



**Molina Healthcare of California  
Provider/Practitioner Manual**

**Quality Improvement**

**Section#**

**Section 5: Accessibility to Services**

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## ACCESSIBILITY OF SERVICES

### ACCESSIBILITY TO CARE STANDARDS

Molina Healthcare is committed to timely access to care for all members. The Access to Care Standards below are to be observed by all Providers/Practitioners.

#### Appointments with the Primary Care Practitioner (PCP)

Members are instructed through their member handbook to call their PCP to schedule appointments for routine/non-urgent care, preventive care and urgent/emergency care visits. The PCP is expected to ensure timely access to Molina Healthcare members.

If the need for specialty care arises, the PCP is responsible for coordinating all services that fall out of the scope of the PCP's practice.

#### Standards of Accessibility

Access standards have been developed to ensure that all health care services are provided in a timely manner, however, the waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health care professional providing triage or screening services, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and documented in the relevant patient medical record that a longer waiting time will not have a detrimental impact on the health of enrollee.

These standards are based on regulatory and accreditation standards. Molina Healthcare monitors compliance to these standards. Appointment and other office standards are listed below:

Type of Care and Service	Molina Healthcare Standards
Emergency Care	Immediately
Urgent Care Appointments	Within 24 hours of the request
Urgent Care Appointments with a Specialist	Within 24 hours of the request
Routine or Non-urgent Care Appointments	Within 4 working days of the request
Routine or Non-urgent Care Appointments with a Specialist	Within 10 working days of the request
Routine or Non-urgent Care Appointment with a Non-Physician Mental Health Provider	Within 10 working days of the request
Routine or Non-urgent Care Appointment for Ancillary Services	Within 15 working days of the request
Children's Preventive Period Health Assessments (Well-Child Preventive Care) Appointments	Within 7 working days of the request
Adult Preventive Care Appointments	Within 20 working days of the request
Initial Health Assessment for a New Members (under 18 months of age)	Within 60 days of the enrollment
Initial Health Assessment for a New Members (over 18 months of age)	Within 90 days of the enrollment
Maternity Care Appointments for First Prenatal Care	Within 5 working days of the request

Physician office telephone answer time (during office hours)	Within 45 seconds of the call
Physician office response time for returning member calls during office hours	Within the same working day of the call
Office wait time to be seen by the physician for a scheduled appointment	Should not exceed 30 minutes from the appointment time
After-hour instruction for life-threatening emergency (when office is closed)	Life-threatening emergency instruction should state: "if this is a life-threatening emergency, hang up and dial 911"
Physician response time to after-hour phone message, calls and/or pages	Within 30 minutes of the call, message and/or page. A clear instruction on how to contact the physician or the designee (on-call physician) must be provided for members.

### **AfterHours Care and Emergencies**

The PCP or his/her designee must be available twenty four (24) hours a day, seven (7) days a week. Molina Healthcare requires a Provider/Practitioner or a registered nurse under his/her supervision to maintain a twenty four (24) hour phone service, seven (7) days a week. This access may be through an answering service or a recorded message after office hours. The answering service or recorded message should instruct members with a life-threatening emergency to hang-up and call 911 or go immediately to the nearest emergency room. After-hour answering service or recorded message must provide a clear instruction on how to reach the physician or the designee (on-call physician) during after business hours. Physician or the designee must respond to urgent after -hours phone calls, messages, and/or pages within thirty (30) minutes.

### **Primary Care Office Hours**

Generally office hours are from 9:00 a.m. to 5:00 p.m. However, the Provider/Practitioner has flexibility to maintain his/her own reasonable and regular office hours. All primary care sites are required to post their regular office hours and be available to the members at least twenty (20) hours a week at the site. Answer time for a live person in the office to converse with a member caller is within forty-five (45) seconds of the call during office hours. Response time for returning member calls during office hours is within the same business day of the call. Office wait time to be seen by the physician for a scheduled appointment should not exceed thirty (30) minutes from the appointment time.

### **Urgent and Emergency Care at the Primary Care Practitioner's Office**

The facility must have procedures in place to enable access to emergency services twenty four (24) hours a day, seven (7) days a week. The facility staff needs to be knowledgeable about emergency procedures and be capable of coordinating emergency services.

The recommended equipment for required emergency procedures needs to be easily accessible.

The emergency inventory list needs to be posted with drug expiration dates. Examples of emergency drugs are epinephrine and Benadryl. Oxygen needs to be secured, full, and equipped with a flow meter. The mask and Canula need to be attached. Oral airways and ambu bags appropriate for patient population need to be available. (*Refer to DHCS Facility checklist, Section 21: Physician Facility Reviews*). If there is need for Basic Life Support or Emergency Medical Services (EMS), dial 911.

### **Facility Physical Access for the Disabled**

Molina Healthcare ensures that participating PCPs provide physical access for disabled members comply with the Americans with Disabilities Act (ADA) of 1990. Physical access should include availability of ramps, elevators, modified restrooms, designated parking spaces close to the facility, and drinking water provisions. If any physical barriers to disabled accessibility exist, Molina Healthcare will discuss potential resolution with the Provider/Practitioner or the contracted IPA/Medical Group. Access for the disabled is assessed during the PCP facility site review or Specialist physical access audit conducted by Molina Healthcare.

### **Monitoring Accessibility of Services for Compliance with Standards**

Molina Healthcare monitors compliance with the established standards above.

Molina Healthcare contracts with an independent vendor to conduct a telephone appointment and after-hour availability survey annually to determine if the Provider/Practitioners' offices meet the service accessibility standards. A statistically valid random sample of Molina Healthcare's contracted Provider/Practitioner's offices is selected for the survey. One or all of the following appointment scenarios maybe addressed: routine/non-urgent care; urgent care; preventive care (adults and children); and afterhours information and availability. The results of the survey are distributed to the Providers/ Practitioners after its completion.

## **TIMELY ACCESS TO CARE: SENSITIVE AND CONFIDENTIAL SERVICES FOR ADOLESCENTS AND ADULTS**

Sensitive Services means those services related to:

- Sexual Assault
- Drug or alcohol abuse for children 12 years of age or older
- Pregnancy
- Family Planning
- Sexually transmitted diseases for children 12 years of age or older
- Abortion services
- HIV testing/counseling

The following is a brief guide on providing access to members for these sensitive areas.

### **Timely Access to Services and Treatment Consent**

Members under the age of 12 years require parental or guardian consent for obtaining services in the areas of sexually transmitted diseases or drug/alcohol abuse. Minors under the age of 12 years seeking abortion services are subject to state and federal law. Those age 12 and over can obtain any and all of the above services by signing the Authorization for Treatment form.

Timely access is required by Providers/Practitioners for members seeking the sensitive/confidential medical services for family planning and/or sexually transmitted diseases, HIV testing/counseling, as well as for confidential referrals for treatment of drug and/or alcohol abuse.

### **Family Planning Services**

To enhance coordination of care, PCPs are encouraged to refer members to Molina Healthcare Providers/ Practitioners for family planning. Members, however, do not require prior authorization from their PCP to seek family planning services. This freedom of choice provision is the result of federal legislation.

### **Privacy and Security of Protected Health Information**

Member and patient Protected Health Information (PHI) should only be used or disclosed as permitted or required by applicable law. Under HIPAA, a Provider/Practitioner may use and disclose PHI for their own treatment, payment and healthcare operations activities (TPO) without the consent or authorization of the patient who is the subject of the PHI. In addition, Providers/Practitioners must implement and maintain appropriate administrative, physical, and technical safeguards to protect the confidentiality of medical records and other PHI. Providers/Practitioners should be aware that HIPAA provides a floor for patient privacy but that state laws should be followed in certain situations, especially if the state law is more stringent than HIPAA. In general, most California healthcare Providers/Practitioners are subject to the following laws and regulations pertaining to privacy of health information:

#### 1. Federal Laws and Regulations

- HIPAA
- Medicare and Medicaid laws

#### 2. California Laws and Regulations

- Confidentiality of Medical Information Act (COMIA)
- Patient Access to Health Records Act (PAHRA)

## **Written Authorizations**

Uses and disclosures of PHI that are not permitted or required under applicable law require the valid written authorization of the patient. Authorizations should meet the requirements of HIPAA and the California Civil Code. A sample Authorization for the Use and Disclosure of Protected Health Information is found in Section 27: HIPAA Requirements.

*Providers should consult with their own legal counsel to address their specific situation.*

## **Benefits and Services**

The PCP should encourage members to seek family planning services from Providers/Practitioners within Molina Healthcare. This process will help to coordinate care and maintain continuity, supporting better health outcomes. Members have the right to access family planning services in a timely manner without need of prior authorization.

Members need to access medical care based on the nature of their medical problem. Members may request a referral for drug and/or alcohol treatment programs. Please refer to Section 13: Additional Services or Carve-out Services for further details and a list of benefits of the drug and alcohol program. Members will receive obstetrical services according to the Pregnancy and Maternal Care policy found in Section 10: Women's and Adult Health Services, Including Preventive Care. Members may receive family planning services from in plan or out of plan Providers/Practitioners as outlined in Section 10.

## **EMERGENCY CARE**

### **Emergency Care**

Emergency Services means those services needed to evaluate or stabilize an Emergency Medical Condition. Emergency Medical Condition means a medical condition which is manifested by acute symptoms of sufficient severity, including severe pain, such that a prudent lay person who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part

Emergency services using the prudent layperson definition or that meet Title 22 criteria for an emergency, do not require Molina Healthcare prior authorization. In accordance with California

Department of Health Care Services' policies and current law, members presenting to an emergency room facility may be triaged by the emergency room staff, and Molina Healthcare will pay the Medical Screening Exam fee. Emergency room staff are required to notify Molina Healthcare at the following number of a member's emergency room visit:

**(888) 2758750 (Molina Healthcare 24/7 Nurse Advice Line)**

### **Notification Requirements**

Any emergency service resulting in an inpatient admission requires Molina Healthcare notification and authorization within 24 hours (or the next business day) of the admission. Furthermore, "Out of Area" and/or non-contracted emergency service Providers/Practitioners are required to notify Molina Healthcare when the member's condition is deemed stable for follow up care in Molina Healthcare's service area and at a contracted facility. Molina Healthcare adheres to the regulations set forth in Title 28, California Code of Regulations, Chapter 3, Section 1300.71.4, Emergency Medical Condition and Post Stabilization Responsibilities for Medically Necessary Health Care Services.

**Phone: (800) 526-8196, ext. 126410 or Fax: (866) 472-6303**

### **Emergency Room Discharge and After-Care**

Aftercare instructions should be documented in the emergency facility medical record and communicated to the patient, parent, or guardian. Discharge from the emergency facility is performed on the order of a Provider/Practitioner.

### **Urgent Care**

Direct and Molina Medical Group Staff Model Office Contracted Urgent Care Providers/Practitioners may obtain authorization for urgent care services by contacting the Molina Healthcare Utilization Management Department. Telephone assistance for members and Providers/Practitioners is available twenty four (24) hours a day, seven (7) days a week through Molina Healthcare's Nurse Advice Program. Please see the next section for more information regarding Molina Healthcare's 24hour Nurse Advice Program.

### **NURSE ADVICE PROGRAM**

Molina Healthcare provides twenty four (24) hour Nurse Advice access for members and Providers/Practitioners. Licensed Registered Nurses perform telephone assessment of the member's complaints, provide telephone triage utilizing standardized guidelines which are reviewed and approved by the Nurse Advice Medical Director, and provide advice within the scope of their Registered Nurse license. Only licensed Registered Nurses offer advice regarding

the member's medical condition and make referrals to appropriate level of care for treatment in accordance with established standards of practice. Molina Healthcare Nurse Advice does not employ or allow Licensed Vocational Nurses to provide telephone triage/advice.

The goals of the program are to:

- Advise and refer members to appropriate level of care in a timely manner
- Coordinate the member's care with the PCP
- Notify participating IPAs/Medical Groups of member's ER visit and need for future care
- Educate members on health issues
- Assist in identifying members who might benefit from case management

The Nurse Advice programs are available to members and Providers/Practitioners twenty four (24) hours a day by calling:

**(888) 275-8750 English**

**(866) 648-3537 Spanish**

A tracking mechanism overseen by Molina Healthcare is in place to follow up on the disposition of the member as indicated, i.e. inpatient admission, urgent care or emergency care level treatment, need for specialty care, and office follow-up. This system is also responsible for ensuring notification to the PCP or IPA/Medical Group regarding members in need of follow-up care.