

Beaumont ACO Access & Availability Standards

The Beaumont ACO has established access and availability standards that are compliant with the requirements set forth in the Affordable Care Act, National Committee for Quality Assurance and Blue Cross Blue Shield of Michigan. The goal of these standards is to ensure patients have timely access to health services at an *appropriate level*. Practices must be routinely referring patients with non-emergent situations to after-hours care whether located at the practice site or another urgent care center.

The Beaumont ACO will be auditing all practices bi-annually to check after-hour availability. Failing this audit may be subject to financial penalty.

Appointment lead time: Primary care	
Preventive care: care provided in asymptomatic situations to prevent the occurrence or progression of conditions.	<ul style="list-style-type: none"> • within 30 calendar days
Routine care: care provided in symptomatic, non-urgent conditions.	<ul style="list-style-type: none"> • within four days
Urgent care: care for serious, but nonemergency injury or illness.	<ul style="list-style-type: none"> • same or next calendar day
Emergency care: care to screen and stabilize a member in cases where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed	<ul style="list-style-type: none"> • Members will be offered an immediate appointment or referred to an emergency facility, 24 hours a day, 7 days a week.
After hours care: Patients have 24-hour access to a clinical decision-maker* by phone.	<ul style="list-style-type: none"> • patient inquiry responded to in a timely manner (generally 15-30 minutes, no later than 60 minutes). • clinical decision-maker can direct the patient regarding self-care or refer to an appropriate level of care. • Any after-hour care, consultation or services provided to patients must be documented in their chart within 24 hours of interaction.
Same day open access	<ul style="list-style-type: none"> • 15 percent of the day's appointments should be available at the start of business for same-day appointments for both acute and routine care needs, 30-50 percent for PCMH.
Appointment lead time: High-volume specialists and high-impact specialists	
Non-urgent with symptoms	<ul style="list-style-type: none"> • within 15 calendar days
Routine without symptoms	<ul style="list-style-type: none"> • within 60 calendar days
Urgent: care for serious, but nonemergency injury or illness	<ul style="list-style-type: none"> • same or next calendar day

*Clinical decision-maker: M.D., D.O., D.C., licensed psychologist, P.A., or N.P. If not M.D. or D.O., clinical-decision maker must have ability to contact supervising M.D. or D.O. on an immediate basis if needed.