



After-Hours Access and Appointment Time Standards Reminder

We have after-hours access and appointment time standards to ensure members have timely access to care. Our standards are aligned with:

- The National Committee for Quality Assurance
- The Centers for Medicare and Medicaid Services
- The Michigan Department of Health and Human Services

Contracted providers are required to adhere to our standards. We monitor compliance through annual physician surveys. We also monitor member complaints.

Attached you can find our 2024 standards. They can also be found online. Just visit [hap.org\providers](http://hap.org/providers), then *Provider resources* and *Forms and other information*.



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)	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.