

Provider Link

To: CPMG Providers

From: Children's Physicians Medical Group, Inc. (CPMG)

Date: August 3, 2020

Re: Timely Access Standards

This notification summarizes the timely access to care standards, to include appointment availability and after-hours protocols. Each provider office is required to abide by these standards. As well, the CPMG Provider Relations team will conduct annual audits to ensure compliance. Please read and familiarize yourself with the following standards.

Commercial HMO - Medical Appointment Access Standards

Appointment Type	Time-Elapsed Standard
Non-urgent Care appointments for Primary Care (PCP)	Must offer the appointment within 10 Business Days of the request
Non-urgent Care appointments with Specialist physicians (SCP)	Must offer the appointment within 15 Business Days of the request
Urgent Care appointments that do not require prior authorization (PCP)	Must offer the appointment within 48 hours of request
Urgent Care appointments that require prior authorization	Must offer the appointment within 96 hours of request
Non-urgent Care appointments for ancillary services (for diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 Business Days of the request

Medi-Cal - Medical Appointment Access Standards

Access Measure	Time-Elapsed Standard
Access to PCP or designee	24 hours a day, 7 days a week
Non-urgent Care appointments for Primary Care (PCP Regular and Routine)	Must offer the appointment within 10 business days of request
Non-urgent appointments with Specialist physicians (SCP Regular and Routine)	Must offer the appointment within 15 business days of request
Urgent Care appointments that do not require prior authorization (includes appointment with any physician, Nurse Practitioner, Physician's Assistant in office)	Must offer the appointment within 48 hours of request
Urgent Care appointments that require prior authorization (SCP)	Must offer appointment within 96 hours of request
First Prenatal Visit	Must offer the appointment within 2 weeks of request
Non-urgent appointments for ancillary services (diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 business days of request
Initial Health Assessment (enrollees age 18 months and older)	Must be completed within 120 calendar days of enrollment
Initial Health Assessment (enrollees age 18 months and younger)	Must be completed within 60 calendar days of enrollment

EXCEPTIONS:

Preventive Care Services and Periodic Follow Up Care: Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.

Extending Appointment Waiting Time: The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.

Advanced Access: The primary care appointment availability standard listed above may be met if the primary care physician office provides “advanced access.” “Advanced access” means offering an appointment to a patient with a primary care physician (or nurse practitioner or physician’s assistant) within the same or next business day from the time an appointment is requested (or a later date if the patient prefers not to accept the appointment offered within the same or next business day).

Triage and Screening Services

Physician practices are required to provide triage and screening services by telephone 24 hours per day, 7 days per week. Triage and screening services refers to the assessment of a patient by a physician, registered nurse, or other qualified health professional acting within his or her scope of practice (and trained to triage or screen patients), for the purpose of determining the urgency of the patient’s need for care. Physician practices must provide triage and screening services in a timely manner appropriate for the patient’s condition, but in no event may the wait time for triage and screening services exceed 30 minutes.

After Hours Care

The primary care or specialty group practice must have, at a minimum, continuous, 24-hour telephonic coverage by a health professional. All after-hours answering services or telephonic systems must instruct the contacting member should they believe they are experiencing a serious medical condition; they should seek immediate care by calling 911 or going to the nearest emergency room. It must also state the length of wait for a return call from the provider is not to exceed 30 minutes.

Should you have any questions regarding this notification, please contact CPMG Provider Relations at providerrelations@rchsd.org.

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