

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Janet Gambatese, Director – Provider Network Operations
Date: May 24, 2021
Subject: Timely access to care standards

Dear providers,

As a Santa Clara Family Health Plan (SCFHP) contracted provider, there are timely access to care standards set by SCFHP and the Department of Managed Health Care (DMHC) that are required to be followed.

The attached grid outlines timely access requirements for urgent care, non-urgent care, in-office wait times, returning triage or screening phone calls, and other access standards. SCFHP asks that you use the grid as a resource to align your office protocols with these standards. It can also be found online at:

<http://bit.ly/Timelyaccesstocare>.

SCFHP would also like to remind providers and their staff that providers who show continued non-compliance with access standards through access surveys and other monitoring activities are required to complete SCFHP's timely access to care training. Training can be found at: <http://bit.ly/Timelyaccesstraining>. Upon completion of training you are required to submit the training attestation found here: <https://www.scfhp.com/forms/access-to-care-training-attestation/>.

If you have questions regarding timely access to care requirements, please contact ProviderServices@scfhp.com.

Thank you!

Appointment standards

Primary care providers

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 type could be related to new health issues or a follow-up for existing health problems.	Appointment offered within 10 business days of request.

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 type could be related 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.

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.

Behavioral health providers

Appointment type or service	Criteria	Standard access timeframe
Follow-up routine appointment	Follow-up care is required for non-urgent/routine care.	Appointment offered within 30 business days of request.

Other provider types and facilities

Appointment type or service	Criteria	Standard access timeframe
Ancillary	Diagnosis or treatment of injury, illness, or other health conditions.	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)	Patient's 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 participant's 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.

Extended appointment waiting time for non-urgent/routine appointments: The waiting time for a particular appointment may be extended if the referring/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.

Interpreter services: Providers are required to offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access to that individual. Qualified translators should also be used when translating written content in paper or electronic format.

Other timely access requirements

Preventive care

Appointment type or service	Standard access requirements
Appointments including but not limited to: <ul style="list-style-type: none"> • Periodic follow-up • Standing referrals for chronic conditions • Pregnancy • Cardiac condition • Mental health condition • Lab and radiology monitoring 	May be scheduled in advance and must be consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his/her practice.

Telephone access & in-office wait times

Appointment type or service	Standard access requirements
Patient incoming calls	Patient calls must be picked up within 60 seconds.
Telephone triage and screening	Patients must be offered a triage or screening 24 hours a day, 7 days a week. Patient calls for medical-related issues must be returned within 30 minutes.
Returning patient phone calls for non-medical related inquires	Patient calls should be returned within 1 business day.
In-office wait time	Patients must be seen by the provider within 15 minutes or less from the scheduled appointment time.

After-hours accessibility

All providers are required to provide coverage 24 hours a day, 7 days a week.

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	Automated systems must provide emergency 911 instructions, such as: <ul style="list-style-type: none"> • “Hang up and dial 911 or go to the nearest emergency room.” Behavioral health providers should include the number to the Santa Clara County Behavioral Health: <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 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 should direct the patient on how to contact a provider after hours.