

# Availability Standards & Auditing Procedure



Annually, Meridian assesses the appointment availability and after-hours access of its Primary Care Provider (PCP) 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 PCPs



## 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

APPOINTMENT TYPES	POPULATION	STANDARD
<b>MEDICAID</b>		
Preventive/Routine Care	Child < 18 Months	2 weeks
Preventive/Routine Care	Child > 18 Months	4 weeks
Preventive/Routine Care	Adult	30 days
Symptomatic	Adult or Child	48-72 hours
Urgent Care	Adult or Child	48 hours
Non-urgent Symptomatic	Adult or Child	7 days
Emergency	Adult or Child	Immediately
Office Wait Time	Adult or Child	< 30 minutes
Scheduled Appointments per Hour, per Physician	Adult or Child	≤ 6 per hour
Hours Different for Medicaid Recipients	Adult or Child	<b>No; must be the same</b>
<b>MEDICARE</b>		
Preventive/Routine Care	Adult	30-45 days
Routine Symptomatic Care	Adult	MI Health Link: 24 hours DSNP: 48-72 hours
Urgent Care	Adult	MI Health Link: 24 hours DSNP: Immediately
Non-urgent	Adult	1 week
Emergency	Adult	Immediately
Office Wait Time	Adult	< 30 minutes
Scheduled Appointments per Hour, per Physician	Adult	≤ 6 per hour
Hours Different for Medicare Recipients	Adult	<b>No; must be the same</b>

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## Meridian encourages each of our contracted Primary Care Provider (PCP) Practitioners to offer extended hours of operation.

In addition to fulfilling patients' specific needs, offering extended office hours provides many benefits including:

- Increased access for patients who cannot attend regular business hours
- Increased potential for HEDIS® incentives outside of regular business hours
- Potential increase in patient panel
- Ensured confidence that your patients receive high quality of care at their medical home
- Decreased emergency room visits
- Decreased urgent care visits

### After-Hours Standards

All primary care provider contracts require practitioners to ensure coverage for their respective practices 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
- Published after-hours telephone number and recorded voice message directing enrollee to a practitioner for urgent and non-life threatening conditions. The message should not instruct enrollees 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 <b>MUST</b> direct members in a medical emergency to call 911 or go to the nearest emergency room or urgent care	
MESSAGE MUST CONTAIN ONE 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 your designated Meridian Provider Network Development Representative or Provider Services at 888-437-0606.

