



PacificSource Access Standards

We've worked with the Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies, such as the National Committee for Quality Assurance (NCQA), to adhere to the following nationwide best practices for access standards. These standards are included in all provider contracts and are subject to change. Please review our online Provider Manual at PacificSource.com/providers/medical for up-to-date access to care standards.

Primary care providers

- **Emergency care:** immediately or referred to ER department.
- **Routine office visits:** within 5 days
- **Preventive care:** within 4 weeks
- **Call share/answering service:** 24/7
- **Urgent care:** within 72 hours

Behavioral health providers (Commercial and Medicare)

- **Non-life-threatening emergency contact:** within 6 hours
- **Routine follow-up:** within 10 days
- **Urgent care:** within 48 hours
- **New patient appointment:** within 10 days
- **Call share/answering service:** 24/7

Specialists

- **Urgent care:** within 48 hours
- **ER follow-up:** within 2 weeks
- **Routine follow-up:** within 4 weeks
- **Call share/answering service:** 24/7

Behavioral health services (Medicaid)

- **New patient appointment:** within 7 days
- **Routine follow-up:** within 7 days
- **Urgent care:** within 24 hours
- **Non-life-threatening emergency care, contact patient:** within 6 hours
- **Life-threatening emergency care:** immediately

Dental Providers (OHP)

- **Routine care:** within 8 weeks
- **Routine care during pregnancy:** within an average of 4 weeks
- **Urgent care:** within 1 week
- **Emergency care:** within 24 hours

Phone

Direct 541-684-5580

TTY: 711.

We accept all relay calls.

Email

ProviderNet@PacificSource.com

PacificSource.com



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Waitlist with priority of care needs (Medicaid)

Specialty care priority populations:

- **Urgent behavioral health care for priority populations:** immediately.
- **Specialty behavioral health care for priority populations:** In accordance with the time frames listed below for assessment and entry, terms are defined in OAR 309-019-1015, with access prioritized per OAR 309-019-0135. Please reference OAR 410-141-3515 for more defined access standards.

If a time frame 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 the 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 abuse disorder, risk reduction, residential services for substance use disorder, withdrawal management, and assessments or other services described in OAR 309-019-0135.

- **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, people at risk for first episode psychosis, and the I/DD populations:** immediate assessment and entry.
- **IV drug users, including heroin:** provide 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:** provide assessment and entry as quickly as possible, not to exceed 72 hours.
- **Children with serious and emotional disturbances as defined in OAR 410-141-3500:** adhere to any limits that the Authority may specify in the contract or in sub-regulatory guidance.
- **Routine behavioral healthcare for nonpriority populations:** provide assessment within seven days of the request, with a second appointment occurring as clinically appropriate.