

## 24 Hour Access Contact System Requirements for PCPs

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- All NHP PCPs must have 24-hour telephone coverage that provides access to the PCP or covering provider via the telephone number listed with NHP.
- The covering provider must respond (call back) within 30 minutes of the initial call made by a member requesting after-hours assistance.
- Calls made to PCP office phones must accommodate a Medicaid managed care member who reports that he/she can not be called back on the phone from which the call was placed OR who otherwise needs assistance in contacting the PCP (e.g. making a call to a 2<sup>nd</sup> number).

**DURING THE HOURS YOUR OFFICE IS NOT OPEN, the following 24-hour telephone coverage systems are acceptable to the New York State Department of Health and HCFA and require no changes:**

**1. YOUR DAYTIME PHONE NUMBER CONNECTS TO A LIVE VOICE ANSWERING SERVICE.**

The phone is either directly answered by the live voice answering service or the caller can directly connect to a live voice answering service by pressing a designated number or holding on the line. *The answering service must accommodate callers who can not be called back on the phone from which they are calling. In this circumstance the answering service can:*

- *request the caller to stay on the line while the covering provider is contacted and then connected to the member; or*
- *ask the caller to call back in a set time period in order to allow time for contact with the covering provider who will then be connected to the caller at the time of call back; or*
- *direct the caller to call the Managed Care Plan's Member Services Toll Free Number listed on the member's Plan ID Card.*

You must make this requirement known to your answering service.

**2. YOUR DAYTIME PHONE NUMBER IS ANSWERED BY AN ANSWERING MACHINE/VOICE MAIL SYSTEM WHICH REFERS THE CALLER TO:**

- A 2<sup>ND</sup> NUMBER WHICH IS CONNECTED TO A LIVE VOICE ANSWERING SERVICE; OR
- TO A BEEPER.

**The following information must be included to the greeting on your answering machine/voice mail system in order for this type of system to be acceptable:**

**"If you are a member of a Medicaid Managed Care Plan and you can not be called back on the phone you are using or you otherwise need assistance, please hang up and call your Managed Care Plan's Member Services Toll free number. The number is listed on your ID card."**

**Answering machines which only take messages, direct callers to an emergency room and/or direct callers to call 911 without either of the above 2 options for contacting the covering provider are not acceptable after-hours coverage contact systems.**

**If you have any questions about this notice please call Providers Services at 1-800-558-7970.**

## 24 Hour Access Contact System Requirements for Prenatal Providers

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- All NHP Prenatal Providers must have 24-hour telephone coverage that provides access to the Prenatal Provider or covering provider via the telephone number listed with NHP *or another number provided to patients of the prenatal care provider.*
- The covering prenatal provider must respond (call back) within 30 minutes of the initial call made by a member requesting after-hours assistance.
- Calls made to prenatal provider office phones must accommodate a Medicaid managed care member who reports that he/she can not be called back on the phone from which the call was placed OR who otherwise needs assistance in contacting the prenatal provider (e.g. making a call to a 2<sup>nd</sup> number).

DURING THE HOURS YOUR OFFICE IS NOT OPEN, the following 24-hour telephone coverage systems are acceptable to the New York State Department of Health and HCFA and require no changes:

1. YOUR DAYTIME PHONE NUMBER *or another number provided to patients of the prenatal care provider* CONNECTS TO A LIVE VOICE ANSWERING SERVICE. The phone is either directly answered by the live voice answering service or the caller can directly connect to a live voice answering service by pressing a designated number or holding on the line. *The answering service must accommodate callers who can not be called back on the phone from which they are calling. In this circumstance the answering service can:*
  - *request the caller to stay on the line while the covering provider is contacted and then connected to the member; or*
  - *ask the caller to call back in a set time period in order to allow time for contact with the covering provider who will then be connected to the caller at the time of call back; or*
  - *direct the caller to call the Managed Care Plan's Member Services Toll Free Number listed on the member's Plan ID Card.*

You must make this requirement known to your answering service.

2. YOUR DAYTIME PHONE NUMBER *or another number provided to patients of the prenatal care provider* IS ANSWERED BY AN ANSWERING MACHINE/VOICE MAIL SYSTEM WHICH REFERS THE CALLER TO:
  - A 2<sup>ND</sup> NUMBER WHICH IS CONNECTED TO A LIVE VOICE ANSWERING SERVICE; OR
  - TO A BEEPER.

The following information must be included to the greeting on your answering machine/voice mail system in order for this type of system to be acceptable:

“If you are a member of a Medicaid Managed Care Plan and you can not be called back on the phone you are using or you otherwise need assistance, please hang up and call your Managed Care Plan's Member Services Toll free number. The number is listed on your ID card.”

Answering machines which only take messages, direct callers to an emergency room and/or direct callers to call 911 without either of the above 2 options for contacting the covering provider are not acceptable after-hours coverage contact systems.

If you have any questions about this notice please call Providers Services at 1-800-558-7970.