

Timely Access to Care

California law requires health plans to provide timely access to care. This law sets limits on how long enrollees have to wait to get appointments and telephone assistance. Enrollees have the right to appointments and care within the following time frames:

- a. Emergency care is available 24 hours a day, 7 days per week. An active after-hours mechanism, such as an answering machine, answering service, a cell phone, or a pager, is available at provider offices for 24-hour/7-day contact or instructions.
- b. Urgent care is provided within 72 hours when consistent with the patient's individual needs and required by generally accepted standards.
- c. Non-urgent appointments for initial visits or for routine and specialty care are available within 36 business days of the enrollee's request.
- d. Preventative care appointments are available within 40 business days of the enrollee's request.
- e. If an enrollee calls our plan's customer service phone number, a Customer Service Representative will answer the phone within 10 minutes during normal business hours.

Additionally, provider facilities should meet Americans with Disabilities Act (ADA) access guidelines, including wheel-chair accessibility. Enrollees are entitled to full and equal access to covered services, including for enrollees who are disabled (compliance with Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973).

If an enrollee is having trouble communicating with their provider at their appointment, we will arrange interpretation services to help via telephone or in-person, at no cost.

If you are unable to obtain a timely referral to an appropriate provider, you can contact Customer Service. You can also file a complaint with the California Department of Insurance at 1-800-924-4357 or 1-800-482-4833 (TTY for the hearing and speech impaired).