

Appointment availability and after-hours standards

UnitedHealthcare Community Plan of New Jersey

We want to support you and your staff in achieving the best possible health outcomes for our members by offering timely access to their covered services. Please see these appointment availability and after-hours standards set by the New Jersey Division of Medical Assistance & Health Services (DMAHS).

Appointment availability standards

Appointment type	Appointment completion timeframe
Primary care providers (PCP)	
Urgent care visit	Within 24 hours of member appointment request
Acute care visit	Within 72 hours of member appointment request
Preventive health/physical exam	Within 28 days of member appointment request
Routine care visit	Within 28 days of member appointment request
Baseline physicals for new members	Within 180 days of new member appointment request for adults, and within 90 days for children
Baseline physicals for new Division of Developmental Disabilities (DDD) members	Routine within 90 days of new member appointment request
Obstetrics	
First-trimester care visit	Within 3 weeks of member appointment request
Second-trimester care visit	Within 7 days of member appointment request
Third-trimester care visit	Within 3 days of member appointment request
High-risk care visit	Within 3 days of member appointment request
Specialist	
Urgent care visit (with PCP referral)	Within 24 hours of PCP referral
Non-emergent or routine care visit (with PCP referral)	Within 28 days of PCP referral
Dental	
Urgent care visit	Within 48 hours of member appointment request or PCP referral
Preventive, routine or non-asymptomatic care visit	Within 28 days of member appointment request or PCP referral
Behavioral health	
Urgent care visit	Within 24 hours of member appointment request
Routine care visit	Within 10 days of member appointment request
Lab/radiology	
Urgent appointment	Within 48 hours of member appointment request
Routine appointment	Within 3 weeks of member appointment request

A third-party surveyor may contact your practice for information about appointment availability. These requests are random and help us understand if network practices are meeting state standards.



After-hours or 24/7 access standards

DMAHS requires primary care providers (PCP), obstetricians and primary care dental providers to be available to members after hours, or 24 hours per day, 7 days a week. PCPs and obstetricians must respond to after-hour calls within 30–45 minutes for non-emergent symptomatic conditions and within 15 minutes for crisis situations.

DMAHS requires some practices to have after-hours or 24/7 access for urgent medical matters. For urgent matters, there must be an option for the member to speak directly to a person. A medical director must approve coverage that varies.

Acceptable after-hours coverage

The following are examples of acceptable responses for 24/7 or after-hours access:

- The telephone is answered by the care provider, office staff, answering service or voicemail
- The answering service:
 - Connects the caller directly to the care provider
 - Contacts the care provider and the care provider returns the call
 - Provides a telephone number where the care provider or covering care provider can be reached
- The voicemail provides a phone number for after-hours coverage

After-hours voicemails should also begin by instructing the caller to dial 911 for life-threatening emergencies or go to emergency room.

Unacceptable after-hours coverage

The following are examples of unacceptable responses for 24/7 or after-hours access:

- Office or answering service hangs up
- The care provider's voicemail system:
 - Instructs the caller to go to the emergency room for non-emergent situations
 - Instructs the caller to leave a message for the care provider in an urgent situation
- There's no answer
- The caller is placed on hold for longer than 5 minutes
- The telephone lines are persistently busy despite multiple attempts to contact

We conduct periodic access surveys to help ensure all access and availability standards are met.

Allowable office waiting times

Members with appointments should not wait longer than 45 minutes. The maximum number of intermediate/limited patient encounters should be 4 per hour.

Resources

You can find detailed information about appointment availability, after-hours access and allowable office waiting times in our [Community Plan of New Jersey Care Provider Manual](#).



Questions?

Please email uhccpnj@uhc.com.