



After-Hours and Appointment Time Access Standards

Per regulatory guidelines, HAP and HAP CareSource have established standards for after-hours care and appointment availability. HAP and HAP CareSource providers are required to adhere to our standards, per their contract.

The standards vary between member plans. There are standards for primary care and behavioral health. We also have standards for high-volume, high-impact specialists. At a minimum, high-volume specialties include obstetrics/gynecology and high-impact specialties include oncology. We also include the top two specialties based on claims volume in our study which can vary from year to year.

Monitoring

Annually, compliance with our after-hours and appointment time access standards are monitored through the following physician surveys:

| Survey | What's Measured |
|--|---|
| After Hours Study | Ability for member to reach a medical professional after PCP office is closed |
| Appointment Lead Time | Time it takes to schedule well, sick, and urgent visits with doctor offices |
| Coordinated Behavioral Health Management Lead Time | Time it takes to schedule non-urgent and urgent behavioral health doctor appointments |
| PCP Secret Shopper Survey for MI Health Link | Time it takes to schedule well, sick, and urgent visits with doctor offices |

We also monitor member complaints regarding access issues reported to Appeals and Grievance Teams and Customer Service Teams.

We may contact physicians who have deficient results from surveys to provide education on our standards.

Where to find our standards

The most up-to-date standards can always be found on our website. Please visit hap.org/providers, then *Provider resources; Forms and other information*.

Please see the next page for after-hours and appointment time access standards.

After Hours Standards

For HAP HMO, PPO and Medicare Advantage members and HAP CareSource members.

Contracted providers or their designee are required to be available by phone 24 hours a day, seven days a week. Voicemail alone after hours is not acceptable. There must be a means to reach a live person.

Acceptable methods for compliance

- Automated message that includes an option to speak to or reach a physician.
- Recorded message with clear instructions on how to reach provider or direct phone number of provider.
- Recorded message with an option to leave a number/message for an after-hours phone call from an appropriate practitioner within an hour of the member contacting the organization.
- Answering service with a live agent that offers the option of speaking with or being contacted by a physician.

At the beginning of a recorded after-hours message, there must be instructions for patients with life-threatening conditions and separate instructions for urgent conditions. This includes calling 911 or going to the nearest emergency room.

Appointment Lead Time: Primary Care

| Type of Care | Standard |
|---|---|
| For HAP Commercial HMO and PPO Members | |
| Primary care (routine) | Within 30 business days |
| Urgent care | Within 48 hours |
| For HAP Medicare Advantage Members | |
| Routine and preventive care | Within 30 business days |
| Services that are not emergency or urgently needed, but enrollee requires medical attention | Within 7 business days |
| Urgently needed services or emergency | Immediately |
| For HAP CareSource Medicaid and HAP CareSource MI Health Link Members | |
| Routine care | Within 30 business days of request |
| Non-urgent symptomatic care | Within 7 business days of request |
| Urgent care | Within 48 hours |
| Emergency Services | Immediately 24 hours/day, 7 days a week |
| Wait time in office: How long before member is seen by provider after checking in with the receptionist | Less than 30 minutes |

Appointment Lead Time: High-Volume, High-Impact Specialists, Ob-Gyn & Oncology

| Type of Care | Standard |
|--|--|
| For HAP Commercial HMO, PPO and Medicare Advantage Members | |
| Regular & routine care | Within 30 business days |
| Urgent care | Within 48 hours |
| For HAP CareSource Medicaid and HAP CareSource MI Health Link Members | |
| Acute Specialty Care | Within 5 business days of request |
| Specialty Care | Within 6 weeks of request |
| Urgent care | Within 48 hours |
| Prenatal Care – Initial prenatal appointment | <ul style="list-style-type: none"> • If enrollee is in first or second trimester: within 7 business days of enrollee being identified as pregnant • If enrollee is in third trimester: within 3 business days of enrollee being identified as pregnant. • If there is any indication of the pregnancy being high risk (regardless of trimester): within 3 business days |

Appointment Lead Time For Behavioral Health

For HAP HMO, PPO and Medicare Advantage members and HAP CareSource members.

| Type of Care | Standard |
|--|---|
| Life-threatening emergency: an acute, potentially life-threatening situation such as significant impairment in functioning, expressed suicidality or homicidality, and/or possible impending withdrawal | Immediate access to emergency room services |
| Non-life-threatening emergency: an acute, potentially non-life-threatening situation such as significant impairment in functioning, expressed suicidality or homicidality, and/or possible impending withdrawal | |
| Urgent care: a psychiatric condition warranting more immediate services, but is not life threatening | Access to care within 48 hours of request |
| Initial routine: a psychiatric condition warranting treatment, but is not life threatening and does not result in severe impairment in functioning | Access to care within 10 business days of request |
| Follow up routine care | |

Dental – HAP CareSource Medicaid Only

| Type of Care | Standard |
|---------------------------|---|
| Emergency dental services | Immediately 24 hours/day, 7 days per week |
| Urgent care | Within 48 hours |
| Routine care | Within 21 business days of request |
| Preventive services | Within 6 weeks of request |
| Initial appointment | Within 8 weeks of request |

Monitoring conducted by Delta Dental.