



News Flash!

A FAX Publication for Providers of Sharp Health Plan

To: Sharp Health Providers
Attn: Office Manager/Practice Administrator
From: Sharp Health Plan
Date: 06/29/17

Re: Timely Access to Care

Timely Access to Care

Sharp Health Plan is obligated under California law to provide or arrange for timely access to care. Plan Provider shall provide appointments and telephone screening services to Sharp Health Plan's Members according to the following guidelines:

Appointment wait times

Urgent Appointments	Maximum wait time after request
PCP, no prior authorization required	48 hours
Prior authorization required	96 hours

Non-Urgent Appointments	Maximum wait time after request
PCP (Excludes preventative care appointments)	10 business days
Non-physician mental health care provider (e.g. psychologist or therapist)	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

Exceptions to appointment wait times

Plan Provider may extend the wait time for an appointment if Plan Provider has determined and noted in the Member's record that a longer wait time will not be detrimental to the Member's health.

Plan Provider 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.

Telephone wait time

Service	Maximum wait time
Triage or screening services (24 hours/day and 7 days/week)	30 minutes

Interpreter services at scheduled appointments

Sharp Heath Plan provides free interpreter services for Members, whose primary language is not English, at scheduled appointments. Plan Provider may request interpreters by calling Customer Care: 1-800-359-2002.

Plan Provider 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 Provider or Member may contact Customer Care for assistance if a Member is unable to obtain a timely referral to an appropriate provider: 1-800-359-2002.

Plan Provider or Member may contact the Department of Managed Care to file a complaint about a timely referral to an appropriate provider: 1-888-466-2219.