



Ensure timely care: May 2026 appointment and after-hours access guidelines

Florida | Simply Healthcare Plans, Inc. (Simply) | Statewide Medicaid Managed Care (SMMC) • Florida Healthy Kids (FHK)
 Florida | Clear Health Alliance (CHA) | Statewide Medicaid Managed Care (SMMC)

To ensure members receive timely care, the state of Florida and the National Committee for Quality Assurance (NCQA) require PCPs, specialty care providers, and behavioral health providers to meet specific appointment availability and after-hours access standards.

Check <https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com> for available **Training resources** that provide an overview of the FHK and Medicaid timely access standards, the components of quarterly surveys, examples of compliant vs. noncompliant scenarios, the corrective action plan process, and more: **Appointment Access and Availability Standards: On-Demand Training**

Appointment availability requirements

Appointment type	Appointment standard
FHK appointments	Urgent — within 24 hours
	Sick care — within seven days
	Well child — within four weeks
Medicaid: urgent medical	Within 48 hours of a request for care services that do not require prior authorization
	Within 96 hours of a request for care services that require prior authorization
Medicaid: non-urgent medical or behavioral health services	Within seven days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment
	Within 14 days for initial outpatient behavioral health treatment
	Within 30 days of a request for a primary care appointment

Appointment type	Appointment standard
	Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist
NCQA behavioral health	Non-life-threatening emergencies — within six hours
	Urgent care — within 24 hours
	Initial routine care visits — within 10 business days
	Follow-up, routine care visits — within 30 days

Note: The waiting time for a scheduled routine appointment should be within 30 minutes.

After-hours access requirements

To ensure 24-hour coverage, PCPs must maintain one of these arrangements:

- Use an answering service that can contact the PCP or another designated Simply and CHA medical practitioner to answer the office telephone. All calls answered by an answering service must be returned within 30 minutes.
- After-hours appointment availability: The health plan must provide the state with the percentage of PCPs who offer after-hours access. Please help us update our records.
- Answer the office telephone after regular business hours with a recorded message in the language of each of the major population groups served by the PCP. The recording must direct members to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider’s telephone; another recording is unacceptable.
- Arrange for the office telephone to be forwarded after hours to another location where someone can answer and contact the PCP or a designated Simply and CHA medical practitioner who can return the call within 30 minutes.

Office telephone practices to avoid:

- Only answering during office hours.
- Answering after hours using a recording that instructs members to leave a message.
- Answering after hours with a recording that instructs members to go to an ER for any necessary services.
- Waiting longer than 30 minutes to respond to after-hours calls

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity

Essentials, go to <https://Availity.com> and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section of our provider website for the appropriate contact.