

Pro Care Health Plan, Inc. (Pro Care)		Customer Services Division- Provider Services	
		Policy & Procedure	
Subject: Member Accessibility and Availability	Line of Business: <input checked="" type="checkbox"/> Medicaid		
Approval Date: 1/31/06	Document Number: PSD-01-119		
Effective Date: 2/1/06	Page: 1	Of	5
Date Reviewed: 08/21/2009			
Date of Most Recent Revision: 08/21/09			
Next Review Date: 08/28/10			

I. GENERAL PURPOSE:

To ensure that health care services are available and accessible to members and that they are able to obtain services in a timely manner.

II. POLICY

Pro Care Health Plan, Inc. (Pro Care) ensures reasonable accessibility and availability of medical care and services through the Plan's monitoring standards. This is accomplished through quarterly assessment of the overall composition of the provider network. Providers are chosen according to type, necessity and geographic location.

III. PROCEDURE

- A. Pro Care will determine availability using the following standards:
1. Ratio of primary care physicians (PCP) to members; 750 to 1
 2. Ratio of obstetricians to female members; 750 to 1
 3. Ratio of pediatricians to children under 19; 750 to 1
 4. Primary Care Provider: 90% of all members have at least one (1) provider with-in 30 minutes/30 Miles travel time of a member's residence, when possible and available in the community;
 5. Specialty Provider: 90% of all members have at least one (1) provider in each high volume specialty within 30 minutes/30 Miles travel time of a member's residence, when possible and available in the community;
 6. Pharmacy: 100% of all members have one (1) pharmacy within a 30 minutes/30 miles travel time from member's residence in each county, and at least one (1) pharmacy with extended hours (weekend and evening), when available in the community;
 7. Urgent Care Center: 90% of all members have at least one (1) urgent care center with extended hours (either weekend or evening) within 30 minutes/30 Miles of a member's residence.

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8. Hospital: 90% of all members have at least one (1) Hospital within 30 minutes/30 Miles of a member's residence.

B. Pro Care uses the following access standards:

1. Access to Primary Care Services (24 Hours)

- a. All Pro Care PCPs are available (or will make appropriate coverage available in their absence) on a 24-hour/7 day per week basis. If a member is not aware of how to contact his/her PCP, they may contact Pro Care for immediate assistance.
- b. A Pro Care provider must maintain at least twenty (20) hours per week at each site to satisfy Pro Care's criteria of access to care.
- c. Pro Care providers are encouraged to accept new patients into their practice panels.
- d. Same day appointments are normally available for urgent care at Pro Care's Primary Care Sites.
- e. Waiting room time should not exceed 30 minutes from the time of the scheduled appointment.
- f. Routine appointments will not exceed thirty (14) days from the date of the request. Waiting room times will be evaluated as part of the annual member survey.

2. Access to Urgent Care Services

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- a. A list of urgent care sites will be made available for same day (24 Hours) appointments for urgent care services. Urgent care services do not require prior authorization from the member's PCP.

3. Access to Emergency Services

Definition: Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- (i) serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
- (ii) serious impairment to bodily functions; or
- (iii) serious dysfunction of any bodily organ or part.

Access to Emergency Services is 24 hours a day/7 days a week through their Primary Care Physician or by going to the closes emergency room.

4. Access to Hospital Services

- a. Members in need of hospital services (other than Emergency Services) must obtain an authorization from the PCP. Pre-certification is required by Pro Care's Utilization Management Department for all elective admissions.

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5. Access to Specialty Care

- a. The members PCP will determine if specialty care is needed.
- b. A member must receive a written referral from his/her PCP before seeing a specialist.
- c. The PCP is responsible for submitting the member's referral for specialty care.

6. Problems with Access to Care

- a. Any problems with access to care should be referred to Pro Care's Member Services Department for follow-up and resolution.

IV. MATERIALS

NONE

V. REPORTING/RECORDS

Quality Improvement Committee