

## Medicaid Provider Access Audit Process

1	<p>Your practice site may be contacted to complete the accessibility audit biannually, by telephone.</p> <p>The audit is conducted to determine if your practice site provides patients with timely access to care.</p> <p>The audit takes approximately 5 minutes to complete.</p>
2	<p>Appointment scheduling staff will be asked to provide the date and time of the next available appointment slot on your sites appointment calendar for a specific appointment type.</p>
3	<p><b>Post Accessibility Audit:</b> If you fail one or more standards in the audit you will receive a letter indicating your audit results.</p> <p>The letter will indicate</p> <ol style="list-style-type: none"><li>1. that your site failed the access audit &amp; will identify the standard(s) failed</li><li>2. that your site must submit a corrective action plan within 30 days</li><li>3. the acceptable method for response submission.</li></ol>

The Accessibility Standards and other Accessibility Audit Resources are available on the Highmark Health Options provider website at <https://www.highmarkhealthoptions.com/providers/provider-resources/accessibility-to-care-standards/>.