



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: August 8, 2022
Subject: Timely Access Tool Kit for Medical Providers

Sharp Health Plan's timely access tool kit below, outlines the Department of Managed Health Care's timely access standards.

For additional information on the timely access standards and procedures, please refer to the Commercial Provider Operations Manual (POM). You can find the POM online at sharphealthplan.com/pom.


Questions? Please contact Sharp Health Plan Provider Account Management by email at provider.relations@sharp.com or by phone at 1-858-499-8330. Thank you for your partnership.

Best regards,
Sharp Health Plan
Provider Account Management
Provider.Relations@sharp.com
Tel: 1-858-499-8330 | Fax: 1-858-303-9049

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Timely Access to Care Toolkit for Medical Providers

Urgent Care Appointment

Prior authorization is
not required
 **48** hours

Prior authorization
is required
 **96** hours

Non - Urgent Care Appointment

Primary Care Physician

 **10**
business days
Excludes preventive care
appointments

Specialty Care Physician


 **15**
business days
Excludes routine follow-up
appointments


Ancillary Provider

 **15**
business days
X-rays, lab tests, etc. for the
diagnosis and treatment of injury,
illness or other health conditions


After - Hours Availability



For life-threatening
emergencies
members should be
directed to
**call 911 and/or go to the
nearest ER**


A member should be
able to **speak with a
provider, on-call
provider or healthcare
professional**


A member should be
connected to a provider
**immediately or within
30 minutes**

Access to Care


Providers must provide
24/7 screening by
telephone
(wait times should **not
exceed 30 minutes**)


In-office wait times for a
scheduled appointment
should **not exceed 30
minutes**


Sharp Health Plan
provides
**free interpreter
services** for scheduled
appointments



Provider Appointment Availability Survey (PAAS)

Sharp Health Plan evaluates and monitors appointment access annually through the PAAS to ensure that network providers meet regulatory standards as outlined by the Department of Managed Health Care.

Providers are first faxed or emailed the survey. If no response is received, provider offices are called.

The provider’s office is asked the following questions:

Questions	Compliant Answers
When is the next available appointment <u>date</u> and <u>time</u> with [Provider Name] for an urgent appointment?	A date and time that is within 48 hours (for appointments with no prior authorizations required) or 96 hours (for appointments with prior authorizations required).
When is the next available appointment <u>date</u> and <u>time</u> with [Provider Name] for a non-urgent appointment?	A date and time that is within 10 business days for PCPs and 15 business days for specialists and ancillary services.

After-Hours Survey

The After-Hours Survey ensures network providers meet regulatory standards for timely access. The annual survey measures and reports after-hours access to behavioral health providers and assesses the accuracy of emergent, non-emergent, and urgent instructions provided to members seeking information after-hours.

The provider’s office is asked the following questions:

Questions	Compliant Answers
What would you tell a caller who states he/she is dealing with a life-threatening emergency situation?	Hang up and dial 911 AND/OR Go to the nearest emergency room
If a patient expresses an urgent need to speak with a clinician, is there a way you can put them into contact with the provider, or an on-call provider or health care professional such as an advice nurse?	Yes



In what timeframe can the patient expect to hear from the provider or on-call provider?	Immediately OR 30 minutes or less
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Provider Experience Survey

The Sharp Health Plan Provider Experience Survey includes the Provider Satisfaction with Access and Language Assistance Program Survey. This annual survey assesses provider satisfaction with access to Sharp Health Plan’s services and the availability and quality of interpreters. This electronic survey is distributed annually to all Sharp Health Plan provider partners. Your response to this survey is critical, as this survey is regulated by the Department of Managed Healthcare.

The provider’s office is asked the following questions:

Access Survey Questions
How satisfied are you with the referral and/or prior authorization process necessary for your patients to obtain covered services?
How satisfied are you with your patients’ access to urgent care services ?
How satisfied are you with your patients’ access to non-urgent primary care services ?
How satisfied are you with your patients’ access to non-urgent specialty services ?
How satisfied are you with your patients’ access to non-urgent ancillary diagnostic and treatment services ?
How satisfied are you with your patients’ access to non-urgent behavioral health care services ?

Language Assistance Program Survey Questions
How satisfied are you with the health plan’s coordination of appointments with an interpreter ?
How satisfied are you with the health plan’s availability of an appropriate range of interpreters ?
How satisfied are you with the health plan’s training and competency of available interpreters ?

