



Access to Care Standards

The Department of Health Care services (DHCS) and the Department of Managed Health Care (DMHC) set forth requirements for all plans and contracted providers for maintaining availability standards for appointments, telephonic triage, and language accessibility. Appointments and triage for various types of medical care should be offered within specified timeframes as follows:

PRIMARY CARE	
Topic	Standard
Initial Health Appointment	Must be completed within 120 calendar days of enrollment if over the age of 18 months Must be completed within 60 calendar days of enrollment if 18 months or younger
Routine (non-urgent) PCP appointment	Within 10 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
After Hours Care	Provide or arrange 24/7 coverage
Initial Prenatal Visit	Within 14 calendar days of request
In-Office Wait Time for Scheduled Appointments	Within 30 minutes
Telephone Access and Triage	Must provide 24 hour coverage with the ability to hear from a licensed clinician within 30 minutes of request when members have an urgent (non emergent) medical need. Triage must include emergency instructions to go to nearest hospital or call 911 if members experience an emergency.
Call Return Time	30 minutes
Time to Answer Call	10 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person interpretation or telephonic interpretation

SPECIALTY CARE & ANCILLARY CARE	
Topic	Standard
Routine Appointment	Within 15 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
In-Office Wait Time	Within 30 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person or telephonic interpretation
Call Return Time	30 minutes
Time to Answer Call	10 minutes



BEHAVIORAL HEALTH

Topic	Standard
Routine Appointment (does not include MDs)	Within 10 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
In-Office Wait Time	Within 30 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person or telephonic interpretation
Call Return Time	30 minutes
Time to Answer Call	10 minutes

MEDICAL EMERGENCIES

Topic	Standard
Emergency Care	Immediately

Exceptions to the Access to Care Standards

Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance, consistent with professionally recognized standards of practice. Periodic follow-up care includes but is 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.

Provider Appointment Availability Survey (PAAS) Reminder

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, Medi-Cal Managed Care providers are required to demonstrate that urgent and routine appointments are offered within specified time frames.

To verify compliance, Medi-Cal Managed Care plans will conduct a Provider Appointment Availability Survey (PAAS). All Medi-Cal Managed Care providers will be measured against the standards above to ensure members have appropriate access to care. PAAS is conducted in the latter half of every calendar year and is conducted via fax, email, or phone. The survey will ask provider office's to identify provider's next available appointment (date/time) for various types of non-emergency and urgent care. **Providers are required to respond to PAAS and also respond to any follow up questions from NEMS and/or contracted health plans.**

Please inform your front-line staff who answer the phone that they may be receiving this call if an email or fax survey is not responded to. Any provider who does not participate in the survey will be deemed non-compliant with the Timely Access Regulations, per state requirements.

PAAS will be sent to a random sample of all participating cardiology, dermatology, endocrinology, ENT/otolaryngology, gastroenterology, general surgery, gynecology, hematology, HIV/infectious diseases, MRI, nephrology, neurology, non-physician behavioral health, oncology, ophthalmology, orthopedic surgery, physical medicine, physical therapy, primary care, psychiatry, and pulmonology providers.