

Timely access to care



PacificSource has worked with the Oregon Health Authority (OHA), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) to adhere to the following nationwide best practices for access standards.

According to the OHA, all Medicaid access standards apply to all members, established or new. Please review the online Provider Manual at PacificSource.com/Provider-Manual for up-to-date access to care standards.

Appointment type		Standard
All provider types		
Commercial, Medicare, Medicaid	24/7 on-call provider or emergency instructions	Yes
Primary care provider		
Commercial, Medicare, Medicaid	Emergency care	Immediately/refer to ER
	Routine follow-up	4 weeks
Commercial, Medicare	Urgent care	48 hours
	Routine care	15 business days
Medicaid	Urgent care	72 hours
Specialists		
Commercial, Medicare	Routine follow-up	30 business days
Medicaid	Well care	4 weeks
	Urgent care	72 hours
	Emergency care	Immediately/refer to ER
Behavioral health		
Commercial, Medicare	Non-life-threatening emergency care	Contact or refer to ER or BH crisis unit within 6 hours
	Initial visit routine care	10 business days
	Urgent care	48 hours/2 business days
	Routine follow-up	4 weeks
Medicaid	Urgent care	24 hours
	Provide prioritized access	Yes—see detailed list on next page
	Initial visit routine care (Nonpriority)	7 days, with a second appointment occurring as clinically appropriate

Continued >



After hours care

All providers must have a 24-hour answering service advising members of care options, and/or an on-call provider.

Questions?

Phone

888-977-9299

TTY: 711

We accept all relay calls.

Email

ProviderRelationsRep@PacificSource.com

PacificSource.com



Definitions of appointment types

Urgent care: Health services that are medically appropriate and immediately required to prevent serious deterioration of a client's health that are a result of unforeseen illness or injury.

Routine care: Nonurgent illness such as headaches, colds, rashes, etc.

Routine follow-up or well care: Annual physicals, pediatric/adult immunizations, annual gynecological exams, etc.

Non-life-threatening emergency care: Emergency situation where clinical evidence shows that a person requires immediate care, but lack of care would not lead to death.



Medicaid standards

Specialty behavioral healthcare for priority populations

Waitlist and interim services:

- If a timeframe cannot be met due to lack of capacity, the member must be placed on a waitlist and provided interim services within 72 hours of being put on a waitlist
- Interim services must be comparable to the original services requested based on the level of care and may include referrals, methadone maintenance, HIV/AIDS testing, outpatient services for substance use disorder, risk reduction, residential services for substance use disorder, withdrawal management, and assessments or other services described in OAR 309-019-0135 (entry and assessment)

Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or tuberculosis, individuals at the risk of first-episode psychosis, and the intellectual or developmental disability (I/DD) population:

- Immediate assessment and entry
- If interim services are necessary due to capacity restrictions, treatment at appropriate level of care must commence within 120 days from placement on a waitlist

IV drug users, including heroin:

- Immediate assessment and entry
- Admission for treatment in a residential level of care is required within 14 days of request, or, if interim services are necessary due to capacity restrictions, admission must commence within 120 days from placement on a waitlist

Opioid use disorder: Assessment and entry within 72 hours

Medication assisted treatment: As quickly as possible, not to exceed 72 hours for assessment and entry

Children with serious emotional disturbance as defined in OAR 410-141-3500: Any limits that the authority may specify in the contract or in subregulatory guidance

Oral and dental care services

Please contact the patient's dental care organization (DCO) for services other than hospital dentistry.

Routine oral care

- **Children and non-pregnant members:** Within eight weeks, unless a longer period is clinically appropriate
- **Pregnant members:** Within four weeks, unless a longer period is clinically appropriate

Urgent dental care

- **Children and non-pregnant members:** Within two weeks
- **Pregnant members:** Within one week

Emergency oral care: Seen or treated within 24 hours