

Access to Care for All Providers

Purpose

To establish access and monitoring standards that will ensure accessibility to primary care providers, behavioral health providers, and specialists.

Primary Care Providers

PCPs accept responsibility for arranging and coordinating the overall healthcare of members. A PCP typically is a physician (MD, DO, NP, or PA) who is board certified or trained in internal medicine, pediatrics, or family medicine. Pursuant to state law, some PCPs are duly licensed and appropriately certified nurse practitioners, physician assistants, as well as some ob/gyns who provide primary care services.

1. Waiting times for appointment:

These standards must be met at the practice site level.

Standard	Definition	Appointment time frame Commercial	Appointment time frame Medicare
Emergency care	An illness or condition that without immediate treatment could result in placing the member's life or general health in severe jeopardy	Immediately or referred as medically necessary	Immediately
Urgent care	An illness or condition that without timely treatment could be expected to deteriorate, creating a decline in patient's health	Triaged or seen within 24 hours depending on the severity of symptoms	Immediately
Non-urgent, symptomatic	Any symptomatic medical condition or illness that is non-emergent and non-urgent	Within 14 days	Within seven days for Medicare members
Preventive/routine care	Includes annual health assessments as well as routine physical exams and care	Primary care provider within two months	Within 30 business days
New patients		Within 30 days. In addition, a history must be obtained and a physical exam performed by the third visit.	Within 30 days. In addition, a history must be obtained and a physical exam performed by the third visit.

2. Office waiting times:

These standards must be met at the practice site level.

Standard	Definition	Time frame- Commercial & Medicare
Scheduled appointment	How long a member waits to see a provider from their scheduled appointment time	<p>Within 15 minutes for Medicare members</p> <p>Within 30 minutes for all other members</p> <p>If the waiting time exceeds the time frames stated above, the office will update the member and offer the choice to reschedule or continue to wait to see the provider.</p> <p>Same-day urgent care visits may have wait times of 45 to 60 minutes but will be offered the same options as scheduled members.</p>

3. Hours of care and call response:

These standards must be maintained at the practice site level.

Standard	Definition	Time frame
Office hours	The physician/provider must practice a minimum of 20 hours per week to ensure coordination of care.	20 hours per week. Appointments must be available daily during regular office hours.
Continuous care	All physicians/providers will assure the availability of care to members 24 hours a day, seven days a week.	Provider will arrange for continuous coverage 24 hours a day, seven days a week

Return of phone calls after hours	After hours are the hours before and after a provider's posted office hours, such as nights, weekends, and holidays.	Within one hour by the provider or covering provider Providers or covering providers must be available by phone. An answering machine alone is not acceptable <i>unless</i> it provides an emergency phone number for the provider or covering provider.
Return of phone calls during office hours	Office staff will triage phone calls during posted office hours.	Office responds to members the same day.

Behavioral Health Providers – Prescribing behavioral health providers include psychiatrists, clinical nurse specialists, behavioral health physician's assistants (PA), and psychiatric nurse practitioners. Non-prescribing providers include licensed independent clinical social workers, psychologists, licensed marriage and family therapists, licensed behavior analysts (LBA) and licensed mental health counselors.

1. Waiting times for appointment:

Standard	Definition	Appointment time frame- Commercial	Appointment time frame - Medicare
Emergency care	A sudden or unexpected behavioral health condition that is life-threatening and requires immediate psychiatric treatment to prevent death or disability to the patient or others	Immediately or referred as medically necessary	Immediately
Urgent care	Symptoms of behavioral health problems that require prompt attention but are not considered emergency care—yet without timely treatment could be expected to cause a decline in patient's health	Triaged or seen within 24 hours depending on the severity of symptoms	Immediately

Non-life-threatening emergency	Symptoms of behavioral health problems that require prompt attention but are not immediately life-threatening to the patient or others	Within six hours	Within six hours
Non-urgent, symptomatic	Any symptomatic condition or illness that is non-emergent or non-urgent	Within 14 days	Within seven days for Medicare members
Initial visit for routine care	First office visit for any behavioral health concern which is non-emergent and non-urgent	Within 10 business days	Within 10 business days
Follow-up routine care appointment	Scheduled office visits for any behavioral health concern which is non-emergent and non-urgent	Within 30 days for a non-prescriber Within 90 days for a prescriber	Within 30 days for a non-prescriber and prescriber

2. Office waiting times:

Standard	Definition	Time frame for Commercial & Medicare
Scheduled appointment	How long a member waits to see a practitioner from their scheduled appointment time	<p>Within 15 minutes for Medicare members</p> <p>Within 30 minutes for all other members</p> <p>If the waiting time exceeds these time frames, the office will update the member and offer the choice to reschedule or continue to wait to see the provider.</p>

3. Hours of care and call response:

Standard	Definition	Time frame
Office hours	The physician/provider must practice a minimum of 20 hours per week to ensure coordination of care.	20 hours per week Appointments must be available daily during regular office hours.
Continuous care	All physicians/providers will assure the availability of care to members 24 hours a day, seven days a week.	Provider will arrange for continuous coverage 24 hours a day, seven days a week.
Return of phone calls after hours	After hours are all times before and after a provider's posted office hours, such as nights, weekends, and holidays.	Within one hour by the provider or covering provider Providers or covering providers must be available by phone. An answering machine alone is not acceptable <i>unless</i> it provides an emergency phone number for the provider or covering provider
Return of phone calls during office hours	Office staff triage phone calls during provider's posted office hours.	Office responds to members the same day.

Specialist Provider

Providers who are not primary care providers and who provide specialist services to members. Specialists accept members who are referred to them or whose care is coordinated by primary care providers and provide those members medically necessary specialty and subspecialty services within their scope of practice and licensure.

1. Waiting times for appointment:

Standard	Definition	Appointment time frame
Emergency care	An illness or condition that without immediate treatment could put the member's life or general health in severe jeopardy	Immediately or referred as medically necessary

Urgent care	An illness or condition that without timely treatment could create a decline in patient's health	Within 24 hours depending on the severity of symptoms
Non-urgent, symptomatic	Any symptomatic medical condition or illness that is non-emergent or non-urgent	Within seven days for Medicare members Within 14 days for all other members
Preventive/routine care – Ob/gyn and certified nurse midwives	Annual health assessments as well as routine physical exams and care	Within four months (unless ob/gyn credentialed as a PCP)
Prenatal visit – Ob/gyn and certified nurse midwives		Within the first trimester If a member calls after the 12th week the appointment must be scheduled within one week.
New patients		Within 30 days

2. Office waiting times:

Standard	Definition	Time frame
Scheduled appointment	How long a member waits to see a provider from their scheduled appointment time	Within 15 minutes for Medicare members Within 30 minutes for all other members If the waiting time exceeds these time frames, the office will update the member and offer the choice to reschedule or continue to wait to see the provider. Same-day urgent care visits may have longer wait times of 45 to 60 minutes but will be offered the same options as scheduled members.

3. After hours care and call response:

Standard	Definition	Time frame
Office hours	The physician/provider must practice a minimum of 20 hours per week in order to ensure coordination of care.	20 hours per week Appointments must be available daily during regular office hours.
Continuous care	All physicians/providers will assure the availability of care to members 24 hours a day, seven days a week.	Provider will arrange for continuous coverage 24 hours a day, seven days a week.
Return of phone calls after hours	After hours are the hours before and after a provider's posted office hours, such as nights, weekends, and holidays.	Within one hour by the provider or covering provider Providers or covering providers must be available by phone. An answering machine alone is not acceptable <i>unless</i> it provides an emergency phone number for the provider or covering provider.
Return of phone calls during office hours	Office staff triages phone calls during providers' posted office hours	Office responds the same day