



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 time frames, and to offer office hours to their CareSource 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)

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care*	Not to exceed 48 hours
Regular and routine care	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 only recommends emergency room use for after hours.

Non-PCP Specialists

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care*	Not to exceed 48 hours
Regular and routine care	Not to exceed 12 weeks

Behavioral Health

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

Dental Appointments

Non-emergent/non-urgent dental services, including routine and preventative care.

Type of Visit	Should be seen...
Routine	Not to exceed 6 weeks
Urgent	Not to exceed 48 hours

*Providers should see members as expeditiously as the member's condition and severity of symptoms warrant. It is expected that if a provider is unable to see the member within the designated time frame, CareSource will facilitate an appointment with another participating provider, or a non-participating provider, when necessary.

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

How to Submit Changes to CareSource:

Advanced written notice of status changes, such as a change in address, phone, or adding or deleting a provider to your practice, helps us keep our records current and is critical for claims processing. Additionally, it ensures our directories are up-to-date, and reduces unnecessary calls to your practice.

Changes to provider information should be submitted via our secure CareSource Provider Portal. Our online Provider Portal allows you instant access to valuable information at any time. You can access the CareSource Provider Portal at [CareSource.com](https://www.caresource.com) > Login > [Provider Portal](#). Simply enter your username and password (if already a registered user), or submit your information to become a registered user.

Questions?

For questions, please contact Provider Services at **1-833-230-2101**
Monday through Friday 8 a.m. to 8 p.m. Eastern Time (ET).