



APPOINTMENT AVAILABILITY AND AFTER-HOURS ACCESS STANDARDS

PCP Appointment Availability Requirements

Type of appointment	Standard
Emergency examinations	Immediate access during office hours
Urgent (sick) examinations	Within 48 hours of request
Nonurgent (sick) examinations	Within 72 hours of request
Nonurgent routine examinations	Within 21 days of request
Specialty referrals	Within two weeks for routine referrals within; 24 hours for urgent referrals

OB Appointment Availability Requirements

Type of appointment	Standard
1st trimester (use the <i>Pregnancy Notification Report</i> found on our website at https://provider.unicare.com)	Within 14 calendar days of request
2nd trimester (use the <i>Pregnancy Assessment Form Second Trimester — Reassessment</i> found on our website at https://provider.unicare.com)	Within 7 calendar days
3rd trimester (use the <i>Pregnancy Assessment Form Third Trimester — Reassessment</i> found on our website at https://provider.unicare.com)	Within 3 business days

OB Appointment Availability Requirements

Type of appointment	Standard
High-risk pregnancy	Within 3 business days of identification or immediately if an emergency exists
Postpartum exam (use the Postpartum Checkup found on our website at https://provider.unicare.com)	Three to eight weeks after delivery

Behavioral Health (BH) Appointment Availability Requirements

Type of Appointment	Standard
BH Emergent	Immediately
BH emergent, non-life threatening/crisis stabilization	Within six hours of request
BH Urgent	Within 48 hours of referral/request
BH initial and/or routine visits	Within 10 business days

Behavioral Health (BH) Appointment Availability Requirements (cont.)

Type of Appointment	Standard
BH outpatient following discharge from an inpatient hospital stay	Within seven business days of discharge
BH waiting room time (excluding emergencies)	Within 45 minutes
BH Open access process- meaning agencies will see walk-ins or no appointment needed	Within three hours or offer appointment

Behavioral Health Definitions

- **Emergent:** Treatment is considered to be an on-demand service and does not require precertification, but authorization should occur within three days of services being rendered. Members are asked to go directly to emergency rooms for services if they are either unsafe or their conditions are deteriorating.
- **Emergent, non-life-threatening/crisis stabilization:** On-demand treatment is urgent but not life-threatening. Members can be seen in the office within six hours or directed to the emergency room if they can't be seen in the office.
- **Urgent:** A service is needed that is not emergent and can be met by providing an assessment and services within 48 hours of the initial contact. If the member is pregnant and has substance use problems, they are to be placed in the urgent category.
- **Routine:** A service is needed that is not urgent and can be met by receiving treatment within 10 calendar days of the assessment without resultant deterioration in the individual's functioning or worsening of their conditions.

After-Hours Access Availability Requirements

- Our Members have access to quality health care 24 hours a day, 7 days a week. This means that PCPs must have a system in place to ensure Members may call after hours with medical questions or concerns. UniCare Health Plan of West Virginia Inc. (UniCare) monitors PCP compliance with after-hours access standards on a regular basis. We strongly suggest that PCPs advise their answering services to participate in any after-hours monitoring. **Failure to comply may result in corrective action.** PCPs must adhere to the answering service and answering machine protocols defined in the following slides.

Answering Service

- Answering service or after-hours personnel must:
- Ask the member if the call is an emergency, In the event of an emergency, direct the member to dial **911** immediately or proceed directly to the nearest hospital emergency room.
- Forward nonemergency member calls directly to the PCP or on-call provider or instruct the member that the Provider will be in contact within 30 minutes.
- Have the ability to contact a telephone Interpreter to assist members with language barriers
- Return all calls.

Answering Machines

Answering machine messages requirements:

- May be used when provider office staff or an answering service is not immediately available.
- Must instruct members with emergency health care needs to dial **911** or proceed directly to the nearest hospital emergency room.
- Must provide instructions on how to contact the PCP or on-call Provider in a nonemergency situation.
- Must provide instructions in English, Spanish and any other language appropriate to the PCP's practice.

Suggested text for answering machines:

*“Hello, you have reached [insert Physician office name]. If this is an emergency, hang up and dial **911** or go to the nearest hospital emergency room. If this is not an emergency and you have a medical concern or question, please call [insert contact phone or pager number]. You will receive a return call from the on-call Physician within [timeframe].”*

Thank you!



UniCare Health Plan of West Virginia, Inc.
Medicaid Managed Care



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