

# Improve Your Patients' Experience with Timely Access

MAKE APPOINTMENTS OR RESPOND TO PATIENTS WITHIN REGULATORY STANDARDS

**Appointment wait time standards<sup>1</sup> must be met by primary care physicians (PCPs) or specialty care physicians (SCPs).** *Your patients have the right to appointments within these standards.*



Appointment	Access standard
<b>URGENT CARE</b>	
Urgent care appointment <b>with PCP</b>	Within <b>48 hours</b> of request
Urgent care appointment <b>with SCP (prior approval needed)</b>	Within <b>96 hours</b> of request
Urgent care appointment <b>with non-physician mental health provider</b>	Within <b>48 hours</b> of request
<b>NON-URGENT</b>	
Non-urgent care appointment <b>with PCP</b>	Within <b>10 business days</b> of request
Non-urgent care appointment <b>with SCP</b>	Within <b>15 business days</b> of request
Non-urgent care appointment <b>with non-physician mental health provider</b>	Within <b>10 business days</b> of request
Appointment for <b>ancillary services</b>	Within <b>15 business days</b> of request
<b>First prenatal visit<sup>2</sup></b>	Within <b>2 weeks</b> of request
<b>Well-child visit<sup>2</sup></b>	Within <b>10 business days</b> of request
<b>Wellness check<sup>2</sup></b>	Within <b>30 calendar days</b> of request

**In-office wait time for scheduled appointments must not exceed:**

- 15 minutes for HMO, HSP and POS.<sup>3</sup>
- 30 minutes for Medicare Advantage HMO, EPO, PPO and Medi-Cal.

*(continued)*

<sup>1</sup>The Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA) require health plans to assess and report availability by contracted providers.



<sup>2</sup>Only applies to Medi-Cal line of business.

<sup>3</sup>Applies to the Patient Assessment Survey (PAAS) P4P standard.



## Directing patients to the appropriate after-hours care can:

- **Reduce improper** use of emergency room (ER) services.
- **Improve** health outcomes.

Be sure to discuss after-hours and weekend access to care during your first visit with each patient and at least yearly. **Reminder:** Providers must ensure interpreter services are available at the time of the appointment.

 <b>After-hours access</b>	 <b>Standard</b>
<b>Emergency care</b>	<b>Call 911</b> or go to the emergency room.
<b>Urgent care</b>	<b>Call the provider's office</b> 24 hours a day, 7 days a week. Expect a call back from a provider <b>within 30 minutes.</b>

Scripts are available so you can tell your patients how to access timely care when they call after business hours. Sample scripts can be found on the provider portal.

 <b>Phone response</b>	 <b>Standard</b>
Phone <b>answer time at provider's office</b>	Answer calls within <b>60 seconds.</b>
Phone <b>call back during normal business hours for non-urgent issues</b>	Call patients back within <b>1 business day.</b>



Check out the Provider Library on the provider portal for more details.

### Follow these steps:

1. Log on to [provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com).
2. Select *Provider Library* under Quick Links.
3. Select your line of business > *Provider Manual* > *Provider Oversight* > *Service and Quality Requirements* > *Access to Care and Availability Standards*.



**Interpreter services must be available at the time of the appointment.**