



Access & Availability

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Access & Availability Requirements

- All providers must follow standards
 - Timeliness for obtaining appointments
 - In-Office waiting times
- Member needs
- Monitoring
 - Primary Care Providers
 - Pediatricians
 - Specialists
 - Behavioral Health
 - After Hours
- Telehealth Visits
- Notification of Failures
- Corrective Action

Access & Availability Requirements

Type of Appointment	Access Standard
PCP – Routine	<30 Days
PCP – Urgent	< 48 Hours
Specialists – Routine	<30 Days
Specialists – Urgent	< 48 Hours
Vision – Regular	<30 Days
Vision – Urgent	< 48 Hours
Lab and X-Ray – Regular	<30 Days
Lab and X-Ray – Urgent	< 48 Hours
Dental – Regular	<30 Days
Dental – Urgent	< 48 Hours
Voluntary Family Planning, Counseling, and Medical Services	As soon as possible within a maximum of 30 days. If not possible to provide complete medical services to Enrollees younger than 18 years of age on short notice, counseling and a medical appointment as immediately as possible and within 10 days.

Access & Availability Requirements

Type of Appointment	Access Standard
Behavioral Health Provider – Non-Life-Threatening Emergency	<6 hours
Behavioral Health Provider – Crisis Stabilization	<24 hours
Behavioral Health Provider – Urgent	<48 Hours
Behavioral Health Provider – Post Inpatient Psychiatric Discharge	<7 days
Behavioral Health Provider – Regular Appointments	<30 days
Behavioral Health Provider – Other Referrals	<30 days

- Members who receive inpatient psychiatric services must be scheduled for psychiatric outpatient follow-up and/or continuing treatment PRIOR to discharge.
- Within 7 days of discharge date
- Provider must follow up on missed appointments within 24 hours to reschedule.

Access & Availability Audit Requirements

- In-office waiting times for primary care visits, specialty and urgent care, optometry services and lab and X-ray services – **Maximum 30 minutes**
- PCPs must provide or arrange for coverage of services:
 - An answering service that can contact the PCP or another designated medical practitioner and return the call within a maximum of 30 minutes;
 - After hours recording with directions to call another number to reach the PCP or another medical practitioner and will receive a return call within a maximum of 30 minutes; and
 - Office phone is transferred after office hours to another location where someone shall answer the phone and be able to contact the PCP or another designated medical practitioner within a maximum of 30 minutes.

Access & Availability Audit Requirements

- Unacceptable practices include:
 - Office phone is only answered during office hours;
 - Office phone is answered after hours by a recording that tells Enrollees to leave a message;
 - Office phone is answered after hours by a recording that directs Enrollees to go to the emergency room for any services needed; and
 - Returning after-hours calls outside of 30 minutes.

Access & Availability Audit Details

- WellCare uses a vendor
- WellCare and DMS approved script
- Not a Secret Shopper Survey
- Introductory Script

Hi, my name is <<Agent Name>> I am calling on behalf of <<Plan Name>> to conduct a required Regulatory Audit of your office's appointment availability and wait times. This audit will take just a few minutes."

Access & Availability Audit Details

- Introductory Message
- Name of call taker
- Confirm call taker can schedule appointments or transfer
- Ask about various appointment types and next available appointment
 - Urgent,
 - Sick,
 - Routine,
 - After-Hours
- Accepting New Patients

