



## Provider Alert

**To:** Sharp Health Plan Providers and Provider Office Staff  
**From:** Sharp Health Plan  
**Date:** June 8, 2026  
**Subject:** Timely Access to Care Annual Provider Notification

Attention Provider Partner,

This notice is to inform you of the Timely Access to Non-Emergency Health Care Services and Annual Timely Access and Network Reporting Requirements standards established under California's Knox-Keene Health Care Service Plan Act and regulated by the Department of Managed Health Care (DMHC) per § 1300.67.2.2. Under these requirements, Sharp Health Plan must ensure that all members have timely access to medically necessary care, including the availability of appointments and triage services.

As a contracted provider, you are required to comply with these standards by scheduling appointments, telephone triage or screening services, and customer service wait times within the timeframes established by the DMHC regulations. These requirements are intended to ensure that all members receive care in a timely manner consistent with clinical appropriateness and regulatory standards.

### Appointment Access

Urgent Appointments	Maximum wait time after request
No prior authorization required	48 hours
Prior authorization required	96 hours
Dental Services	Within 72 hours of the time of the request

Non-Urgent Appointments	Maximum wait time after request
Primary Care Physician (PCP) (Excludes preventative care appointments)	10 business days
Non-physician behavioral health care or substance use disorder providers (includes follow-up appointments)	10 business days
Specialist (Excludes routine follow-up appointments)	15 business days

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# SHARP Health Plan

Non-Urgent Appointments	Maximum wait time after request
Ancillary services (e.g., x-rays, lab tests, etc. for the diagnosis and treatment of injury, illness, or other health conditions)	15 business days
Dental services	36 business days of the request
Preventive dental care appointments	Within 40 business days of the request

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

## 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

Your appointments 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) may be scheduled in advance, consistent with professionally recognized standards of practice, and exceed the listed wait times.

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# **SHARP** Health Plan

## **Telephone Wait Times**

<b>Services</b>	<b>Maximum wait time</b>
Sharp Health Plan Customer Care (Monday to Friday, 8 am to 6 pm)	10 Minutes
Triage or screening services (24 hours/day and 7 days/week)	30 Minutes

## **After-Hours Triage Services**

Your PCP, mental health providers and substance use disorder providers are required to have an answering service or a telephone answering machine during nonbusiness hours. These services must provide direction telling you how to obtain urgent or emergency care and, if applicable, how you can contact an on-call provider for screening or urgent or emergency care, as appropriate.

## **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.
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.

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## **Interpreter Services at Scheduled Appointments**

Sharp Health Plan provides free interpreter services at scheduled appointments for members whose primary language is not English. For language interpreter services, please call Customer Care at 1-800-359-2002. The hearing and speech impaired may dial 7-1-1 or use California's Relay Service's toll-free numbers to contact us:

1-800-735-2922 Voice

1-800-735-2929 TTY

1-800-855-3000 Voz en español y TTY (teléfono de texto)

You 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 your appointment. 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 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](http://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](http://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](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.

Best regards,

Sharp Health Plan

Provider Account Management

[Provider.Relations@sharp.com](mailto:Provider.Relations@sharp.com)

Tel: 1-858-499-8330 | Fax: 1-858-303-9049

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