

Title 22, § 53853. Accessibility of Services.

(a) Each plan in a designated region shall retain sufficient professional medical staff, including adequate numbers of specialists and subspecialists, to provide access to preventive and managed health care services to its members. Access to physicians or physician extenders shall be as follows:

(1) Each plan shall ensure its provider network satisfies a ratio of at least one full-time equivalent primary care physician for every 2,000 members.

(2) Each plan shall ensure its provider network satisfies a ratio of at least one full-time equivalent physician for every 1,200 plan members.

(3) Plans that utilize nonphysician medical practitioners shall not allow a full-time equivalent nonphysician medical practitioner to maintain a caseload of more than 1,000 plan members. The plan shall ensure compliance with title 22, CCR, sections 51240 and 51241.

(4) If utilized by a plan, members may select a nonphysician practitioner as their primary care provider. Nonphysician practitioners including certified nurse midwives, nurse practitioners and physicians assistants, shall meet the requirements of existing practice and licensure standards for mid-level practitioners, as specified in section 1399.541 and 1470, Title 16, CCR.

(b) Each plan in a region shall ensure that each member of the plan has a primary care physician to supervise and coordinate each member's health care, by either allowing members to select their primary care physicians or assigning members to primary care physicians, pursuant to section 53890.

(c) Each plan shall ensure that members have 24-hour access to interpreter services.

(d) Each plan shall ensure that other appropriate linguistic services are available to members pursuant to the contract between the plan and the department. § 53853. Accessibility of Services.

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Title 28, § 1300.67.2 Accessibility of Services

Within each service area of a plan, basic health care services and specialized health care services shall be readily available and accessible to each of the plan's enrollees;

(a) The location of facilities providing the primary health care services of the plan shall be within reasonable proximity of the business or personal residences of enrollees, and so located as to not result in unreasonable

barriers to accessibility.

(b) Hours of operation and provision for after-hour services shall be reasonable;

(c) Emergency health care services shall be available and accessible within the service area twenty-four hours a day, seven days a week;

(d) The ratio of enrollees to staff, including health professionals, administrative and other supporting staff, directly or through referrals, shall be such as to reasonably assure that all services offered by the plan will be accessible to enrollees on an appropriate basis without delays detrimental to the health of the enrollees. There shall be at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and there shall be approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees, or an alternative mechanism shall be provided by the plan to demonstrate an adequate ratio of physicians to enrollees;

(e) A plan shall provide accessibility to medically required specialists who are certified or eligible for certification by the appropriate specialty board, through staffing, contracting, or referral;

(f) Each health care service plan shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop, which shall include, but is not limited to, waiting time and appointments;

(g) A section of the health education program shall be designated to inform enrollees regarding accessibility of service in accordance with the needs of such enrollees for such information regarding that plan or area.

Subject to subsections (a) and (b) of this section, a plan may rely on the standards of accessibility set forth in Item H of Section 1300.51 and in Section 1300.67.2.