



Santa Clara
Family Health Plan
The Spirit of Care

To: Providers

From: Jennifer Clements, Director of Provider Operations

Date: March 5, 2015

Subject: **Important Information for Physicians Regarding Timely Access Regulations**

Dear Provider:

The Department of Managed Health Care's Timely Access to Non-Emergency Health Care Services Regulations ("Timely Access Regulations") became effective on January 17, 2011. The Timely Access Regulations require health plans to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition consistent with good professional practice.

While the Timely Access Regulations impose certain requirements on health plans, you should be aware of the requirements below and the associated implications for physicians and other providers:

Appointment Availability Standards

Health plans must ensure that appointments for various types of non-emergent care (e.g., primary care, specialty care, urgent, ancillary, behavioral health) are offered within specified timeframes. To assist providers in offering appointments to patients within the timeframes required under the Timely Access Regulations, we have included with this correspondence a reference document that details the appointment availability standards. Please share this information with the appointment schedulers in your office.

Appointment Availability Survey

Health plans are required to assess appointment availability in their provider networks. To meet this requirement, health plans will conduct appointment availability surveys with a random sampling of providers between March and August 2015. This telephonic survey, which is expected to take approximately 10 minutes or less, will ask provider offices how quickly they can schedule appointments for various types of non-emergency care (see attached reference document for the appointment availability standards for each type of care). Provider offices are encouraged to participate in this survey. Health plans are required to conduct this survey on an annual basis and report the survey results to the Department of Managed Health Care.

Provider Satisfaction Survey

Health plans are required to assess provider satisfaction with patient access to health care services. To meet this requirement, health plans will conduct a provider satisfaction survey. The survey will be conducted via a web-based tool. The link to this tool will be distributed between March and August 2015 to a random sampling of providers via email, FAX and/or U.S. mail. If your office receives a request to participate in the survey, please complete the survey promptly. The identities of individual survey respondents will remain anonymous. Health plans are required to conduct this survey on an annual basis and report the survey results to the Department of Managed Health Care.

Triage and Screening Services

Health plans are required to provide triage and screening services by telephone 24 hours per day, 7 days per week. Triage and screening services refers to the assessment of a patient by a physician, registered nurse, or other qualified health professional acting within his or her scope of practice (and trained to triage or screen patients), for the purpose of determining the urgency of the patient's need for care. Health plans must provide triage and screening services in a timely manner appropriate for the patient's condition, but in no event may the wait time for triage and screening services exceed 30 minutes. Note: Health plans are permitted to delegate the triage and screening function to providers if such delegation is negotiated and agreed to by the provider in writing.

The Timely Access Regulations apply to insurance plan types that are regulated by the Department of Managed Health Care, including the following:

- Commercial HMOs
- Medi-Cal HMOs
- Certain PPOs, including some offered by Anthem Blue Cross and Blue Shield of California
- Healthy Families
- Healthy Kids
- Access for Infants & Mothers (AIM)

The Timely Access Regulations do not apply to PPOs that are not regulated by the Department of Managed Health Care, fee-for-service Medi-Cal, fee-for-service Medicare, or Medicare Advantage plans.

If you have questions regarding this communication or the Timely Access Regulations, please contact the Provider Services Department at **1-408-874-1788**.



Timely Access to Non-Emergency Health Care Services

Appointment Availability		
Licensed Health Care Provider	Service	Access Timeframe*
PCP, Specialist	Urgent Care Appointment <ul style="list-style-type: none"> Services <u>not requiring</u> Prior Authorization Services <u>requiring</u> Prior Authorization 	<ul style="list-style-type: none"> Within 48 hours of request for appointment Within 96 hours of request for appointment
PCP and Non-Physician Mental Health Provider	Non-Urgent Appointment —for the diagnosis or treatment of injury, illness or other health condition	Within ten (10) business days of request for appointment
Specialist and Ancillary Services	Non-Urgent Appointment —for the diagnosis or treatment of injury, illness or other health condition	Within fifteen (15) business days of request for appointment
All	Preventive Care Appointment <ul style="list-style-type: none"> Periodic follow-up Standing referrals for chronic conditions Pregnancy Cardiac condition Mental Health conditions Lab and radiology monitoring 	May be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his/her practice
PCP, Specialist	First Prenatal Visit	Within two (2) weeks of request

* Appointment may be extended if the referring or treating licensed health care provider or health professional providing triage or screening services, as applicable, acting within the scope of his/her practice and consistent with professionally recognized standards or practice has determined and documented in the relevant record that a longer waiting time will not have a detrimental impact on the health of SCFHP's enrollee.

Telephone Triage		
Licensed Health Care Provider	Service	Access Timeframe*
All Licensed SCFHP Providers	Telephone Triage or Screening Services	<ul style="list-style-type: none"> 24 hours per day, 7 days per week Waiting time within 30 minutes



Timely Access to Non-Emergency Health Care Services

After Hours Accessibility		
Licensed Health Care Provider	Service	Requirement
PCP and Non-Physician Mental Health Provider	What instructions would you give a caller who is dealing with a life threatening situation?	<ul style="list-style-type: none">• Go to the nearest emergency room• Hang up and dial 911• Hang up and dial 911 or go to the nearest emergency room
PCP and Non-Physician Mental Health Provider	If the patient expresses an urgent need to speak with a clinician, is there a way to put them in touch with the physician or an on-call provider?	Yes
PCP and Non-Physician Mental Health Provider	In what time frame can the patient expect to hear from the physician or on-call provider?	30 minutes or less

In Office Wait Time		
Licensed Health Care Provider	Service	Requirement
PCP, Specialists and Non-Physician Mental Health Provider	In office wait time for scheduled appointments.	45 minutes or less