

Additional Participating Provider Responsibilities

Accessibility of primary care services



Access standards

Geisinger Health Plan requires PCP and/or primary care sites to meet the following minimum standards for accessibility of primary care services for members:

PCP accessibility	Geisinger Health Plan standard
Emergency services	Seen immediately by PCP or designee (in office or emergency room, if appropriate)
Urgent care services	Appointment with PCP or designee within 24 hours from the date of the initial request
Routine care appointment(s)	Appointment with PCP or designee 21 days from the date of the initial request
Preventative care appointment	Appointment with PCP or designee within 42 days from the date of the initial request (i.e., well child check, physical/wellness exam)
24-hour availability	PCPs should be available 24 hours a day/7 days a week
Non-business hours' access (answering service or answering device)	An answering service or device should answer 100% of the time. Answering devices, if utilized, will provide caller with the PCP or designated covering PCP's telephone and/or pager number, including emergency instructions.
Appointment wait time	PCP or designee should see a member within 30 minutes of scheduled appointment time.

Accessibility of primary care services will be monitored by Geisinger Health Plan. For GHP Family access standards, please reference the GHP Family Provider Manual at www.GHPFamily.com.

PCP practice acceptance status member limitations

In the event a PCP determines it is necessary to limit their clinical practice to new Geisinger Health Plan membership as a result of the PCP practice membership capacity, all of the following conditions are required:

- Advanced written notification of a minimum of 30 business days prior to the effective date of the limitation
- PCP continues to accept all current Geisinger Health Plan membership and continues to provide medical services to assigned members, regardless of a pre-existing physician-patient relationship
- Change to “accepting existing patients only” status represents that the PCP will continue to accept all patients who may change to Geisinger Health Plan coverage, and the change will not be published in written member and/or provider material until the next printing
- PCP must concurrently establish a limited membership acceptance status with all other managed care plans with which PCP participates

Missed appointments by members

In the event a member fails to present for a scheduled appointment, the participating provider may collect from the member the amount owed for a missed appointment according to the participating provider’s current policy, which should not be discriminatory to Geisinger Health Plan members.

The Geisinger Health Plan will not reimburse the participating provider for missed appointment charges.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as “GHP” in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member’s benefit document; 2) the participating provider’s contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: