process on how to obtain a prior authorization to an out-of-network provider. These access standards must be met by all providers.
