Provider Bulletin

Molina Healthcare of California

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Timely access standards

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal and Marketplace lines of business.

What you need to know:

Providers must comply with access-to-care appointment standards established by regulatory agencies, including DHCS, DMHC, and NCQA, to ensure timely delivery of health care services to members. Primary Care Providers (PCPs), or their designees, are required to maintain availability 24 hours a day, seven days a week. Members should contact their PCP to schedule routine, preventive, urgent, and emergency care. PCPs are responsible for ensuring timely access to services and for coordinating all medically necessary specialty care that falls outside the scope of primary care practice.

Access standards

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.

Provider action

Timely access standards are based on regulatory and accreditation standards. MHC monitors compliance with these standards and will implement corrective actions for access to healthcare services that do not meet the performance standards.

For more information, please refer to the **Access to Care** section under:

- MHC Medi-Cal Manual, Chapter 7
- MHC Marketplace Manual, Chapter 10

For additional information on appointment access standards, contact your local Molina Quality functional area at (888) 562-5442.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative.

After-hours care

All providers must have backup (on-call) coverage after hours or during the provider's absence or unavailability. Molina requires providers to maintain a 24-hour telephone service, seven days a week. This access may be through an answering service or a recorded message after office hours. The service or recorded message should instruct Members with an Emergency to hang up and call 911 or go immediately to the nearest emergency room. Voicemail alone after hours is not acceptable.

Primary care office hours

Generally, office hours are from 9 a.m. to 5 p.m. However, the provider/practitioner has the 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 20 hours a week at the site.

Urgent and emergency care at the PCP's office

The facility must have procedures in place to enable access to emergency services 24 hours a day, seven days a week.

Confidential and sensitive medical services

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

All providers who oversee the member's health care are responsible for providing the following appointments to Molina members in the timeframes noted:

Primary Care Providers	Primary Care Physicians and Non- Physician Medical Practitioners providing primary care
Specialists Physicians	Cardiovascular Disease, Endocrinology, and Gastroenterology
Psychiatrists	N/A
Non-Physician Mental Health Care Providers (NPMH)	Licensed Professional Clinical Counselor (LPCC), Psychologist (PhD-Level), Marriage and Family Therapist/Licensed Marriage and Family Therapist, and Master of Social Work/Licensed Clinical Social Worker
Ancillary Services Providers	Ancillary Service Providers: Facilities or entities providing mammogram or physical therapy appointments

Appointment types	Standard
Emergency Care	Immediately
PCP Urgent Care without prior authorization	48 hours
PCP Urgent Care with prior authorization	96 hours
PCP Routine or Non-Urgent Care Appointments	10 business days
PCP Adult Preventive Care	20 business days

Specialist Urgent Care without prior authorization	48 hours
Specialist Urgent Care with prior authorization	96 hours
Specialist Routine or Non-Urgent Care	15 business days
After Hours Care	24 hours/day; 7 days/week availability
Initial Health Appointment (IHA) for a New Member ***Applicable to Medicaid only**	For Members under the age of 18 months, IHA must be performed within 120 calendar days following the date of enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) for ages two (2) and younger, whichever is less. For Members over 18 months of age through 20 years of age, within 120 days of enrollment. The IHA must follow most recent AAP periodicity schedule appropriate for the child's age, and the scheduled assessments and services must include all content required by the Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) program for the lower age nearest to the current age of the child. For Members 21 years and older, within 120 days of enrollment. The IHA must include preventive services for adults recommended in the most current edition of the Guide to Clinical Preventive Services, U.S. Preventive Services Task Force, (USPSTF), specifically all USPSTF "A" and "B" recommendations, for provided preventive screening, testing, and counseling services.
Prenatal First Appointment	2 weeks
Office Telephone Answer Time (during office hours)	Within 30 seconds of call
Office Response Time for Returning Member Calls (during office hours)	Return calls within same business day of call
Office Wait Time to be Seen by Physician (for a scheduled appointment)	Should not exceed 30 minutes from the appointment time

After-hour availability	After-hour access standards
After-Hour Instruction for Emergency	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 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.

Ancillary access type	Ancillary access standards
Routine or Non-Urgent Care Appointment for Ancillary Services	15 business days of the request

Behavioral health (BH) appointment types	Standard
Urgent Care with a Behavioral Health Provider without prior authorization	48 hours
Urgent Care requiring prior authorization with a Behavioral Health Provider	96 hours
Routine or Non-Urgent Care Appointments with a Specialty Care Physician (i.e., psychiatrist)	15 business days
Routine or Non-Urgent Care Appointments with a Behavioral Health Provider	10 business days of the request
Behavioral Health Non-life-threatening emergency	6 hours of the request
Behavioral Health – Routine Follow Up with Prescribers (i.e., Psychiatrist)	30 business days from the initial appointment for a specific condition
Behavioral Health – Routine Follow-up with Non-Physician Mental Health Providers	10 business days from the initial appointment with non-prescribers (i.e., non-physician mental health care or substance use disorder provider) for a specific condition
Routine or Non-Urgent Care Appointment with a Non-Physician BH Provider or Substance Use Disorder Providers	10 business days of the request