



ACCESS & AVAILABILITY STANDARDS



CareSource has a comprehensive quality program to help ensure our members receive the best possible health care services. It includes evaluation of the availability, accessibility and acceptability of services rendered to patients by participating providers. Participating providers are expected to have procedures in place to see patients within these timeframes, and to offer office hours to their CareSource Medicaid and Marketplace patients that are at least the equivalent of those offered to any other patient.

Please keep in mind the following access standards for each level of care:

Primary Care Providers (PCPs) Medicaid Members Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately (24 clock hours/7 days per week) and without prior authorization	Immediately and without prior authorization
Urgent care and sick visits (adult and pediatric)*	Not to exceed 24 clock hours	Not to exceed 48 hours
Regular and routine care (adults and children)	Not to exceed 14 calendar days	Not to exceed 6 weeks

For Primary Care Providers (PCPs) only: Provide 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PCP or a back-up provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to you or your back-up provider, and recommends only emergency room use for after hours.

Non-PCP Specialists

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately upon presentation	Immediately
Urgent care*	Not to exceed 48 hours	Not to exceed 48 hours
Regular and routine care	Not to exceed 30 calendar days	Not to exceed 12 weeks
Therapy (OT, PT, ST, Aquatic)	Not to exceed 30 calendar days	Not to exceed 12 weeks
Vision care	Not to exceed 30 calendar days	Not to exceed 12 weeks
Dental care - urgent visits*	Not to exceed 48 clock hours	Not to exceed 48 hours
Dental care - routine visits	Not to exceed 21 calendar days	Not to exceed 12 weeks

Maternity Care

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
1 st trimester	Not to exceed 14 calendar days	N/A**
2 nd trimester	Not to exceed 7 calendar days	N/A**
3 rd trimester	Not to exceed 3 calendar days	N/A**

Behavioral Health

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately upon presentation	Immediately upon presentation
Non-life threatening emergency*	Not to exceed 6 hours	Not to exceed 6 hours
Urgent care*	Not to exceed 48 clock hours	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 business days	Not to exceed 10 business days
Follow-up routine care	Not to exceed 30 calendar days based on condition	Not to exceed 30 calendar days based on condition

*A provider should see members as expeditiously as the member's condition or severity of symptoms warrant. If a provider is unable to see the member within the designated timeframe, CareSource will facilitate an appointment with another participating provider or a non-participating provider, when necessary.

** No timeframe has been established by CareSource for this visit type.

For the best interest of our members, and to promote positive health care outcomes, CareSource supports and encourages continuity and coordination of care between medical care providers, as well as between physical care providers and behavioral health providers.

Questions?

For questions, please contact Provider Services at **1-855-202-1058** (Medicaid) or **1-833-230-2155** (Marketplace), Monday through Friday 8 a.m. to 8 p.m. Eastern Standard Time.