

# Improve Your Patient's Experience with Timely Access to Care

## 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.

### After-hours

**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.



**In-office wait time for scheduled appointments must not exceed 30 minutes**

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

**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*.

<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.

## Access standards

Appointments	
Appointment type	Access standard
<b>Urgent care</b>	
Urgent care appointment with primary care physician (PCP).	Within 48 hours of request.
Urgent care appointment with specialist (prior approval needed).	Within 96 hours of request.
<b>Non-urgent appointments</b>	
Non-urgent care appointment with PCP.	Within 10 business days of request.
Non-urgent care appointment with specialist.	Within 15 business days of request.
Appointment for ancillary services.	Within 15 business days of request.
First prenatal visit <sup>2</sup> .	Within two weeks of request.
Well-child visit <sup>2</sup> .	Within two weeks of request.
Preventive/Wellness check <sup>2</sup> .	Within 30 business days of request.
<b>Behavioral health appointments</b>	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (psychiatrist) that does not require prior authorization.	Within 48 business hours of request.
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (psychiatrist) that requires prior authorization.	Within 96 business hours of request.
Non-urgent initial appointment with non-physician behavioral health care provider.	Within 10 business days of request.
Non-urgent appointment with behavioral health care physician (psychiatrist).	Within 15 business days of request.
Non-urgent care follow-up appointment with non-physician mental health care provider <sup>3</sup> .	Within 10 business days of request.
<b>After-hours</b>	
After-hours access	Access standard
After-hours physician availability.	Call back within 30 minutes of call.
After-hours emergency room instruction.	Appropriate emergency instructions.
<b>Provider office phone</b>	
The survey evaluates provider compliance with the phone access standards as set forth by DHCS.	
Phone access	Access standard
Answer member calls (can be live or recorded).	Within 60 seconds.
Return member calls for non-urgent issues.	Within one business day.
<b>In-office wait time</b>	
Access	Access standard
In-office wait time for scheduled appointments (PCP and specialists).	Not to exceed 30 minutes.



### Reminder:

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

To request interpreter services for members, contact 888-893-1569.

<sup>2</sup> Health plan standard for Medi-Cal line of business. Appointment scheduled through the provider for a preventive checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.

<sup>3</sup> APL 22-007 Monitoring and Annual Reporting Changes due to SB 221, AB 457 and Amendments to Rule 1300.67.2.2.