



**POLICY / PROCEDURE**  
**Standards for Timely Primary Care Access**

**TOPIC: Accessibility of Services**

**CATEGORY: Quality Improvement**

Policy Number:	QI 5.A
Original Effective Date:	October 1996 (100.2)
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Revision Dates:	12/96; 2/97; 9/00
Scope:	Health Plan NCQA QI 5A, TDI (28 TAC §11.1606), CMS (42 CFR §417.106)
Cross Reference:	
Originated by:	Quality Improvement
Approved by:	(QIS Chairman)

**I. POLICY:**

SWHP has established the following standards for timely accessibility of primary care, emergency care, and after-hours care services.

<i>A. <u>Level of Care</u></i>	<i>Standard</i>
1. Timeliness of <i>Preventive Primary Care</i> appointments Examples: non-symptomatic office visits including well/preventive care appointments. (Examples: annual physicals, pediatric/adult immunization, and annual GYN exams).	<u>30 working days</u>
2. Timeliness of <i>Routine Primary Care</i> appointments. Primary care for non-urgent symptomatic conditions. (Examples: colds, rashes, headache, joint/muscle pain.)	<u>5 working days</u>
3. Timeliness of <i>Urgent Primary Care</i> appointments.      24 (Examples: high fever, persistent diarrhea and vomiting.)	<u>hours</u>
4. Timeliness of <i>Emergency Care</i> .	<u>Same day</u>
5. Access to <i>After-Hours Care</i>	<u>24 hour phone available</u> <u>Answering machine/service</u> <u>advising members of after-</u> <u>hour options for care present</u> <u>in all PCP offices.</u>

B. SWHP measures compliance with above standards by collecting and analyzing the data, identifying opportunities for improvement, implementing interventions, and measuring the effect of the interventions. This information is reported at least yearly to the Quality Improvement Subcommittee.