

Appointment availability and after-hours access requirements



To ensure members receive care in a timely manner, primary care providers (PCPs), specialty providers and behavioral health providers must maintain the following appointment availability and PCP after-hours access standards.

Appointment availability requirements

Amerigroup is dedicated to arranging timely access to care for our members. Our ability to provide quality access depends on the accessibility of network providers. We evaluated regulatory/accreditation standards from the Texas Health and Human Services Commission, the Texas Department of Insurance, and the National Committee for Quality Assurance (NCQA), and we adopted the most stringent standards among the three. These standards apply for all Medicaid (STAR, STAR+PLUS and STAR Kids) and CHIP members (unless otherwise specified), and providers are required to adhere to them.

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). Amerigroup routinely monitors providers' adherence to access to care standards.

Standard name	Amerigroup requirement
Emergency services	Immediately on member presentation at service delivery site
Urgent care	Within 24 hours
Routine primary care	Within 14 days
Routine specialty care	Within 3 weeks
Preventive health: adult	Within 90 days
Preventive health: child, new STAR, STAR+PLUS and STAR Kids 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, nonlife-threatening emergency care	Within 6 hours (NCQA)
Behavioral health, urgent care	Within 24 hours
Behavioral health, routine care — initial visit	The earlier of 10 business days (NCQA) or 14 calendar days
Behavioral health, routine care — follow-up visits	Within 3 weeks

After-hours access requirements for PCPs

To ensure continuous 24-hour coverage, PCPs must maintain **one** of the following arrangements for member contact after normal business hours.

One of the following must apply:

- After normal business hours, 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.
- 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 designated by the PCP. Another recording is not acceptable — A person must be available to answer the designated provider's telephone.
- After normal business hours, the office telephone is transferred to another location. The person answering calls must be able to contact the PCP or a designated Amerigroup network medical practitioner who can return the call within 30 minutes.



The following telephone answering procedures are not acceptable:

- Answering the office telephone only during office hours
- Answering the office telephone after hours with a recording directing members to go to the ER for needed services
- Returning after-hours calls outside of a 30-minute time frame



If you have questions,

contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.

Please note:

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

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

