



# Regence BlueShield Healthy Options

Program Overview and Provider Requirements

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March 2011

# Agenda

- Healthy Options program overview
- Enrollee rights/special needs
- Member rights and responsibilities
- Cultural competency
- Access and availability standards
- Primary Care Provider (PCP) responsibilities
- Specialist responsibilities
- Behavioral health
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# Healthy Options program

- Healthy Options is a state contract program established by the Washington state Department of Social and Health Services (DSHS) for selected Medicaid recipients.
- When a person enrolls in Healthy Options, he or she selects a managed care health plan, such as Regence BlueShield.
- The health plans may differ in the type of physicians, other health care professionals and facilities included in their networks, referral practices and guidelines. However, all the health plans offer the same Healthy Options benefits package and provide benefits only when a PCP provides or coordinates the member's care (except in an emergency or for women's health care as defined by RCW 48.42.100).
- Each managed care health plan, in turn, contracts with physicians, other health care professionals and facilities to form its own provider network that offers preventive health services and cost-efficient quality medical care to Healthy Options members.

# Enrollee rights/special needs definition

An enrollee with special health care needs (ESHCN) is defined as one who has a chronic and disabling condition that meets all of the following criteria:

- Has a biologic, psychological or cognitive basis
- Has lasted or is virtually certain to last for at least one year
- Produces one or more of the following conditions stemming from a disease:
  - Significant limitation in areas of physical, cognitive or emotional function
  - Dependency on medical or assistive devices to minimize limitation of function or activities
- In addition, for children, any of the following:
  - Significant limitation in social growth or developmental function;
  - Need for psychological, educational, medical, or related services over and above the usual for the child's age; or
    - Healthy Options/SCHIP 4, revised January 2011
    - Special ongoing treatments, such as medications, special diet, interventions or accommodations at home or school

A member may be designated ESHCN either by DSHS or Regence.

# ESHCN treatment plan

Once an enrollee with special health care needs is identified, the PCP, in consultation with other appropriate health care providers, must assess, maintain, develop and document an individualized treatment plan. The treatment plan should include:

- Member participation
- Coordination of emerging needs
- Short and long term treatment goals
- Documentation of any communication barriers and how they were addressed
- An assessment that includes an evaluation of the members physical and behavioral health status and clinical history

A complete description of the requirements is available in the [Healthy Options \(PDF\)](#) section of our *Administrative Manual*.

# Member rights and responsibilities

- Regence is committed to maintaining a mutually respectful relationship with our members and has established the expectation for cooperation among members, providers and the health plan.
- Regence and its subcontractors will comply with all current and potential new Federal and State laws related to enrollee rights. All members have the same rights.
- A complete list of member rights can be found in the [Healthy Options \(PDF\)](#) section of our *Administrative Manual*.

# Cultural competency

## Interpretation service

- Our policy is to seek providers who speak other languages in addition to English and who have an awareness of the social/cultural composition of the community. In addition, translation services are provided according to plans for specific product lines, such as Healthy Options.
- View additional information about this service for [Healthy Options members \(PDF\)](#).

Additional language services available to our members:

- Consejeros Latinos - A bicultural and bilingual Customer Service team
- AT&T language line – accessed through Members Customer Service
- TTY/TTD line for our speech and hearing impaired member - dial 771

# PCP responsibilities

- The Healthy Options program requires members to use a PCP to manage and coordinate their health care.
- PCPs have agreed to the following care for our managed care members:
  - Maintain continuity of care
  - Initiate referrals when medically necessary
  - Supervise, coordinate and provide initial and basic care
- PCP responsibilities include:
  - Issuing referrals for consultations, specialty and hospital services
  - Sending referral information to Regence or their managed group practice, if delegated
  - Obtaining all required prior authorizations from Regence

# Specialist responsibilities

Specialty care providers are responsible for:

- Consultation and/or specialty care service for members referred by their PCP.
- Promptly communicating their findings and treatment recommendations to the PCP.
- Obtaining the PCPs approval prior to rendering treatment (except in the case of a medical emergency) for services not included in the original referral.

# Women's health care

- In addition to the PCP, if he or she is not a women's health care provider, women may self-refer to any of the following participating Regence women's health care provider types for covered care necessary to provide women's routine and preventive health care and maternity services:
  - Midwives
  - Physicians
  - Physician assistants
  - Advanced registered nurse practitioners
  - Specialists in OB/GYN, or gynecological oncologists
  - Osteopaths (when practice includes women's health care)

# Continuity and coordination of care

The PCP will arrange for and assure the continuity and coordination of each member's total health care needs, including coordination with community-based and DSHS services/programs such as:

- Transportation services
- Developmental Disability services
- Regional Support Networks for mental health services
- First Steps Maternity Services and Maternity Case Management
- Patient Review and Coordination (PRC) for enrollees who meet the criteria
- Infant Toddler Early Intervention Program (ITIEP) for infants from birth to age three
- Health Department services, including Title V services for children with special health care needs
- Home and Community Services for older and physically disabled individuals; and Alcohol and Substance Abuse services

# Behavioral health

## Outpatient mental health

A PCP must first determine the diagnosis. Once a diagnosis has been made, the provider will need to decide if the member meets a specific standard by referencing the [Access to Care Standards](#).

- If the member meets Access to Care Criteria, he or she must be sent to a Regional Support Network (RSN) provider. A list of RSN providers is available on the MPA website.
- A referral to the RSN is not required.
- If, during evaluation, the RSN provider does not feel the member meets criteria but still wants to meet with them, a request to a load referral to this provider can then be submitted and should include that the member does not meet Access to Care Criteria.
- If the RSN provider states that the member doesn't meet Access to Care Criteria and doesn't want to continue to see the member, the PCP can refer the member to a Regence contracted mental health provider based on benefit limitations for the referred to Specialist type.

If the PCP is unable to make the determination, the PCP retains the right to refer the member to a Regence contracted mental health provider for psychiatric or psychological evaluation and testing and diagnosis before referring the member for outpatient mental health treatment. The PCP may refer a member to a Regence contracted mental health provider or to the RSN for treatment for covered services at Regence's expense when a member does not meet the Access to Care Standards.

# Patient Review and Coordination (PRC) program

- A state-required program for Healthy Options members.
- Assists and educates those Healthy Option members who have prescription or service utilization issues.
- Is the mechanism utilized by the Health and Recovery Services Administration (HRSA) to fulfill both federal and state Medicaid requirements. WAC 388-501-0135.
- Additional information about the [PRC program](#) is available on the Washington State Legislature website.

# Access and availability standards

We have established the following access and availability standards that are used to monitor and measure provider accessibility and availability to our members, including government programs. Hours of operation and appointment availability for Healthy Options enrollees must be consistent to those for all other commercial enrollees.

| Member type of care need                      | Acceptable time frame  |
|---|--|
| Routine, symptomatic or chronic care          | Within seven days  |
| Routine, non-symptomatic preventive care      | Within 30 days or community standard (42)                            |
| Urgent examination                            | Within 24 hours  |
| Emergent examination (assess, treat or refer) | Immediately (within 0-5 minutes)                                     |
| Behavioral health                             | Within 24 hours for emergencies.<br>seven days for non-emergent care |
| After-hours care                              | Available 24 hours a day, seven days a week                          |
| Specialty referral                            | Within 14 days   |
| Waiting room time, all visits                 | No longer than 30 minutes  |

# Access and availability standards (continued)

## After hours access

Regence must ensure that the following appointment standards are met when referring to participating and/or non-participating providers:

- PCPs are required to provide coverage 24 hours a day, seven days a week.
- Messages on after-hours electronic answering machines must include the name and phone number of the on-call provider.
- A tape-recorded phone message instructing members to call a hospital emergency room is **not** adequate for 24-hour coverage.

## Access to phone service

- The timeliness of a response needs to be appropriate to the member's stated condition.
- Phone requests from other providers requesting approval to treat members must be responded to in a timely manner and evaluated for appropriate action.

# Resources

Thank you for completing this online workshop. Listed below are additional Healthy Options resources.

- Regence BlueShield *Administrative Manual*, [Healthy Options \(PDF\) section](#)
- [Washington State DSHS website](#)
- [RSN Web site](#)
- [Advance Directives online workshop](#)

[Certificate of completion \(PDF\)](#) - print and complete this form as documentation of completion.