Guidelines for Compliance and Monitoring

Background

In accordance with the Department of Managed Health Care (DMHC) time-elapsed access regulations, California health plans and their participating providers are required to demonstrate compliance with specific standards for scheduling appointments for non-emergency healthcare services. These requirements apply to the HMO, Point of Service (POS), and Medi-Cal lines of business. To ensure the provider network has adequate capacity and availability to offer members appointments within the established time-elapsed access standards, health plans monitor for compliance using the following tools:

- Annual Provider Appointment Access Survey (PAAS) – conducted via telephone to primary care and specialist providers.
- Annual After-Hours Access Survey – conducted via telephone annually to monitor appropriate emergency instructions and after-hours physician availability for urgent care needs.

Health plans make these results available to all surveyed physician organizations.

Timely Access to Non-Emergency Health Care Services Appointment Access Standards [CCR T28 §1300.67.2.2(c)(5)]

Please share these standards as appropriate to ensure members receive appointments within the time frame specified for the applicable type of service.

Appointment Type	Timely Access Standard
Non-urgent appointments for primary care	Within 10 business days of request
Urgent care appointments that do not require prior authorization (for example, primary care)	Within 48 hours of request
Non-urgent appointments with a specialist	Within 15 business days of request
Urgent care appointments that require prior authorization (such as specialty and ancillary care)	Within 96 hours of request
Non-urgent appointments with ancillary care providers	Within 15 business days of request
Non-urgent appointments with a non-physician behavioral health provider	Within 10 business days of request
Access to after-hours care with primary care physician (PCP)	• Ability to contact an on-call physician within 30 minutes for urgent issues • Appropriate after-hours emergency instructions

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Additional Standards for Medi-Cal Only

Based on contract requirements from the Department of Health Care Services (DHCS) [DHCS Two-Plan and & GMC Boilerplate Contracts, Exhibit A, Attachment 9 – Access & Availability], the following standards apply to Medi-Cal members only. Please share these standards as appropriate to ensure Medi-Cal members receive appointments within the time frame specified for the applicable type of service.

Appointment Type	Timely Access Standard
Well-child visit with PCP	Within 10 business days of request
Preventive physician exams and wellness checks	Within 30 calendar days of request
Prenatal and Postpartum Visits	
First prenatal visit	Within 10 business days of request
First and second trimester	Within 7 days of request
Third trimester	Within 3 days of request
High-risk pregnancy	Within 3 days of identification
Postpartum	Between 21 and 56 days after delivery

Timely Access Guidelines for All Members

Appointments must be offered to members within the time frames as specified unless one of the following exceptions applies:

- **Extending Appointment Waiting Time** – The applicable waiting time for a particular appointment may be extended if the referring, treating, or triage screening licensed healthcare provider, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the member [CCR T28 §1300.67.2.2(c)(5)(G)].
- **Advance Access** – A PCP may demonstrate compliance with the established primary care time-elapsed access standards through implementation of standards, processes, and systems providing same- or next-business-day appointments from the time an appointment is requested [CCR T28 §1300.67.2.2(c)(5)(I)].
- **Advance Scheduling** – Preventive care services and periodic follow-up care, including but not limited to standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease, may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed healthcare provider acting within the scope of his or her practice [CCR T28 §1300.67.2.2(c)(5)(H)].

The turnaround time for obtaining an authorization must adhere to the time frames outlined within the regulation for urgent and non-urgent appointments.

Improvement Plan and Rate of Compliance

The DMHC regulations require that health plans investigate and request improvement when the timely access to care standards are not met [CCR T28 §1300.67.2.2(d)(3)]. Health plans' rates of compliance according to the regulations [CCR T28 §1300.67.2.2(b)(2)(B)] are:

- Greater than or equal to 80 percent of providers indicate that they offer appointments within the timely access standard
- Greater than or equal to 90 percent of providers give members the ability to contact them within 30 minutes for urgent issues
- Greater than or equal to 90 percent of providers give members clear and appropriate instructions for emergency issues