



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.

Please review the online Provider Manual at PacificSource.com/Provider-Manual for up-to-date access to care standards.

Primary care providers

Commercial & Medicare standards

- **Emergency care:** Immediately or referred to an emergency department
- **Urgent care:** Within 48 hours
- **Routine care:** Within five business days
- **Routine follow-up care:** Within four weeks

Medicaid standards

- **Emergency care:** Immediately or referred to an emergency department depending on the member's condition
- **Urgent care:** Within 72 hours or as indicated in the initial screening
- **Well care:** Within four weeks, or as otherwise required by applicable care-coordination rules

Specialists

Commercial & Medicare standards

- **Urgent care:** Within 48 hours
- **Routine follow-up care:** Within four weeks
- **Non-urgent care initial visit:** (WA commercial only) Scheduled within 15 days of referral, appointment does not need to occur within 15 days

Specialists *continued*

Medicaid standards

- **Emergency care:** Immediately or referred to an emergency department depending on the member's condition
- **Urgent care:** Within 72 hours or as indicated in the initial screening
- **Well care:** Within four weeks, or as otherwise required by applicable care coordination rules

Behavioral health providers

Commercial & Medicare standards

- **Initial visit routine care:** Within 10 business days
- **Non-life-threatening emergency care:** Contact with patient within six hours
- **Urgent care:**
 - Within 48 hours
 - (WA commercial only) Within the next calendar day
- **Routine follow-up care:** Within four weeks

Continued >



Questions?

Medical specific

Phone

888-977-9299

TTY: 711

We accept all relay calls.

Email

ProviderServiceRep@PacificSource.com

Dental Medicaid

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

PacificSource.com



Behavioral health providers *continued*

Medicaid standards

- **Urgent BH care for all populations:** Within 24 hours
- **Routine BH care for non-priority populations:** Assessment within 7 days of the request, with a second appointment occurring as clinically appropriate
- **Specialty BH care for priority populations:** Varies by population (see detailed list below)

Oral and dental care services, Medicaid standards

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



After hours care

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

Medicaid standards: specialty behavioral health care 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 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