

Enhancing Patient Experience Through Timely Access

MEETING APPOINTMENT WAIT TIME STANDARDS

Primary care physicians (PCPs), practitioners and specialists¹ must follow rules about how quickly patients get appointments. It is important to ensure that appointments or responses to patients are made within regulatory guidelines.

By following these requirements, physicians, practitioners and other providers help guarantee timely access to care and improve the overall patient experience.



Type of care	Standard
Emergency care	Immediately
Urgent care visit with a PCP (no prior authorization)	Appointment within 48 hours of request
Urgent care visit with a specialist (requiring prior authorization)	Appointment within 96 hours of request
Non-urgent/routine care appointment with a PCP (includes OB-GYN acting as PCP)	Appointment within 10 business days of request
Non-urgent care appointment with a specialist (includes OB-GYN specialty care)	Appointment within 15 business days of request
Non-urgent ancillary services for MRI/mammogram/physical therapy	Appointment within 15 business days of request
Placement in a skilled nursing facility or intermediate care facility	<p>Amador, Calaveras, Inyo, Mono, Tulare, Tuolumne counties: Within 14 calendar days of request.</p> <p>San Joaquin, Stanislaus counties: Within 7 business days of request</p> <p>Los Angeles, Sacramento counties: Within 5 business days of request</p>
After-hours care (PCP)	<p>Ability to contact on-call physician after hours within 30 minutes for urgent issues</p> <p>Appropriate after-hours emergency instructions</p>
In-office wait time for scheduled appointments (PCP and specialist)	Not to exceed 30 minutes
Provider office phone callback for non-urgent issues during normal business hours	Provider callback within 1 business day
Phone answer time at provider's office	Within 60 seconds
Rescheduling of appointments	Must be promptly rescheduled in a way that ensures continuity of care and meets the patient's needs, consistent with professional standards

(continued)

¹The 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.

Behavioral health appointment access standards (applies to behavioral health providers only)

Type of care	Standard
Access for life-threatening emergency	Immediately
Non-life-threatening emergency	Within 6 hours
Urgent care appointment with non-physician mental health provider or mental healthcare physician (psychiatrist) that does not require prior authorization	Appointment within 48 hours of request
Urgent care appointment with non-physician mental health provider or mental healthcare physician (psychiatrist) that requires prior authorization	Appointment within 96 hours of request
Non-urgent care appointment with non-physician mental health provider for routine care	Appointment within 10 business days of request
Non-urgent appointment with mental healthcare physician (psychiatrist) for routine care	Appointment within 15 business days of request
Non-urgent follow-up appointment with non-physician mental health provider	Within 10 business days of request
Rescheduling of appointments	Must be promptly rescheduled in a way that ensures continuity of care and meets the patient's needs, consistent with professional standards

Check out the Provider Library for more details.

Follow these steps:

- 1 Go to providerlibrary.healthnetcalifornia.com.
- 2 Select a line of business.
- 3 Select *Provider Manual > Provider Oversight > Service and Quality Requirements > Access to Care and Availability Standards.*

Qualified Advanced Access Providers are automatically compliant!

PCPs and other qualified primary care providers who become Qualified Advanced Access Providers with Health Net* will automatically be compliant for urgent and non-urgent appointment standards for Health Net's annual Provider Appointment Availability Survey for the next three years!

Do you or your PCPs offer same-day scheduling? Contact us at Access.Availability.PNM@healthnet.com.

Reminder: Interpreter services must be available at the time of the appointment. **To request interpreter services for your Health Net patients, contact:**

Employer Group HMO, POS, PPO	800-641-7761	Monday through Friday, 8 a.m. to 5 p.m., Pacific time
Individual & Family Plans (Ambetter HMO)	888-926-2164	Monday through Friday, 8 a.m. to 5 p.m., Pacific time
Individual & Family Plans (Ambetter PPO)	844-463-8188	Monday through Friday, 8 a.m. to 5 p.m., Pacific time
Medi-Cal	800-675-6110	Monday through Friday, 8 a.m. to 6 p.m., Pacific time. Press 1 after the voice prompt to bypass a representative and connect directly with an interpreter For after hours, select the member option
After-hours language assistance for Individual & Family Plans and Employer Group Plans	800-546-4570	Monday through Friday, 5 p.m. to 8 a.m., Pacific time, weekends and holidays



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