



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: July 10, 2024
Subject: Important Timely Access to Care Annual Provider Notification

Attention Provider Partner,

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:

Appointment Access

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 (PCP) (Excludes preventative 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
In-office wait time for a scheduled appointment	30 Minutes

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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 screening services (24 hours/day and 7 days/week)	30 minutes

After-Hours Telephone Access Standards for Primary Care 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.

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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.

Additional Information

For additional information on timely access standards and procedures, please refer to the Commercial Provider Operations Manual which can be found on www.sharphealthplan.com/POM. Timely access to care requirements is also on the [California Department of Managed Health Care](http://www.dmhca.ca.gov) (DMHC) website at www.dmhca.ca.gov or reached at 1-888-466-2219.

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
Provider.Relations@sharp.com
Tel: 1-858-499-8330 | Fax: 1-858-303-9049

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