In California, health care consumers have the right to receive timely access to care under health plans licensed by the California Department of Managed Health Care (DMHC). The law requires health plans to ensure their network of providers, including doctors, can see health plan members within a specific number of days or hours for certain types of appointments.

The Timely Access Regulation identifies the timeframes for certain types of appointments. The clock starts when the request for the appointment is made.

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care (prior authorization not required by health plan)</td>
<td>48 hours</td>
</tr>
<tr>
<td>Urgent Care (prior authorization required by health plan)</td>
<td>96 hours</td>
</tr>
<tr>
<td>Non-Urgent Doctor Appointment (primary care physician)</td>
<td>10 business days</td>
</tr>
<tr>
<td>Non-Urgent Doctor Appointment (specialty physician)</td>
<td>15 business days</td>
</tr>
<tr>
<td>Non-Urgent Mental Health Appointment (non-physician^)</td>
<td>10 business days</td>
</tr>
<tr>
<td>Non-Urgent Appointment (ancillary provider^^)</td>
<td>15 business days</td>
</tr>
</tbody>
</table>

^ Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

^^ Examples of a non-urgent appointment for ancillary services include lab work or diagnostic testing, such as a mammogram or MRI, or treatment of an illness or injury such as physical therapy.

**Know Your Health Care Rights**

In California, health plan members have many rights:

- The right to choose your primary doctor
- *The right to an appointment when you need one*
- The right to see a specialist when medically necessary
- The right to receive treatment for certain mental health conditions
- The right to get a second doctor’s opinion
- The right to know why your plan denies a service or treatment
- The right to understand your health problems and treatments
- The right to see a written diagnosis (description of your health problem)
- The right to give informed consent when you have a treatment
- The right to file a complaint and ask for an Independent Medical Review
- The right to a copy of your medical records (you may be charged for the copying)
- The right to continue to see your doctor if they are no longer covered in your plan under certain circumstances (continuity of care)


If your health care rights have been violated contact the DMHC Help Center at [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov) or 1-888-466-2219

The California Department of Managed Health Care protects consumers’ health care rights and ensures a stable health care delivery system.

April 2016
Did Judy’s Urgent Appointment Meet Timely Access To Care Standards?

Judy has a fever and a skin rash. She calls her doctor’s office on Monday at 9 a.m., and describes her symptoms. The triage nurse explains her symptoms could represent a serious threat to her health and she should see the doctor right away. Judy is transferred back to the receptionist at her doctor’s office and is told the doctor’s schedule is very busy and there are no openings until Friday morning. Judy accepts the Friday appointment.

Did The Offered Appointment Meet Timely Access Standards? No, it did not.

The triage nurse concluded Judy needed an urgent appointment. Under the Timely Access Regulation, health plan provider networks must have the capacity to provide urgent primary care appointments within 48 hours. The appointment offered 5 days after the request did not meet the standard.

What Can Judy Do To Get An Earlier Appointment?

Judy should call her health plan, tell the representative that she needs to file a urgent grievance over the phone, and ask for assistance getting an earlier appointment. If she is unable to get the assistance she needs from her health plan, Judy should call the DMHC Help Center at 1-888-466-2219.

Did Hector’s Specialist Appointment Meet Timely Access To Care Standards?

Over the past several months Hector has experienced recurring indigestion and mild stomach pain. It isn’t terribly painful, but it hasn’t gone away. Last month, Hector’s primary care physician prescribed a prescription medication for his condition. It helped a little but did not take care of the problem so his physician asked for authorization for Hector to see a specialist, Dr. Jackson who is a gastroenterologist.

On Tuesday, Hector received a letter from his medical group approving the referral. He immediately called Dr. Jackson’s office. Although he was offered an appointment on Thursday afternoon, Hector has to go out of town on Thursday. The next available appointment is in four weeks. Hector accepts the appointment, even though it is nearly a month away.

Did The Offered Appointment With Dr. Jackson Meet Timely Access Standards? Yes, it did.

The standard for a non-urgent appointment with a specialist physician is 15 business days. The offered appointment met the timeliness standard. The fact that Hector’s personal schedule prevents him from accepting the Thursday afternoon appointment does not mean that the health plan failed to comply with the Timely Access Regulation.