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# Provider Alert

**To:** Sharp Health Plan Behavioral Health 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 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

<b>Emergency Care</b>	<b>Maximum Wait Time After Request</b>
Life-threatening emergency care	Immediately
Non-life-threatening emergency care	6 hours
<b>Urgent Appointments</b>	<b>Maximum Wait Time After Request</b>
Psychiatrist	48 hours
Non-physician Behavioral Health Practitioner – no prior authorization required	48 hours
Non-physician Behavioral Health Practitioner – prior authorization required	96 hours
<b>Non-urgent Appointments</b>	<b>Maximum Wait Time After Request</b>
Psychiatrist	10 business days
Non-physician Behavioral Health Practitioner	10 business days
<b>Follow-Up Appointments</b>	<b>Maximum Wait Time After Request</b>
Follow-up (routine) care appointment with a BH physician/non-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 30 calendar days of discharge

**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 consistent with professionally recognized standards of practice, and exceed the listed wait times.

**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.

**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.

<b>Behavioral Health Triage Services</b>	
BH screening and triage non-recorded voice	Within 30 seconds
BH call abandonment rate	<5%

The BH telephone access standards apply only to the centralized triage and screening location and do not apply to individual BH practitioner sites.

**After-Hours Telephone Access Standards for Behavioral Health Practitioners**

1. The Plan requires BH practitioners 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 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.

**Additional Information**

For more information on timely access standards and procedures, please refer to the [Commercial Provider Operations Manual](#) on [www.sharphealthplan.com](http://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](mailto: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,



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

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