

Availability Standards & Auditing Procedure - Specialist



Annually, Meridian assesses the appointment availability and after-hours access of its specialist practitioners to ensure members are served based on their level of need.

Each year, Meridian conducts an audit using the standards below set forth by NCQA, CMS, and/or State regulations. These audits are conducted in an effort to monitor practitioner compliance with Michigan Medicaid and Medicare contract requirements. The process for conducting the annual audits is outlined below.



IDENTIFY

Meridian selects a sample of its contracted specialists



OUTREACH

Meridian contacts your office to complete the audit



ANALYZE

Analysis is performed based on all data collected



REPORT

Letters are mailed to offices indicating the results of the audit

Appointment Availability Standards for Meridian Lines of Business

APPOINTMENT TYPES	POPULATION	STANDARD
Routine Office Visit	Adult	Medicaid/MeridianChoice: 30 days DSNP/MI Health Link: 30-45 days
Routine Office Visit	Child	MeridianChoice: Within 21 calendar days
Urgent Visit	All	Medicaid/MeridianChoice: 48 hours MI Health Link: 24 hours DSNP: Immediately
Office Wait Time	All	< 30 minutes
Patients/Hour	All	≤ 6 per hour
Different Hours for Medicaid	All	No; must be the same

Medical Coverage 24 hours a day, seven days a week

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After-Hours Standards

All specialist contracts require practitioners to provide members with access to care 24 hours a day, seven days a week.

ACCEPTABLE AFTER-HOURS ACCESS MECHANISMS INCLUDE:

- Answering service
- On-call pager/cellular
- Call forwarded to practitioner's home or other location
- The message should not instruct members to obtain treatment at the emergency room for non-life-threatening emergencies

 Please utilize the convenient checklist below to ensure that your after-hours process is compliant. Meridian recommends checking your after-hours messaging regularly to ensure that members have access to appropriate care and resources.

MESSAGE COMPONENTS	MET
Message MUST direct members in a medical emergency to call 911 or go to the nearest emergency room or urgent care	
MESSAGE MUST CONTAIN <u>ONE</u> OF THE FOLLOWING	MET
Message forwards to on-call practitioner	
Message forwards to an answering service	
Message gives the on-call practitioner's number	
Message gives the on-call practitioner's pager	
Message refers member to another office, practitioner, or on-call service	



For any questions, please contact Provider Services at **888-437-0606**.