

## 2019 HAP Midwest Health Plan Access and Availability Standards

Topic	Standard	Measurement Tool
<b>Medicaid Government Program</b>		
<b>Availability of Practitioners:</b> HAP Midwest Health Plan will assure the availability of primary and key specialty practitioners to its members		
<b>Number of Primary Care Practitioners (PCPs)</b> <ul style="list-style-type: none"> <li>• General and Internal Medicine</li> <li>• Family Practice</li> <li>• Pediatricians</li> </ul>	Ratio of PCPs to members:  1:500	On an annual basis HAP Midwest reviews and updates the ratios of PCP's to membership, per the MDHHS Medicaid Contract
<b>Number of Key Specialty Practitioners (High-Volume)</b> <ul style="list-style-type: none"> <li>• OB/GYN</li> <li>• Top 2 Specialties based on high-volume claims data</li> </ul>	Ratio of Practitioners to members:  1:4,000	On an annual basis HAP Midwest will compute the ratios of SCPs to membership, using provider and member data from the claims systems. Membership is defined as the total enrolled population, or relevant population for Obstetrics/Gynecology (female members).
<b>Number of High-Impact Practitioners</b> <ul style="list-style-type: none"> <li>• Oncology</li> </ul>	1:4,000	On an annual basis HAP Midwest will compute the ratio of high-impact specialists to membership, using provider and member data from claim systems.
<b>Geographic access: Distance to PCPs, Specialists and Hospital Services. Specialists include:</b> <ul style="list-style-type: none"> <li>• OB/GYN</li> <li>• Top 2 Specialties based on high-volume claims data</li> </ul>	A PCP, Pediatricians, and Specialist Services will be 30 minutes/30 miles for non-rural and 40 minutes/40 miles for Rural from a member's home.  Hospital Services will be 30 minutes/30 miles for non-rural and 60 minutes/60 miles for Rural from a member's home.	HAP Midwest will conduct an annual analysis using GeoNetworks software, provider data from the claims systems per the MDHHS Medicaid Contract
<b>Geographic access: Distance to High Impact Specialists</b> <ul style="list-style-type: none"> <li>• Oncology</li> </ul>	Non-rural: A high-impact practitioner will be 40 minutes/40 miles from a member's home  Rural: A high-impact practitioner will 60 minutes/60 miles from a member's home	HAP Midwest will conduct an annual analysis using GeoNetworks software, provider data from the claims systems per the MDHHS Medicaid Contract
<b>Outpatient Behavioral Health*</b>	<b>Outpatient Behavioral Health*</b> Services will be 30 minutes/30 miles for non-rural and 75 minutes/75 miles for Rural from a member's home.	HAP Midwest will conduct an annual analysis using GeoNetworks software, provider data from the claims systems per the MDHHS Medicaid Contract

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<b>Medicaid Government Program</b>		
<b>Accessibility of Services:</b> Service will be provided “in the appropriate time frame”		
<b>Appointment lead time: Primary Care</b>		Performance will be monitored in the annual Access to Care Survey conducted among Primary Care Physicians (PCP) and Specialty practices, the CAHPS Survey and the After-Hours Telephone Access Survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Preventive (regular) or Routine Care</b> – care provided in asymptomatic situations to prevent the occurrence or progression of conditions</li> </ul>	Within 30 days of request	Performance will be monitored in the annual Access to Care Survey conducted among Primary Care Physicians (PCP) and Specialty practices and CAHPS Survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Non-urgent Symptomatic care</b> – care provided in symptomatic non-urgent conditions</li> </ul>	Within 7 days of request	Performance will be monitored in the annual Access to Care Survey conducted among Primary Care Physicians (PCP) and Specialty practices and CAHPS Survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Same or next day (Within 48 hours)	Performance will be monitored in the annual Access to Care Survey conducted among Primary Care Physicians (PCP) and Specialty practices and CAHPS Survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>After hours care</b></li> </ul>	Physicians or their designee shall be available by telephone twenty-four (24) hours per day, seven (7) days per week.	Performance will be monitored in the annual After-Hours Telephone Access survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Emergency Services</b></li> </ul>	Immediately 24 hours/day 7 days a week	Performance will be monitored in the annual After-Hours Telephone Access Survey per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Wait time in the office</b>--How long before the member is seen by the provider after checking in with the receptionist?</li> </ul>	Less than 30 minutes	Performance will be monitored in the annual Access to Care Survey conducted among Primary Care Physicians (PCP) and Specialty practices
<b>Accessibility of Services:</b> Service will be provided “in the appropriate time frame”		

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<b>Medicaid Government Program</b>		
<b>Appointment lead time: High-Volume Specialist and High-Impact Specialist</b>		
<ul style="list-style-type: none"> <li><b>Acute Specialty Care (Non-Urgent with symptoms)</b></li> </ul>	Within 5 days of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Specialty Care (Routine without symptoms)</b></li> </ul>	Within 6 weeks of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Same or next day (< 48 hours)	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<b>Accessibility of Services:</b> Service will be provided “in the appropriate time frame”		
<b>Appointment lead time: Behavioral Health*</b>		
<ul style="list-style-type: none"> <li><b>Routine Care</b></li> </ul>	Within 10 days of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Non-life threatening emergency</b></li> </ul>	Within 6 hours of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract

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Topic	Standard	Measurement Tool
<b>Medicaid Government Program</b>		
<ul style="list-style-type: none"> <li><b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Same or next day (< 48 hours)	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<b>Accessibility of Services:</b> Service will be provided “in the appropriate time frame”		
<b>Appointment lead time: Dental</b>		
<ul style="list-style-type: none"> <li><b>Emergency Dental Services</b></li> </ul>	Immediately 24 hours/day 7 days per week	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Routine Care</b></li> </ul>	Within 21 days of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Preventive Services</b></li> </ul>	Within six weeks of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract
<ul style="list-style-type: none"> <li><b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Within 48 hours	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract

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<b>Medicaid Government Program</b>		
<ul style="list-style-type: none"> <li><b>Initial Appointment</b></li> </ul>	Within eight weeks of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MDHHS Medicaid Contract

\*Behavioral Health is limited to Covered Services

All days are Business Days

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<b>MMP Government Program</b>		
<b>Availability of Practitioners:</b> HAP Midwest Health Plan will assure the availability of primary and key specialty practitioners to its members		
<b>Number of Primary Care Practitioners (PCPs)</b> <ul style="list-style-type: none"> <li>• General and Internal Medicine</li> <li>• Family Practice</li> <li>• Pediatricians</li> </ul>	Ratio of PCPs to members <b>Minimum 33 providers</b>	On an annual basis HAP Midwest will use the ratio of the combination of PCPs to membership, per the MMP 3-Way Contract with guidance from the CMS MMP HSD Criteria Reference Table. Membership is defined as the total enrolled population.
<b>Number of Key Specialty Practitioners</b> <ul style="list-style-type: none"> <li>• OB/GYN</li> <li>• Top 2 Specialties based on high-volume claims data</li> </ul>	Ratio of Practitioners to members <b>OB/GYN minimum 2 provider</b>  <b>Top 2 Specialties minimum number of providers per CMS MMP HSD criteria</b>	On an annual basis HAP Midwest will use the ratio of the combination of high-volume specialists to membership, per the MMP 3-Way Contract with guidance from the CMS MMP HSD Criteria Reference Table. Membership is defined as the total enrolled population, or relevant population for Obstetrics/Gynecology (female members).
<b>Number of High-Impact Practitioners</b> <ul style="list-style-type: none"> <li>• Oncology</li> </ul>	Ratio of Practitioners to members <b>Oncology minimum 4 providers</b>	On an annual basis HAP Midwest will use the ratio of high-impact specialists to membership, Per the MMP 3-Way Contract with guidance from the CMS MMP HSD Criteria Reference Table
<b>Geographic access: Distance to PCPs, Specialists and Hospital Services. Specialists include:</b> <ul style="list-style-type: none"> <li>• OB/GYN</li> <li>• Top 2 Specialties based on high-volume claims data</li> </ul>	A PCP and Pediatricians will be 10 minutes/5 miles-from a member's home.  OB/GYN will be 30 minutes/15 miles from a member's home  Hospital Services will be 20 minutes/10 miles from a member's home.	HAP Midwest will conduct an annual analysis using GeoNetworks software and provider data from the claims systems. Per the MMP 3-Way Contract with guidance from the CMS MMP HSD Criteria Reference Table

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<b>MMP Government Program</b>		
<b>Geographic access: Distance to High Impact Specialists</b> <ul style="list-style-type: none"> <li>• Oncology</li> </ul>	Oncology will be 20 minutes/10 miles from a member's home	HAP Midwest will conduct an annual analysis using GeoNetworks software and provider data from the claims systems. Per the MMP 3-Way Contract with guidance from the CMS MMP HSD Criteria Reference Table
<b>Accessibility of Services:</b> Service will be provided "in the appropriate time frame"		
<b>Appointment lead time: Primary Care</b>		Performance will be monitored in the annual Access to Care Survey conducted among PCP and Specialist practices, the CAHPS Survey and After-hours Telephone Access Survey.
<ul style="list-style-type: none"> <li>• <b>Preventive (regular) and Routine care</b> – care provided in asymptomatic situations to prevent the occurrence or progression of conditions</li> </ul>	Within 30 days of request	Performance will be monitored in the annual Access to Care Survey conducted among PCP and Specialist practices and CAHPS Survey
<ul style="list-style-type: none"> <li>• <b>Non-urgent Symptomatic care</b> – care provided in symptomatic non-urgent conditions</li> </ul>	Within 24 hours	Performance will be monitored in the annual Access to Care Survey conducted among PCP and Specialist practices and CAHPS Survey per the MMP 3-Way Contract
<ul style="list-style-type: none"> <li>• <b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Within 24 hours	Performance will be monitored in the annual Access to Care Survey conducted among PCP and Specialist practices and CAHPS Survey per the MMP 3-Way contract
<ul style="list-style-type: none"> <li>• <b>After-hours care</b></li> </ul>	Physicians or their designee shall be available by telephone twenty-four (24) hours per day, seven (7) days per week.	Performance will be monitored in the annual After-Hours Telephone Access survey per the MMP 3-Way Contract
<ul style="list-style-type: none"> <li>• <b>Emergency Services</b></li> </ul>	Immediately 24 hours/day 7 days a week	Performance will be monitored in the annual After-Hours Telephone Access survey per the MMP 3-Way Contract

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<b>MMP Government Program</b>		
<ul style="list-style-type: none"> <li><b>Wait time in the office</b>--How long before the member is seen by the provider after checking in with the receptionist?</li> </ul>	Less than 30 minutes	Performance will be monitored in the annual Access to Care Survey conducted among PCP and Specialist practices
<b>Accessibility of Services:</b> Service will be provided "in the appropriate time frame"		
<b>Appointment lead time: High Volume Specialist and High Impact Specialist</b>		
<ul style="list-style-type: none"> <li><b>Acute Specialty Care (Non-Urgent with symptoms)</b></li> </ul>	Within 24 hours	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MMP 3-way Contract
<ul style="list-style-type: none"> <li><b>Specialty Care (Routine without symptoms)</b></li> </ul>	Within 6 weeks of request	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations
<ul style="list-style-type: none"> <li><b>Urgent care</b> – care for serious, but nonemergency injury or illness</li> </ul>	Within 24 hours	Performance will be monitored in the annual Access to Care Survey conducted among Specialist practices or available data reported by provider organizations per the MMP 3-Way Contract