

DATE: April 25, 2025

ALL PLAN LETTER 25-006

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: TIMELY ACCESS REQUIREMENTS

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the ongoing requirement to meet timely access standards as outlined in Health and Safety Code (H&S) section 1367.03, as set forth by Senate Bill (SB) 221 (Chapter 724, Statutes of 2021) and SB 225 (Chapter 601, Statutes of 2022). MCPs are required to comply with these requirements pursuant to Welfare and Institutions Code (W&I) section 14197(d)(1)(a).¹ Additionally, this APL outlines the required minimum performance levels (MPLs) as set by the Department of Health Care Services (DHCS) which go into effect Measurement Year (MY) 2025 for the Timely Access Survey.²

BACKGROUND:

MCPs are required to provide timely access to care as outlined in the Knox-Keene Health Care Service Plan Act,³ California Code of Regulations (CCR),⁴ and the MCP Contract.⁵ The Code of Federal Regulations (CFR) requires DHCS to ensure that MCPs meet all applicable standards for timely access to health care services, including any specific MPLs determined by the state.^{6,7} Furthermore, SB 221 codified timely access standards for non-urgent follow-up appointments with non-physician mental health care and substance use disorder (SUD) Providers for Members undergoing a course of treatment for an ongoing mental health or SUD condition, referrals to a specialist by a Primary Care Provider (PCP) or another specialist, and arrangement of coverage with

¹ Legislation and state law are searchable at:
https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml.

² For the Timely Access Survey, MY is a calendar year.

³ See H&S section 1340.

⁴ See 28 CCR section 1300.67.2.2. The CCR is searchable at:
<https://govt.westlaw.com/calregs/Search/Index>.

⁵ The MCP Contract is available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.

⁶ See 42 CFR section 438.206. Part 438 of the CFR is searchable at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438>.

⁷ Applicable standards for timely access to health care services include, but are not limited to, meeting standards related to appointment availability and wait times; being subject to the Timely Access Survey (audits); and submitting annual Network certifications.



an Out-of-Network (OON) non-physician mental health care or SUD Provider when timely access standards are not met.⁸

SB 225 (Chapter 601, Statutes of 2022) clarified the definition of “preventive care” to include basic health care services and other preventive services for children as required by H&S sections 1345, 1367.002, 1367.3, and 1367.35. SB 225 also allowed DHCS to review and adopt standards as it relates to the availability of Providers and health care services to ensure Members have timely access to care and reinforced DHCS’ authority to take enforcement actions for noncompliance.

As part of DHCS’ network adequacy monitoring, DHCS reviews MCP performance with timely access standards by administering a quarterly Timely Access Survey. The rate of compliance is assessed on a quarterly and annual basis during each MY and the annual results are posted publicly and included in the Annual Network Certification that is submitted to the Centers for Medicare & Medicaid Services in accordance with 42 CFR section 438.207(d).^{9,10}

DHCS utilizes a third party to administer the quarterly Timely Access Survey. The Timely Access Survey uses the MCP’s Medi-Cal Managed Care 274 Provider Network file (274 Provider file) data¹¹ and a statistical sampling methodology to identify Provider locations with the practicing Providers found in Table 1: Timely Access Standards below. The survey administrator contacts Provider offices, MCP Member Services lines, and nurse triage lines throughout the year for the purpose of assessing compliance.

Provider offices are asked to confirm the next available appointments to collect appointment wait times, including availability through telehealth services. Provider offices are also asked to respond to questions related to knowledge of the Member’s right to language and interpretation services. Additionally, to validate the MCP’s 274 Provider file data, Provider offices are asked to confirm information including but not limited to: the Provider’s telephone number, address, office hours, and whether the Provider is accepting new patients.

MCP Member Services staff are asked to respond to questions related to language, interpretation, and telehealth services. DHCS also verifies the wait times for the MCP Member Services line and nurse triage line through the Timely Access Survey. DHCS

⁸ DHCS acknowledges that SUD services are currently carved-out of MCP Contracts. However, if SUD services were to become a carved-in service, then MCPs are responsible for meeting timely access standards for SUD Providers.

⁹ For more information on Network Certification Requirements, see APL 23-001, “Network Certification Requirements.” APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

¹⁰ Details on the Timely Access Survey can be found in the 2019-20 Medi-Cal Managed Care External Quality Review Technical Report at: <https://www.dhcs.ca.gov/Documents/MCQMD/CA2019-20-EQR-Technical-Report-Vol1-F1.pdf>.

¹¹ For more information on Managed Care Provider Data Reporting Requirements, see APL 16-019, “Managed Care Provider Data Reporting Requirements” or any superseding APL.

provides the results to each MCP quarterly and compiles the quarterly results into an annual result provided to MCPs by the second quarter of the subsequent MY.

POLICY:

Timely Access Standards

MCPs are required to demonstrate compliance with timely access standards and the availability of interpretation services.¹² MCPs must ensure interpreter services are made readily available at the time of appointments and without causing delay to appointment scheduling.¹³ The timely access standards, as required by 42 CFR section 438.206, H&S section 1367.03, 28 CCR section 1300.67.2.2, and the MCP Contract, are outlined in the Timely Access Standards Chart below.¹⁴

¹² For more information on the requirements for interpretation services, see APL 25-005, “Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services” or any superseding APL.

¹³ See H&S sections 1367.03(a)(4) and 1367.04, and 28 CCR section 1300.67.04.

¹⁴ Timely access standards also apply to Long Term Services and Supports facilities but are monitored outside of the Timely Access Survey. For more information, see APL 23-001, “Network Certification Requirements.”

Table 1. Timely Access Standards¹⁵

Provider Type	Appointment Type	Timely Access Standard¹⁶
PCP/Specialist	Urgent Care appointment, no Prior Authorization	48 hours
PCP/Specialist	Urgent Care appointment, requiring Prior Authorization	96 hours
Non-Physician Mental Health Care or SUD Provider ¹⁷	Urgent Care appointment, no Prior Authorization	48 hours
Dental ¹⁸	Urgent Care appointment	72 hours
PCP (includes OB-GYN acting as PCP) ¹⁹	Non-urgent appointment	10 business days
Specialist (includes OB-GYN specialty care)	Non-urgent appointment	15 business days
Non-Physician Mental Health Care or SUD Provider ²⁰	Non-urgent appointment	10 business days
Non-Physician Mental Health Care or SUD Provider ²¹	Non-urgent follow-up appointment	10 business days ²²
Ancillary	Non-urgent appointment for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Dental ¹⁸	Non-urgent appointment	36 business days

¹⁵ See H&S section 1367.03(a)(5), (6), (8), and (10).

¹⁶ The timely access standard for appointments is based on when the Member makes the request for appointment (e.g., within 48 hours from the Member's request for appointment), except in the case of non-urgent follow-up appointments with non-physician mental health care or SUD Providers, for which the standard is based on the date of the prior appointment.

¹⁷ DHCS acknowledges that SUD services are currently carved-out of MCP Contracts. However, if SUD services were to become a carved-in service, then MCPs are responsible for meeting timely access standards for SUD Providers.

¹⁸ Dental timely access standards apply to MCPs that offer dental services.

¹⁹ OB-GYN is a term that refers to an obstetrician-gynecologist.

²⁰ See footnote 17.

²¹ See footnote 17.

²² This requirement went into effect on July 1, 2022 and DHCS began evaluating this requirement in the Timely Access Survey MY 2023.

Provider Type	Appointment Type	Timely Access Standard¹⁶
Dental	Preventive Care appointment	40 business days
Telephone Wait Times		
Member Services Line		10 minutes or less
24/7 Nurse Triage Line		Response/Call provided within 30 minutes
Provider Interpretation Services		
Providers must demonstrate their awareness that Members are entitled to receive 24/7 interpretation services ²³		N/A

Member Services Telephone Wait Times

MCPs must ensure that during normal business hours, calls made to the Member Services line do not exceed a waiting time of ten (10) minutes for a Member to speak with Member Services staff knowledgeable and competent about their inquiry.²⁴

Provider Interpretation and Linguistic Services

At all key points of contact²⁵, MCPs are required to provide Members who have limited proficiency in English with an interpreter or Provider who speaks the Member's primary language when Members are seeking or obtaining care, 24 hours a day, seven days a week. In addition, MCPs must meet requirements to provide linguistic services, including oral interpreters, sign language interpreters, or bilingual Providers and Provider staff. Interpretation services can take place in-person, through a telephonic interpreter, or via internet or video remote interpreting services that comply with federal quality standards.^{26,27}

²³ For more information on the requirements for language assistance services, see APL 21-004, "Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services."

²⁴ See H&S section 1367.03(a)(10).

²⁵ Key points of contact include medical care settings (e.g., telephone, advice and Urgent Care transactions, and outpatient encounters with health care Providers, including pharmacists) and non-medical care settings (e.g., Member services, orientations, and appointment scheduling). See MCP Contract Exhibit A, Attachment III, Subsection 5.2.10.B.4 (Linguistic Services).

²⁶ See footnote 23

²⁷ See MCP Contract Exhibit A, Attachment III, Subsection 5.2.10.B (Linguistic Services).

Provider Participation

MCPs are required to ensure their Subcontractors, Downstream Subcontractors, and Network Providers participate in the Timely Access Survey administered by DHCS, which may necessitate a material change in Network Provider Agreements, Subcontractor Agreements, and/or Downstream Subcontractor Agreements. MCPs entering into or amending contract agreements with Subcontractors and/or Network Providers after January 1, 2025, must include language requiring Providers, Subcontractors, and Downstream Subcontractors to fully participate in all Timely Access Surveys administered by or on behalf of DHCS.²⁸ MCPs' implementation of timely access requirements must be consistent with the requirements of the Health Care Providers' Bill of Rights.²⁹

Provider Data Quality

MCPs must ensure Provider information including, but not limited to: National Provider Identifier, Subnetwork, Provider Group, Provider name, address, phone number, office days and hours open for business, Provider specialty (taxonomy), and population served (pediatric and/or adult Provider type) is accurate in the Provider directory, Member handbook, and 274 Provider file data. If Provider information is determined to be incorrect as part of the Timely Access Survey, DHCS will provide the MCP with a summary of the findings. The MCP must correct all errors identified by DHCS within one week following the delivery of the errors by DHCS to the MCP, as evidenced by the MCP's latest 274 Provider file submission. Corrections must also be reflected in the MCP's Provider directory and Member handbook within one week following delivery of the errors by DHCS.^{30,31}

Minimum Performance Levels

Effective January 1, 2025 (MY 2025), timely access MPLs are established for the following categories: appointment wait times, MCP Member Services wait times, Provider knowledge of the interpretation services requirements, and 274 Provider file data quality as outlined in the MPL Chart below.^{32,33}

²⁸ See MCP Contract Exhibit A, Attachment III, Subsection 5.2.5.A (Timely Access).

²⁹ See H&S section 1375.7.

³⁰ See 42 CFR section 438.10(h)(3).

³¹ See MCP Contract, Exhibit A, Attachment III, Subsection 5.1.3.H

³² DHCS may develop additional MPLs and/or change MPLs at a later date.

³³ Please note, these MPLs are assessed through the DHCS Timely Access Survey, which assumes Members are in need of the next available appointment. In an actual Member request for an appointment, Providers are able to extend wait times for appointments when determined it will not have a detrimental impact on the health of the Member, as outlined in H&S section 1367.03(a)(5)(H).

Table 2. MPL Categories and Thresholds

Timely Access Category	MPL Effective 1/1/2025 to 12/31/2026 ³⁴	MPL Effective 1/1/2027	MPL Effective 1/1/2028
Urgent Adult PCP Appointment	70%	80%	90%
Urgent Pediatric PCP Appointment	70%	80%	90%
Non-Urgent Adult PCP Appointment	70%	80%	90%
Non-Urgent Pediatric PCP Appointment	70%	80%	90%
Urgent Adult Specialist Appointment	70%	80%	90%
Urgent Pediatric Specialist Appointment	70%	80%	90%
Non-Urgent Adult Specialist Appointment	70%	80%	90%
Non-Urgent Pediatric Specialist Appointment	70%	80%	90%
Non-Urgent Non-Physician Mental Health Care or SUD Provider Appointment	70%	80%	90%
Urgent Non-Physician Mental Health Care or SUD Provider Appointment	70%	80%	90%
Non-Urgent Non-Physician Mental Health Care or SUD Provider Follow-Up Appointment	70%	80%	90%

³⁴ DHCS is implementing a stepped increase to the MPLs to meet CMS' final rule, which requires at a minimum, 90% MPL. See 42 CFR section 438.68(e)(2). The CMS final rule can be found at: <https://www.federalregister.gov/documents/2024/05/10/2024-08085/medicaid-program-medicare-and-childrens-health-insurance-program-chip-managed-care-access-finance>.

Timely Access Category	MPL Effective 1/1/2025 to 12/31/2026 ³⁴	MPL Effective 1/1/2027	MPL Effective 1/1/2028
Non-Urgent Ancillary Appointment ³⁵	70%	80%	90%
274 Provider Data Quality	70%	80%	90%
Member Services Telephone Wait Times that are 10 Minutes or Less	90%		
24/7 Nurse Triage Line ³⁶	90%		
Providers Demonstrating Awareness of Interpretation Service Requirements	90%		
Provider Participation	90%		

MCPs not meeting the annual MPL for the specified categories (i.e., appointment wait times, Member Services telephone wait time, Provider demonstrating knowledge of interpretation services, or 274 Provider data quality) will be found non-compliant and may be subject to further enforcement action.^{37,38, 39} For additional information regarding administrative and monetary sanctions, see APL 25-007 or any superseding APL. MCPs may provide justification for not meeting the MPLs for PCPs, specialists, and non-physician mental health care Providers in areas with documented Provider shortages. Justifications should include at a minimum, an available Provider analysis, description of activities undertaken to recruit Providers to underserved areas, and a comparative utilization analysis. DHCS has discretion on whether the justification will be considered when assessing compliance with timely access standards. DHCS may also allow telehealth appointments to account for compliance with timely access standards as long as Members have a right to choose an in-person appointment. If a Provider

³⁵ The DHCS Timely Access Survey assesses compliance with the following Ancillary Providers: Physical therapy appointments, magnetic resonance imaging (MRI) appointments, and mammogram appointments.

³⁶ Telephone triage or screening services are provided in a timely manner appropriate for the enrollee's condition, and that the triage or screening waiting time does not exceed 30 minutes.

³⁷ For purposes of the Timely Access Survey as it relates to mental health care services, PCPs include non-physician medical practitioners.

³⁸ Any MCP not meeting 100% compliance could be subject to corrective action plans and/or sanctions if there are significant findings and/or Member harm has been determined

³⁹ See W&I section 14197.7.

offers a telehealth appointment sooner than an in-person appointment, DHCS may use the telehealth appointment when calculating the MPL.

Timely Access Oversight

MCPs are responsible for ensuring Members obtain Medically Necessary Covered Services from an OON Provider if the services cannot be provided by an in-Network Provider in accordance with contractual requirements, including timely access requirements. MCPs must authorize and arrange for OON access when a Member is unable to receive an appointment within timely access standards, unless the MCP determines the delay will not have a detrimental impact on the health of the Member.⁴⁰ MCPs must inform Members of their right to obtain Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) services to access OON services and provide NEMT or NMT at no cost to the Member.^{41,42}

MCPs must continuously monitor and enforce Network Providers', Subcontractors', and Downstream Subcontractors' compliance with all applicable timely access requirements. MCPs must communicate timely access requirements to all Network Providers and Subcontractors, and MCPs must ensure those requirements are communicated to Downstream Subcontractors. MCPs must develop, implement, and maintain procedures to ensure compliance with requirements that Members obtain timely access to appointments for routine care, Urgent Care, and routine specialty referral appointments. These procedures must describe how the MCPs monitor and evaluate timely access, proactively address issues, and describe how Members are made aware of their right to request and secure OON access to Medically Necessary services. For example, MCPs may proactively identify areas of concern by utilizing findings from MCP-conducted surveys; monitoring Grievances and Appeals data; tracking Member calls requesting assistance locating a Provider; analyzing distribution service area maps; or reviewing primary health care access reports that provide information on Provider distributions and availability.

MCPs must have policies and procedures (P&Ps) in place to enforce Network Provider, Subcontractor, and Downstream Subcontractor compliance with timely access requirements and must subject non-compliant Network Providers and Subcontractors to appropriate enforcement actions, which may include, but are not limited to Corrective Action Plans (CAPs) and administrative and/or monetary sanctions. MCPs must ensure Subcontractors take enforcement action against Downstream Subcontractors to rectify non-compliance with timely access requirements. DHCS reserves the right to request and review any documentation pertaining to enforcement actions taken against MCPs' Network Providers, Subcontractors, and Downstream Subcontractors.

⁴⁰ See H&S section 1367.03(a)(5)(H).

⁴¹ See W&I section 14197.04.

⁴² See MCP Contract Exhibit A, Attachment III, Subsection 5.2.7 (Out-of-Network Access).

Timely Access Enforcement

The requirements in this APL may necessitate a change in MCPs' contractually required P&Ps. MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCOD)-MCP Submission Portal⁴³ within 90 calendar days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 calendar days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL, as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, MCP Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors and Network Providers. MCPs should review their Network Provider and/or Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate to ensure compliance with this APL. DHCS may impose CAPs, as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 25-007 or any superseding APL. As explained above, any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Bambi Cisneros

Bambi Cisneros

Acting Division Chief, Managed Care Quality and Monitoring Division

Assistant Deputy Director, Health Care Delivery Systems

⁴³ The MCOD Contract Oversight SharePoint Portal is located at:
<https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.