

Access to care standards

West Virginia | Mountain Health Trust

Care providers are responsible for offering members 24/7 access to covered services. Access includes regular office hours on weekdays and the availability of a care provider or designated agent by telephone after regular office hours, on weekends, and on holidays. When unavailable, care providers can arrange for on-call coverage by another participating provider. Care providers are also expected to meet appointment access standards as described below.

PCP and specialists

Nature of visit	Appointment standards
Emergency examinations	Immediate access during office hours
Urgent examinations	Within 48 hours of the request
Nonurgent sick visits	Within 72 hours of the request
Nonurgent routine examinations*	Within 21 business days of the member's request
Adult baseline and routine physical	Within 30 business days
Specialty care examinations	Within 10 business days of the request for routine referrals; within 24 hours for urgent referrals

* Exceptions are permitted for routine cases, other than clinical preventative services, when PCP capacity is temporarily limited.

Behavioral health

Nature of visit	Definition	Time frame
Emergent	Treatment is considered to be an on-demand service and does not require preapproval. Members are asked to go directly to emergency rooms for services if they are either unsafe or their conditions are deteriorating.	Immediately

<https://www.provider.wellpoint.com>

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Emergent, nonlife-threatening/crisis stabilization	Member's condition is urgent but not life-threatening. They can be seen in the office within six hours or directed to the emergency room if they cannot be seen in the office.	Within six hours of request
Urgent	Member has a service need that is not emergent and can be met by providing an assessment and services within 48 hours of the initial contact. If the member is pregnant and has substance use problems, they are to be placed in the urgent category.	Within 48 hours of referral/request
Routine	Member has a service need that is not urgent and can be met by receiving treatment within 10 calendar days of the assessment without resultant deterioration in the individual's functioning or worsening of their condition.	<ul style="list-style-type: none"> • Within 10 business days: <ul style="list-style-type: none"> - Outpatient following discharge from an inpatient hospital: within seven days of discharge - Outpatient BH exams: within 14 business days of request - Members should be seen within 45 minutes of their scheduled appointment time (emergencies excluded). - For those agencies who have an open access program, meaning the member walks in and waits to be seen without an appointment: provider needs to see the member within three hours or offer them an appointment

Prenatal and postpartum

Nature of visit	Appointment standards
First trimester	Within 14 calendar days of the request
Second trimester	Within seven calendar days of the request
Third trimester	Within three business days of the request or immediately in an emergency
High-risk pregnancy	Within three business days of the request or immediately in an emergency
Postpartum examination	Between one and twelve weeks after the delivery

After-hours services

Our members should have access to quality healthcare 24/7. This means that PCPs must have a system in place to ensure members may call after hours with medical questions or concerns. We monitor PCP compliance with after-hours access standards on a regular basis and recommend PCPs advise their answering services to participate in any after-hours monitoring. PCPs must adhere to the answering service and answering machine protocols defined in the following sections. If issues with adherence arise, action may be taken.

Answering service or after-hours personnel must:

- Ask the member if the call is an emergency. In the event of an emergency, direct the member to call **911** immediately or proceed directly to the nearest hospital emergency room.
- Forward nonemergency member calls directly to the PCP or on-call care provider or instruct the member that the care provider will be in contact within 30 minutes.
- Be able to contact a telephone interpreter to assist members with language barriers.
- Return all calls. Members may call the line 24/7.

Answering machine messages:

- May be used when care provider office staff or an answering service is not immediately available.
- Must instruct members with emergency healthcare needs to call **911** or proceed directly to the nearest hospital emergency room.
- Must provide instructions on how to contact the PCP or on-call care provider in a nonemergency situation.
- Must provide instructions in English, Spanish, and any other language appropriate to the PCP's practice.

Commitment to standards

As part of our collaborative partnership, adherence to these standards is essential — and a contract requirement. We regularly assess compliance through various methods, including annual phone surveys, to ensure participating care provider offices meet these agreed-upon standards.

We want to thank you for your continued partnership in caring for our members.

For additional details, please review the provider manual at

<https://www.wellpoint.com/wv/provider/state-federal/resources/policies-guidelines-manuals>.