



Santa Clara Family Health Plan™

Training: Timely access to care
Required for non-compliant providers

About Santa Clara Family Health Plan

Santa Clara Family Health Plan (SCFHP) is a local, public, not-for-profit health plan dedicated to improving the health and well-being of the residents of Santa Clara County.

Our mission is to provide high quality, comprehensive health care coverage for those who do not have access to, or are not able to purchase good health care at an affordable price.

Working in partnership with providers, we act as a bridge between the health care system and those who need coverage.

About Santa Clara Family Health Plan

Our health insurance programs

- Medi-Cal is the primary state-sponsored safety net health insurance program.
- Cal MediConnect is a dual program combining Medi-Cal and Medicare benefits.

SCFHP values our partnership with our network providers, and we sincerely appreciate your participation in this training on timely access to care.

To learn more about SCFHP, please visit www.scfhp.com.

Background on timely access to care standards

The Department of Managed Health Care (DMHC) requires SCFHP and contracted providers to meet regulations that address the following timely access to care pillars:

- **Waiting times** for appointments with physicians, including primary care providers, specialty providers, and behavioral health providers.
- **Timeliness of care** in an episode of illness, including the timeliness of referrals and obtaining other services, if needed.
- **Waiting time** to speak to a physician, registered nurse, or other qualified health professional acting within his or her scope of practice who is trained to screen or triage an enrollee who may need care.

Citation: California Health & Safety Code 1367.03

Appointment standards

The next slides include regulatory standards for appointment access for providers and services in accordance with California's Health & Safety codes.

Primary care providers (PCP)

| Appointment type or service | Criteria | Standard access timeframe |
|--------------------------------|--|---|
| Urgent appointment | Immediate care is not needed for stabilization, but if not addressed in a timely way could escalate to an emergency situation. | Appointment offered within 48 hours of request. |
| Non-urgent/routine appointment | Immediate care is not needed. For example, this appointment could be annual wellness visit, related to new health issues, or a follow-up for existing health problems. | Appointment offered within 10 business days of request. |

Appointment standards

Specialists

| Appointment type or service | Criteria | Standard access timeframe |
|--------------------------------|---|---|
| Urgent appointment | Immediate care is not needed for stabilization, but if not addressed in a timely way could escalate to an emergency situation. | Appointment offered within 96 hours of request. |
| Non-urgent/routine appointment | Immediate care is not needed. For example, this appointment could relate to new health issues, or a follow-up for existing health problems. | Appointment offered within 15 business days of request. |

Obstetrics and Gynecology

| Appointment type or service | Criteria | Standard access timeframe |
|-----------------------------|-------------------------------|--|
| First prenatal visit | Immediate care is not needed. | Appointment offered within 2 weeks of request. |

Appointment standards

Behavioral health providers

| Appointment type or service | Criteria | Standard access timeframe |
|--|--|---|
| Non-life-threatening emergency appointment | Immediate assessment or care is needed to stabilize a condition or situation, but there is no imminent risk of harm to self or others. | Appointment offered within 6 hours of request. |
| Urgent appointment | Immediate care is not needed for stabilization, but if not addressed in a timely way could escalate to an emergency situation. | Appointment offered within 48 hours of request. |
| Routine (non-urgent) appointment | An assessment of care is required with no urgency or potential risk of harm to self or others. | Appointment offered within 10 business days of request. |
| Follow-up routine appointment | Follow-up care is required for non-urgent/routine care. | Appointment offered within 30 business days of request. |

Appointment standards

Other provider types and facilities

| Appointment type or service | Criteria | Standard access timeframe |
|---------------------------------------|---|--|
| Ancillary | Diagnosis or treatment of injury, illness, or other health condition. | Appointment offered within 15 business days. |
| Pharmacy | Dispensing of a covered outpatient drug in an emergency situation. | Provide at least a 72-hour supply of a covered outpatient drug. |
| Skilled nursing facility (SNF) | Patients whose functional or medical complexity are such that outcome would be compromised with less than daily skilled services. | Provide service within 5 business days. |
| Intermediate care facility (ICF) | Services for developmental disabilities. | Provide service within 5 business days. |
| Community-based adult services (CBAS) | The setting supports access to and receipt of services in the community to meet participants' needs. | Same as current 1115 Waiver – providers to consider the urgency of the services needed to meet requirements on timely access to care and services. |

Appointment standards

All providers

Extended appointment waiting time for non-urgent/routine appointments

The waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or health professional providing triage or screening services, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.

Rescheduling appointments

When it is necessary for a provider or patient to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the patient's health care needs, and ensures continuity of care is consistent with professional and good practices.

Interpreting services

SCFHP and our providers are required to take reasonable steps to provide meaningful access to interpreting services for patients with limited English proficiency (LEP). Interpreting services must be provided free of charge, be accurate and timely, and protect the privacy and independence of LEP patients.

Interpreting services

Specific requirements for interpreting and translation services

1. Language interpreting services should be offered at each appointment for individuals with Limited English Proficiency (LEP). If SCFHP patients refuse language interpreting services, it should be documented in the patient's medical record during each visit.
2. A contracted provider shall use a qualified translator when translating written content in paper or electronic form. Forms can also be interpreted over the phone. Providers must document on the form that the content was translated over the phone and a copy of the form should be filed in the patient's medical record.

You can learn more about SCFHP standards for interpreting services by downloading the [Cultural competency & disability training toolkit](#) on the [Provider training](#) page of the SCFHP website.

Telephone access & in-office wait times

| Service | Criteria | Standard |
|--|--|--|
| Patient in-coming calls | Patient calls the provider office to schedule appointment or needs to speak to a provider and/or clinical staff. | <ul style="list-style-type: none"> • Patient calls must be picked up within 60 seconds. |
| Telephone triage and screening | Patient calls for clinical staff to determine what type of care they need. Clinical staff advises patient if they need to seek emergency care. | <ul style="list-style-type: none"> • Patients must be offered a triage or screening 24 hours a day, 7 days a week. • Phone calls must be returned within 30 minutes. |
| Returning patient phone calls for non-medical related inquires | Patient call to follow-up on completion of a form or other non-medical related inquires. | <ul style="list-style-type: none"> • Patient phone calls should be returned within 1 business day. |
| In-office waiting time | Patient presents for a scheduled appointment and is waiting to see the provider. | <ul style="list-style-type: none"> • Patients must be seen by the provider within 30 minutes or less after arrival for a scheduled appointment. |

SCFHP patients have access to SCFHP's Nurse Advice Line, 24 hours a day, 7 days a week.

- Medi-Cal: **1-877-509-0294**
- Cal MediConnect: **1-844-803-6962**

After hours accessibility

| Service | Standard access requirement |
|---|--|
| Automated systems, office, or exchange/answering services | Must inform the patient that the provider will call back within 30 minutes. |
| Life-threatening situation | <p>Automated systems must provide emergency 911 instructions, such as:</p> <ul style="list-style-type: none"> • “Hang up and dial 911 or go to the nearest emergency room.” <p>Behavioral health providers should include the number to Santa Clara County Behavioral Health Services:</p> <ul style="list-style-type: none"> • “Hang up and dial 911 or go to the nearest emergency room or call Santa Clara County Behavioral Health Services at 1-800 704-0900.” |
| Urgent need to speak with a provider | Automated systems, office, or exchange/answering services must connect the patient with an on-call provider or direct the patient on how to contact a provider after hours. |

Note:

- All providers are required to provide coverage 24 hours a day, 7 days a week.
- Clinical advice may only be provided by appropriately qualified staff, i.e., physician, physician assistant, nurse practitioner, or registered nurse (RN).

SCFHP & provider responsibilities

The following are responsibilities that help SCFHP and our providers meet Department of Managed Health Care regulatory access standards:

| SCFHP responsibilities | Provider responsibilities |
|---|---|
| 1. Acknowledge access standards. | 1. Acknowledge access standards. |
| 2. Educate providers and staff on access standards. | 2. Set scheduling protocols and clinic operations to meet access standards. |
| 3. Conduct the following access surveys: <ul style="list-style-type: none"> • Provider appointment availability survey* • After-hours survey • Third next available survey | 3. Prepare staff to answer survey questions that are aligned with provider schedules and clinic operations. |
| | 4. Participate in surveys. |
| For non-compliant providers | |
| 1. Send corrective action plan letter to non-compliant providers. | 1. Non-compliant providers to submit a corrective action plan to SCFHP. |
| 2. Resurvey non-compliant providers. | 2. Non-compliant providers to participate in the resurveys. |
| Non-compliant providers after the second survey | |
| 1. Ensure providers and staff complete SCFHP's access training. | 1. Complete SCFHP's access training. |
| 2. Collect access training attestations. | 2. Submit access training attestations to SCFHP. |

*SCFHP will send a notification to providers informing them that the Provider Appointment Availability Surveys will soon be underway.

Corrective action for non-compliance

Providers who show non-compliance through access surveys are required to complete the following procedures:

| Action | Requirement | Intervention | Frequency |
|--|---|--|-----------|
| Non-compliant providers must submit a corrective action plan (CAP) to SCFHP | Acknowledge receipt of CAP letter(s) issued by SCFHP. | Providers, their compliance officers, and/or office management should evaluate the access standard(s) not met as noted in CAP letters*. | As needed |
| | Take immediate action to resolve non-compliance with timely access standards. | The provider's compliance officer and/or management should work with the provider and staff to readily correct non-compliance with access standards. | |
| | Document actions that will be taken to resolve non-compliance with access. | Submit a CAP to SCFHP within 30 days of receipt of letter. | |
| Non-compliant providers to participate in the resurveys | Providers or office management are to inform staff of resurveys. | Prepare office staff for resurveys. | As needed |

*The CAP letter is the only notice that will be submitted to providers for **resurveys**. As noted in the CAP letters, the resurveys will be completed within 30 days from the date on the letter.

Timely access standards best practices

| Action | Opportunity | Intervention | Frequency |
|--|--|--|-----------|
| Acknowledge access standards | Scheduling and call center management should review access standards. | Use this SCFHP's Access Training as a tool to educate providers and new staff members or as a refresher for established staff. | Routine |
| | Scheduling and call center management should train providers and staff on access standards. | Review access standards in provider and staff meetings. | |
| Set scheduling protocols to meet access standards | Scheduling and call center management should work with providers and staff to ensure scheduling protocols are aligned with access standards. | Review provider appointment schedules in advance with providers and staff to ensure access standards are being followed. | Routine |
| | Ensure scheduling slots are available for urgent appointments. | Providers and staff should follow timely appointment standards for urgent appointments. | |
| | Ensure scheduling slots are available for non-urgent/routine care appointments. | Providers and staff should follow timely appointment standards for non-urgent/routine appointments. | |

Timely access standards best practices

| Action | Opportunity | Intervention | Frequency |
|---|---|--|-------------------|
| Participate in SCFHP annual access surveys | Ensure SCFHP has the correct contact information for access survey notifications. | Email providerservices@scfhp.com the appropriate contact information for access survey notifications. SCFHP will need fax numbers and email addresses. | At least annually |
| | If a survey notification is received, prepare your staff to respond in a timely manner. | Readily notify staff that survey interviewers will be calling to conduct access surveys. | Routine |
| Prepare staff to answer annual access survey questions | Scheduling and call center management provides guidance to staff on answering survey questions. | Prepare staff to answer survey questions that are aligned with provider scheduling protocols. | As needed |
| | | Check in with staff to ensure they are confident that survey questions are answered correctly. | Routine |

Training attestation

Providers who were notified to complete this training due to non-compliance with timely access standards are **required** to submit an attestation to SCFHP's Provider Network Access Manager upon completing the training.

- Attestation form: <https://www.scfhp.com/access-to-care-attestation>

Thank you for completing SCFHP's Timely Access to Care training!

Please submit your questions, suggestions, or comments regarding this training to
Carmen Switzer at CarmenS@scfhp.com.