SANTÉ COMMUNITY
PHYSICIANS

MEMORANDUM

DATE: **August 11, 2020**

TO: **Santé Community Physicians**

FROM: **Kelly Lilles, Director, Physician Services**

RE: **DMHC Requirements for Timely Access to Care**

Santé Community Physicians would like to remind our providers regarding the Department of Managed Health Care requirements for **Timely Access to Care**. It is **imperative** that our providers abide by the DMHC guidelines to be in compliance.

Appointment Type	**Appointment Required Within**
Urgent Care – prior auth NOT required by health plan	48 hours
Urgent Care – prior auth required by health plan	96 hours
Non-Urgent Primary Care Physician Appointment	10 business days
Non-Urgent Specialty Physician Appointment	15 business days
Non-Urgent Mental Health Appointment – non-physician	10 business days
Non-Urgent Ancillary Provider Appointment	15 business days

Attached is the most recent copy of Santé's Access to Care and Service policies and procedure for your reference.

For questions or concerns, please call the Santé Customer Service Department at (559) 228-5410.

7370 N. Palm Avenue, Fresno, CA 93711
P.O. Box 792, Fresno, CA 93712
Phone: (559) 228-5400

ACCESS TO CARE AND SERVICE

Approved by: Quality Improvement Committee 02/27/2020 Effective Date: 11/10 Revised: 08/20

Note: At a minimum, this policy shall be annually reviewed and revised as necessary.

Purpose: To ensure appropriate medical services access for all members.

Policy: It is the policy of Santé Community Physicians (SCP) to provide medical and behavioral health access to members in a timely manner as identified by the situation. Basic health care services and specialized health care services will be readily available and accessible to each member. It is the policy of SCP to provide information to its members who have sought medical services, instructing them on how to obtain primary and specialty care. It is the policy of SCP to annually monitor and analyze compliance with this policy, and take corrective action as necessary. It is the policy of SCP that members will not have access to Medicare Sanctioned or Excluded practitioners.

Responsibility:

Quality Improvement Department and Credentials Department

Procedure:

- Annually SCP identifies the contracted PCPs within its network, assesses via complaint review and member satisfaction surveys that the contracted health plan's definition of PCP to member ratio (1:2,000) and geographic distribution is reasonable, given the number of contracted PCPs and assigned members.
- Annually SCP identifies the contracted SCPs within its network, establishes quantifiable and measurable standards for needed number and geographic distribution of SCPs and SCP to member ratio (1:1,200), and assesses via complaint review and member satisfaction surveys that the standards are adequate and reasonable, given the number of contracted SCPs and assigned members.
- Annually SCP identifies the contracted behavioral health practitioners within its network, establishes quantifiable and measurable standards for needed number and geographic distribution of behavioral health practitioners, and assesses via complaint review and member satisfaction surveys that the standards are adequate and reasonable, given the number of contracted behavioral health practitioners and assigned members.
- SCP will provide services in a nondiscriminatory manner and make a public declaration (i.e., via posters, member handbooks, newsletters or mission statement) of commitment to nondiscriminatory behavior. The provision of health services is not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment. SCP will accept for treatment any patient in any of the health care services that they provide. SCP will address member/practitioner allegations of discrimination.

- SCP will annually collect and analyze its access compliance data to measure its performance against its access standards (may utilize data collected by the contracted health plan). SCP will identify and implement opportunities and interventions for access improvement and measure the effectiveness of those interventions. Next steps to include projected timeframes for improvement.
- SCP will ensure that medical services will be provided in a timely manner appropriate for the nature of the member's condition consistent with good professional practice.
- SCP will ensure that processes necessary to obtain covered health care services, including but not limited to prior authorization processes, will be completed in a manner that assures the timely provision of covered health care services appropriate for the nature of the enrollee's condition.

- **Medical Access Standards**

  - *Full-time PCP to Member Ratio* (based on physician total patient load): 1:2,000 (Title 10)
  - *Full-time SCP to Member Ratio*: 1:1,200
  - *Emergency* (Serious condition requiring immediate intervention): Immediate
  - *Urgent care appointment for services that <u>do not</u> require prior authorization*: within 48 hours of request of appointment
  - *Urgent care appointment for services that require prior authorization*: within 96 hours (4 calendar days) of request of appointment
  - *Non-urgent care appointment to a primary care physician*: Within 10 business days of request of appointment
  - *Non-urgent care appointment to a specialist*: Within 15 business days of request of appointment
  - *Non-urgent care appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health care conditions*: Within 15 days of request of appointment
  - Applicable waiting time may be extended if the referring or treating provider has determined and noted in the record that a longer wait time will not have a detrimental impact on the health of the member.
  - Preventive Services and follow-up care may be scheduled in advance as long as it is consistent with professionally recognized standards. These services include but are not limited to standing referrals 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.
  - Advanced Access Appointments can be scheduled with a primary care physician, or other qualified primary care provider such as a nurse practitioner or physician's assistant, within the same or the next business day from the time an appointment is requested, and advance of scheduling appointments at a later date if the member prefers not to accept the appointment are offered within the same or the next business day.
  - *Office Wait Time*: Within 15 Minutes
  - *After Hours Care*: At a minimum, SCP will have health professionals available by phone outside of business hours, which includes 24 hours a day, 7 days a week. Non-emergency after-hours calls must be directed to the PCP or the on-call provider and a return call to the member within 30 minutes.

- *After Hours Emergency Care*: Answering services or telephone system will instruct members that if they feel they have a serious acute medical condition, they should seek immediate care by calling 911 or going to the nearest hospital emergency room.

- *Interpreter Services: Under Title III of the Americans with Disabilities Act (ADA), if you* have a member that you feel needs an interpreter in order to understand, it is the provider's responsibility to see that interpreter services are coordinated with scheduled appointments to ensure the provision of interpreter services at the time of the appointment.

- *See Matrix on page 4.*

- **Telephone Access Standards**

  - *Telephone services availability relating to calls for member services, questions or problems.*
  - *Behavioral Health care telephone service availability*
  - *Call Wait Times*: <30 Seconds to be answered by a non-recorded voice
  - *Call Abandonment Rate quarterly average*: Within 5%
  - Telephone triage or screening services are provided in a timely manner appropriate for the member's condition and the triage or screening waiting time does not exceed 30 minutes.

- **Behavioral Health Care Access Standards**

  - *Life Threatening Emergency:* Immediately
  - *Non-Life Threatening Emergency:* Within 6 hours
  - *Urgent Care appointment:* Within 48 hours
  - *Routine Office Visit:* Within 10 business days

- **Provision of Written Information Regarding How to Obtain Care** (Applicable only to members who have already sought medical services from the Provider Group)**:** While it is the contracted Health Plan's responsibility to generally inform the member of this information, it is SCP's responsibility to reinforce and clarify that information. Members have the right to access services and information in alternative format (inclusive of oral and written) in the language that is prevalent to SCP's member population. Member material is available in the languages of the major (10%) population groups served. It is easy to read; understood at the 8th grade level. Member material includes a list of practitioners and their demographic information that are contracted with SCP. Member material will include information on how to obtain health care services for the following:

  - Prior authorization and review rules
  - Primary care services, including points of access
  - Specialty care and hospital service
  - Care after normal office hours
  - Emergency care, including SCP's policy on when to directly access emergency care or use 911 services
  - How to voice a complaint

- Practitioners contracted with SCP
- Addresses of practitioners that are contracted with SCP
- How to obtain language assistance

If a participant in Ready Access, Santé Community Physicians will allow the following:

- Speedy Referral – authorization from the PCP for immediate referral to the following: Allergy, Cardiology, Dermatology, Ear, Nose and Throat, Endocrinology, Gastroenterology, General Surgery, Hematology, Neurology, OB/GYN, Oncology, Ophthalmology, Orthopedic Surgery, Podiatry, Routine Laboratory, Routine X-ray, Urology.
- SCP will arrange for the provision of specialty services from specialists outside the plan's contracted network if unavailable within the network.
- Direct Access – member may self-refer to the following: Allergy, Dermatology, OB/GYN, and Ear, Nose and Throat.

- Per AB 285, Telephone Advice Services (if offered by Santé Community Physicians will meet the following requirements:
  - Registration with the State Department of Consumer Affairs by 7/1/2000
  - All involved practitioners licensed in California
  - Advice will be consistent with good professional practice
  - Implementation of a complaint tracking and reporting system
  - 5 year retention of complaints and transcripts of telephone advice service conversations

Department of Managed Health Care (DMHC) Requirements for Timely Access to Care

Appointment Type	**Time Frame**
Urgent Care – prior **auth NOT required** by health plan	48 hours
Urgent care – prior **auth required** by health plan	96 hours
Non-Urgent **Primary Care** Physician Appointment	10 business days
Non-Urgent **Specialty Physician** Appointment	15 business days
Non-Urgent **Mental Health** Appointment – non-physician	10 business days
Non-Urgent **Ancillary Provider** Appointment	15 business days

Reference Sources:

NCQA QI 5, RR 4.A; 42 CFR § 422.111(b), § 422.112(a), § 422.113(b), § 422.152(f), § 438.10(f), 28 CCR § 1300.67.2.2. DMHC TIME-ELAPSED ACCESS APPOINTMENT REGULATIONS (Source: Section 1300.67.2.2, et. Seq. of Title 28 (T28) of the California Code of Regulations (CCR); Provider