



8520 Tech Way, Suite 200
San Diego, CA 92123
1-858-499-8300



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: January 21, 2022
Subject: SB 221 – Health Coverage: Timely Access to Care Notification

Attention Sharp Health Plan Provider Partners,

This communication is to inform you of newly enacted California state legislation Senate Bill 221 – Health Care Coverage: Timely Access to Care. Below is a summary of SB 221.

- Codifies the regulations adopted by the Department of Management Health Care (DMHC) to provide timely access standards for health care service plans and insurers for nonemergency health care services.
- Requires plans to ensure that appointments with nonphysician mental health or substance use disorder (MH/SUD) providers are subject to timely access requirements.
- Requires enrollee that is undergoing a course of treatment for an ongoing MH/SUD condition is able to get a follow-up appointment with a nonphysician MH/SUD provider within 10 business days of prior appointment (effective July 1, 2022).
- Requires that a referral to a specialist by another provider meets the timely access standards.
- Requires a plan operating in a service area that has a shortage of providers that is unable to meet the geographic and timely access standards for providing in-network MH/SUD services to arrange coverage outside the plan's contracted network.
- Requires plans to notify enrollees regarding timely access standards and information on interpreter services no less than annually.
- Requires DMHC's timely access report to include demonstration of average waiting time for each class of appointment.

Sharp Health Plan's timely access standards can be found on the following page and online at www.sharphealthplan.com/providers/timelyaccess. For more details on SB 221 and other 2021 enacted legislation, please review the All Plan Letter APL 21-025 on the DMHC website at www.dhmc.ca.gov or <https://bit.ly/337Th15>.

Best regards,

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

Timely Access to Care Standards

Urgent appointments	Maximum wait time after request
No prior authorization required	48 hours
Prior authorization required	96 hours
Non-urgent appointments	Maximum wait time after request
Primary care physician (excludes preventive care appointments)	10 business days
Behavioral health care physician	10 business days
Non-physician behavioral health care provider or substance use disorder providers (includes follow-up appointments)	10 business days
Specialist (excludes routine follow-up appointments)	15 business days
Ancillary services (e.g., x-rays, lab tests, etc. for the diagnosis and treatment of injury, illness, or other health conditions)	15 business days

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.

Telephone wait times

Services	Maximum wait time
Triage or screen services (24 hours/day and 7 days/week)	30 minutes

After-Hours

Providers are required to have an answering service or a telephone answering machine during nonbusiness after-hours. These services must provide direction to a member as to how to obtain urgent or emergency care and how to contact an on-call provider to receive urgent or emergency care as appropriate.

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 (5) business days prior to the appointment date. Coordination of interpreter services shall not impose delays on the scheduling of the appointment. In the event that an interpreter is unavailable for face-to-face interpreting, Customer Care can arrange for telephone interpreting services.