Primary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
Emergency Care	**Immediate**	When a Member calls the Provider's office with an emergency medical condition, the Provider must arrange for the Member to be seen immediately (preferably directing the Member to the Emergency Room or calling 911). If the condition is a non-life threatening emergency, it is still preferable for the Member to be given access to care immediately but no later than six (6) hours.	100%
Urgent Care: No PA Required	**Within forty-eight (48) hours**	When a Member contacts the Provider's office with an urgent medical condition, we require the Member to be seen within these timeframes. We strongly encourage the Provider to work the Member in on a walk-in basis the same day. If a situation arises where a Provider is not available (i.e., the Practitioner is attending to an emergency or Member calls late on a Friday), the Member should be seen by a covering Provider or directed to an urgent care, covering office, or emergency room, as Medically Necessary.	90%
Urgent Care: PA Required	**Within ninety-six (96) hours**	See information in "Urgent Care: No PA Required" section above.	90%
Sensitive Services	**Preferably with twenty-four (24) hours, but not to exceed forty-eight (48) hours**	Sensitive Services are those related to: • Sexual Assault • Drug or alcohol abuse for minors 12 years of age or older • Pregnancy • Family Planning • Sexually Transmitted Diseases, for minors 12 years of age or older	90%

Primary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
		• Outpatient mental health treatment and counseling, for minors 12 years of age or older, who are mature enough to participate intelligently and where either 1) there is a danger of serious physical or mental harm to the minor or others, or 2) the children are the alleged victims of incest or child abuse. Minors, as noted by the age restrictions above, may receive these services without parental consent. Confidentiality must be maintained in a manner that respects the privacy and dignity of the individual. See your PPG/IPA's privacy and confidentiality policies for guidance.	
Routine PCP, Non-Urgent Exam	**Within ten (10) days**	When a Member requests an appointment for a routine, non-urgent condition (i.e., routine follow-up of blood pressure, diabetes or other condition), they must be given an appointment within ten (10) business days.	85%
Initial Pre-Natal Visit to OB/GYN	**Within fourteen (14) calendar days**	Access to OB/GYN Providers is available without prior authorization.	85%
Well-Child Visits (for child under two (2) years of age	**Within fourteen (14) calendar days**	When a parent of a Member requests an appointment for a Well-Child Visit, they must be given the appointment within fourteen (14) calendar days. It is acceptable for the Member to be scheduled with a covering Provider.	85%
Preventive Care and Physical Exam	**Within thirty (30) calendar days**		90%
Initial Health Assessments	**Within thirty (30) calendar days**	Must be completed within ninety (90) calendar days from when Member becomes eligible.	100%
Provider Business and After-Hours Telephone Screening	**Available twenty-four hours a day, seven (7) days a week**	The Plan and its PPGs/IPAs also have 24-hour, 7 day a week nurse advice lines available through a toll-free phone line to support and assure compliance with coverage and access. Urgent and emergent	100%

Primary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
	Call must be returned within thirty (30) minutes	calls must be handled by the Provider or their "on-call" coverage within thirty (30) minutes. Clinical advice can only be provided by appropriately qualified staff (e.g., physician, physician assistant, nurse practitioner, or registered nurse). Any Provider that has an answering machine or answering service must include a message to the Member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or going to the nearest emergency room.	
Nurse Advice Line	**Available twenty-four hours a day, seven (7) days a week** **Call must be returned within thirty (30) minutes**	Clinical advice can only be provided by appropriately qualified staff (e.g., physician, physician assistant, nurse practitioner, or registered nurse).	100%
Plan Business Hours Telephone Access	**During normal business hours, call wait time no to exceed ten (10) minutes.** **Call backs not to exceed thirty (30) minutes.**		85%
Provider Office Waiting Time	**Not to exceed**		85%

Primary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
	fifteen (15) minutes		
Missed Appointments	**Reschedule attempt no greater than forty-eight (48) hours after missed appointment**	Missed appointments must be documented in the medical record the day of the missed appointment and the Member must be contacted by mail or phone to reschedule within forty-eight (48) hours. Repeated missed appointments could result in referral for Case Management. Provider's offices are responsible for counseling such Members.	90%
*** For purposes of these standards, "primary care providers" are all practitioners providing primary care to our Members, which includes: General Practice, Internal Medicine, Family Practice, Pediatrics, NPs, PAs, select OB/GYNs, and other Specialists, as assigned.**			
**** Exceptions: The applicable waiting time for a particular appointment may be extended if the referring or treating Provider, providing triage or screening services, acting within the scope of their practice and consistent with recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the Member.**			

Specialist/Ancillary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
Emergency Care	**Immediate**	When a Member calls the Provider's office with an emergency medical condition, the Provider must arrange for the Member to be seen immediately (preferably directing the Member to the Emergency Room or calling 911). If the condition is a non-life threatening emergency, it is still preferable for the Member to be given access to care immediately but no later than six (6) hours.	100%
Urgent Specialist Care: No PA Required	**Within forty-eight (48) hours**	When a Member contacts the Provider's office with an urgent medical condition, we require the Member to be seen within these timeframes. We strongly encourage the Provider to work the Member in on a walk-in basis the	90%

Specialist/Ancillary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
		same day. If a situation arises where a Provider is not available (i.e., the Practitioner is attending to an emergency or Member calls late on a Friday), the Member should be seen by a covering Provider or directed to an urgent care, covering office, or emergency room, as Medically Necessary.	
Urgent Specialist Care: PA Required	**Within ninety-six (96) hours**	See information in "Urgent Care: No PA Required" section above.	90%
Routine Specialist Care, Non-Urgent	**Within fifteen (15) days**	When a Member requests an appointment for a routine, non-urgent condition, they must be given an appointment within fifteen (15) business days.	85%
Routine Ancillary Care, Non-Urgent	**Within fifteen (15) days**	When a Member requests an appointment for a routine, non-urgent condition, they must be given an appointment within fifteen (15) business days.	85%
Provider Business and After-Hours Telephone Screening	**Available twenty-four hours a day, seven (7) days a week** **Call must be returned within thirty (30) minutes**	The Plan and its PPGs/IPAs also have 24-hour, 7 day a week nurse advice lines available through a toll-free phone line to support and assure compliance with coverage and access. Urgent and emergent calls must be handled by the Provider or their "on-call" coverage within thirty (30) minutes. Clinical advice can only be provided by appropriately qualified staff (e.g., physician, physician assistant, nurse practitioner, or registered nurse). Any Provider that has an answering machine or answering service must include a message to the Member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or going to the nearest emergency room.	100%
Provider Office Waiting Time	**Not to exceed fifteen (15) minutes**		85%

Specialist/Ancillary Care* Timely Access Standards			
Appointment Type	**Access Standard****	**Additional Information**	**Goal Rate of Compliance**
Missed Appointments	**Reschedule attempt no greater than forty-eight (48) hours after missed appointment**	Missed appointments must be documented in the medical record the day of the missed appointment and the Member must be contacted by mail or phone to reschedule within forty-eight (48) hours. Repeated missed appointments could result in referral for Case Management. Provider's offices are responsible for counseling such Members.	90%

*** Includes Behavioral/Mental Health Providers.**

**** Exceptions: The applicable waiting time for a particular appointment may be extended if the referring or treating Provider, providing triage or screening services, acting within the scope of their practice and consistent with recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the Member.**