**DATE:**

ALL PLAN LETTER 22-XXX

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** TIMELY ACCESS REQUIREMENTS

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) guidance on the ongoing requirement to meet timely access standards and new requirements in Health and Safety Code (HSC) section 1367.03 as set forth by Senate Bill (SB) 221.[[1]](#footnote-1) Additionally, the APL outlines the required compliance thresholds as set by the Department of Health Care Services (DHCS) beginning measurement year 2022 for the Timely Access Survey. [[2]](#footnote-2)

**BACKGROUND:**

MCPs are required to provide timely access to care outlined in the Knox-Keene Health Care Service Act,[[3]](#footnote-3) California Code of Regulations (CCR),[[4]](#footnote-4) and the MCP contract.[[5]](#footnote-5) The Code of Federal Regulations (CFR) requires DHCS to ensure that MCPs meet all applicable standards for timely access to health care services, including any specific compliance thresholds determined by the State.[[6]](#footnote-6), [[7]](#footnote-7) Furthermore, SB 221 (Weiner, Chapter 724, Statutes of 2021) codified additional timely access standards, with which all MCPs must comply, for non-urgent follow-up appointments with non-physician mental health care providers, referrals to a specialist by a primary care provider or another specialist, and arrangement of coverage with an out-of-network (OON) non-physician mental health care provider when timely access standards are not met.[[8]](#footnote-8)

Timely access compliance rates are assessed annually and the results are included in the Annual Network Certification that is submitted to the Centers for Medicare and Medicaid Services in accordance with 42 CFR section 438.207(d). [[9]](#footnote-9) To assess compliance with timely access standards, DHCS administers a Timely Access Survey annually to determine the rate of compliance with the timely access standards outlined in the table below, as well as compliance for awareness of interpretation services at provider offices and MCP member services line.[[10]](#footnote-10)

DHCS conducts the Timely Access Survey by contacting provider offices, MCP member services lines, and nurse triage lines throughout the year using the MCP’s 274 provider data that is submitted to DHCS monthly.[[11]](#footnote-11) DHCS will specify which data month will be used for the survey calls prior to the beginning of every annual survey. To collect appointment wait times, providers are asked to confirm the next available appointments and must respond to other questions related to language, interpretation services, and telehealth services. Additionally, MCP member services staff must also respond to questions related to language, interpretation, and telehealth services. DHCS also verifies the wait times for the MCP member services line and nurse triage line. DHCS provides MCP-level Timely Access Survey results to each MCP quarterly and the annual result in the fourth quarter.

**POLICY:**

**Timely Access Standards**

MCPs are required to ensure compliance with timely access standards including the availability of interpretation services. The contractually required timely access standards are outlined in the Timely Access Standards Chart below.[[12]](#footnote-12), [[13]](#footnote-13)

**Timely Access Standards Chart**

|  |  |  |
| --- | --- | --- |
| **Provider Type** | **Appointment Type** | **Timely Access Standard[[14]](#footnote-14)** |
| PCP | Urgent Care Appointment, no prior authorization | 48 hours |
| PCP | Urgent Care Appointment, requiring prior authorization | 96 hours |
| Dental | Urgent Care Appointment | 72 hours |
| PCP | Non-urgent Appointment | 10 business days |
| Specialist | Non-urgent Appointment | 15 business days |
| Non-Physician Mental Health Provider | Non-urgent Appointment | 10 business days |
| Non-Physician Mental Health Provider | Non-urgent follow-up Appointment | 10 business days[[15]](#footnote-15) |
| Ancillary | Non-urgent Appointment for the diagnosis or treatment of injury, illness, or other health condition | 15 business days |
| Dental | Non-urgent Appointment | 36 business days |
| Dental | Preventive Care Appointment | 40 business days |
| **Telephone Wait Times** | | |
| Member Services Line | | 10 minutes or less |
| 24/7 Nurse Triage Line | | Response/Call provided within 30 minutes |
| **Provider Interpretation Services** | | |
| Providers must demonstrate their knowledge that members are entitled to receive 24/7 interpretation services in any language | | N/A |

*Member Services Telephone Wait Times*

MCPs must ensure that during normal business hours, calls made to the member services line do not exceed a waiting time of ten (10) minutes for a member to speak with member services staff knowledgeable about their inquiry.[[16]](#footnote-16)

*Provider Interpretation Services*

To ensure that a lack of interpretation services does not impede or delay timely access to care, MCPs are required to provide members who have limited proficiency in English with an interpreter or provider who speaks the member’s primary language 24 hours a day.

MCPs must meet the timely access standards in conformity with the requirements of 28 CCR section 1300.67.2.2, however, the applicable waiting time for a particular appointment may be extended for reasons, that include but are not limited to, if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, 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.[[17]](#footnote-17)

**Additional Timely Access Survey Requirements**

MCPs must ensure referrals to a specialist by a PCP or another specialist are subject to the relevant timely access standards noted in the Timely Access Standards Chart, unless other requirements are specified and subject to all timely access requirements.[[18]](#footnote-18) MCPs are also required to meet contractual requirements to provide language interpretation services.[[19]](#footnote-19), [[20]](#footnote-20)

Beginning July 1, 2022, MCPs will be required to comply with the requirement for non-urgent follow-up appointments with an outpatient mental health provider (non-physician) within ten (10) business days of the prior appointment for members undergoing a course of treatment for an ongoing mental health condition.[[21]](#footnote-21)

**Compliance Thresholds**

Beginning January 1, 2022 (Measurement Year 2022), DHCS is establishing compliance thresholds for a subset of the provider and appointment types listed in the Timely Access Standards Chart, MCP member services wait time, and provider knowledge of the interpretation services requirements as outlined in the Threshold Concentration Chart below.[[22]](#footnote-22)

**Threshold Compliance Chart**

|  |  |
| --- | --- |
| **Timely Access Category** | **Annual Threshold Compliance Rate** |
| Urgent Adult PCP Appointment | 80% |
| Urgent Pediatric PCP Appointment | 80% |
| Non-Urgent Adult PCP Appointment | 80% |
| Non-Urgent Pediatric PCP Appointment | 80% |
| Urgent Adult Specialist Appointment | 80% |
| Urgent Pediatric Specialist Appointment | 80% |
| Non-Urgent Adult Specialist Appointment | 80% |
| Non-Urgent Pediatric Specialist Appointment | 80% |
| Member Services Telephone Wait Times that are 10 Minutes or Less | 90% |
| Providers Demonstrating Knowledge of Interpretation Service Requirements | 90% |

DHCS determined the annual threshold compliance rates for timely access standards by utilizing the MCPs’ statewide average compliance rate,[[23]](#footnote-23) taking into account the relative size of the MCP’s provider network, assessing data from the previous year’s Annual Timely Access Survey, and other factors including provider availability and capacity for new and existing members.

While all MCPs are contractually obligated to 100% compliance, MCPs not meeting the annual threshold compliance rate for the specified categories (i.e., appointment type, member services telephone wait time, or provider demonstrating knowledge of interpretation services) in the Threshold Compliance Chart will be held to corrective actions and/or sanctions:[[24]](#footnote-24), [[25]](#footnote-25), [[26]](#footnote-26), [[27]](#footnote-27) MCPs falling below the listed annual threshold compliance rate will be considered noncompliant.

MCPs may provide justification for meeting a 70% threshold for PCPs and specialists in rural areas and it is up to DHCS’ discretion on whether that will be considered when assessing compliance with timely access standards. DHCS may also allow telehealth appointments to account for MCP compliance with timely access standards. If a provider offers a telehealth appointment sooner than an in-person appointment, DHCS may use the telehealth appointment when calculating the compliance threshold.

**Timely Access Oversight**

MCPs must develop, implement, and maintain procedures to ensure compliance with requirements for members to obtain timely access to appointments for routine care, urgent care, and routine specialty referral appointments, and timely access standards for telephone wait times. These procedures must describe how the MCPs monitor and evaluate timely access and address issues proactively. For example, to identify areas of timely access concerns, MCPs may monitor grievances and appeals data; distribution service area maps indicating location and number of members in comparison with providers; or primary health care access reports that provide information on provider distributions and closed practices. MCPs must also continuously monitor and enforce network providers’, subcontractors’, and downstream subcontractors’ compliance with the requirements in 28 CCR section 1300.67.2.2 and the timely access requirements in the MCP contract.

**Compliance and Enforcement**

DHCS assesses compliance rates quarterly and determines timely access compliance annually. All MCPs must submit a response to any concerns identified in the Timely Access Survey results on a quarterly basis and identify steps to ameliorate the deficiencies.

MCPs may use various methods to improve their compliance with timely access requirements including, but not limited to, utilizing telehealth when clinically appropriate and offering advanced access scheduling.[[28]](#footnote-28)

DHCS will impose a Timely Access Corrective Action Plan (CAP) on MCPs that fail to meet any of the timely access compliance threshold(s) outlined above for one measurement year. MCPs must submit a detailed CAP setting forth all steps the MCP will take to come into compliance with the non-compliant timely access threshold(s) identified in the CAP. DHCS reserves the right to impose sanctions pursuant to WIC section 14197.7 and APL 22-XXX.

MCPs under a Timely Access CAP must comply with the following mandates:

* Provide an initial CAP response to DHCS no later than 30 days after the issuance of the CAP letter;
* Provide DHCS with a status update after DHCS sends MCPs the first quarter results following CAP implementation that demonstrates action steps the MCP is undertaking to correct the deficiency(ies) and improve compliance;
* Authorize OON access to medically necessary providers within timely access standards, regardless of associated transportation or provider costs until the CAP is completed by the MCP and closed by DHCS; and
* Identify the root cause of the MCP’s inability to meet the compliance requirements and provide remedial actions.

MCPs that show no improvement by the end of the second quarter following CAP implementation must comply with the following additional mandates:

* Conduct internal monitoring of providers on a more frequent basis to ensure continual compliance;
* Implement internal verification studies on providers and report the results to DHCS;
* Impose CAPs on providers, as necessary; and
* Provide documentation to DHCS regarding any follow-up action taken for all non-compliant providers.

MCPs must update its Policies and Procedures (P&Ps) to include the requirements of this APL to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an e-mail confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP’s P&Ps have been reviewed and no changes are necessary. The e-mail confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.[[29]](#footnote-29) These requirements must be communicated by each MCP to all its subcontractors and network providers. Additionally, MCPs are required to ensure that their subcontractors and network providers are informed of and adhere to the CAP mandates and comply with all OON access authorization and transportation requirements.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Dana Durham, Chief

Managed Care Quality and Monitoring Division

1. For purposes of this APL, timely access standards include member appointment wait times and telephone wait (or hold) times. [↑](#footnote-ref-1)
2. For the Timely Access Survey, a measurement year is a calendar year. [↑](#footnote-ref-2)
3. HSC sections 1340-1399.818. State law is searchable at: <https://leginfo.legislature.ca.gov/faces/home.xhtml>. [↑](#footnote-ref-3)
4. Title 28 of the California Code of Regulations (CCR) section 1300.67.2.2. The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>. [↑](#footnote-ref-4)
5. MCP Contract, Exhibit A, Attachment 9, Access and Availability. DHCS Boilerplate Managed Care Contracts are available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>. [↑](#footnote-ref-5)
6. 42 CFR section 438.206. Part 438 of the CFR is searchable at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438>. [↑](#footnote-ref-6)
7. Applicable standards for timely access to health care services include, but is not limited to, meeting standards related to appointment availability and wait times; being subject to timely access survey (audits); and submitting annual network certifications. [↑](#footnote-ref-7)
8. SB 221 (Weiner, Chapter 724, Statutes of 2021) is available at: <https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221>. [↑](#footnote-ref-8)
9. For more information, see APL 21-006 or any superseding APL. APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. [↑](#footnote-ref-9)
10. Details on the Timely Access Survey can be found in the 2019 Medi-Cal Managed Care External Quality Review Technical Report at: [https://www.dhcs.ca.gov/Documents/MCQMD/CA2019-20-EQR-Technical-Report-Vol1-F1.pdf](https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEQRTR.aspx). [↑](#footnote-ref-10)
11. For more information, see APL 16-019 or any superseding APL. [↑](#footnote-ref-11)
12. Timely access standards also apply to Long Term Services and Supports facilities, but are monitored outside of the Timely Access Survey. For more information, see APL 21-006. [↑](#footnote-ref-12)
13. Dental timely access standards apply to MCPs that offer dental services. [↑](#footnote-ref-13)
14. The timely access standard for appointments is based on when the member makes the request for appointment (e.g., within 48 hours from the member’s request for appointment). [↑](#footnote-ref-14)
15. DHCS will not evaluate this requirement in the Timely Access Survey measurement year 2022. [↑](#footnote-ref-15)
16. HSC section 1367.03(a)(10). [↑](#footnote-ref-16)
17. 28 CCR section 1300.67.2.2(c)(5)(G). [↑](#footnote-ref-17)
18. HSC section 1367.03(a)(5)(J). [↑](#footnote-ref-18)
19. For more information, see APL 21-004 or any superseding APL. [↑](#footnote-ref-19)
20. MCP Contract, Exhibit A, Attachment 9, Access and Availability. [↑](#footnote-ref-20)
21. HSC section 1367.03(a)(5)(F). [↑](#footnote-ref-21)
22. DHCS may develop additional compliance thresholds at a later date. [↑](#footnote-ref-22)
23. See the Medi-Cal Managed Care 2019 Annual Timely Access Report for details on MCPs’ Timely Access Standards compliance rates, available at: <https://www.dhcs.ca.gov/Documents/MCQMD/Timely-Access-Report.pdf>. [↑](#footnote-ref-23)
24. For purposes of the Timely Access Survey, PCPs include non-physician medical practitioners. [↑](#footnote-ref-24)
25. DHCS core specialists are specified in APL 21-006, Network Certification Requirements, Attachment A or any subsequent revisions. [↑](#footnote-ref-25)
26. Any MCP not meeting 100% compliance could be subject to corrective actions and/or sanctions if there are significant findings and/or member harm has been determined. [↑](#footnote-ref-26)
27. Welfare and Institutions Code (WIC) section 14197.7. [↑](#footnote-ref-27)
28. 28 CCR section 1300.67.2.2. [↑](#footnote-ref-28)
29. For more information on subcontractors and network providers, including the definition and applicable requirements, see APL 19-001 or any superseding APL. [↑](#footnote-ref-29)