



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: July 19, 2024
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 timely access standards and procedures, please refer to the Commercial Provider Operations Manual which can be found at www.sharphealthplan.com/POM. Timely access to care requirements is also on the California Department of Managed Health Care (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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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 [Provider or FQHC/ RHC Name] the next available appointment date and time for urgent services?	A date and time that is within 48 hours for PCPs or 96 hours for Specialist Physicians and Psychiatrists.
When is [Provider or FQHC/ RHC Name] the next available appointment date and time for non-urgent services?	A date and time that is within 10 business days for PCPs and 15 business days for specialists, psychiatrists, 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 to rate their satisfaction with their patients' access to care:

Access Survey Questions
The referral and/or prior authorization process necessary for your patients to obtain covered services?
Your patients' access to urgent care services?
Your patients' access to non-urgent primary care services?
Your patients' access to non-urgent specialty services?
Your patients' access to non-urgent ancillary diagnostic and treatment services?
Your patients' access to non-urgent behavioral health care services

Language Assistance Program Survey Questions
Coordination of appointments with an interpreter?
Availability of an interpreter, based on the needs of the enrollee?
The ability of the interpreter to effectively communicate with the provider on behalf of the enrollee?

