

**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:**  
 (855) 322-4075, Extension:

**Los Angeles/Orange Counties**

X111113 X123071  
 X127657

**Riverside/San Bernardino Counties**

X127684 X120618

**Sacramento County**

X121360

**San Diego County**

X121599 X121401  
 X127709 X121413  
 X123006

**Imperial County**

X125682 X125666

## DHCS Timely Access Standards & EQRO Survey

This is an advisory notification to Molina Healthcare of California (MHC) network providers as a reminder of Department of Healthcare Services (DHCS) Timely Access Standards & External Quality Review Organization (EQRO) Survey.

To ensure that all members are able to access timely, medically necessary covered services, DHCS will maintain a comprehensive monitoring plan to monitor compliance with timely access standards. DHCS will conduct a quarterly telephonic timely access survey through an outside vendor.

In preparation for the quarterly survey, please review the information below and share with the appropriate staff in your office.

Timely Access Survey Phases	Call Date Range	Provider Specialties
Phase 1	February 15, 2019 to March 29, 2019 <b>Completed</b>	Cardiologists/Interventional Cardiologists and Psychiatrists
Phase 2	May 17, 2019 to June 28, 2019 <b>Completed</b>	Endocrinologists and Gastroenterologists
Phase 3	August 19, 2019 to September 30, 2019 <b>Completed</b>	Dermatologists, Neurologists, and Pulmonologists
Phase 4	<b>November 13, 2019 to December 31, 2019</b>	<b>General Surgeon, Hematologists, HIV/AIDS Specialists/Infectious Disease Specialists, Nephrologists, Oncologists, Ophthalmologists, Orthopedic Surgeons, Otolaryngologists/ENT Specialists, and Physical Medicine/Rehabilitation Specialists</b>

*If you are not contracted with Molina and wish to opt out of the Just the Fax, call (855) 322-4075, ext. 127413. Please leave provider name and fax number and you will be removed within 30 days.*

### **DHCS Timely Access Standards:**

Providers shall provide or arrange for the provision, **24 hours per day, 7 days per week**, of triage or screening services by telephone.

Providers shall ensure that telephone triage or screening are provided in a timely manner appropriate for the enrollee's condition, and that triage or screening waiting time does not exceed **30 minutes**.

Providers shall ensure that, during normal business hours, the waiting time for an enrollee to speak by telephone with a plan customer service representative knowledgeable and competent regarding the enrollee's questions and concerns shall not exceed **ten minutes**.

### **Provider language services access:**

Molina provides free 24/7 access to interpreter services for members with limited English proficiency (LEP). Providers may call Molina's Member and Provider Contact Center to arrange for this service:

- For Medi-Cal members call (888) 665-4621 Mon-Fri, 7am-7pm.
- For Marketplace members call (888) 858-2150 Mon-Fri, 8am-6pm.
- For Medicare members call (800) 665-0898 Mon-Fri, 8am-8pm.
- For Cal MediConnect (Duals) members call (855) 665-4627 Mon-Fri, 8am-8pm.

For after-hours and weekends, please call Molina's Nurse Advice Line to arrange for this service:

- English (888) 275-8750
- Spanish (866) 648-3537

If a patient is unable to obtain a timely referral to an appointment provider, a contracting provider to enrollees can contact MHC to obtain assistance.

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

<b>Appointment Type</b>	<b>Must Get Appointment Within</b>
PCP, Specialist, and Behavioral Health (BH) Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
PCP, Specialist, and Behavioral Health (BH) Urgent care appointment that do require pre-approval (prior authorization)	96 hours
PCP Routine / Non-urgent primary care appointments	10 business days
PCP Well-Child Preventive Care	7 business days
PCP Adult Preventive Care	20 business days
Specialist Routine / Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Behavioral Health Routine / Non-Urgent Care	10 business days
Behavioral Health Non-life threatening emergency	6 hours
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Wait times in physician offices from appointment time	30 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial Pre-natal Care	10 business days
Obstetrics/Gynecology (OB/GYN) / Primary Care	10 business days

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Appointment Type	Must Get Appointment Within
Obstetrics/Gynecology (OB/GYN) / Specialty Care	15 business days
Pharmacy	72 hour supply of covered outpatient drug in an emergency situation
Ancillary Services	15 business days
Long Term Services	If applicable

LTSS Timely Access Network Standards defined in Table 3

Table 3: LTSS Timely Access Network Standards				
Provider Type	Timely Access Standard by County Size			
	Rural	Small	Medium	Dense
Skilled Nursing Facility (SNF)	Within 14 business days of request*	Within 14 business days of request*	Within 7 business days of request*	Within 5 business days of request* <sup>1</sup>
Intermediate Care Facility/Developmentally Disabled (ICF-DD)	Within 14 business days of request*	Within 14 business days of request*	Within 7 business days of request*	Within 5 business days of request*
Community Based Adult Services (CBAS)	Capacity cannot decrease in aggregate statewide below April 2012 level			

The full Timely Access Standards can be found by visiting the DHCS website:

[https://govt.westlaw.com/calregs/Document/IAEB5B380101711DFBF14F83A306F765F?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IAEB5B380101711DFBF14F83A306F765F?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)).

The full Network Adequacy Standards can be found by visiting the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf>.

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.