

Welcome to the appointment availability and after-hours access training

Agenda

Purpose of the standards

Review requirements

Audit purpose and frequency

Unacceptable practices

Helpful tips and after-hours telemedicine program

Attestation completion

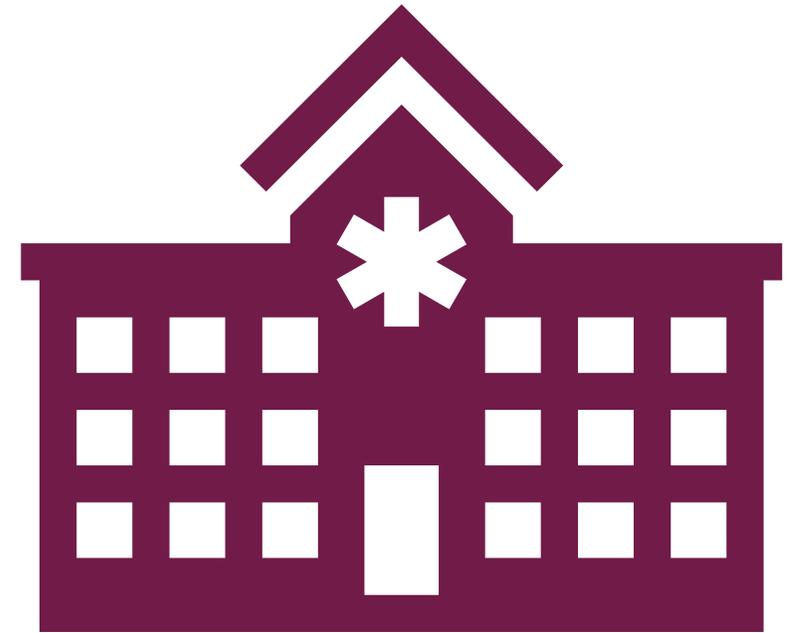


Purpose of standard of care

To maintain a high standard of care and ensure patients receive timely treatment and ensure adherence to appointment availability and after-hour access standards.

Network providers are expected to ensure that appointment availability and after-hours access are in line with our standards, which are intended to guarantee that members consistently receive care when they need it.

Providers are required to comply with the standard of care for STAR, STAR+PLUS, and STAR Kids.



Audit purpose and frequency

To secure/maintain NCQA accreditation and/or comply with state contract requirements, MCO's must audit provider adherence to the appointment availability and after-hours standards/requirements.

MCO's must conduct annual, semi-annual, or quarterly basis, depending on the market or state contract.

The audit highlights non-compliance and areas of improvement for corrective action planning and/or state reporting.



Appointment availability standards

Appointment availability standards, also known as access standards, are guidelines or regulations that provide directive regarding the timely provision of healthcare.

This refers to the timeframe within which patients should be able to receive care, based on their condition's severity or type of care needed.



Standard name	Wellpoint requirement
Emergency services	Immediately upon member presentation at the service delivery site, including at non-network and out-of-area facilities
Urgent care	Within 24 hours
Post-emergency room or hospital discharge (nonbehavioral health)	Within 14 days of discharge
Routine primary care	Within 14 days
Routine specialty care	Within 3 weeks
Preventive health: adult 21 or older	Within 90 days
Preventive health: child, new Medicaid member	For new members, birth through age 20, overdue or upcoming well-child checkups (including Texas Health Steps) should be offered as soon as practicable (and no later than 90 days after enrollment).
Preventive health: child less than 6 months old	Within 14 days
Preventive health: age 6 months through 20 years	Within 60 days
Prenatal care — initial visit	Within 14 days
Prenatal care — high-risk or third trimester — initial visit	Within 5 days or immediately if an emergency exists
Prenatal care — after initial visit	Based on the provider's treatment plan
Behavioral health	
Behavioral health (BH), nonlife-threatening emergency care	Within 6 hours (NCQA)
Post-hospital discharge (BH)	Within 7 days of discharge (for missed appointments, provider must contact member within 24 hours to reschedule appointment)
BH, urgent care	Within 24 hours
BH, routine care — initial visit	The earlier of 10 business days (NCQA) or 14 calendar days
BH, routine care — follow-up visits	Within 3 weeks

After-hours standards

To guarantee uninterrupted 24-hour care, PCPs are required to have at least one of the following systems in place for members to reach out beyond regular business hours.

Standard	Requirement
After normal business hours	The office telephone is answered by a recording in both English and Spanish. The recorded message(s) should direct the member to call another number to reach the PCP or another provider or network designated by the PCP. A person must be available to answer the designated provider's telephone-another recording is not acceptable.
After normal business hours calls are transferred	The office telephone is transferred to another location where the person answering calls must be able to contact the PCP or designated network medical practitioner who can return the call within 30 minutes.
After normal business hours answering service	The office telephone is answered by an answering service equipped to contact the PCP or another designated network medical practitioner. All calls handled by an answering service must be returned within 30 minutes. The answering service must have both English and Spanish language capability.



Helpful tips for after-hours standards



If you do not currently offer after-hours access for appointments (**before 8 a.m. and after 5:30 p.m., Monday through Friday and weekend/holiday appointments**), we encourage you to consider doing so to improve accessibility.



If you do offer after-hours access for appointments, we encourage you to keep some of those appointments open for our members. Appointments scheduled at these times may be billed using the appropriate after-hours CPT[®] code for an additional reimbursement.



Wellpoint will record an after-hours message in Spanish for any provider practice that would like assistance. To learn more about recording an after-hours message in Spanish, please reach out to your provider relationship management representative for Wellpoint.



After-Hours Telehealth Incentive Program

Wellpoint offers an After-Hours Telehealth Provider Incentive Program in Texas. To learn whether you are eligible, please reach out to your provider relations management account representative by utilizing the *Contact Us* webform. Tap here to access the form: provider.wellpoint.com/texas-provider/contact-us/email.

The program operates on a calendar-year basis and must remain in good standing during program year.

All claims must adhere to contractual, Medicaid, and CMS guidelines. To receive the additional reimbursement, the provider bill the appropriate after-hours and telehealth codes.

Service description	Requirement	Reimbursement
After-hours	99050	Per your original agreement
Telehealth visit both audio and visual components	99221-99215, Modifier 95, and POS 02 or 10	\$75



Unacceptable practices

Providers may not use discriminatory practices such as demonstrating a preference to other insured or private-pay patients (including separate waiting rooms, hours of operation, or appointment days). Wellpoint routinely monitors providers' adherence to access to standards.

The following phone response protocols are not deemed acceptable:

1. Answering the office telephone only during office hours.
2. Answering the office telephone after-hours with a recording directing members to go to the emergency room for needed services or to leave a message.
3. Returning after-hours calls outside of a 30-minute timeframe.



Next steps

If you are considered non-compliant, please review next steps to update *Correction Action Plan*.



Upon completion of the training, please attest within 72 hours that the course has been completed and send the signed form to txproviderrelations@wellpoint.com.



In accordance with the state contract requirements for appointment accessibility, Wellpoint must enforce access and other network standards. They will take appropriate action with providers whose performance is determined to be out of compliance.



Attestation page can be found at [AppointmentAvailabilityAttestationForm.pdf](#).



Thank you for ensuring
your compliance!





provider.wellpoint.com/tx

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.