

## Access and availability standards

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

Providers are required to ensure the availability of appointments in accordance with the following standards.

***Emergency services are to be provided immediately upon presentation at a service delivery site.***

<b>Urgent and symptomatic care</b>		<b>Appointments made available</b>
Urgent care	Presentation of medical signs that require immediate attention but are not life-threatening	Within 24 hours
Symptomatic acute care	Presentation of medical signs that are acute but do not require immediate attention	Within 72 hours
Urgent specialty care	An encounter with a medical specialist that is required by the enrollee's medical condition as determined by the enrollee's PCP	Within 24 hours of referral

<b>Routine and preventative care</b>		<b>Appointments made available</b>
Routine physicals		Within 4 weeks as needed for school, camp, work or similar setting
Routine care	Nonsymptomatic care such as well/preventative care appointments, annual gynecological examinations, or pediatric and adult immunization visits	Within 28 days
Specialist referrals	An encounter with a medical specialist that is required by the enrollee's medical condition as determined by the enrollee's PCP	Within 4 weeks or shorter as medically indicated

<b>Prenatal care</b>	<b>Appointments made available</b>
Initial visit	Within 3 weeks of positive pregnancy test (home or laboratory)
Prenatal high risk	Within 3 days of identification of high risk
First and second trimester	Within 7 days of request
Third trimester	Within 3 days of request

The information in this update may be an update or change to your provider manual. Find the most current manual at:

**<https://providers.amerigroup.com>**

Please note:

- **Waiting time in office** must not exceed 45 minutes.
- **Intermediate/limited patient encounters** must not exceed 4 per hour.

<b>New enrollee requirements</b>	<b>Appointments made available</b>
Initial pediatric care	Within 3 months of enrollment
Baseline physicals	Within 180 days of initial enrollment or in accordance with EPSDT guidelines
Baseline physicals for DDD clients	Within 90 days of initial enrollment or in accordance with EPSDT guidelines

<b>Behavioral health/substance abuse</b>	<b>Appointments made available</b>
Care for non-life threatening emergency	Within 6 hours
Urgent care	Within 24 hours
Initial visit for routine care	Within 10 days
Follow-up routine care	Within 30 days

<b>Laboratory and radiology services</b>	<b>Appointments made available</b>
Routine services	Within 3 weeks
Urgent services	Within 48 hours

**You must answer telephone calls in a timely manner:** Appointments are prioritized; follow-up appointments are scheduled as needed, missed appointments are rescheduled; members with special needs are accommodated (e.g., wheelchair and interpretive linguistic needs); noncompliant members with behavioral health issues are triaged for medical/dental conditions and behavioral health needs.

After-hours care:

- PCPs are required to provide members with **access to covered services 24 hours a day/7 days a week**. Access includes regular office hours on weekdays and 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 emergency room during his or her shift.
- **Answering services** must either connect the caller directly to the provider; contact the PCP on behalf of the caller, and the provider returns the call; or provide a telephone number to reach the PCP/covering provider.
- If using an **answering machine**, it must provide a telephone number to contact the PCP/covering provider. The message must not instruct the caller to go to the emergency room for care (regardless of the exigencies of the situation) without enabling the caller access to speak with the provider for nonemergent situations.

<b>Response time for telephone call back</b>		
	Nonemergent symptomatic issues	Within 30-45 minutes
	Crisis situations	Within 15 minutes

**If you have questions**, please call Provider Services at 1-800-454-3730 or your local health plan Network Management representative.