TIMELY ACCESS TO CARE: APPOINTMENT AVAILABILITY

Providers __MUST__ ensure that they can provide enrollees with an appointment within a specifc number of days or hours.

Appointment Availability refers to Type of Appointment

- Routine Primary/Specialty Care Appointment
- Routine Preventative Health Services
- First Prenatal Visit
- Services for members under the age of 21 years
- Urgent Care Appointment
- Emergency & Behavioral Health Care Services

Timely also refers to the Availability of an appointment

- Within a certain amount of Business days
- Within a certain amount of Calendar days
- Within 120 days from enrollment
- Immediate/ within hours

For additional information please refer to:

LA Care: Access to Care Tips and
Anthem Blue Cross: Access to care standards

MemorialCare™
Select Health Plan

TIMELY ACCESS TO CARE: AFTER HOURS

Participating providers are responsible for offering members access to covered services 24/7.

✓ *If using an answering service/ machine this service MUST instruct the caller to dial 911 or to go directly to the emergency room if the caller is experiencing an emergency*

✓ *If using an answering machine it **MUST** provide a number so the caller can contact a live person, and provide a 30 minute timeframe from hearing back from a provider*
  - *The live person MUST also state that the provider will call back within a 30 minute timeframe*

✓ *If using an answering machine it MUST be able to prompt a non-english speaker to the emergency room if necessary, and the service should explain how to contact a telephone interpreter*

For additional information please refer to:

LA Care: Access to Care Tips and
Anthem Blue Cross: Access to care standards

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Access to care standards

Participating providers are responsible for offering members access to covered services 24/7. Access includes regular office hours on weekdays and the availability of a provider or designated agent by telephone after regular office hours, on weekends and on holidays. When unavailable, providers must arrange for on-call coverage by another participating provider. Providers are also required to meet appointment access standards as described below.

After-hours calls:

- The answering service or after-hours personnel must ask the member if the call is an emergency. In the event of an emergency, the member must be immediately directed to dial **911** or to proceed directly to the nearest hospital emergency room.
- If staff or answering service is not immediately available, an answering machine may be used. The answering machine message must instruct members with emergency healthcare needs to dial **911** or go directly to the nearest hospital emergency room. The message must also give members an alternative contact number so they can reach the primary care physician (PCP) or on-call provider with medical concerns or questions.
- Non-English-speaking members who call their PCP after hours should expect to get language-appropriate messages. In the event of an emergency, these messages should direct the member to dial **911** or proceed directly to the nearest hospital emergency room.
- In a nonemergency situation, members should receive instruction on how to contact the on-call provider. If an answering service is used, the service should know where to contact a telephone interpreter. All calls taken by an answering service must be returned.

Appointment access

Healthcare providers must make appointments for members from the time of request as follows:

General appointment scheduling	
Emergency examination	Immediate access, 24/7
Urgent (sick) examination	Within 48 hours of request if authorization is not required or within 96 hours of request if authorization is required, or as clinically indicated
Nonurgent (sick) examination	Within 48 to 72 hours of request or as clinically indicated
Routine primary care examination (nonurgent)	Within 10 business days of request
Nonurgent consults/specialty referrals	Within 15 business days of request
Nonurgent care with nonphysician mental health providers (where applicable)	Within 10 business days of request
Nonurgent ancillary	Within 15 business days of request
Mental health appointment, nonphysician	Within 10 business days of request

Services for members under the age of 21 years	
Initial health assessments:	
Children from birth to 20 years of age	Within 120 days of enrollment
Preventive care visits	Within 14 days of request

https://providers.anthem.com/ca

Access to Care Quick Tips

L.A. Care HEALTH PLAN®

Standard[1]	Medi-Cal	L.A. Care Covered	Cal-MediConnect
Primary Care Providers (PCP) **Accessibility Standards**			
Routine Primary Care Appointment (Non-Urgent) Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.	≤ 10 business days of request		
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	≤ 48 hours of request		
Emergency Care - Services for a potentially life threatening condition requiring immediate medical intervention to avoid disability or serious detriment to health.	Immediate, 24 hours a day, 7 days per week		
Preventive health examination (Routine)	≤ 10 business days of request		≤ 30 calendar days of request
First Prenatal Visit - A periodic health evaluation for a member with no acute medical problem.	≤ 14 calendar days of request	≤ 10 business days of request	≤ 14 calendar days of request
Specialty Care Provider (SCP) **Accessibility Standards:**			
Routine Specialty Care Physician Appointment (including Behavioral Health Physician)	≤ 15 business days of request		
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	≤ 96 hours, if prior authorization is required		
Ancillary Care Accessibility Standards:			
Routine Ancillary Appointment (Non-Urgent)	≤ 15 business days of request		
Behavioral Health Care Accessibility Standards:			
Routine Appointment	≤ 15 business days of request (Physicians) ≤ 10 business days of request (Non-Physicians)		
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	≤ 48 hours of request		
Life Threatening Emergency	Immediately		
Non-Life Threatening Emergency	≤ 6 hours of request		
Emergency Care	Immediate, 24 hours a day, 7 days per week		
After-Hours Care Standards:			
After Hours Care - Physicians (PCPs, Behavioral Health, or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to members. *Clinical advice can only be provided by appropriately qualified staff, e.g., physician, physician assistant, nurse practitioner or RN.	• Automated systems must provide emergency 911 instructions; and • Automated system or live party (office or professional exchange service) answering the phone must offer a reasonable process to connect the caller to the PCP, Behavioral Health Provider, or covering practitioner • Offer a call-back from the PCP, Behavioral Health Provider, covering practitioner or triage/ screening clinician within 30 minutes. If process does not enable the caller to contact the PCP, Behavioral Health Provider, or covering practitioner directly, the "live" party must have access to a practitioner or triage/screening clinician for both urgent and non-urgent calls.		
Practitioner Telephone Responsiveness:			
In-Office Waiting Room Time - The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.	Within 30 minutes		
Speed of Telephone Answer (Practitioners Office) - The maximum length of time for practitioner office staff to answer the phone.	Within 30 seconds		
Missed Appointments - The time after a missed appointment that a patient is contacted to reschedule their appointment.	Within 48 hours		

[1] Unless otherwise stated, the requirement is 100% compliance.

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