



COMMUNITY HEALTH PLAN
of Washington™

The power of community

Provider Training Program

Appointment & After-Hours Access Standards

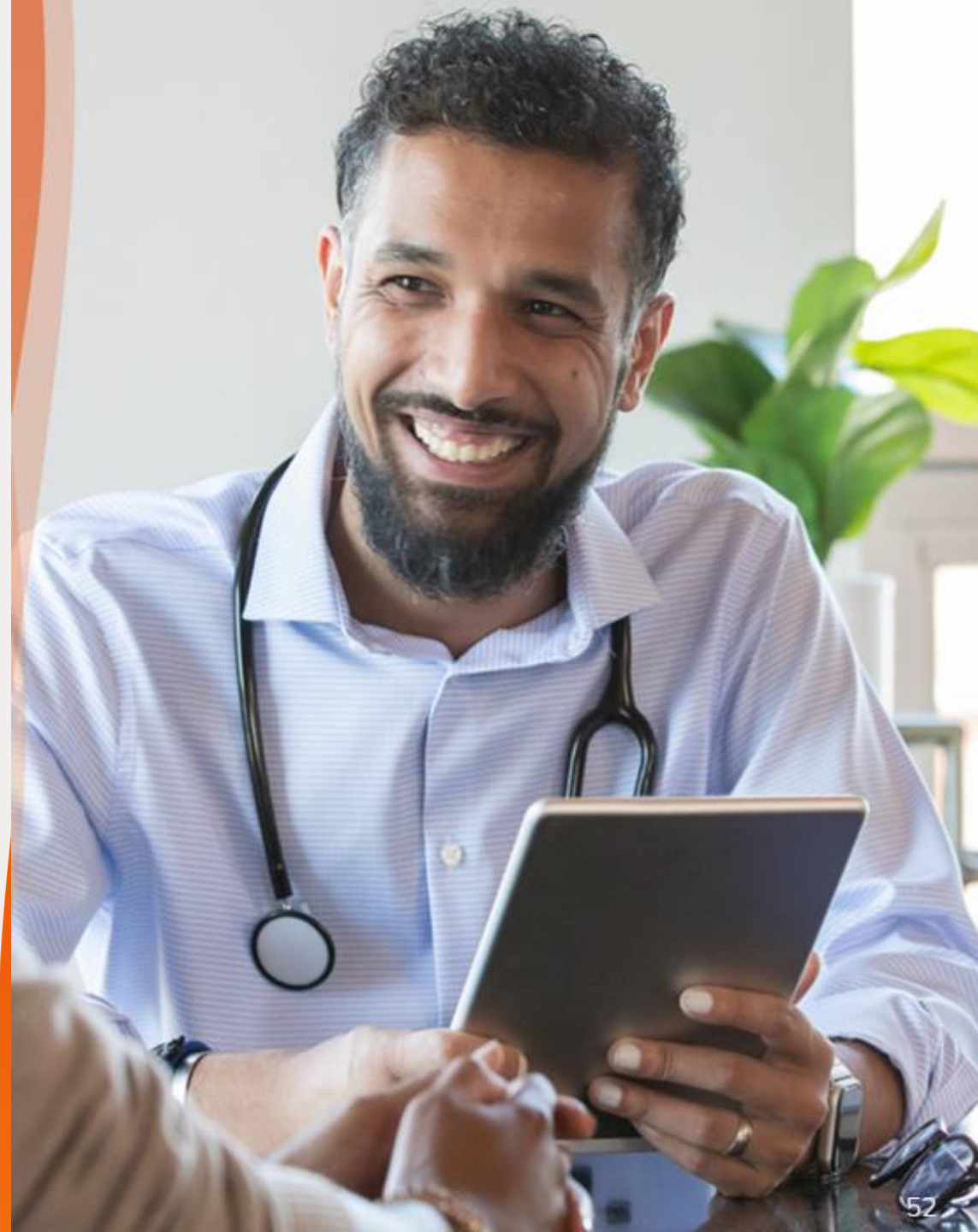




COMMUNITY HEALTH PLAN
of Washington™

The power of community

- Appointment Access
- Emergency Care



Appointment Access Standards

Access to care means **a patient has the ability to see a qualified health provider within a reasonable period of time.**

Access standards have been developed to ensure that all health care services are provided in a timely manner.

Access to transportation, and language services are important to ensure adequate access to care.

Note:

- Phone pick up time should be no longer than 10-seconds
- Office waiting time for scheduled appointments:
 - Not to exceed sixty (60) minutes
 - If a provider is delayed, the patient should be notified
 - If wait time exceeds ninety (90) minutes, the patient should be offered a new appointment.



Appointment Access Standards – ALL Providers

Type of Appointment	Scheduling Time Frame
All Providers	
Emergency Care	Immediately, and available 24/7
Transitional visit (clinical assessment or care planning)	Within seven (7) calendar days of member's discharge from an inpatient or behavioral health facility or substance use disorder treatment program.
Second Opinion	Within thirty (30) calendar days of the request unless the Enrollee requests a postponement of the second opinion to a date later than thirty (30) calendar days.

Appointment Access Standards – PCP, OB/GYN, Midwife

Type of Appointment	Scheduling Time Frame
PCP, OB/GYN, Midwife	
Preventative office visit - non-symptomatic	Within thirty (30) calendar days
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days
Urgent office visit - symptomatic	Within twenty-four (24) hours

Appointment Access Standards – Behavioral Health

Type of Appointment	Scheduling Time Frame
Behavioral Health Providers	
Care for a non-life-threatening emergency	Within six (6) hours
Urgent office visit - symptomatic	Within twenty-four (24) hours
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days
Follow-up, routine care	Within thirty (30) calendar days

Appointment Access Standards - Specialists

Type of Appointment	Scheduling Time Frame
Specialty Care Providers	
Non-urgent routine office visit - symptomatic	Within ten (10) calendar days of request
Urgent office visit - symptomatic	Within twenty-four (24) hours

Specialists should provide the member's PCP with a written report within 14 days of the date of service regarding the proposed plan of treatment, including any proposed hospitalization or surgery and information regarding self-referred services such as women's health care services.

Emergency Care

Emergency Care shall be available 24 Hours a Day, Seven Days a Week

CHPW providers are required to maintain access to health care services on an ongoing basis and shall ensure that services are available to members 24 hours per day, seven days per week.

Provider offices must answer the phone during normal business hours. After normal business hours and on weekends, a provider must have:

- A covering provider.
- An answering service.
- A triage service or voicemail message that provides a second phone number that is answered. For example, behavioral and mental health providers should include a crisis center phone number on their answering machine.
- Any recorded message must be provided in English. If the provider's practice includes a high population of Spanish speaking members, the message should also be recorded in Spanish.



COMMUNITY HEALTH PLAN
of Washington™

The power of community

- After-Hours Access Standards



After-Hours Access Standards

- Physicians (PCPs, Behavioral Health Providers, OB/GYN, Midwife, Specialists, or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to CHPW members.
- Physicians, or his/her on-call coverage or triage/screening clinician must return urgent calls to members, upon request within 30 minutes.
- Clinical advice can only be provided by appropriately qualified staff, e.g., physician, physician assistant, nurse practitioner or RN.

After-Hours Access Standards

Provider Types: PCP, OBGYN, Midwife, Specialist, Behavioral Health

After-hours requirements:

1. Must have an answering machine or on-call service – *call pick up within 10 seconds.*
2. Must have an on-call provider available

After-hours messaging requirements (live answering service or answering machine):

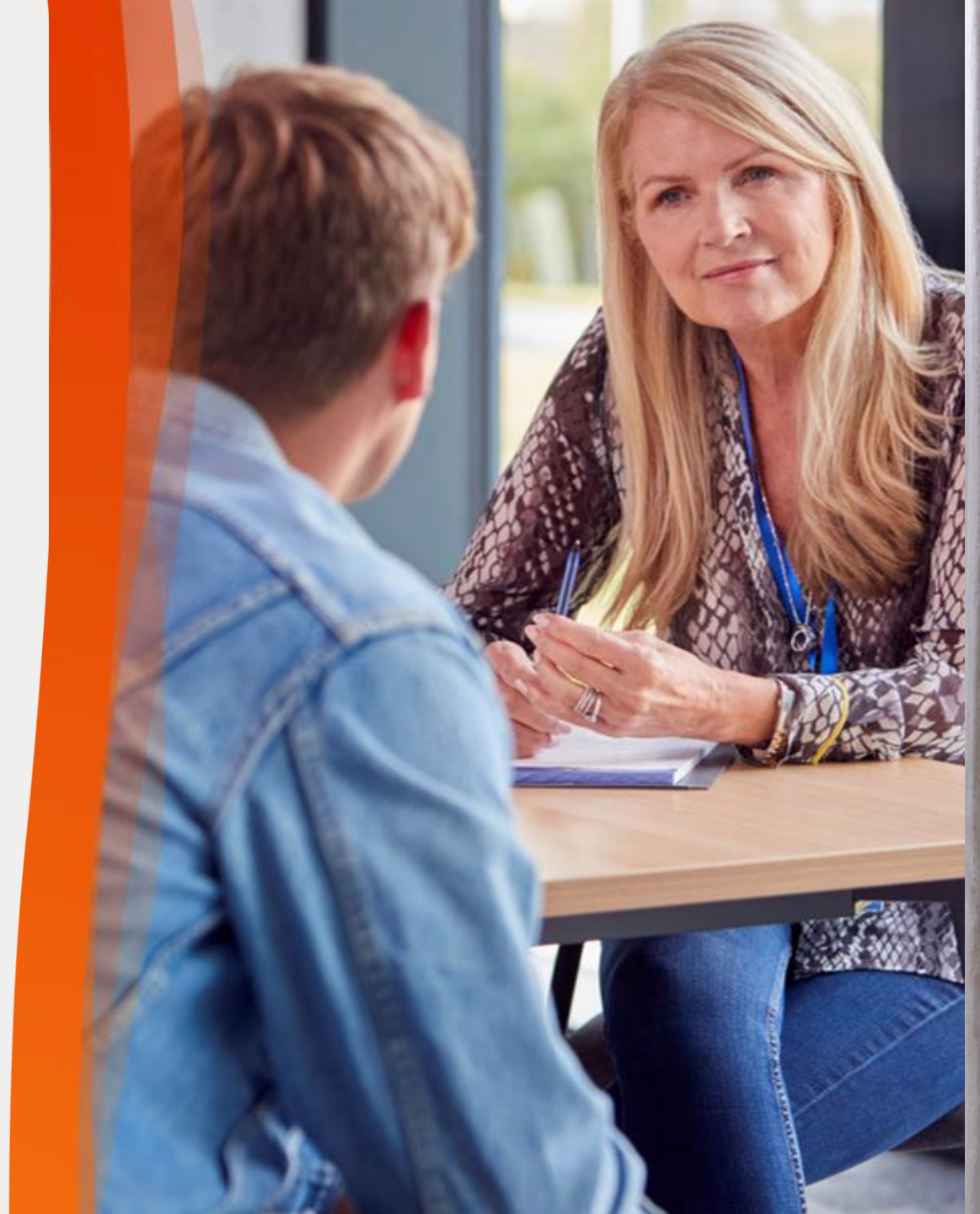
1. “If this is an emergency, hang up and dial 911”
2. How to contact an on-call provider messaging examples -
 - “This is how to contact our on-call provider, dial
 - “I will connect you to our on-call provider now”
 - “I will have our on-call provider contact you within 30-minutes”
 - “Please contact the nurse line at.....”
3. Behavioral Health Providers – after-hours messaging should also include a crisis center phone number



COMMUNITY HEALTH PLAN
of Washington™

The power of community

- Annual Appointment and After-Hours Access Reviews
- Best Practices
- Interpreter Services
- Transportation Services



Annual Appointment and After-Hours Access Reviews

- It is a regulatory requirement for health plans to have monitoring procedures in place to accurately measure the accessibility and availability of contracted providers.
- CHPW conducts annual appointment access and after-hours reviews as required by regulatory and accreditation agencies.
- The purpose for conducting these annual reviews is **to ensure compliance with the Health Care Authority (HCA), CHPW and accreditation agency standards for timely access to care.**



Best Practices | Meeting Access Requirements

- Review and educate staff on Access standards and policies on a quarterly basis and/or as needed.
- Open more appointment time slots to accommodate patients.
- Allot time for walk-ins and same day appointments.
- Offer telephone or video appointments as applicable to the patient's condition.
- Take the time to ensure that the person(s) in charge of appointment scheduling understand Access standard requirements.
- Periodically check your after-hours answering machine and/or answering service to ensure it meets 911 messaging and on-call provider requirements.

Interpreter Services

Apple Health (Medicaid)

Interpreter services are covered by the HCA through Universal Language Service (Universal)

For additional information about this interpreter services program, please visit [HCA's Interpreter Services Webpage](#)

Sign Language - The State of Washington has a Master Contract for Sign Language Interpreter services and Sign Language Interpreter referral agencies.

To utilize the master contract, you must meet the criteria to sign up to use statewide contracts: [How to Use Statewide Contracts | Department of Enterprise Services \(DES\) \(wa.gov\)](#)

CHPW Medicare Advantage

CHPW provides **Telephonic Interpreter Assistance** through **LionBridge**. Providers/Clinic staff are responsible to verify that their patient is a member of CHPW's Medicare Advantage plan. This is free of charge.

To access LionBridge Interpreter Services:

- Dial: 1 855-461-1323 (Toll Free)
- Department Code: 60

Transportation Services

The Washington State Health Care Authority (HCA) covers transportation for individuals who otherwise have no means to access medical care. This includes:

- Public transit bus
- Gas vouchers
- Client and volunteer mileage reimbursement
- Taxi rides
- Wheelchair van or accessible vehicles
- Commercial bus and airfare
- Ferry tickets

[HCA Transportation Directory](#)

If your patients are having trouble connecting with a transportation provider for any reason, please advise your patients to contact CHPW at [1-800-440-1561](tel:1-800-440-1561) (TTY Relay: Dial 711).



Thank you!

Should you have any questions or would like to schedule a virtual training session for your group, please contact:

Jae Switzer, Supervisor Provider Relations
jae.Switzer@chpw.org