

Appointment Availability for HAP Empowered MI Health Link Members

HAP Empowered has established access and availability standards. These standards ensure patients have timely access to care. You can find the standards in the HAP Empowered Provider Manual at [hap.org\empoweredproviders](http://hap.org/empoweredproviders). For your convenience, they can also be found on the next page.

These standards are often measured, typically through a secret shopper survey. **In the near future, you may receive a call asking about appointment availability for your HAP Empowered MI Health Link members. Your response will be compared to our standards.**

HAP Empowered MI Health Link Overview

MI Health Link is the name of our Medicare-Medicaid Program at HAP. It joins Medicare and Medicaid benefits, rules and payments into **one coordinated and integrated delivery system**. The goal of the program is to help dual-eligible beneficiaries live in the setting of their choice for as long as possible by **coordinating** their medical care, coverage and community support services.

The MI Health Link program is a partnership between three entities:

- 1) The Michigan Department of Health and Human Services (MDHHS)
- 2) The Centers for Medicare & Medicaid Services (CMS)
- 3) The Integrated Care Organizations (ICOs) (health plans)

It's one three-way contract between CMS, MDHHS and the ICO.

The MDHHS

Provider participation

If you participate with HAP Empowered plans, you participate with HAP Empowered MI Health Link.

Membership

This plan is for Michigan adults:

- 21 or over
- Enrolled in both Medicare and Medicaid
- Living in Macomb or Wayne county

ID card

Members have one card for MI Health link that covers both Medicare and Medicaid. This also includes long term supports, services, and prescriptions. They must show this card when they get any services or prescriptions.



For more information on this plan and other HAP Empowered plans, visit hap.org/medicaid.

HAP Empowered MI Health Link Access to Care Standards

Appointment lead time: primary care

Service	Standard
Preventive (regular) and Routine care: care provided in asymptomatic situations to prevent the occurrence or progression of conditions	Within 30 days of request
Non-urgent Symptomatic care: care provided in symptomatic non-urgent conditions	Within 24 hours
Urgent care: care for serious, but nonemergency injury or illness	Within 24 hours
After-hours care	Physicians or their designee shall be available by telephone twenty-four (24) hours per day, seven (7) days per week.
Emergency Services	Immediately 24 hours/day 7 days a week
Wait time in the office: how long before the member is seen by the provider after checking in with the receptionist?	Less than 30 minutes

Appointment lead time: High volume specialist and high impact specialist

Service	Standard
Acute Specialty Care (Non-Urgent with symptoms)	Within 24 hours
Specialty Care (Routine without symptoms)	Within 6 weeks of request
Urgent care: care for serious, but nonemergency injury or illness	Within 24 hours