



ACCESS STANDARDS FOR CALOPTIMA HEALTH MEDI-CAL MEMBERS

CalOptima Health adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal beneficiaries can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed.

Contracted providers and health networks are expected to comply with these appointments, telephone access, practitioner availability and linguistic service standards. CalOptima Health monitors its health networks and providers for compliance. CalOptima Health may develop corrective action plans for providers and health networks that do not meet these standards. Please refer to CalOptima Health Policy GG.1600: Access and Availability Standards for more information related to CalOptima Health’s monitoring process.

UNDERSTANDING THE ACCESS STANDARDS

Please see below for a brief description of the access standards for CalOptima Health Medi-Cal members:

Access to Emergency/Urgent Medical Care:

Type of Care	Standard
Emergency Services	Immediately, 24/7
Urgent Care Services	Within 24 hours of request

Access to Primary Care:

Type of Care	Standard
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request

Type of Care	Standard
Non-Urgent Primary Care	Within 10 business days of request
Routine Physical Exams and Wellness Visits	Within 30 calendar days of request
Initial Health Appointment (IHA) or Individual Health Education Behavioral Assessment (IHEBA)	Within 120 calendar days of Medi-Cal enrollment

Access to Specialty and Ancillary Care:

Type of Care	Standard
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Non-Urgent Specialty Care	Within 15 business days of request
Non-Urgent Ancillary Services	Within 15 business days of request

Access to Behavioral Health Care:

Type of Care	Standard
Routine Care with a Mental Health (Non-Physician) Outpatient Services Provider	Within 10 business days of request
Follow-up Routine Care with a Mental Health (Non-Physician) Outpatient Services Provider	Members have a follow-up visit with a mental health (non-physician) outpatient services provider within 20 calendar days of initial visit for a specific condition
Follow-up Routine Care with a Mental Health (Physician) Outpatient Services Provider	Members have a follow-up visit with a mental health (physician) outpatient services provider within 30 calendar days of initial visit for a specific condition

Telephone Access Standards:

Description	Standard
Telephone Triage	Telephone triage will be available 24/7. Telephone triage or screening waiting time will not exceed 30 minutes
Telephone Wait Time During Business Hours	A non-recorded voice (primary care provider [PCP] or specialist office) within 30 seconds
Urgent Message During Business Hours	Practitioner returns the call within 30 minutes
Non-Emergency and Non-Urgent Messages During Business Hours	Practitioner returns the call within 24 hours
Telephone Access After/During Business Hours for Emergencies	The phone message and/or live person must instruct members to call 911 or go to the nearest emergency room
After-Hours Access	A PCP or designee will be available 24/7 a week to respond to after-hours member calls or to a hospital emergency room practitioner

Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation including, but not limited to, sign language will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24/7
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services

Description	Standard
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or standing request at no cost in all threshold languages in at least 20-point font, audio format or braille, or as needed within 21 business days of request or within a timely manner for the format requested
Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids shall be available to members with hearing, speech or sight impairments at no cost, 24/7. The TTY Line is 711
Cultural Sensitivity	Practitioners and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs, and, where appropriate, integrate these beliefs into treatment plans

Other Access Standards:

Description	Standard
Physical Accessibility	Members with disabilities shall have access that includes, but is not limited to, ramps, elevators, restrooms, designated parking spaces and drinking water provisions
In-Office Wait Time for Appointments	Less than 45 minutes before being seen by a provider
Rescheduling Appointments	Appointments will be promptly rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice
Sensitive Services	A member may self-refer to an out-of-network provider to receive sensitive services without prior authorization
Minor Consent Services	Available to a member under the age of 18 in a confidential manner without parental consent
Family Planning Services	A member may self-refer to any qualified family planning practitioner, including an out-of-network practitioner to receive family planning services

Moral or Ethical Objection: In the event a provider has a moral or ethical objection to providing a covered service to a member, CalOptima Health or a health network shall refer the member to a different provider at no extra cost to CalOptima Health.

CalOptima Health Policies and Procedures:

GG.1118: Family Planning Services, Out-of-Network

GG.1508: Authorization and Processing of Referrals

GG.600: Access and Availability