

Provider Bulletin

Molina Healthcare of California

<https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx>

February 2, 2024

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

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 are required to conform to the Access to Care appointment standards to ensure that healthcare services are provided in a timely manner. The primary care provider (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 enrollee.

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.

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:
<https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2024-CA-MEDI-CAL-PROVIDER-MANUAL.ashx>
- MHC Marketplace Manual, Chapter 10:
<https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/~/-/media/Molina/PublicWebsite/PDF/Providers/ca/Marketplace/2024%20CA%20Marketplace%20Provider%20Manual>

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



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:

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 authorization	Within ≤ 48 hours of 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 Ancillary Services	Within ≤ 15 working days of the request.
Children's Preventive Periodic Health Assessments (Well-Child Preventive Care) Appointments	Within ≤ 7 working days of the request.
After Hours Care	24 hours/day; 7 day/week availability
Initial Health Assessment (IHA) for a New Member (under 18 months of age)	Within 120 days of the enrollment or within 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 Member (over 18 months of age through 20 years of age)	Within 120 days of the enrollment. The IHA must follow the most recent AAP periodicity schedule appropriate for the child's age, and the scheduled assessments and services

PCP Appointment Types	Standard
	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 Member (age 21 years and older)	Within 120 days of the enrollment.
Maternity Care Appointments for First Prenatal Care	Within ≤ 2 weeks of the request.
Office Telephone Answer Time (during office hours)	Within ≤ 30 seconds of call.
Office Response Time for Returning Member Calls (during office hours)	Within same working 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 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 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.

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 without prior authorization	Within ≤ 48 hours of the request.
Urgent Care requiring prior authorization with a Behavioral Health Provider	Within ≤ 96 hours of the request.
Routine or Non-Urgent Care Appointments with a Behavioral Health Provider	Within ≤ 10 working days of the request.
Behavioral Health Non-life-threatening emergency	Within ≤ 6 hours of the request.

BH – Routine Follow-up with Prescribers (i.e., Psychiatrist)	Within ≤ 30 business days from the initial 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 or substance use disorder providers	Within ≤ 10 working days of the request.

If you are unable to obtain a timely referral to an appropriate provider, please contact the DMHC Provider Complaint line toll-free at (877) 525-1295 or through their website: <https://www.dmhc.ca.gov/fileacomplaint/providercomplaintagainstaplan/submitaprovidercomplaint.aspx>.

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 (SNFs, LTSS, ICF/DD)	Teresa Suarez Laura Gonzalez	562-549-3782 562-549-4887	Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts Anita White	562-517-1014 562-549-3550 562-549-4809 562-549-4069 562-980-3947	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi Marina Higby	562-549-3708 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email MHCProviderJusttheFax@MolinaHealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.