

IMPORTANT COMPLIANCE STANDARDS FOR TIMELY ACCESS TO CARE

New Department of Managed Health Care (DMHC) Regulations For Time-Elapsed Access Standards

The Department of Managed Health Care (DMHC) has enacted new regulations (Rule 1300.67.2.2) setting time-elapsed access standards for commercial HMO and POS participating providers. Effective January 17, 2011, California Health Plans and IPAs, like SCCIPA, are required to fully implement the policies, procedures and systems necessary to comply with this regulation. The specific standards for scheduling appointments for non-emergency health care services as outlined in the new regulation are as follows:

Appointment Access Standards for Medical Services	
Type of Service	Standard
Access to non-urgent appointments for primary care - regular and routine care (with a PCP)	Within 10 business days of request
Access to urgent care services that do not require prior authorization	Wait time not to exceed 48 hours of request
Access to urgent care (specialist and other) services that require prior authorization	Within 96 hours of request
Access to after-hours care (with a PCP)	Ability to contact on-call physician after hours within 30 minutes for urgent issues Appropriate after-hours emergency instruction
Access to non-urgent appointments with a specialist	Within 15 business days of request
In-office wait time for scheduled appointments (PCP and specialist)	Not to exceed 15 minutes
Access to preventive health services	Within 30 business days of initial request
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness or other health condition	Within 15 business days of request

Appointment Access Standards for Behavioral Health Services	
Type of Service	Standard
Access to non-urgent appointments with physician for routine care	Within 10 business days of request
Non-urgent appointments with a non-physician behavioral health care provider	Within 10 business days of request
Access to urgent care	Within 48 hours of request
Access to non-life-threatening emergency care	Within 6 hours of request
Access to life-threatening emergency care	Immediately
Access to follow-up care after hospitalization for mental illness	Within 7 business days of request (initial visit) Within 30 business days of request (second visit)

Exceptions

According to the new DMHC regulations, the following exceptions may apply to the standards:

- **Extending Appointment Waiting Times** – The applicable waiting time for a particular appointment may be extended if the referring, treating or triage screening licensed health care provider, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the member.
- **Advance Access** – A PCP may demonstrate compliance with the established primary care time-elapsed access standards through implementation of standards, processes and systems providing same or next business day appointments from the time an appointment is requested.
- **Advance Scheduling** – Preventive care services and periodic follow-up care, including, but not limited to, standing referral to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease, 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 or her practice.

If you have questions regarding this information, please contact either Cheryl Montes, Network Management Associate, at (650) 358-5802, or Treva McMahan, Network Management Associate, at (650) 358-5712.