

# Access and Availability Standards



Amerigroup Community Care has established access and availability standards to ensure timely health services are available to all members. The standards comply with regulatory requirements and are periodically measured through member satisfaction surveys, member complaint analysis, provider office-site visits and special surveys.

## Availability standards

Type of care	Standard
Emergency care	Immediately; otherwise, refer to an ER
Urgent care	Within 24 hours
Routine care/preventive care (well visits)	Within 28 days of request
Symptomatic acute care (nonurgent, symptomatic conditions or chronic problems)	Within 72 hours of request
Specialty care	Within four weeks of referral, based on severity of condition
Urgent specialty care	Within 24 hours of referral
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/Health Track screens	In accordance with the Health Track periodicity schedule for well-child examinations and the Centers for Disease Control and Prevention (CDC) immunization schedule
Initial health visit – adult	Within 180 days of enrollment with Amerigroup
Initial health visit – child and adult Division of Developmental Disabilities clients	Within 90 days of enrollment with Amerigroup or in accordance with EPSDT periodicity schedule
After-hours care	Answering service or telephone message with directions on how to obtain urgent care must be available 24 hours a day, 7 days a week
Prenatal care:	
Initial visit	• Within three weeks of positive pregnancy test
High-risk visit	• Within three days of identification of high risk
Visit in first and second trimester	• Within seven days of request
Visit in third trimester	• Within seven days of request
Laboratory/radiology services	<ul style="list-style-type: none"> <li>• Within three weeks for routine appointments</li> <li>• Within 48 hours for urgent services</li> </ul>
Dental services	<ul style="list-style-type: none"> <li>• Within 48 hours of emergency</li> <li>• Within three days of referral for urgent care services</li> </ul>
Behavioral health/substance abuse	<ul style="list-style-type: none"> <li>• Within 30 days of referral for routine care</li> <li>• Immediately for emergency services</li> <li>• Within 24 hours for urgent care</li> <li>• Within 10 days of request for routine care</li> </ul>

# Access and Availability Standards

## Access standards

Participating providers are responsible for offering members access to covered services 24 hours a day, 7 days a week. Access includes regular office hours on weekdays and the availability of a provider or designated agent by telephone after regular office hours, on weekends and on holidays. When unavailable, providers must arrange for on-call coverage by another participating provider. The covering provider may not sign out of the ER during his or her shift.

Additional access standards include:

- **Member in-office wait times** for an appointment must be within 45 minutes
- **Provider response time** for telephone callback waiting time, including:
  - After regular business hours, within 30 to 45 minutes for nonemergent, symptomatic issues
  - Same-day callback for nonsymptomatic concerns
  - Callback within 15 minutes for crisis situations

Provider offices must have telephone protocols in place to ensure the following situations are handled appropriately:

- **Answering telephone inquiries** in a timely manner
- **Prioritizing appointments**
- **Scheduling a series of appointments** and follow-ups as needed
- **Identifying and rescheduling** missed appointments
- **Identifying special member needs** while scheduling appointments (for example, wheelchair-bound members and members with interpretive linguistic needs)
- **Triage noncompliant individuals** with behavioral health issues for medical and dental conditions and special behavioral needs

## Noncompliance

In the event a provider's office is found noncompliant with our standards, the provider's office is notified and resurveyed approximately six months later. If, upon resurvey, the provider's office remains noncompliant, a Provider Relations representative will visit the office to review the standards and to discuss corrective actions.

Thank you for the quality care you provide to our members.



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