

Improve Your Patients' Experience with Timely Access

MAKE APPOINTMENTS OR RESPOND TO PATIENTS WITHIN REGULATORY STANDARDS

Appointment wait time standards¹ 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
Urgent care	
Urgent care appointment with PCP	Within 48 hours of request
Urgent care appointment with SCP (prior approval needed)	Within 96 hours of request
Urgent care appointment with non-physician mental health provider	Within 48 hours of request
Non-urgent	
Non-urgent care appointment with PCP	Within 10 business days of request
Non-urgent care appointment with SCP	Within 15 business days of request
Non-urgent care appointment with non-physician mental health provider	Within 10 business days of request
Appointment for ancillary services	Within 15 business days of request
First prenatal visit²	Within 2 weeks of request
Well-child visit²	Within 10 business days of request
Wellness check²	Within 30 calendar days of request

(continued)



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

- 15 minutes for HMO, HSP and POS.³
- 30 minutes for HMO, EPO, PPO, Cal MediConnect and Medi-Cal.

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.



² Only applies to Medi-Cal line of business.

³Applies to the Patient Assessment Survey (PAS) P4P standard.



Directing patients to the appropriate after-hours care can:

- **Reduce improper** use of emergency room 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.

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

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 in the Provider Library, which can be accessed using the instructions below.

 Phone response	 Standard
Phone answer time at provider's office ²	Answer calls within 60 seconds .
Phone call back during normal business hours for non-urgent issues ²	Call patients back within 1 business day .

Non-emergency timely access standards for behavioral health services through MHN

 Access type	 Standard
Access to urgent care (that does not require prior authorization) with a behavioral health provider	Within 48 hours
Access to urgent care (that requires prior authorization) with a behavioral health provider	Within 96 hours
Access to non-urgent appointment with non-physician behavioral health care provider for routine care	Within 10 business days of request
Access to non-urgent appointment with psychiatrist for routine care	Within 15 business days of request

(continued)



Reminder: Interpreter services must be available at the time of the appointment.

To request interpreter services for members, contact Health Net at:

Large Employer Group
800-641-7761

Small Employer Group (off exchange)
800-361-3366

Small Employer Group (on exchange)
888-926-5133

Individual & Family Plans (off exchange)
877-857-0701

Individual & Family Plans (on exchange)
888-926-2164

After-hours language assistance line for HMO, PPO, EPO, POS lines of business
800-546-4570

Medi-Cal
800-675-6110

Cal MediConnect Los Angeles County:
855-464-3571

San Diego County:
855-464-3572

After-hours language assistance line for Cal MediConnect
800-546-4570



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

Follow these steps:

1. Log on to **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*.