

PROVIDER GUIDE

Access to Care

Strengthening access to prompt, quality care across Region 2.



Provider Support

- Train scheduling staff on appointment standards.
- All appointment requests should be assessed for the type of appointment.
- Medicaid members attributed to the practice should not be considered a new patient.
- Do not place Medicaid members on a waiting list for initial routine service requests.
- Ensure the same availability to all members regardless of payer.
- If a practice is unable to provide an appointment within standard time frames, then refer the member back to NHP to identify a new provider.



To ensure we maintain an accurate provider directory, PCMPs may limit or adjust their panel size at **any time**.

For all standards, please check our Access to Care Standards at, bit.ly/49W75fO.

Appointment Standards

Urgent Care– within 24 hours after the initial identification of need.

Outpatient Follow-up Appointments– within seven days after discharge from a hospitalization.

Non-urgent, Symptomatic Care Visit– within seven days after the request.

Well Care Visit– within one month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with Department's accepted Bright Futures schedule.

Providers shall not place members on a waiting list for initial routine service requests. If a member is not able to be scheduled, they should be referred back to the RAE to identify a new provider.

CONTACT INFORMATION

Email: contracting@nhpllc.org

By Phone: 1-800-541-6870 (toll-free)