

## Appointment Availability



Peach State Health Plan will monitor appointment and after-hours availability on an on-going basis through its Quality Improvement Program.

Provider Type	Waiting Time
PCPs - Routine/Regular visit (Adult and Pediatric)	Not to exceed fourteen (14) calendar days
PCPs - Sick/Urgent (Adult)	Not to exceed twenty-four (24) clock hours
PCPs - Sick/Urgent (Pediatric)	Not to exceed twenty-four (24) clock hours
PCPs – Initial Pediatric health/screening check	Not to exceed ninety (90) calendar days of eligibility or within twenty-four (24) hours of birth (in the hospital) for all newborns
OB (Maternity care) – <ul style="list-style-type: none"> <li>• Pregnant Women - Initial visit</li> <li>• First Trimester</li> <li>• Second Trimester</li> <li>• Third Trimester</li> </ul>	<ul style="list-style-type: none"> <li>• Not to exceed fourteen (14) calendar days from enrollment</li> <li>• Not to exceed fourteen (14) calendar days</li> <li>• Not to exceed seven (7) calendar days</li> <li>• Not to exceed three (3) business days</li> </ul>
Specialists	Not to exceed thirty (30) calendar days
Therapy: Physical, Occupational, Speech, and Aquatic Therapists and Aquatic Therapists	Not to exceed thirty (30) calendar days
Vision	Not to exceed thirty (30) calendar days
Dental Providers Routine visit-(Delegated Vendor)	Not to exceed twenty-one (21) calendar days
Dental Providers-Urgent visit-(Delegated Vendor)	Not to exceed forty-eight (48) clock hours
Elective Hospitalizations	Thirty (30) calendar days
Mental Health Providers <ul style="list-style-type: none"> <li>• Care is available for a non-life threatening appointment</li> <li>• Urgent care appointment available for a patient</li> <li>• Initial visit for routine care</li> <li>• Follow-up Routine Care</li> </ul>	<ul style="list-style-type: none"> <li>• Within six (6) hours</li> <li>• Within forty-eight (48) hours</li> <li>• Within ten (10) business days</li> <li>• Within ten (10) business days</li> </ul>
Urgent Care provider	Not to exceed twenty-four (24) clock hours
Emergency provider	Immediately (twenty-four (24) clock hours a day/seven (7) days a week) without prior authorization

High Volume specialist: Ob/ Gyn (excludes Ob/Maternity care visit requirement) Urgent	<ul style="list-style-type: none"> <li>• Not to exceed thirty (30) calendar days</li> <li>• Within seventy-two (72) hours</li> </ul>
High Impact specialist: Oncology Urgent	<ul style="list-style-type: none"> <li>• Not to exceed thirty (30) calendar days</li> <li>• Within seventy-two (72) hours</li> </ul>

The participating physician shall provide adequate capacity for initial visits for pregnant women within fourteen (14) calendar days and visits for EPSDT eligible children within ninety (90) calendar days of the members' enrollment in Peach State Health Plan.

### Maximum Office Wait Time Standard

Scheduled Appointments	Waiting times shall not exceed sixty (60) minutes. After thirty (30) minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.
Walk-In Appointments	Waiting time shall not exceed ninety (90) minutes. After forty-five (45) minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.

### Provider Response Time for After Hour Calls

Urgent Call	Not to exceed twenty (20) minutes
Other Call	Not to exceed one (1) hour

### Telephone Arrangements

Providers are required to develop and use telephone protocol for all of the following situations:

- Answering the members telephone inquiries on a timely basis.
- Prioritizing appointments.
- Scheduling a series of appointments and follow-up appointments as needed by a member.
- Identifying and rescheduling broken and no-show appointments.
- Identifying special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, or for non-compliant individuals or those people with cognitive impairments).
- Response time for telephone call-back waiting times: same day for non-symptomatic concerns; crisis situations within fifteen (15) minutes.
- Scheduling continuous availability and accessibility of professional, allied, and supportive personnel to provide covered services within normal working hours; Protocols shall be in place to provide coverage in the event of a provider's absence.
- After-hour calls should be documented in a written format in either an after-hour call log or some other method, and then transferred to the member's medical record.
- An Auto Attendant/Answering system that advises the member that urgent calls will be returned within 20 minutes and all other calls will be returned within one hour and the option to page the physician; or
- A live attendant/Advice nurse and/or answering service that advises the member that urgent calls will be returned within 20 minutes and all other calls will be returned within one hour and the option to page the physician.

Note: If after-hour urgent care or emergent care is needed, the PCP or his/her designee should contact the urgent care center or emergency department in order to notify the facility. Notification is not required prior to member receiving urgent or emergent care.

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