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JUST THE FAX

November 16, 2023

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THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- ⋈ Riverside/San Bernardino
- □ Orange
- □ Sacramento

LINES OF BUSINESS:

- ☐ Molina Medicare

PROVIDER TYPES:

- ☑ Medical Group/ IPA/MSOPrimary Care
- □ Directs

Specialists

- □ Directs
- \bowtie IPA
- ⊠ CBAS
- ⋈ SNF/LTC
- \boxtimes DME
- □ Other

Timely Access Standards Update

This is an advisory notification to Molina Healthcare of California (MHC) network providers on access to care standards for contracted Primary Care Providers (PCPs) and participating specialists.

WHAT YOU NEED TO KNOW:

Providers are required to conform to the Access to Care appointment standards to ensure that healthcare services are provided in a timely manner. The PCP or their designee must be available 24 hours a day, seven days a week to Members.

Members are instructed 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 MHC 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.

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 the enrollee. All Providers who oversee the Member's health care are responsible for providing the following appointments to Molina Members in the timeframes noted:

PCP Appointment Types	Standard
Emergency Care	Immediately
Urgent Care without prior authorization	Within ≤ 48 hours of
	the request.
Urgent Care with prior authorization	Within ≤ 96 hours of
	the request.
PCP Routine or Non-Urgent Care Appointments	Within ≤ 10 business
	days of the request.
PCP Adult Preventive Care	Within ≤ 20 business
	days of the request.
Specialist Urgent Care without prior	Within ≤ 48 hours of
authorization	the request.
Specialist Urgent Care with prior authorization	Within ≤ 96 hours of
	the request.
Specialist Routine or Non-Urgent Care	Within ≤ 15 business
	days of the request.
Routine or Non-Urgent Care Appointment for	Within ≤ 15 working
Ancillary Services	days of the request.

Children's Preventive Periodic Health	Within ≤ 7 working days of the request.
Assessments (Well-Child Preventive Care)	
Appointments	
After Hours Care	24 hours/day; 7 day/week availability
Initial Health Assessment (IHA) for a New	Within 120 days of the enrollment or within
Member (under 18 months of age)	periodicity timelines established by the
	American Academy of Pediatrics (AAP) for
	ages 2 and younger, whichever is less.
Initial Health Assessment (IHA) for a New	Within 120 days of the enrollment. The IHA
Member (over 18 months of age through 20	must follow the most recent AAP periodicity
years of age)	schedule appropriate for the child's age, and
	the scheduled assessments and services
	must include all content required by the
	Early, Periodic, Screening, Diagnosis and
	Treatment (EPSDT) program for the lower
	age nearest to the current age of the child.
Initial Health Assessment (IHA) for a New	Within 120 days of the enrollment.
Member (age 21 years and older)	
Maternity Care Appointments for First Prenatal	Within \leq 2 weeks of the request.
Care	
Office Telephone Answer Time (during office	Within ≤ 30 seconds of call.
hours)	
Office Response Time for Returning Member Calls	Within same working day of call.
(during office hours)	
Office Wait Time to be Seen by Physician (for a	Should not exceed 30 minutes from the
scheduled appointment)	appointment time.
After-Hour Instruction for Life-Threatening	Life-threatening emergency instruction
Emergency (when office is closed)	should state: "If this is a life-threatening
	emergency, hang up and dial 911."
Physician Response Time to After-Hour Phone	Within 30 minutes of call, message and/or
Message, Calls and/or Pages	page. A clear instruction on how to contact
	the physician or the designee (on-call
	physician) must be provided for Members.

After-hour Availability	After-hour Access Standards
Appropriate after-hour emergency instruction.	If this is a life-threatening emergency, please hang up and dial 911.
Timely physician response to after-hour phone calls/pages.	Within ≤ 30 minutes.

Ancillary Access Type	Ancillary Access Standards
Non-urgent appointment for ancillary services.	Within ≤ 15 business days.

Behavioral Health Appointment Types	Standard
Urgent Care with a Behavioral Health Provider	Within ≤ 48 hours of the request.
without prior authorization	
Urgent Care requiring prior authorization with a	Within ≤ 96 hours of the request.
Behavioral Health Provider	
Routine or Non-Urgent Care Appointments with	Within ≤ 10 working days of the request.
a Behavioral Health Provider	
Behavioral Health Non-life-threatening	Within ≤ 6 hours of the request.
emergency	
BH - Routine Follow-up with Prescribers	Within ≤ 30 business days from the initial
(i.e., Psychiatrist)	appointment for a specific condition

BH – Routine Follow-up with Non-Prescribers	Within ≤ 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 Mental Health Provider	Within \leq 10 working days of the request.

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

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 Primary Care Practitioner'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.

WHAT YOU NEED TO DO:

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.

Members who are unable to obtain a timely referral to an appropriate provider should contact the Department of Managed Health Care (DMHC) Provider Complaint line toll-free at (877) 525-1295 or through their website:

https://www.dmhc.ca.gov/fileacomplaint/providercomplaintagainstaplan/submitaprovidercomplaint.aspx.

For more information, please refer to the Access to Care section under the Quality chapter of MHC's Provider Manuals:

- Medi-Cal Manual: https://www.molinahealthcare.com/-
 /media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2023-CA-Medi-Cal-Provider-Manual-November-Ad-Hoc.ashx
- Marketplace Manual: https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/~/media/Molina/PublicWebsite/PDF/Providers/ca/Marketplace/2023%20CA%20Marketplace%20Provider%20Manual%20November%20Ad-Hoc.pdf

WHAT IF YOU NEED ASSISTANCE?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
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