Provider Access and Availability Standards

To ensure medical services are available to our members on a timely basis, Primary Care Provider (PCP), behavioral health, and specialist appointment availability standards for Meridian and its family of plans are noted in the chart. This includes Meridian Medicaid Plan, YouthCare, our Medicaid foster care plan, Meridian Medicare-Medicaid Plan (MMP), Ambetter, and Wellcare.

1. Medicaid Appointment and Timely Access to Care Standards

Primary Care Appointments

Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care (Child < 6 months)	Within two (2) weeks of request
Preventative/Routine Care (Child ≥ 6 months)	Within five (5) weeks of request
Preventative/Routine Care (Adult)	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) calendar days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Behavioral Health Appointments

Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Specialty Care Appointments

Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within forty-five (45) calendar days of request
Routine Care (Child)	Within twenty-one (21) calendar days of request
Urgent Care Visit	Within seventy-two (72) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Primary Care After Hours Requirements– Acceptable After-Hours access mechanisms include:
Answering service
On-call pager/cellular connection
Call Forwarding to Practitioner's Home/Other Location
Published After-Hours telephone number and recorded voice message directing patients to a practitioner for Urgent and Non-Life-Threatening conditions.
The message **should not instruct patients to obtain treatment at the emergency room for non-life-threatening emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care

Voice Message MUST contain ONE of the following
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 number
Message refers patient to another office, practitioner, or on-call service
Message may not only direct patients to the Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.

2. YouthCare Appointment and Timely Access to Care Standards

Primary Care Appointments

Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care (Child < 6 months)	Within two (2) weeks of request
Preventative/Routine Care (Child ≥ 6 months)	Within five (5) weeks of request
Preventative/Routine Care (Adult)	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) calendar days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Behavioral Health Appointments

Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Specialty Care Appointments

Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within forty-five (45) calendar days of request
Routine Care (Child)	Within twenty-one (21) calendar days of request
Urgent Care Visit	Within seventy-two (72) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Primary Care After Hours Requirements– Acceptable After-Hours access mechanisms include:

Answering service
On-call pager/cellular connection
Call Forwarding to Practitioner's Home/Other Location
Published After-Hours telephone number and recorded voice message directing patients to a practitioner for Urgent and Non-Life-Threatening conditions.
The message **should not instruct patients to obtain treatment at the emergency room for non-life-threatening emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care

Voice Message MUST contain ONE of the following

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 number
Message refers patient to another office, practitioner, or on-call service
Message may not only direct patients to the Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.

3. Medicare-Medicaid Plan (MMP) Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within one (1) business day of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) calendar days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within one (1) business day of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within five (5) weeks of request
Urgent Care Visit	Within one (1) business day of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Primary Care After Hours Requirements– Acceptable After-Hours access mechanisms include:
Answering service
On-call pager/cellular connection
Call Forwarding to Practitioner's Home/Other Location
Published After-Hours telephone number and recorded voice message directing patients to a practitioner for Urgent and Non-Life-Threatening conditions.
The message **should not instruct patients to obtain treatment at the emergency room for non-life-threatening emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care

Voice Message MUST contain ONE of the following
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 number
Message refers patient to another office, practitioner, or on-call service
Message may not only direct patients to the Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.

4. Ambetter Appointment and Timely Access to Care Standards

Primary Care Appointments

Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care	Within fifteen (15) calendar days of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Sick Care	Within twenty-four (24) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Behavioral Health Appointments

Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within ten (10) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Specialty Care Appointments

Type of Care/Appointment	Length of Wait Time
Routine Care	Within thirty (30) calendar days of request
Urgent Care Visit	Within forty-eight (48) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Primary Care After Hours Requirements– Acceptable After-Hours access mechanisms include:

Answering service
On-call pager/cellular connection
Call Forwarding to Practitioner's Home/Other Location
Published After-Hours telephone number and recorded voice message directing patients to a practitioner for Urgent and Non-Life-Threatening conditions.
The message **should not instruct patients to obtain treatment at the emergency room for non-life-threatening emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care

Voice Message MUST contain ONE of the following

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 number
Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.

5. Wellcare Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	**Length of Wait Time**
Preventative/Routine Care	Within one (1) month of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Sick Care	Within one (1) week of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	**Length of Wait Time**
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within thirty (30) business days of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	**Length of Wait Time**
Routine Care	Within thirty (30) calendar days of request
Urgent Care Visit	Within twenty-four (24) hours of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Primary Care After Hours Requirements– Acceptable After-Hours access mechanisms include:
Answering service
On-call pager/cellular connection
Call Forwarding to Practitioner's Home/Other Location
Published After-Hours telephone number and recorded voice message directing patients to a practitioner for Urgent and Non-Life-Threatening conditions.
The message **should not instruct patients to obtain treatment at the emergency room for non-life-threatening emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care

Voice Message MUST contain ONE of the following
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 number |
| Message refers patient to another office, practitioner, or on-call service |
| Message may not only direct patients to the Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor. |