



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



Provider Alert

To: Sharp Health Plan Providers
Attn: Providers & Provider Office Staff
From: Sharp Health Plan
Date: June 28, 2021
Subject: Important Timely Access to Care Annual Provider Notification

Attention Provider Partner,

This notice is to inform 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:

Appointment Wait Times

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
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
In-Office Wait Time	Maximum Wait Time
In-office wait time for a scheduled appointment	30 minutes

Exceptions to Appointment Wait Times

Plan providers may extend the 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.

Plan providers may also schedule appointments in advance for preventative 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, and exceed the listed wait times.



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Telephone Triage and Screening Services

Sharp Health Plan providers must provide or arrange for the provision of 24/7 triage or screening services by telephone, which includes the 24/7 employment of a telephone answering machine/service or office staff. Providers must ensure that telephone triage or screening services are conducted by appropriate personnel and provided in a timely manner appropriate for the member's condition. Triage or screening services must inform callers of wait times, which cannot exceed 30 minutes, and provide instruction on how to obtain urgent or emergency care. Additionally, all member calls must be documented.

After-Hours Telephone Access Standards for Primary Care Physicians

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 three (3) days prior to the appointment date. In the event that 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.

Thank you,

A handwritten signature in black ink, appearing to read "Cary B. Shames".

Cary B. Shames, DO, CHCQM, FABQAURP
Vice President, Chief Medical Officer

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