

Provider Network Update November 2024

Provider availability and member access to care requirements

McLaren Health Plan maintains standards and processes to ensure member access to care by contracted primary care physicians and participating specialists. Accessibility of services from providers is assessed during initial credentialing and each year thereafter for high-volume PCPs, high-volume and high-impact specialists, including but not limited to: OB-GYNs and oncology specialists, and high-volume mental health specialists through quality improvement site visit audits and surveys. The availability of physician access after-hours is also measured.

Providers are required to follow MHP's Access to Care appointment standards listed below to ensure health care services are provided in a timely manner. The PCP or their designee must be available 24 hours a day, days a week to members.

The established monitoring standards are set as minimum guidelines of measurement. The following are the MHP standards for provider accessibility to members:

Primary Care Provider Access and Availability Standards			
Type of Service	Line of Business		
	Medicaid/HMP	Medicare	Commercial/Marketplace
Emergency Care	Immediately 24 hours per day, 7 days per week	Immediately	Immediately 24 hours per day, 7 days per week
Urgent Care	Within 48 hours	Immediately; or within 7 business days (if non-emergent)	Within 48 hours
Routine/Regular Care including preventive services (physicals)	Within 30 business days of request	Within 30 business days	Within 15 business days
Non-Urgent Symptomatic Care	Within 7 business days of request	Within 7 business days of request	Within 7 business days of request
In Office Wait Time	Patient seen within 30 minutes of their appointment	Patient seen within 30 minutes of their appointment	Patient seen within 30 minutes of their appointment
After-Hours Coverage (Information/advice is given to patients when medical care is needed after regular office hours)	100%	100%	100%



HEALTH PLAN

Specialty Provider Access and Availability Standards

Type of Service	Line of Business		
	Medicaid/HMP	Medicare	Commercial/Marketplace
Routine/Regular Care including preventive services (physicals)	Within 6 weeks of request	Within 6 weeks of request	Within 30 business days
Acute Specialty Care	Within 5 business days of request	Within 5 business days of request	Within 5 business days of request
Non-Urgent Symptomatic Care	Within 7 business days of request	Within 7 business days of request	Within 7 business days of request
In Office Wait Time	Patient seen within 30 minutes of their appointment	Patient seen within 30 minutes of their appointment	Patient seen within 30 minutes of their appointment
After-Hours Coverage (Information/advice is given to patients when medical care is needed after regular office hours)	100%	100%	100%

Mental Health Provider Access and Availability Standards

Type of Service	Line of Business		
	Medicaid/HMP	Medicare	Commercial/Marketplace
MH Emergency	Immediately or within 6 hours of request	Immediately or within 6 hours of request	Immediately or within 6 hours of request
MH Urgent	Within 48 hours of request	Immediately or within 48 hours of request	Within 5 business days of request
MH Non-Urgent Symptomatic Care	Within 7 business days	Within 7 business days	Within 7 business days of request
MH Initial Visit for Routine Care	Within 10 business days of request	Within 30 business days of request	Within 10 business days of request
MH Follow-up for Routine Care	Within 45 business days of request	Within 30 business days of request	Within 10 business days of request



HEALTH PLAN

The following are the McLaren Health Plan Commercial, Marketplace, and Medicaid monitoring standards for prenatal care provider accessibility to pregnant members:

Visit Type	Timeframe
Initial prenatal appointment (Obstetrician, OB-GYN, PCP, certified nurse midwife, or other advanced practice registered nurse with experience, training and demonstrated competence in prenatal care)	If member is in first or second trimester: Within 7 business days of member being identified as pregnant.
	If member is in third trimester: Within 3 business days of member being identified as pregnant.
	If there is any indication of the pregnancy being high-risk (regardless of trimester): Within 3 business days.

Monitoring appointment access and timeliness

The information about monitoring appointment access applies to primary care, obstetrician-gynecologist, specialty and mental health practitioners. McLaren Health Plan conducts appointment access reviews annually. Reviews are conducted more frequently for practitioners who do not meet access standards.

McLaren Health Plan contacts the practitioner's office to determine access and records the next available appointment for each of the designated appointment types. Physician-specific member complaints related to access are also analyzed.

An annual evaluation and analysis is conducted by Provider Relations staff on the following:

- Primary care appointment availability for regular, routine and urgent care appointments
- Primary care after-hours availability
- Mental Health care appointment availability (a separate analysis is performed for Mental Health care providers who prescribe medication and those who do not prescribe medication)

As a reminder, providers must offer hours of operation that are no less than the hours of operation offered to commercial members, or hours of operation must be comparable to Medicaid fee-for-service office hours if the provider serves only Medicaid enrollees. McLaren Health Plan monitors for complaints to ensure providers offer and maintain hours of operations that are compliant with these expectations. Results are reported to the Quality Improvement committee.

Providers who fail to meet the access standards will be notified and asked to submit a corrective action plan to MHP within 30 days. Failure to comply with corrective action plan may result in departicipation.

If you have any questions, contact McLaren Health Plan Customer Service at 888-327-0761 (TTY: 711) for assistance or visit mclarenhealthplan.org.

Secret Shopper Surveys

In 2025, McLaren Health Plan will be working with a third-party entity to administer secret shopper surveys to primary care and behavioral health providers regarding availability and compliance with appointment wait time standards. The third-party entity conducting secret shopper surveys will present as a new patient.