



PROVIDER NOTICE

APPOINTMENT AVAILABILITY & ACCESS STANDARDS

AFTER HOURS ACCESS

All Plan participating Primary Care Practitioners and OB/GYNs are required to provide access to covered medical services 24 hours a day, 7 days a week. This means that:

- Member calls should be answered by a live answering service that is able to connect the member with his or her provider, or a covering provider, within 30 minutes.
- Providers who utilize an answering machine to answer their telephone after hours **must have a message** that directs the member to a **phone number that is answered by a live person** capable of offering the member information and referrals as necessary.

ALL CALLS MUST BE RETURNED WITHIN 30 MINUTES BY THE PROVIDER ON-CALL AND MEMBERS CAN ONLY BE DIRECTED TO THE EMERGENCY ROOM FOR LIFE THREATENING CONDITIONS.

APPOINTMENT AVAILABILITY STANDARDS

The Plan requires that all providers adhere to the following appointment scheduling guidelines upon receiving a request from a member:

For:	Members must be seen:
Emergency Care	Immediately upon presentation
Urgent Care	Within 24 hours of request
Non-urgent "sick" visit	Within 48 to 72 hours of request as clinically indicated
Routine Non-Urgent Preventive Appointment (Well Visit)	Within 4 weeks of request
Specialist Referral	Within 4 to 6 weeks of the request
Initial Family Planning Visit	Within 2 weeks of the request
Initial Prenatal Visit	Within 3 weeks during the 1 st trimester Within 2 weeks during the 2 nd trimester Within 1 week during the 3 rd trimester
Initial PCP Visit for Newborns	Within 2 weeks of hospital discharge
Well Child Care	Within 4 weeks of request
Adult Baseline and Routine Physicals (adults age 21 and older)	Within 12 weeks of enrollment