

Update to Neighborhood’s Access to Care Standards for INTEGRITY Members

May 1, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is informing providers of a Medicare update impacting access to care standards for our members. As per the Centers for Medicare and Medicaid Services, providers treating INTEGRITY (MMP) members must adhere to new guidelines put into effect **January 1, 2024**. These standards pertain to member appointments and scheduling timeframes for emergency care, urgent care, routine care, non-urgent care, and physical examinations.

Please note these updates impact the INTEGRITY line of business only.

Access to Care Standards

Access to care is a critical measure of Neighborhood’s mission to deliver high-quality, cost effective health care for Rhode Island’s residents. Neighborhood monitors its network for compliance with access standards during established business hours as well as after hours.

The following table outlines Neighborhood’s updated access to care standards. The INTEGRITY updates, noted in green below, can also be found in [Neighborhood’s Provider Manual](#). Where no specific regulatory requirement exists, Neighborhood expects members to be seen in a timely manner based on the nature of their appointment request.

Figure 1: Access to Care Standards

Appointment Type	Medicaid	Commercial	INTEGRITY (MMP)
After-hours phone call	24/7	Within one hour of the member contacting the organization*	No specific regulatory requirement
Emergency care	Immediate or emergency facility	Immediate	Immediate
Urgent care	Within 24 hours	Within 24 hours	Immediate
Routine care	Within 30 calendar days	Within 30 business days*	Within 30 business days
Non-emergent, non-urgent, sick visit	No specific regulatory requirement	No specific regulatory requirement	Within 7 business days
Physical examination	180 calendar days	No specific regulatory requirement	Within 30 business days
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Within 6 weeks	No specific regulatory requirement	No specific regulatory requirement
New member	30 calendar days	No specific regulatory requirement	No specific regulatory requirement

*National Committee for Quality Assurance Standard

The following is a summary of Neighborhood’s access to care standards:

- **After-hours Phone Call:** Medicaid members can reach out to a provider via phone call 24 hours a day, 7 days a week. Commercial members should be contacted within one hour of the member contacting the organization. **There is no specific regulatory requirement for INTEGRITY members.**
- **Emergency Care:** Immediately or referred to an emergency facility. **This standard applies to all lines of business.**
- **Urgent Care:** Urgent care is provided to Medicaid and Commercial member within 24 hours, either by a provider located on site, by referral to a covering provider, or through emergency instructions. **INTEGRITY members must be seen immediately.** Urgent care describes care that is necessary for a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of medical attention within 24 hours could reasonably be expected to result in:
 - Placing the patient's health in serious jeopardy; or
 - Serious impairment to bodily function; or
 - Serious dysfunction of any bodily organ or part.
- **Medical Care for Existing Patients:** Appointments for routine care for members will be available within 30 calendar days, or as determined clinically necessary by the medical provider. **This standard applies to all lines of business.**
- **Non-emergent, Non-urgent, Sick Visit:** Appointments for services that are not considered an emergency or urgently needed, but the member requires medical attention, must take place within 7 business days. **This standard applies to the INTEGRITY line of business only.** There is no specific regulatory requirement for Medicaid or Commercial members.
- **Physical Examinations for Existing Patients:** Appointments for routine physical examinations for Medicaid members will be available within 180 calendar days of the date of request. **INTEGRITY members must be seen within 30 business days.** There is no specific regulatory requirement for Commercial members.
- **EPSDT:** Appointments for EPSDT will be available within 6 weeks of the date of request. **This applies to Medicaid members only.** There is no specific regulatory requirement for Medicaid or INTEGRITY members.
- **New Medical Patients:** Medicaid members who do not have an existing relationship with the provider/site will be able to obtain appointments within 30 calendar days of the date of request. There is no specific regulatory requirement for Medicaid or INTEGRITY members.

Providers who do not meet Neighborhood's access to care standards will be notified and expected to implement corrective action to become compliant.

If you have any questions about these updated standards, please contact Provider Services at 1-800-963-1001.

Note: This notice was sent via email to all providers registered for Neighborhood's news and updates on May 1, 2024. If you would like to sign up receive news and updates from Neighborhood via email, please [click here](#).