

# Access to Care Requirements for Humana Medicaid Members

To help make sure our members get the care they need when they need it, and know to reach out to their doctor instead of seeking care at an emergency room, we require our in-network primary care providers (PCPs) and specialists make an after-hours telephone number available. Voicemail is not permitted.

Members must have timely access to PCP services and referrals to specialists for medical and behavioral health services as follows:



## Appointments for urgent medical or behavioral healthcare services shall be provided:

- Within 48 hours of a request for medical or behavioral healthcare services that do not require prior authorizations
- Within 96 hours of a request for medical or behavioral healthcare services that require prior authorization

## Appointments for non-urgent care services shall be provided:

- Within seven days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment
- Within 14 days for initial outpatient behavioral health treatment
- Within 14 days of a request for ancillary services for the diagnosis or treatment of injury, illness, or other health condition
- Within 30 days of a request for a primary care appointment
- Within 60 days of a request for a specialist appointment, after the appropriate referral is received by the specialist

To ensure timely access to care, after hours, PCPs must arrange for:

- Coverage of services
- Consultation
- Approval for referrals by Medicaid-enrolled providers who will accept Medicaid reimbursement

After-hours coverage must be available via the medical office's daytime telephone number, and can consist of:

- An answering service
- Call forwarding
- Provider call coverage
- Other customary means that AHCA approves

The chosen method of 24/7 coverage must connect the caller to someone who can render a clinical decision or reach the PCP for a clinical decision, and not to an answering machine.

When a PCP is absent due to vacation or illness, or when unable to provide services, a Medicaid-eligible PCP must provide coverage of primary care services.