

<b>Policy Title: Access to Care Standards and Monitoring Process</b>		
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**ATTACHMENT A**

**CARE1ST HEALTH PLAN  
Primary Care Practitioners Access to Care Standards (PCPS)**

<b>PCPs Defined as:</b>	All practitioners providing primary care to our members, which includes: General Practice, Internal Medicine, Family Practice, Pediatrics, NPs, PAs, select OB/GYNs and other specialists assigned member for primary care services.
<b>Emergency exam</b>	<p><i>Immediately</i></p> <p>When a member calls the Practitioners office with an emergency medical condition they must arrange for the member to be seen immediately (preferably directing the member to the Emergency Room or calling 911)</p> <p>If the condition is a non-life threatening emergency it is still preferable for the member to be given access to care immediately but no later than six (6) hours.</p>
<b>Urgent PCP exam</b>	<p><i>Within 48 hours</i></p> <p><b>Within 96 hours if an authorization is required</b></p> <p>When a member contacts the Practitioners office with an urgent medical condition we require the member to be seen within above mentioned timeframes. We strongly encourage the Practitioner to work the member in on a walk-in basis the same day. If a situation arises where a Practitioner is not available (i.e., the Practitioner is attending to an emergency or member calls late on a Friday), the member can be seen by a covering Practitioner or directed to an urgent care, covering office or emergency room.</p>
<b>Sensitive Services</b>	<p>Sensitive services must be made available to members <b>preferably within 24 hours</b> but not to exceed 48 hours of appointment request. Sensitive services are services related to:</p> <ul style="list-style-type: none"> <li>▪ Sexual Assault</li> <li>▪ Drug or alcohol abuse for children 12 years of age or older</li> <li>▪ Pregnancy</li> <li>▪ Family Planning</li> <li>▪ Sexually Transmitted Diseases, for children 12 years of age or older</li> </ul> <p>Outpatient mental health treatment and counseling, for children 12 years of age or older who are mature enough to participate intelligently and where either 1) there is a danger of serious physical or mental harm to the minor or others, or 2) the children are the alleged victims, of incest or child abuse.</p> <p><i>Minors under 21 years of age may receive these services without parental consent. Confidentiality will be maintained in a manner that respects the privacy and dignity of the individual.</i></p>

<p><b>Routine PCP, Non-urgent exam</b></p>	<p><b>Within ten (10) business Days</b>                  When a member requests an appointment for a routine, non-urgent condition (i.e., routine follow-up of blood pressure, diabetes or other condition), they must be given an appointment within 10 business days.</p>
<p><b>Initial prenatal visit to OB/GYN</b></p>	<p><b><i>Within fourteen (14) calendar Days</i></b>                  Access to OB/GYN network Practitioner is available without prior authorization.</p>
<p><b>Well child visits (For child under 2 years of age)</b></p>	<p><b><i>Within fourteen (14) Calendar Days</i></b>                  When a parent of a member requests an appointment for a Well Child Visit they must be given the appointment within 14 calendar days, It is acceptable for the member to be scheduled for a covering Practitioner.</p>
<p><b>Preventive care and physical exam</b></p>	<p><b><i>Within thirty (30) Calendar Days</i></b></p>
<p><b>Initial Health Assessments and behavioral health screenings if not completed by the County Mental Health Plan or MBHO contracted Behavioral Health Practitioner previously.</b></p>	<p><b>Within thirty (30) calendar days upon request (must be completed within 90 calendar days from when member becomes eligible)</b>                  Care1st encourages that this assessment is completed within the first 90 days of enrollment. Care1st actively sends reminders to members within this period of time encouraging them to schedule this appointment.  <i>Care1st requires that a Staying Healthy Assessment form is utilized during this visit.</i></p>
<p><b>After-hours care</b></p>	<p>Physicians are required by contract to provide <b>24 hours, 7 days a week coverage</b> to members. The same standards of access and availability are required by physicians “on-call”. Care1st also has a 24 hour, 7 days a week nurse advice line available through a toll free phone line to support and assure compliance with coverage and access. Care1st also has nurse on-call 24 hours a day, 7 days a week to support coordination of care issues.</p>

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<b>Telephone Access</b>	<p>Physicians, or office staff, must return any non-emergency phone calls from members within 24 hours of the member's call. Urgent and emergent calls must be handled by the physician or his/her "on-call" coverage within 30 minutes. Clinical advice can only be provided by appropriately qualified staff (e.g.: physician, physician assistant, nurse practitioner or registered nurse). Care1st also has a 24 hour, 7 day a week nurse advice line available through a toll free phone line to support and assure compliance with coverage and access. Care1st also has nurse on-call 24 hours a day, 7 days a week to support coordination of care issues.</p> <p>Any practitioner that has an answering machine or answering service must include a message to the member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or going to the nearest emergency room.</p>
<b>Waiting Time when contacting Care1st</b>	<b>During normal business hours members will not wait more than 10 minutes to speak to a plan representative</b>
<b>Waiting Time in office</b>	<b>Thirty (30) minutes maximum</b> after time of appointment
<b>Access for Disabled Members</b>	Care1st audits facilities as part of the Facility Site Review Process to ensure compliance with Title III of the Americans with Disabilities Act of 1990.
<b>Seldom Used Specialty Services</b>	Care1st will arrange for the provision of seldom used specialty services from specialists outside the network when determined medically necessary.
<b>Failed Appointments</b> ( <i>Patient fails to show for a scheduled appointment</i> )	Failed appointments must be documented in the medical record the day of the missed appointment and the member must be contacted by mail or phone to reschedule within 48 hours. According to the Practitioner's office's written policy and procedure provisions for a case-by-case review of members with repeated failed appointments could result in referring the member to the Health Plan for case management. Practitioners' offices are responsible for counseling such members.

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**ATTACHMENT B**

**Care1st Health Plan  
Specialist Access to Care Standards**

<b>Criteria</b>	<b>Standard</b>
<b>SCPs Defined as:</b>	<i>Practitioners providing specialty care to our members, which includes all specialty types listed in Care1st Specialist network listing including dental, chiropractic, acupuncture and vision providers.</i>
<b>Emergency Care</b>	<b>Immediately</b> When the Health Plan or Emergency Room contacts a specialty Practitioners office with an emergency medical condition they must arrange for the member to be seen immediately. If a member contacts the specialist's office with an emergency need they must contact the PCP immediately or direct the member to the Emergency Room or call 911.
<b>Urgent Specialist Exam (no auth required)</b>	<b>Within 48 hours</b> When a Practitioner refers a member for an urgent care need to a specialist (i.e., fracture) and an authorization is not required the member must be seen within 48 hours or sooner as appropriate from the time the member was referred.
<b>Urgent Specialist Exam (auth required)</b>	<b>Within 96 hours</b> When a Practitioner refers a member for an urgent care need to a specialist (i.e., fracture) and an authorization is required the member must be seen within 96 hours or sooner as appropriate from the time the referral was first authorized.
<b>Routine specialist visit, Non-urgent exam</b>	<b>Within fifteen (15) Business Days</b>
<b>Routine Ancillary visit, Non-urgent exam</b>	<b>Within fifteen (15) Calendar Days</b>
<b>After-hours care</b>	Physicians are required by contract to provide <b>24 hours, 7 days a week coverage</b> to members. Physicians "on-call" require the same standards of access and availability. Care1st also has a 24 hour, 7 day a week nurse advice line available through a toll free phone line to support and assure compliance with coverage and access. Care1st also has nurse on-call 24 hours a day, 7 days a week to support coordination of care issues.

<b>Criteria</b>	<b>Standard</b>
<b>Telephone Access</b>	<p>Physicians, or office staff, must return any non-emergency phone calls from members within 24 hours of the member's call. The physician or his/her "on-call" coverage must handle urgent and emergent calls within thirty (30) minutes. Appropriately qualified staff can only provide clinical advice (e.g.: physician, physician assistant, nurse practitioner or registered nurse). Care1st also has a 24 hours, 7 day a week nurse advice line available through a toll free phone line to support and assure compliance with coverage and access. Care1st also has nurse on-call 24 hours a day, 7 days a week to support coordination of care issues.</p> <p>Our Member Services Department will keep an abandonment rate less than 5%.</p> <p>Any practitioner that has an answering machine or answering service must include a message to the member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or going to the nearest emergency room.</p>
<b><i>Waiting Time when contacting Care1st</i></b>	<b>During normal business hours members will not wait more than 10 minutes to speak to a plan representative</b>
<b><i>Waiting Time in office</i></b>	<b>Thirty (30) minutes maximum</b> after time of appointment
<b>Failed Appointments (Patient fails to show for a scheduled appointment)</b>	<p>Failed appointments must be documented in the medical record and the member's primary care Practitioner must be notified within 24 hours of the missed appointment. The member must be contacted by mail or phone to reschedule. According to the Practitioner's office's written policy and procedure provisions for a case-by-case review of members with repeated failed appointments can result in referring the member to the Health Plan for case management. Practitioners' offices are responsible for counseling such members.</p>

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**ATTACHMENT C**

**Care1st Health Plan  
Behavioral Health Access to Care Standards**

<b>Criteria</b>	<b>Standard</b>
<b>Life threatening/Emergency needs</b>	Will be seen immediately
<b>Non-Life threatening emergency needs</b>	<b>Will be seen within six (6) hours</b>
<b>Urgent needs exam</b>	<b>Within 48 hours</b>
<b>Routine office visit, Non-urgent exam</b>	<b>Within ten (10) Business Days</b>
<b>Non-physician BH Provider:</b> Routine office visit, Non-urgent exam	<b>Within ten (10) Business Days</b>
<b>After-hours care</b>	Behavioral Health services for Medi-Cal “Specialty Mental Health Services” and “Alcohol and Other Drug Programs” (AOD) are the responsibility of the appropriate County Mental Health Plan (MHP). Behavioral Health Services for Medi-Cal members with mild and moderate dysfunction outpatient services, and for all other lines of business are carved out to contracted MBHOs. The MBHOs each have 24 hour a day, 7 day a week coverage. Care1st also has RN’s on-call 24 hours a day, 7 days a week to coordinate and arrange behavioral health coverage to members.
<b>Telephone Access</b>	Access by telephone for screening and triage is available 24 hours a day 7 days a week, through our contracted MBHOs and the County MHPs, as appropriate. Care1st and its contracted MBHOs require access to a non-recorded voice within thirty (30) seconds and abandonment rate is not to exceed 5%. Care1st has RN’s on-call at all times to arrange behavioral health coverage to members.  Any practitioner that has an answering machine or answering service must include a message to the member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or going to the nearest emergency room.
<b>Standard for reaching a behavioral health professional</b>	Care1st, through our through our contracted MBHOs is available to arrange immediate access to a behavioral health professional. The County MHPs also have 24/7 access lines.

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<b>Criteria</b>	<b>Standard</b>
<b><i>Hours of Operation Parity (Medicaid LOB only)</i></b>	The organization requires the hours of operation that practitioners offer to Medicaid members to be no less than offered to commercial members. Refer to your Provider Medicaid Manual and refer to Appendix 8 and it's available on website at: <a href="https://www.care1st.com/media/pdf/health-education/providers/Provider_Manual_Med.pdf">https://www.care1st.com/media/pdf/health-education/providers/Provider_Manual_Med.pdf</a>
<b>Autism Access Standards</b>	
<b>PCP</b>	<b>Within ten (10) Business Days</b>
<b>Specialty Provider</b>	<b>Within fifteen (15) Business Days.</b> (after appropriate PCP visit) Perform comprehensive evaluation and submit to Plan.
<b>Qualified Autism Service (QAS) Provider</b>	<b>Within fifteen (15) Business Days</b> after evaluation is approved by the Plan. Perform functional assessment and submit treatment plan to Plan.
<b>QAS Provider (professional or paraprofessional)</b>	<b>Within fifteen (15) Business Days</b> after treatment plan approved by Plan. Begin treatment/services.

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**ATTACHMENT D**

**Care1st Health Plan  
Ancillary Access to Care Standards**

<b>Criteria</b>	<b>Standard</b>
<b>Ancillary Providers</b>	<b>Will be seen within fifteen (15) Business Days,</b> for services where prior authorization that has been obtained.