



State of California—Department of Managed Care---New Timely Access Regulations

California Code of Regulations; Title 28-Managed Care; Chapter 2-Health Service Plans Article 7-Standards; § 1300.67.2.2 Timely Access to Non-Emergency Health Care Services

These regulations, which are **effective as of January 1, 2011**, require that each health plan's contracted provider network has adequate capacity and availability of licensed health care providers to offer enrollees appointments that meet the following timeframes:

- (A) ***Urgent care appointments for services that do not require prior authorization***: within 48 hours of the request for appointment, except as provided in (G);
- (B) ***Urgent care appointments for services that require prior authorization***: within 96 hours of the request for appointment, except as provided in (G);
- (C) ***Non-urgent appointments for primary care***: within ten business days of the request for appointment, except as provided in (G) and (H);
- (D) ***Non-urgent appointments with specialist physicians***: within fifteen business days of the request for appointment, except as provided in (G) and (H);
- (E) ***Non-urgent appointments with a non-physician mental health care provider***: within ten business days of the request for appointment, except as provided in (G) and (H);
- (F) ***Non-urgent appointments for ancillary services for the diagnosis or treatment*** of injury, illness, or other health condition: within fifteen business days of the request for appointment, except as provided in (G) and (H);
- (G) The ***applicable waiting time for a particular appointment may be extended if*** the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the enrollee;
- (H) ***Preventive care services***, and periodic follow up care, including but not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease, may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice;

Note that Aetna ***does not delegate*** monitoring and assessment of these standard to any of its contracted provider groups.

Aetna will begin assessing its contracted provider network against these standards beginning in 2011. Assessment will include a survey to assess availability of appointments and a provider satisfaction survey to solicit your concerns and perspectives with regard to the standards.