

### 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 Assessment	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



<b>BEHAVIORAL HEALTH</b>	
<b>Topic</b>	<b>Standard</b>
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

<b>MEDICAL EMERGENCIES</b>	
<b>Topic</b>	<b>Standard</b>
Emergency Care	Immediately

**Exceptions to the Access to Care Standards**

**Preventive Care Services and Periodic Follow Up Care:** 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 as determined by the treating licensed health care provider acting within the scope of his or her 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.

**Interpretation Services for Patients with Limited English Proficiency (LEP)**

Language interpretation service is offered to patients with limited English proficiency, even when there is a family member or friend who can provide the interpretation. Family members and friends shall not be asked to interpret for the member. Use of family members or friends for interpretation is discouraged. Language interpretation service is offered at **NO COST** to members.

**Reference(s):**

- Department of Managed Health Care (DMHC) Timely Access Regulations 1300.67.2.2 (c)
- Department of Managed Health Care (DMHC) Timely Access Regulations 1300.67.04
- DHCS Two-Plan Model, Exhibit A, Attachment 9, Provision 3-4