

### **Timely Access To Care**

(For California Members Accessing the PHCS Network via a Health Insurer/Carrier Subject to California Insurance Laws and Regulations)

Your health insurer/carrier may be required to comply with California requirements for network adequacy. As such, according to California Insurance Code §10133.53, MultiPlan is required to inform you about the California Department of Insurance's requirements for (i) timely access to care pursuant to California Insurance Code §10133.5, (ii) appointment wait times for urgent care, nonurgent primary care, and nonurgent specialty care, (iii) available telephone screening services, and (iv) the availability of interpreter services including the availability of such services at the time of your appointment as required by California Insurance Code §10133.8. Please note that your health insurer/carrier may not be subject to these California laws and/or exceptions may apply if the California Department of Insurance has found such exceptions to be permissible. Please contact your health insurer/carrier for information specific to your plan.

*Timely Access to Care (as required by CA Ins. Code §10133.5)*

- (1) Your health insurer/carrier may be required to provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of your condition consistent with good professional practice. Health Insurers/Carriers may be required to establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes sufficient to ensure compliance with this clinical appropriateness standard. A health insurer/carrier that uses a tiered network may be required to demonstrate compliance with the standards established by this section based on providers available at the lowest cost-sharing tier.
- (2) Health insurers/carriers may be required to ensure that all network and provider processes necessary to obtain covered health care services, including but not limited to prior authorization processes, are completed in a manner that assures the provision of covered health care services to you in a timely manner appropriate for the your condition and in compliance with the requirements of the California Department of Insurance for network access pursuant to 10 CCR § 2240.15.
- (3) When it is necessary for a provider or you to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the your health care needs, and ensures continuity of care consistent with good professional practice, and consistent with the objectives of Section 10133.5 of the Insurance Code and the requirements of the California Department of Insurance for network access pursuant to 10 CCR § 2240.15.
- (4) Your health insurer/carrier may be subject to the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 and required to provide you with full and equal access to covered services. Please contact your health insurer/carrier for information on how to access such services. Provider directories include handicap accessible search criteria for your assistance. For TTY/TDD services related to MultiPlan directory assistance, please call 866-918-7427. To report an ADA barrier on MultiPlan's website, please access the link at the bottom of the directory search at [www.multiplan.com](http://www.multiplan.com).

*Appointment Wait Times (as required by CA Ins. Code §10133.5)*

Your health insurer/carrier may be required, pursuant to 10 CCR § 2240.15(b)(5), to ensure that the provider network has adequate capacity and availability of licensed health care providers to offer you and other covered persons 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 below in section (G);
- (B) Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment, except as provided below in section (G);
- (C) Non-urgent appointments for primary care: within ten business days of the request for appointment, except as provided below in sections (G) and (H);
- (D) Non-urgent appointments with specialist physicians: within fifteen business days of the request for appointment, except as provided below in sections (G) and (H);
- (E) Non-urgent appointments with a non-physician mental health care or substance use disorder provider: within ten business days of the request for appointment, except as provided below in sections (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 below in sections (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 covered person;
- (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 or substance use disorder 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.

*Telephone Screening Services (as required by CA Ins. Code §10133.53)*

- (1) Health insurers/carriers may be required to provide or arrange for the provision, 24 hours per day, 7 days per week, of triage or screening services by telephone.
  - (A) Health insurers/carriers may be required to ensure that telephone triage or screening services are provided in a timely manner appropriate for the insured's condition, and that the triage or screening waiting time does not exceed 30 minutes.
  - (B) Health insurers/carriers, subject to California laws, may provide or arrange for the provision of telephone triage or screening services through one or more of the following means: insurer-operated telephone triage or screening services; telephone medical advice services pursuant to Section 10279 of the Insurance Code; the insurer's

contracted primary care and mental health care or substance use disorder provider network; or other method that provides triage or screening services consistent with the requirements of this section.

- (2) A health insurer/carrier that arranges for the provision of telephone triage or screening services through contracted primary care, mental health care, and substance use disorder providers may be required to require those providers to maintain a procedure for triaging or screening covered persons' telephone calls, which, at a minimum, shall include the employment, during and after business hours, of a telephone answering machine and/or an answering service and/or office staff, that will inform the caller:
  - (A) Regarding the length of wait for a return call from the provider; and
  - (B) How the caller may obtain urgent or emergency care including, when applicable, how to contact another provider who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.
- (3) A health insurer/carrier that arranges for the provision of triage or screening services through contracted primary care, mental health care, and substance use disorder providers who are unable to meet the time-elapsd standards may be required to provide or arrange for the provision of insurer-contracted or operated triage or screening services, which shall, at a minimum, be made available to covered persons affected by that portion of the insurer's network.
- (4) A health insurer/carrier may be required to ensure that, during normal business hours, the waiting time for a covered person to speak by telephone with an insurer customer service representative knowledgeable and competent regarding the covered person's questions and concerns shall not exceed ten (10) minutes, or that the covered person will receive a scheduled call-back within 30 minutes.

*No Cost Interpreter Services (as required by CA Ins. Code §10133.8)*

- (1) Your health insurer/carrier may be required to provide language interpreter services to you, at no cost, pursuant to California Insurance Code 10133.15(g)(1). Please contact your health insurer/carrier for details on how to obtain language interpreter services specific to your plan.
- (2) Interpreter services required by Section 10133.8 of the Insurance Code and Article 12 of Title 10 California Code of Regulations, commencing with Section 2538.1, shall be coordinated with scheduled appointments for health care services in a manner that ensures the provision of interpreter services at the time of the appointment consistent with Title 10, California Code of Regulations, section 2538.6 without imposing delay on the scheduling of the appointment. This section does not modify the requirements established in sections 10133.8 or 10133.9 of the Insurance Code.

- (3) MultiPlan's Service Operations Department has access to interpreter services should you have a question about the network. Additionally, for the convenience of our clients' members, the directory includes the languages spoken by each network provider. Please contact MultiPlan's service operations department for assistance (telephone numbers are located at <http://www.multiplan.com/contactus/>).