

Appointment availability and after-hours access requirements



To ensure members receive care in a timely manner, PCPs, specialty providers, behavioral health providers and pediatricians must maintain the following appointment availability standards.

Appointment availability requirements



Requirements for PCPs

Type of care	Standard
Emergency	Immediately
Urgent care	Within 48 hours
Routine or preventive care	Within three weeks

Requirements for specialty care providers

Type of care	Standard
Emergency	Immediately
Urgent care	Within 48 hours of referral
Nonurgent sick care	Within 10 calendar days
Routine lab, x-ray (radiology) and optometry	Within three weeks
Mental health	<ul style="list-style-type: none"> ■ Poststabilization: within one hour of referral for poststabilization services (both inpatient and outpatient) in an ER ■ Emergent: within three hours for an outpatient MH service; within one hour of referral for an emergent concurrent utilization review screen ■ Urgent: 48 hours from referral for outpatient MH services; within 24 hours from referral for an urgent concurrent utilization review screen ■ Planned inpatient psychiatric: referral within 48 hours; assessment and/or treatment within five working days of referral ■ Routine outpatient: referral within five days; assessment and/or treatment within nine working days of referral and/or 10 working days from previous treatment ■ Postdischarge follow-up: within seven days following an inpatient hospital discharge

Type of care	Standard
Substance use disorder (SUD) services	<ul style="list-style-type: none"> ■ Emergent: Treatment is considered an on-demand service and does not require precertification. Members are asked to go directly to an ER for services if they are unsafe or their condition is deteriorating. ■ Urgent: A service need that is not emergent and can be met by providing an assessment within 24 hours of the initial contact and services delivered within 48 hours from initial contact without resultant deterioration in the individual's functioning or worsening of his or her condition. If the member is pregnant, she is to be placed in the urgent category. ■ Routine: A service need that is not urgent and can be met by receiving an assessment within 14 calendar days of the initial contact and treatment within 14 calendar days of the assessment without resultant deterioration in the individual's functioning or worsening of his or her condition. ■ IV drug users: If a member has used IV drugs within the last six months and he or she does not fall into the emergent or urgent categories because of clinical need, the member will need to be placed in this category. Members who have utilized IV drugs within the last six months need to be seen for treatment within 14 calendar days of initial contact. There is not a time standard requirement for the assessment nor is there an IV drug user category in the KCPC. <ul style="list-style-type: none"> ■ These members are categorized as routine but are to receive treatment within 14 days of their initial contact, not within 14 days of their assessment.
High-impact specialists (OB/GYN, oncology/hematology, orthopedics)	<ul style="list-style-type: none"> ■ Routine: within 30 calendar days ■ Urgent care: within 48 hours
High-volume specialists (cardiology, general surgery, endocrinology, otolaryngology, neonatology, nephrology, neurosurgery, plastic and reconstructive surgery, urology, and OB/GYN)	<ul style="list-style-type: none"> ■ Routine: within 30 calendar days ■ Urgent care: within 48 hours
All other specialty care	<ul style="list-style-type: none"> ■ Routine: within 30 calendar days ■ Urgent care: within 48 hours

After-hours access requirements

You are required to abide by the following standards to ensure access to care for our members:

- Offer 24-hour-a-day, 7-day-a-week telephone access to members. A 24-hour telephone service may be used. The service may be answered by a designee such as a/an:
 - On-call physician
 - Nurse practitioner with physician backup

- Be available to provide medically necessary services. You or another physician must offer this service.
- Follow our referral/precertification guidelines. This is a requirement for covering physicians.

We encourage you to offer after-hours office care in the evenings and on Saturdays.

It is not acceptable to automatically direct members to the ER when a PCP is not available.

What if I need assistance?

If you have questions, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.