

# New York Behavioral Health Access Standards



Type of Service	MVP Commercial	NYS Government Programs (Managed Medicaid, CHP, HARP)	Medicare Advantage	Vermont Rule 9-03B
<b>Emergency:</b> a medical or behavioral condition, the onset of which is sudden and 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: (i) 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 a person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; or (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person.	Immediate access	Immediate access	Immediate access	Immediate access
<b>Urgent Behavioral Health (BH):</b> an acute but non-life threatening, symptoms are of recent onset and have a moderate to severe impact, such as severe <u>migraine</u> or the flu.	Within 24 hours	Within 24 hours	Immediate access	Within 24 hours
<b>Routine Behavioral Health (BH)</b>	Within 10 business days	Within 10 business days	Within 30 business days	
<b>Routine Follow-Up</b>		30 days		
<b>Licensed to Prescribe BH Providers</b>		20 days		
<b>Non-License to Prescribe BH Providers Mental Health (MH) or Substance Use Disorder (SUD) Follow-Up</b>		1 week		
<b>MH or SUD Follow-up: Post Emergency/Inpatient Admission</b>		7 days		

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## Medicare Variation to Access Standards

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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.

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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"><li>• 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.</li><li>• An office announcement directing Members to leave a message is unacceptable.</li></ul>

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## Medicaid Managed Care, HARP, and Child Health Plus Variation to Access Standards

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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, Health and Recovery Plan (HARP), and Child Health Plus (CHP) Managed Care plans. Representatives from the local Department of Social Services (DSS), Department of Health (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.

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More information can be found at [health.ny.gov/health\\_care/managed\\_care](https://health.ny.gov/health_care/managed_care). Information is also updated regularly and can be accessed by visiting [mvphealthcare.com/policies](https://mvphealthcare.com/policies) and select *Provider Policies*, then select *Provider Responsibilities*.