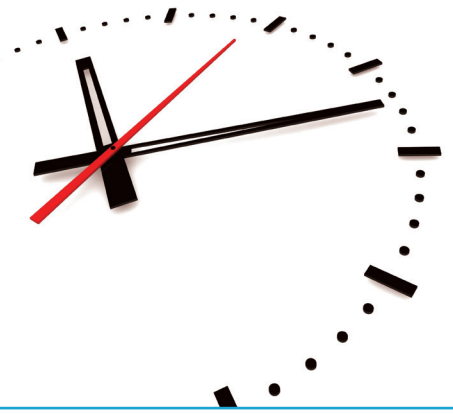


Appointment Availability and 24-Hour Access Standards



Healthfirst maintains provider access, visit scheduling, and waiting time standards that comply with New York State regulations. Healthfirst and the NYSDOH actively monitor adherence to these standards. Healthfirst conducts audits of provider appointment availability, office waiting times, and 24-hour access and coverage. All participating providers are expected to provide care for their Healthfirst patients within these access guidelines.

This chart highlights the NYS standard timeframes for access and availability. It is required that you at least meet these standards. If you want to improve member satisfaction and provide an excellent patient experience, you should aim to exceed the standards and accommodate the patient's preferences.

Type of Service	Standard(s)
Emergency Care: An emergency condition is defined as a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the person afflicted with such condition in: a) serious jeopardy, impairment, dysfunction, disfigurement, or b) placing the health of others in serious jeopardy, in the case of a behavioral condition.	Care must be provided immediately upon presentation at the service delivery site.
Urgent Care: Urgent care services are healthcare services that are not emergency services (as that term is defined in the applicable plan contract). These services are provided for an unexpected illness, injury, or condition which a reasonable person would believe requires immediate medical attention.	Urgent medical or behavioral problems must be seen to within 24 hours of request.
Non-urgent "Sick" Visits: These are visits for symptomatic conditions that are neither of an emergent nor an urgent nature.	Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.
Routine Care: These visits are for routine management of clinical conditions or other follow-up care, as is clinically appropriate.	Appointment must be scheduled within 4 weeks of request.
Adult Baseline and Routine Physicals	Appointment must be scheduled within 12 weeks of enrollment.
Well-Child Care Visits	Appointment must be scheduled within 4 weeks of request.
Initial Prenatal Visits	First Trimester: Appointment must be scheduled within 3 weeks of request. Second Trimester: Appointment must be scheduled within 2 weeks of request. Third Trimester: Appointment must be scheduled within 1 week of request.
Newborn Visits: Initial Visit to the PCP	Appointment must be scheduled within 2 weeks of hospital discharge.
Initial Family Planning Visits	Appointment must be scheduled within 2 weeks of request.
Non-urgent Referred Specialist Visits	Appointment must be scheduled within 4 to 6 weeks of request.
In-Plan Behavioral Health or Substance Abuse Follow-up Visits (subsequent to an emergency or inpatient stay)	Appointment must be scheduled within 5 days or as clinically indicated.
In-Plan Non-urgent Behavioral Health or Substance Abuse Visits	Appointment must be scheduled within 2 weeks of request.

Healthfirst conducts audits of provider appointment availability, office waiting times, and 24-hour access and coverage. All participating providers are expected to provide care for their Healthfirst patients within these access guidelines.

Office Hours

Each Medicaid, managed care, and CHPlus PCP must practice at least two (2) days per week and maintain a minimum of 16 office hours per week at each primary care site. HIV Specialist PCPs working at academic institutions may have some flexibility with this requirement. Medicare and commercial providers must maintain a minimum of ten (10) office hours per week at each primary care site. Providers who care for the homeless population are not required to maintain a minimum of 16 office hours per week at each primary care site.

24-Hour Coverage

Participating providers must be accessible 24 hours a day, 7 days a week, throughout the year, either directly or through backup coverage arrangements with other Healthfirst participating providers. Each provider must have an on-call coverage plan, acceptable to Healthfirst, that outlines the following information:

- Regular office hours, including days, times, and locations
- After-hours telephone number and type of service covering the telephone line (e.g., answering service)
- Providers who will be taking after-hours calls

Facilities as well as individual practitioners must conform to the following requirements:

- Members will be provided with a telephone number to use for contacting providers after regular business hours. Telephone operators receiving after-hours calls will be familiar with Healthfirst and its emergency care policies and procedures, and will have key Healthfirst telephone numbers available at all times
- The Healthfirst provider will be contacted and patched directly through to the member, or the provider will be paged and will return the call to the member as soon as possible, but in no case to exceed 30 minutes
- It is expected that Healthfirst providers will be familiar with Healthfirst and will be able to act in accordance with Healthfirst emergency policies and procedures such as notifying Medical Management of emergency care or admissions. These policies are further discussed in Section 11 of the Provider Manual. Please be aware that hospital-based providers may have their own particular on-call group relationships
- If the covering provider is not located at the usual site of care for the member, the covering provider must provide clinical information to the member's PCP by the close of business that day, or, if on a weekend, by the next business day, so that it can be entered into the member's medical record

Healthfirst members must be able to locate a Healthfirst participating provider or his/her designated covering provider. It is not acceptable to have an outgoing answering machine message that directs members to the emergency room in lieu of appropriate contact with the provider or covering provider. If an answering machine message refers a member to a second phone number, a live voice must answer that phone line.

Waiting Time Standards

In addition to access and scheduling standards, Healthfirst providers are expected to adhere to site-of-care waiting time standards. They are as follows:

- **Emergency Visits:** Members are to be seen immediately upon presentation at the service delivery site
- **Urgent Care and Urgent Walk-in Visits:** Members should be seen within one (1) hour of arrival. Please note that prescription refill requests for medications to treat chronic conditions are considered urgent care. It is essential that these medications be dispensed to members promptly to avoid any lapse in treatment with prescribed pharmaceuticals
- **Scheduled Appointments:** Members should not be kept waiting for longer than one (1) hour. *CAHPS Standard: Members rate you on whether they are waiting longer than 15 minutes of their scheduled appointment time to see their provider
- **Non-urgent Walk-in Visits:** Members with non-urgent care needs should be seen within two (2) hours of arrival or scheduled for an appointment in a time frame consistent with the Healthfirst scheduling guidelines

Missed Appointments

Healthfirst expects providers to follow up with members who miss scheduled appointments. When there is a missed appointment, providers should follow the guidelines below to ensure that members receive assistance and that compliance with scheduled visits and treatments is maintained.

- At the time an appointment is scheduled, confirm a contact telephone number with the member. If the member does not keep the scheduled appointment, document the occurrence in the member's medical record and attempt to contact the member by telephone
- To encourage member compliance and minimize the occurrence of "no shows," provide a return appointment card to each member for the next scheduled appointment

Test Results and Medical Records

- When you refer Healthfirst members for tests and treatments, be sure to discuss when the results will be available and the procedure for following up with test results
- Give your Healthfirst members a clear time frame of when they should follow up to review results with you
- Notify Healthfirst members of both **normal and abnormal** test results. In the event of delayed results, contact your Healthfirst members to inform them of the status of their testing
- Make sure you have updated contact information (name, address, phone, etc.) for your Healthfirst members
- Assist your Healthfirst members with securing their medical records from past providers. Their care will be improved when your medical team has their full medical history

You should educate your patients on all these standards and define their expectations so they understand that the care they are receiving is timely and optimal based on their condition. Your office policies and workflows should aim to go above and beyond the standards listed in this article.