



Primary Care Providers

Appointment Accessibility

Cook Children's Health Plan must ensure that the following standards* for appointment accessibility are met. The standards are measured from the date of presentation or request, whichever occurs first.

LEVEL/TYPE OF CARE	TIME TO TREATMENT (CALENDAR DAYS)
Treatment of an urgent condition, including urgent specialty care	Provided within 24 hours
Specialty Physician Referral (based upon urgency)	Provided within 5 days
Primary Routine Care	Provided within 14 days
Preventive Health Services for Adults 21 and older	Offered within 90 days
Preventive Health Services for newborn Members (less than 6 months)	Offered within 14 days
Preventive Health Services for child Members (6 months to age 20)	Offered within 60 days

CHIP Members should receive preventive care in accordance with the American Academy of Pediatrics (AAP) Periodicity Schedule. Medicaid Members should receive preventive care in accordance with the Texas Health Steps Periodicity Schedule.

In addition to all of the above requirements Primary Care Provider's must also be accessible to Members 24 hours a day, 7 days a week.

During regular business hours, Providers should make every effort to answer telephone calls within 0-5 rings, 0-30 seconds. Non-urgent voicemails should be responded to within four (4) hours. Provider offices should not exceed 3-5 minutes hold time unless the patient has been given the opportunity to continue holding or leave a message.

After Hours Coverage

The following are acceptable and unacceptable telephone arrangements for contacting Primary Care Providers after their normal business hours.

Acceptable after-hours coverage:

1. The office telephone is answered after-hours by an answering service that meets language requirements of the Major Population Groups and that can contact the Primary Care Provider or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.
2. The office telephone is answered after normal business hours by a recording in the language of each of the Major Population Groups served, directing the Member to call another number to reach the Primary Care Provider or another provider designated by the Primary Care Provider. Someone must be available to answer the designated provider's telephone. Another recording is not acceptable.
3. The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the Primary Care Provider, or another designated medical provider, who can return the call within 30 minutes.

Unacceptable after-hours coverage:

1. The office telephone is only answered during office hours.
2. The office telephone is answered after-hours by a recording that tells Members to leave a message.
3. The office telephone is answered after-hours by a recording that directs Members to go to an Emergency Room for any services needed.
4. Returning after-hours calls outside of 30 minutes.

Monitoring Access

Cook Children's Health Plan is required to verify that Covered Services furnished by Network Providers are available and accessible to Members in compliance with the standards* established by the Texas Health and Human Services Commission. The health plan will conduct an annual Provider Directory Verification Survey to verify that provider enrollment and other practice information is up to date in our provider directories. If a provider has different information than what is listed in the provider directories, the health plan will work with the provider to make the necessary updates.

The survey includes verification of current provider directory information including the following elements:

- Provider Name
- Practice Physical Address
- Phone Number
- Office Hours
- Days of Operation
- Practice Limitations
- Languages Spoken
- Provider Type / Provider Specialty
- Length of time a Member must wait between scheduling an appointment and receiving treatment
- Accepting New Members
- Texas Health Steps Providers
- Whether the provider offers Telemedicine, Telehealth and Telemonitoring

Cook Children's Health Plan is required to enforce access and other network standards as required and take appropriate action with noncompliant providers.

Notification of Updates in Provider Information

Network Providers must inform both Cook Children's Health Plan and the Health and Human Services administrative services contractor of any changes to the provider's contact information including address, telephone and fax number, group affiliation, etc. Providers must also ensure that the health plan has current billing information on file to facilitate accurate payment delivery.

These changes may be reported using the Provider Demographic Information Change Request Form located on the Forms page at www.cookchp.org. The form can be faxed to Network Development 682-885-8403 or email cchpnetworkdevelopment@cookchildrens.org.

Notification of Updates to Panel Status and Restrictions

Network Providers must inform Cook Children's Health Plan of any changes to their panel status such as an update from a closed panel to an open panel. Providers must also notify of any changes to age restrictions. These changes are reflected in print and online directories to assist Member's in locating a provider. Please submit changes in writing to Network Development by fax 682-885-8403 or email cchpnetworkdevelopment@cookchildrens.org.

*Uniform Managed Care Contact Sections 8.1.3.1 and 8.1.3.2 and for Covered Services Furnished by Primary Care Provider's, the standards described in Section 8.1.4.2.