

Provider Link

To: CPMG/RCHN Providers

From: Rady Children’s Health Network (RCHN)

Date: January 21, 2026

Re: Timely Access Standards

This notification summarizes the timely access to care standards, to include appointment availability and after-hours protocols. Each provider office is required to abide by these standards. Health plans will be conducting this Timely Access Survey from July 2026 through December 2026. As well, the Provider Relations team will conduct annual audits to ensure compliance. Please read and familiarize yourself with the following standards, including the definition of “Advanced Access” for Primary Care Providers below. Please notify the surveyor that your office offers Advanced Access if it applies to your typical practice operations.

You are required to respond to the survey inquiries. If your office refuses to answer or respond to the survey questions, by phone or by fax, the health plan will consider your office as non-compliant, which may lead to subsequent action by CPMG/RCHN.

COMMERCIAL HMO APPOINTMENT ACCESS STANDARDS

Access Measure	Time-Elapsed Standard
Non-urgent Care appointments for Primary Care (PCP)	Must offer the appointment within 10 Business Days of the request
Non-urgent Care appointments with Specialist physicians (SPC)	Must offer the appointment within 15 Business Days of the request
Urgent Care appointments that do not require prior authorization	Must offer the appointment within 48 hours of request
Urgent Care appointments that require prior authorization	Must offer the appointment within 96 hours of request
Non-urgent Care appointments for ancillary services (for diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 Business Days of the request

EXCEPTIONS FOR COMMERCIAL HMO:

<p><u>Preventive Care Services and Periodic Follow Up Care:</u> Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.</p>
<p><u>Extending Appointment Waiting Time:</u> 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.</p>
<p><u>Advanced Access:</u> “Advanced access” means the provision of appointments with a PCP or other qualifying primary care provider such as Nurse Practitioner or Physician’s Assistant, within the same or next business day from the time an appointment is requested, or advance scheduling of appointments at a later date if the enrollee prefers not to accept the appointment offered within the same or next business day.</p>

MEDI-CAL APPOINTMENT ACCESS STANDARDS

Access Measure	Time-Elapsed Standards
Access to PCP or designee	24 hours a day, 7 days a week
Primary Care, non-urgent appointments	Must offer the appointment within 10 business days of request
Specialist, non-urgent appointments	Must offer the appointment within 15 business days of request
PCP/Specialist Urgent Care appointments that do not require prior authorization	Must offer the appointment within 48 hours of request
PCP/Specialist Urgent Care appointments that require prior authorization	Must offer appointment within 96 hours of request
Primary Care, Initial Health Assessment	Must be completed within 120 calendar days of enrollment
Ancillary Services: Non-urgent appointment (for diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 business days of request
Provider Interpretation Services	Providers must demonstrate their awareness that members are entitled to receive 24/7 interpretation services

Triage and Screening Services

Physician practices are required to provide triage and screening services by telephone 24 hours per day, 7 days per week. Triage and screening services refers to the assessment of a patient by a physician, registered nurse, or other qualified health professional acting within his or her scope of practice (and trained to triage or screen patients), for the purpose of determining the urgency of the patient's need for care. Physician practices must provide triage and screening services in a timely manner appropriate for the patient's condition, but in no event may the wait time for triage and screening services exceed 30 minutes.

After Hours Care

The primary care or specialty group practice must have, at a minimum, continuous, 24-hour telephonic coverage by a health professional. All after-hours answering services or telephonic systems must instruct the contacting member should they believe they are experiencing a serious medical condition; they should seek immediate care by calling 911 or going to the nearest emergency room. It must also state the length of wait for a return call from the provider is not to exceed 30 minutes.

Should you have any questions regarding this notification, please contact RCHN Provider Relations at providerrelations@rchsd.org