



Timely Access Standards

The Department of Managed Health Care’s Timely Access Regulations became effective in January, 2011. Appointments for various types of medical care should be offered within specified timeframes as follows:

Criteria	Appointment Availability Standards
Initial Health Assessment (members age 18 months and older)	Must be completed within 120 calendar days of enrollment
Initial Health Assessment (members age 18 months and younger)	Must be completed within 60 calendar days of enrollment
Initial prenatal care appointments	Within 14 calendar days
Emergency Care	Immediately
Urgent care appointment for services that do not require prior authorization	Within 48 hours of the request
Urgent appointment for services that require prior authorization	Within 96 hours of the request
Non-urgent primary care appointments	Within 10 business days of request
Non-Urgent appointment with a specialist	Within 15 business days of request
Non-urgent appointment for ancillary services for diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of request
Triage or Screening (by phone)	Provide or arrange for the provision 24/7
Telephone Triage or Screening Waiting Time	Not to exceed 30 minutes
Wait time to speak to a customer service representative during normal business hours	Not to exceed 10 minutes

Extending Appointment Waiting Time: The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and **noted in the relevant record** that a longer waiting time will not have a detrimental impact on the health of the patient.