

## Network Notification

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**Date:** July 18, 2016

**To:** Kentucky Health Care Providers

**From:** Humana – CareSource®

**Subject:** Member Access Standards

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Please share these important member access guidelines with your staff to ensure that Humana – CareSource members are being seen within the state mandated timeframes.

### **Primary Care Practitioners (PCP)**

- Emergency needs: Members must be seen immediately upon presentation; or if after hours, members must have access to after-hours contact information guiding members to care
- Persistent symptoms: Members must be seen within 48 hours from the date of a member's request
- Routine Care Needs (stable health condition): Members must be seen within 30 days from the date of a member's request

### **Non-PCP Specialists**

- Emergency needs: Members must be seen immediately upon presentation; or if after hours, members must have access to after-hours contact information guiding members to care
- Persistent symptoms: Members must be seen within 48 hours from the date of a member's request
- Routine Care Needs (stable health condition): Members must be seen within 30 days from the date of a member's request

### **Behavioral Health**

- For emergency behavioral health calls, member must be contacted within initial 24 hours. When contacting member your office will need to provide immediate information for emergency care to include crisis stabilization.
- Urgent care: Members must be seen within 48 hours
- Routine office visit: Members must be scheduled within three weeks
- Post-discharge from an acute psychiatric hospital: Members must be seen within 14 days
- Other referrals: members must be seen within 60 days. If the appointment is missed, practitioners must contact members within 24 hours to reschedule

## **Phone Standards and Guidelines for Humana – CareSource Providers**

### **Acceptable Phone Standards for Humana – CareSource Providers:**

The following are state mandated guidelines/examples that are acceptable and meet guidelines for Kentucky Medicaid for after-hours phone management.

- Office phone is answered after hours by an answering service that can contact the PCP or another designated medical practitioner and the PCP or designee is available to return the call within a maximum of thirty (30) minutes;
- Office phone is answered after hours by a recording directing the Member to call another number to reach the PCP or another medical practitioner whom the Provider has designated to return the call within a maximum of thirty (30) minutes; and Office phone is transferred after office hours to another location where someone will answer the phone and be able to contact the PCP or another designated medical practitioner within a maximum of thirty (30) minutes.

### **Unacceptable Phone Standards for Humana – CareSource Providers:**

Below are phone standards which have been deemed unacceptable per Kentucky Medicaid standards. Should your office follow phone standards which are deemed unacceptable, please make the necessary changes to comply with Kentucky Medicaid's phone standard guidelines.

- Physician office phone is only answered during office hours
- Office phone is answered after hours by a recording that tells Members to leave a message
- Office phone is answered after hours by a recording that directs Members to go to the emergency room for any services needed
- Returning after-hours calls outside of thirty (30) minutes.

If you have questions regarding access standards, please contact your Provider Relations Representative <https://www.caresource.com/documents/provider-relations-representative-county-assignment-map/>.