



Provider Alert

To: Sharp Health Plan Behavioral Health Providers
From: Sharp Health Plan
Date: June 30, 2022
Subject: Important Timely Access to Care Annual Provider Notification

Attention Provider Partners,

This notice is to inform you of the timely access to care standards. Sharp Health Plan is obligated under California law to provide or arrange for timely access to care. Under these guidelines, Plan providers are required to provide appointments and telephone screening services to Sharp Health Plan's members in accordance with the following standards:

Behavioral Health (BH) Appointment Access

Non-urgent Appointments	Maximum Wait Time After Request
Psychiatrist	10 business days
Non-physician behavioral health care or substance use disorder providers (includes follow-up appointments)	10 business days
Urgent Appointments	Maximum Wait Time After Request
Psychiatrist	48 hours
Non-physician Behavioral Health Practitioner - no prior authorization required	48 hours
Non-physician Behavioral Health Practitioner - prior authorization required	96 hours
Emergency Care	Maximum Wait Time After Request
Non-life-threatening emergency care	6 hours
Life-threatening emergency care	Immediately

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Follow-Up Appointments	Maximum Wait Time After Request
Follow-up (routine) care appointment with a BH physician/prescriber	45 calendar days
Follow-up (routine) care appointment with a BH practitioner/non-prescriber	30 calendar days
Follow-up care with a BH practitioner after hospitalization for mental illness	7 calendar days of discharge and within 30 calendar days of discharge

Rescheduling Appointments

If an appointment requires rescheduling, the appointment shall be promptly rescheduled in a manner that is appropriate for the member's health care needs and continuity of care, consistent with good professional practice.

Extended Wait Times

Plan providers may extend the applicable wait time for an appointment if they have determined and noted in the member's record that a longer wait time will not be detrimental to the member's health.

Advance Scheduling

Plan providers may schedule appointments in advance for preventive and periodic follow-up care services (e.g., standing referrals to specialists for chronic conditions, periodic visits to monitor and treat pregnancy, cardiac, or mental health conditions, and laboratory and radiological monitoring for recurrence of disease) consistent with professionally recognized standards of practice.

Behavioral Health Telephone Access Standard

BH practitioners maintain access to BH screening and triage to ensure that callers reach a non-recorded voice within 30 seconds. Telephone abandonment rates shall not exceed five percent at any time.

BH Triage Services	
BH screening and triage non-recorded voice	Within 30 seconds
BH call abandonment rate	< 5%

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After-Hours Telephone Access Standards for Behavioral Health Providers

1. The Plan requires primary care physicians to make provisions so that assigned members have access to urgent and emergency care 24 hours a day, seven days a week. Every after-hours caller is expected to receive emergency instructions, whether a line is answered live or by recording. Callers with an emergency are expected to be told to:
 - a) Hang up and dial 911, or
 - b) Go to the nearest emergency room, or
 - c) Hang up and dial 911 or go to the nearest emergency room.
2. After receiving emergency instructions, callers with non-emergency situations who cannot wait until the next business day should receive one of the following options to speak with the provider, an on-call provider or a health care professional such as an advice nurse.
3. When reaching a live person, the member is to be connected to a provider:
 - a) Immediately (can cross connect/transfer),
 - b) 30 minutes or less
4. When reaching a recording, the member is to be connected to a provider:
 - a) Immediately (if the ability to connect/transfer exists)
 - b) 30 minutes or less.

Interpreter Services at Scheduled Appointments

Sharp Health Plan provides free interpreter services for members at scheduled appointments whose primary language is not English. Plan providers can request interpreters by calling Customer Care at 1-800-359-2002. Plan providers must make requests for face-to-face interpreting services at least five business days prior to the appointment date. Coordination of interpreter services shall not impose delays on the scheduling of the appointment. If an interpreter is unavailable for face-to-face interpreting, Customer Care can arrange for telephone interpreting services.

Concerns about Timely Referral to an Appropriate Provider

Plan providers or members can contact Customer Care at 1-800-359-2002 for assistance if a member is unable to obtain a timely referral to an appropriate provider. Plan providers or members can also contact the California Department of Managed Health Care at 1-888-466-2219 to file a complaint.

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Additional Information

For additional information on the timely access standards and procedures, please refer to the Commercial Provider Operations Manual that can be found on www.sharphealthplan.com.

Thank you for your continued partnership in providing the best care possible for our members. If you have any questions, please contact a Provider Account Specialist at provider.relations@sharp.com or 1-858-499-8330. We are available to assist you Monday – Friday, 8 a.m. to 5 p.m.

Best regards,
Sharp Health Plan
Provider Account Management
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