

120.5 - Accessibility

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The *Medicare cost plan* must ensure that the required services and any other services for which Medicare enrollees have contracted are accessible, with reasonable promptness, to the enrollees with respect to:

- Geographic location;
- Hours of operation;

- Provision of after hours service; and
- Medically necessary emergency services must be available twenty-four hours a day, seven days a week.

A general rule of thumb is the 30-30 rule that asserts that services must be available either within 30 miles of an enrollee's residence or within 30 minutes travel time. Exceptions however may be made if usual travel patterns for Fee-For-Service beneficiaries in parts of the geographic area exceed these amounts (as happens for example, in rural areas).

The *Medicare cost plan* must have systems in place to collect data and evaluate the availability and accessibility of services provided or arranged for by the *Medicare cost plan*. Some typical factors that are evaluated are:

- Waiting times;
- Member complaints;
- Emergency and urgent care;
- Requests for changes of primary care physicians;
- Physician requests to close their practice to new patients;
- Referrals; and
- Back-up arrangements.