Access Standards for CalOptima Health Medi-Cal Members

CalOptima Health adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). DHCS conducts an annual timely access survey of all managed care plans (MCPs) to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments among network provider types.

The survey consists of calling a randomized sample of network providers by each MCP's county/region–based reporting unit. In addition, DHCS provides CalOptima Health with a plan-specific Quarterly Monitoring Response Template and Medi-Cal Managed Care Quarterly Monitoring Performance Report as part of this ongoing performance monitoring.

CalOptima Health continuously monitors and evaluates our members' ability to obtain prompt health care services, as required by DHCS. Please refer to CalOptima Health's Medi-Cal policy, GG.1600: Access and Availability Standards for more information related to the monitoring process.

Thank you for ensuring our members have access to timely health care. To continue assisting you with this effort, CalOptima Health is providing the following list of Medi-Cal timely access standards. If you have any questions or would like to speak with a Provider Relations representative, please call **714-246-8600** or email providerservicesinbox@caloptima.org.

Appointment Standards:

Type of Care	Standard
Emergency Services	24/7
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Initial Health Appointment (IHA) (first visit after becoming a CalOptima Health member)	Within 120 calendar days of enrollment or for members less than 18 months of age within recommended timelines established by AAP Bright Futures

Type of Care	Standard
Non-Urgent Appointments for Primary Care	Within 10 business days of request
Non-Urgent Appointments with Specialist Physicians	Within 15 business days of request
Non-Urgent Follow-Up Appointments for Physician Behavioral Health Care Providers	Within 30 calendar days of request
Non-Urgent Appointments for Ancillary (Support) Services	Within 15 business days of request
Non-Urgent Appointment With a Non-Physician Mental Health Provider	Within 10 business days of request
Non-Urgent Follow-up Appointment With a Non-Physician Mental Health Provider	Within 10 business days of request

Telephone Access Standards:

Description	Standard
Telephone Triage or Screening Services	Telephone triage or screening will be available 24/7. Telephone triage or screening waiting time will not exceed 30 minutes
Telephone Access After and During Business Hours for Emergencies	The phone message or live person must instruct members on: • The length of wait time for a return call from the provider • How the caller may obtain urgent or emergency care
After-Hours Access	A primary care provider (PCP) or designee will be available 24/7 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, American 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 Policy DD.2002: Cultural and Linguistic Services
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or standing request at no cost in all threshold languages 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 **711**
Cultural Sensitivity	Providers 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
Moral Objection	In the event a provider has a religious, moral or ethical objection to perform or otherwise support the provision of covered services, CalOptima Health or the health network must on a timely basis arrange, coordinate and ensure the member receives covered services through referrals to a provider that has no religious or ethical objection to performing the requested service or procedure at no additional expense to DHCS or member

Other Access Standards:

Description	Standard
Physical Accessibility	Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities
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
Minor Consent Services	Covered services of a sensitive nature which minors do not need parental consent to access
Family Planning Services	Members will have access to family planning and sexually transmitted disease services, from a provider of the member's choice, without referral or prior authorization, either in or out-of-network