

# **ACCESS STANDARDS FOR ONECARE**

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is required to adhere to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS). DHCS and CMS implemented these standards to ensure that OneCare members can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed.

Contracted physicians and health networks are expected to comply with these appointments, telephone access, practitioner availability and linguistic service standards. OneCare monitors their health networks and providers for compliance. OneCare may develop a corrective action plan for providers and health networks that do not meet these standards. Please refer to CalOptima Health Policy MA.7007: Access and Availability Standards for more information related to CalOptima Health's monitoring process.

## UNDERSTANDING THE ACCESS STANDARDS

Please see below for a brief description of the access standards for OneCare members:

### Access to Emergency/Urgent Medical Care:

Type of Care	Standard
Emergency Services	Immediately, 24/7
Urgent Care Services	Within 24 hours of request

### **Access to Primary Care:**

Type of Care	Standard
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Non-Urgent Primary Care	Within 10 business days of request

Type of Care	Standard
Routine Physical Exams and Health Assessments	Within 30 calendar days of request

## Access to Specialty and Ancillary Care:

Type of Care	Standard
Urgent Appointments that <b>DO</b> <b>NOT</b> Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Non-Urgent Specialty Care	Within 15 business days of request
First Prenatal Visit	Within 2 weeks of request
Non-Urgent Ancillary Services	Within 15 business days of request

## Access to Behavioral Health Care

Type of Care	Standard
Routine Care with a Mental Health (Non-Physician) Outpatient Services Provider	Within 10 business days of request
Follow-up Routine Care with a Mental Health (Non-Physician) Outpatient Services Provider	Members have a follow-up visit with a mental health (non-physician) outpatient services provider within 20 calendar days of initial visit for a specific condition
Follow-up Routine Care with a Mental Health (Physician) Outpatient Services Provider	Members have a follow-up visit with a mental health (physician) outpatient services provider within 30 calendar days of initial visit for a specific condition

## **Telephone Access Standards:**

Description	Standard
Telephone Triage	Telephone triage will be available 24/7. Telephone triage or screening waiting time shall not exceed 30 minutes
Telephone Wait Time During Business Hours	A non-recorded voice (primary care provider [PCP] or specialist office) within 30 seconds
Urgent Message During Business Hours	Practitioner returns the call within 30 minutes
Non-Emergency and Non- Urgent Messages During Business Hours	Practitioner returns the call within 24 hours
Telephone Access After/During Business Hours for Emergencies	The phone message and/or live person must instruct members to call 911 or go to the nearest emergency room
After-Hours Access	A PCP or designee will be available 24/7 a week to respond to after-hours member calls or to a hospital emergency room practitioner

## **Cultural and Linguistic Standards:**

Description	Standard
Oral Interpretation	Oral interpretation including, but not limited to, sign language will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24/7
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health policies MA.4002: Cultural and Linguistic Services

Description	Standard
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available at no cost in all threshold languages upon request in at least 20-point font, audio format or braille, or as needed within 21 business days of request or within a timely manner for the format requested
Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids will be available to members with hearing, speech or sight impairments at no cost, 24/7. The TTY line is <b>711</b>
Cultural Sensitivity	Practitioners and staff will encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans

Other	Access	<b>Standards:</b>
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Description	Standard
Physical Accessibility	Members with disabilities shall have access that includes, but is not limited to, ramps, elevators, restrooms, designated parking spaces and drinking water provisions
In-Office Wait Time for Appointments	Less than 45 minutes before being seen by a provider
Rescheduling Appointments	Appointments will be promptly rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice
Sensitive Services	A member may self-refer to an out-of-network provider to receive sensitive services without prior authorization
Minor Consent Services	Available to a member under the age of 18 in a confidential manner without parental consent

Description	Standard
Family Planning Services	A member may self-refer to any qualified family planning practitioner, including an out-of-network practitioner, to receive family planning services

**Moral or Ethical Objection:** In the event a provider has a moral or ethical objection to providing a covered service to a member, CalOptima Health or a health network shall refer the member to a different provider at no extra cost to CalOptima Health.

### **CalOptima Health Policies and Procedures:**

GG.1118: Family Planning Services, Out-of-Network

GG.1508: Authorization and Processing of Referrals

MA7007: Access and Availability and Availability Standards