

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals
Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(888) 562-5442, Extension:

Los Angeles/Orange Counties

X123017

Riverside/San Bernardino Counties

X120613

Sacramento County

X125682

San Diego County

X121735

Imperial County

X125682

TIMELY ACCESS REGULATIONS & SURVEY (APL 20-018)

This is an advisory notification to inform our Molina Healthcare of California (MHC) network providers regarding the Timely Access Regulations and the upcoming Provider Appointment Availability Survey (PAAS) in regards to All Plan Letter (APL) 20-018 COVID-19 (OPM) Modification of Timely Access Provider Appointment Availability Survey (PAAS) Timeframes.

This notification is based on APL 20-018, which can be found in full on the Department of Managed Care (DMHC) website at:

[http://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-018%20\(OPM\)%20-%20Modification%20of%20Timely%20Access%20PAAS%20Timeframes%20\(4_29_2020\).pdf?ver=2020-04-29-153927-827](http://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-018%20(OPM)%20-%20Modification%20of%20Timely%20Access%20PAAS%20Timeframes%20(4_29_2020).pdf?ver=2020-04-29-153927-827)

Health and Safety Code section 1344(a) allows the Director of the DMHC to "waive any requirement of any rule or form in situations where in the director's discretion that requirement is not necessary in the public interest or for the protection of the public, subscribers, enrollees, or persons or plans subject to" the Knox-Keene Act. In light of the COVID-19 State of Emergency, the Director has determined that certain requirements related to the administration of the measurement year (MY) 2020 Provider Appointment Availability Survey (PAAS) are modified, as follows:

Currently, the PAAS Methodology requires Health Plans to complete the administration of the PAAS Survey between April 1st and December 31st. For Measurement Year (MY) 2020, MHC will begin the administration of the PAAS Survey no earlier than August 1, 2020.

MHC is partnering with a vendor named QMetrics, who will be administering the PAAS survey as required by the Department of Managed Care (DMHC) Timely Access Regulations. If your practice is selected as part of the provider sample group, you may begin receiving calls to assess the availability of appointments at your office. The results must be reported to the DMHC by health plans annually. Your cooperation in completing the survey below is required if your office is selected to participate.

Appointment Availability Survey: August 2020 – December 2020

Health Plans are required to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition, consistent with good professional practice.

Health Plans are also required to ensure that plan enrollees have appropriate access to language assistance in obtaining health care services.

The survey is expected to take approximately 10 minutes – please be advised to have your practice ready to complete the survey when contacted.

Provider Types that will be included in the PAAS survey:

Primary Care Providers	Family Practice, General Practice, Pediatrics, OB/GYN's, and Internal Medicine Physicians
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Specialists	Cardiovascular Disease, Endocrinology, and Gastroenterology
Psychiatrists	
Non- Physician Mental Health Care Providers	Licensed Professional Clinical Counselor (LPCC), Psychologist (PhD-Level), Marriage and Family Therapist/License Marriage and Family Therapist, and Master of Social Work/Licensed Clinical Social Worker
Ancillary Service Providers	Facilities or entities providing mammogram or physical therapy appointments

To assist you with establishing appropriate scheduling practices based on the timeframes required under the Timely Access Regulations, we have included an outline of the appointment availability standards below. Please share this information with the appointment schedulers in your office.

Appointment Types:

Urgent Appointments	Wait Time
for services that do not need prior approval	48 hours
for services that do need prior approval	96 hours

Non-Urgent Appointments	Wait Time
Primary care appointment	10 business days
Specialist appointment	15 business days
Appointment with a mental health care provider (who is not a physician)	10 business days
Appointment for other services to diagnose or treat a health condition	15 business days

Telephone Wait Times

Provider offices must provide telephone access 24 hours a day, 7 days a week. If a member calls a Provider office, office staff should answer the phone within 10 minutes during normal business hours. If a Provider office needs to call a member back, they must call within 30 minutes.

Timely Access Regulations

The full Timely Access Regulation standards can be found by visiting:
<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessstoCare.aspx>.

We appreciate your cooperation, time, and participation in our provider Appointment Availability Survey. Thank you in advance for taking the time to complete this important and mandatory survey.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions on page one.