

## **Member Satisfaction with Behavioral Health Outpatient Services (MO)**

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Anthem Blue Cross and Blue Shield (Anthem) conducts an annual satisfaction survey of our member's behavioral health outpatient service experience. The random survey is conducted based on receipt of claims. We have recently reviewed the 2018 survey experience results and wanted to share highlights with our network of behavioral health providers.

The survey inquires about the member's satisfaction with:

- timeliness of treatment,
- practitioner service/attitude and office environment,
- care coordination (among the member's various providers),
- prescriptions/medication management process (if applicable),
- financial and billing process, and
- their perceived clinical improvement.

Our member is also asked to give an overall rating of the experience. The 2018 overall practitioner rating was 87% in Missouri, based on the survey results.

We were pleased to see overall improvement in the survey results. In particular, two areas of focus over the last year, access and coordination of care. Members responding to the survey, indicated that obtaining an appointment was fairly easy and many respondents indicated that care was being coordinated among their providers, including medical. Care coordination and collaboration, particularly medical-behavioral integration, is a key focus at Anthem. We also encourage ongoing understanding of an individual's cultural, spiritual and religious beliefs while in treatment.

While we are pleased with our member's experience with our participating provider network and thank you for your network participation and the services you provide, we'd like to remind you of two key areas to maintain and improve satisfaction:

**Member's Access to Behavioral Health Care** – As a participating provider please be reminded of Anthem's expectation, based on NCQA definitions, of access to behavioral healthcare to help ensure our members have prompt access to behavioral health care:

- **Non-Life Threatening Emergency Needs – must be seen, or have appropriate coverage directing the Member, within 6 hours.** When the severity or nature of presenting symptoms is intolerable but not life threatening to the member.
- **Urgent Needs – must be seen, or have appropriate coverage directing the Member, within 48 hours.** Urgent calls concern members whose ability to contract for their own safety, or the safety of others may be time-limited, or in response to a catastrophic life event or indications of active substance use or threat of relapse. Urgent needs have the potential to escalate into an emergency without clinical intervention.
- **Routine office visit – must be within 10 business days.** Routine calls concern members who present no immediate distress and can wait to schedule an appointment without any adverse outcomes.

We use several methods to monitor adherence to these standards. Monitoring is accomplished by a) assessing the availability of appointments via phone calls and surveys by our staff or designated vendor to the provider's office; b) analysis of member complaint data and c) analysis of member satisfaction. Providers are expected to make best efforts to meet these access standards for all members. Anthem continues to look at gaps, barriers and alternative options to improve access to behavioral healthcare including tele-health services.

**Members Held Harmless** – As a participating provider in Anthem's behavioral health provider network, a participating provider shall look solely to Anthem for compensation for covered services and under no circumstances shall render a bill or charge to any member except for applicable co-payments, deductibles and coinsurance and for services that are not medically necessary or are otherwise not covered, provided that the Provider obtains the consent of the Member before providing such service. We recommend that consent be in writing and dated, in order to protect our members and providers from disputes.

In addition, Anthem also reminds our participating providers that Anthem members must be advised of missed or cancelled appointment policies at the onset of treatment. We also recommend that the advisement be acknowledged by the member in writing, and that acknowledgement is dated.

Thank you again for the services that you provide to our members.

**URL:** <https://providernews.anthem.com/missouri/article/member-satisfaction-with-behavioral-health-outpatient-services-mo>

**Featured In:**

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