

Provider Bulletin

Molina Healthcare of California

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August 15, 2024

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- Riverside
- San Bernardino
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Timely Access Standards & Provider Appointment Availability Survey

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the Timely Access Regulations and the upcoming Provider Appointment Availability Survey (PAAS) for MY2024 applicable to the Medi-Cal and Marketplace lines of business.

What you need to know:

MHC is partnering with vendor – QMetrics, who will be administering the PAAS survey as required by the Department of Managed Health Care (DMHC) Timely Access Regulations. If your practice is selected as part of the provider sample group, you may begin receiving calls to assess the availability of appointments at your office. The results must be reported to the DMHC by health plans annually. Your cooperation in completing the survey below is required if your office is selected to participate.

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.

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: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/2024-CA-MEDI-CAL-PROVIDER-MANUAL.pdf
- MHC Marketplace Manual, Chapter 10: 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.



Additional Provider Types added to this year:

New specialties included for Specialty (dermatology, neurology, oncology, ophthalmology, otolaryngology, pulmonology, & urology).

We recognize many offices are offering telehealth appointments. Appointments conducted in this manner are acceptable when responding to the availability of the next appointment. The survey is intended to capture the first available appointment date and time, regardless of modality.

Primary Care Providers	Primary Care Physicians and Non-Physician Medical Practitioners providing primary care
Specialists Physicians	Cardiovascular Disease, Endocrinology, and Gastroenterology
Psychiatrists	N/A
Non-Physician Mental Health Care Providers (NPMH)	Licensed Professional Clinical Counselor (LPCC), Psychologist (PhD-Level), Marriage and Family Therapist/Licensed Marriage and Family Therapist, and Master of Social Work/Licensed Clinical Social Worker
Ancillary Services Providers	Ancillary Service Providers: Facilities or entities providing mammogram or physical therapy appointments

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.

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.

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

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. (Weekends and holidays included)
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. (Weekends and holidays included)
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 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.

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PCP Appointment Types	Standard
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. (Weekends and holidays included)
Routine or Non-Urgent Care Appointments with a Behavioral Health Provider	Within ≤ 10 business days of 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
Non-urgent care Follow-Up appointment with non-physician mental health care Non-Physician Mental Health Provider	Within ≤ 10 business days of request.
Routine or Non-Urgent Care Appointment with a Non-Physician Mental Health Provider or substance use disorder providers	Within ≤ 10 business days of request.

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When this is happening:

Appointment Availability Survey Timeframe: August 2024 – December 2024

The survey is expected to take approximately 10 minutes, please be advised to have your practice ready to complete the survey when contacted.

QMetrics will be conducting the survey by email, fax, and phone:

- Email: QMetrics Surveys <Surveys@Qmetrics.us>
- Fax: (877) 399-3439 – (Should be returned to this number as well)

The following questions will be asked and inclusive for all Provider Types:

- When is the next appointment date for an urgent appointment?
- When is the next appointment time for an urgent appointment?
- When is the next appointment date for a non-urgent appointment?
- When is the next appointment time for a non-urgent appointment?
- New question included in the Survey Tool this year to capture the alternative methods providers use to provide timely access to urgent appointments for members (triage to assess appointment wait time, schedule the patient with another provider in the office, etc.)

What you need to do:

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

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:

dmhc.ca.gov/fileacomplaint/providercomplaintagainstaplan/submitprovidercomplaint.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
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian Anita White	562-517-1014 562-549-3550 562-549-4809 562-980-3947	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@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	279-895-9354 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com

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San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com
	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
	Lincoln Watkins	858-300-7722	Lincoln.Watkins@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Imperial, San Diego & Sacramento	Teresa Suarez	562-549-3782	Teresa.Suarez2@molinahealthcare.com
Los Angeles & Orange	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

If you have any questions regarding where to send the PAAS survey, please contact QMetrics.

QMetrics	Email Address
Survey Administrator	Paassurvey@Qmetrics.us

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