Timely Access to Care

In California, health care consumers have the right to an appointment when needed.

The law requires health plans licensed by the DMHC to make providers available within specific geographic and time-elapsed standards. Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.

Appointment Type	Time frame
Urgent Care (Prior authorization not required by health plan)	48 hours
Urgent Care (prior authorization required by health plan)	96 hours
Non-Urgent Doctor Appointment (primary care physician)	10 business days
Non-Urgent Doctor Appointment (specialty physician)	15 business days
Non-Urgent Mental Health Appointment (non-physician')	10 business days
Non-Urgent Appointment (ancillary provider ²)	15 business days
Example of non-physician mental health provider include counciling professionals substance abuse professionals and qualified autism sension providers	

Health plans must also meet the following requirements to ensure customers have timely access to care:



Health plans are required to provide access to a primary care provider (PCP) or a hospital within 15 miles or 30 minutes from where enrollees live or work. (Alternate geographic access standards are evaluated when a health plan is unable to meet these standards).



Health plans are required to provide (or arrange for) telephone triage or screening services on a 24/7 basis. Patients can get help to determine how urgent their condition is, including a return call within a reasonable timeframe, not to exceed 30 minutes.



During normal business hours, the waiting time for an enrollee to speak by telephone with a knowledgeable and competent health plan customer service representative shall not exceed 10 minutes.



Interpreter services must be coordinated with scheduled appointments for health care services to ensure interpreter services are provided at the time of the appointment.

