

Texas Community Plan access and availability standards

Quick reference guide

We want to support the best possible outcomes for our members by helping ensure that providers in our network offer timely access to services.

Access and availability standards are set by the Texas Health and Human Services Commission (HHSC) and apply to Children's Health Insurance Program (CHIP), Medicare-Medicaid Plan (MMP), STAR, STAR Kids and STAR+PLUS members.

Appointment availability standards

Service	Description	Appointment time frame
All members		
General		
Routine	Primary care, including specialists such as behavioral health	Within 14 days
Routine	Specialty care	Within 21 days
Specialty therapy	We require all medical necessity evaluations or assessments to authorize services	Within 21 days of referral for therapy to begin
Urgent care	Including urgent specialty care	Within 24 hours
Emergency	Including out-of-network and out-of-area facilities	Upon member presentation
Case management for children and pregnant women (CPW)	Initiation of services	Within 14 days
Behavioral health		
Outpatient behavioral health	Initial visit	Within 14 days
Behavioral health post-hospitalization	Post-hospitalization	Within 7 days from the date of discharge

Service	Description	Appointment time frame
Obstetrics		
First prenatal care	Routine	Within 14 days
	High-risk or new members in third trimester	Within 5 days
	Emergency	Immediately
Return prenatal care	In the first 28 weeks	Once every 4 weeks
	28-36 weeks	Once every 23 weeks
	36+ weeks	Once every week
	Postpartum; maximum 2 visits	Within 60 days of delivery
Adults		
Preventive health services	Adults ages 21 and older	Within 90 days
Children		
Well-child preventive health services	Children/youth, ages 6 months through 20 years	Within 60 days
	Children less than 6 months	Within 14 days
	Newborns	Within first 14 days
CHIP well-child preventive health services	Must deliver in accordance with the American Academy of Pediatrics (AAP) periodicity schedule	Within 60 days of enrollment, or within 14 days of enrollment for newborns
Texas Health Steps medical checkups	STAR and STAR+PLUS members from ages 6 months through 20 years	In accordance with periodicity schedule, but in no case later than 60 days
New member	Birth through age 20 and includes overdue or upcoming well-child preventive health services, including Texas Health Steps medical checkups	As soon as practicable, but in no case longer than 90 days



After-hours or 24/7 access standards

The HHSC requires designated primary care practices to provide medically necessary coverage 24 hours per day, 7 days a week.

Acceptable after-hours coverage

- The office telephone is answered after hours by an answering service that meets the language requirements of the major population groups and that can contact the primary care provider (PCP) or another designated medical provider. All calls answered by an answering service must be returned within 30 minutes.

- The office telephone is answered after normal business hours by a recording in the language of each of the major population groups served. This recording directs the member to call another number to reach the PCP or another care provider designated by the PCP. Someone must be available to answer the designated provider's telephone. Another recording is not acceptable.
- The office telephone is transferred after office hours to another location where someone must answer the telephone and be able to contact the PCP or another designated care provider, who must return the call within 30 minutes

Unacceptable after-hours coverage

- The office telephone is only answered during office hours
- The office telephone is answered after hours by a recording that tells members to leave a message
- The office telephone is answered after hours by a recording that directs patients to go to an emergency room for any services needed without offering another option to contact the care provider
- After-hours calls are returned outside of 30 minutes



Reimbursement

We pay you more for services you provide in situations that could otherwise require costly urgent care or emergency room visits. For more information, please visit our [After Hours and Weekend Care Policy, Professional](#) guide.



Updating your demographic information

Help ensure that members can find you and payments get to you by keeping your practice demographic information current by signing in to the secure UnitedHealthcare Provider Portal at UHCprovider.com and accessing My Practice Profile.

Please also update your demographic information with the Texas Medicaid & Healthcare Partnership (TMHP) using the Provider Enrollment Management System (PEMS) at tmhp.com.



Questions?

Please contact your provider advocate or call Texas Community Plan Provider Services at **888-303-6162**.

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