



NETWORK PROVIDER FAX BLAST

Access and Availability Reminder

Simply Healthcare Plans, Better Health, and Clear Health Alliance review a statistically valid sample of PCP appointment access and afterhours coverage on a quarterly basis to ensure that services are in compliance with Agency for Health Care Administration (AHCA/the Agency) contract requirements.

The Plans' providers are required to meet the following standards:

Appointment Access

- **Urgent Care:** Within one day of request
- **Routine Sick Care:** Within one week of request
- **Well Care:** Within one month of request

After-Hours, Weekends, and Holiday Services

The PCP provides, or arranges for coverage of services, consultation or approval for referrals twenty-four hours per day, seven days per week (24/7) by Medicaid-enrolled providers who will accept Medicaid reimbursement. This coverage shall consist of an answering service, call forwarding, provider call coverage or other customary means approved by the Agency. The chosen method of 24/7 coverage must connect the caller to someone who can render a clinical decision or reach the PCP for a clinical decision. The after-hours coverage must be accessible using the medical office's daytime telephone number

(AHCA Contract, Attachment II, Exhibit II-A, Section IV.A2b available at the following link:

http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Attachment_II_Exhibit_II-A_MMA_Model_2014-01-31.pdf).

To ensure accessibility and availability, PCPs **must provide one of the following:**

- A 24-hour answering service; or
- Answering system with option to page the physician; or
- An advice nurse with access to the PCP or on-call physician.

The following telephone answering procedures are **not acceptable:**

- Only answering office telephone during office hours.
- Having the office telephone answered after normal business hours by a recording directing the member to call another number to reach the PCP. ***If the caller has to make note of a second number and place a second call, a delay in access has occurred.***

The Plans' Quality Management Department conducts Secret Shopper calls to ensure providers are compliant with these standards. Providers not adhering to these standards will be trained and re-audited to ensure compliance. If provider remains non-compliant, the Plans will request a corrective action plan (CAP). For more information on these requirements refer to your Provider Manual available online or call your Provider Relations Representative.