Anthem BlueCross

Medi-Cal Managed Care
L.A. Care

Provider Bulletin
March 2021

Access to care standards

Participating providers are responsible for offering members access to covered services 24/7. Access includes regular office hours on weekdays and the availability of a provider or designated agent by telephone after regular office hours, on weekends and on holidays. When unavailable, providers must arrange for on-call coverage by another participating provider. Providers are also required to meet appointment access standards as described below.

After-hours calls:

- The answering service or after-hours personnel must ask the member if the call is an emergency. In the event of an emergency, the member must be immediately directed to dial **911** or to proceed directly to the nearest hospital emergency room.
- If staff or answering service is not immediately available, an answering machine may be used. The answering machine message must instruct members with emergency healthcare needs to dial **911** or go directly to the nearest hospital emergency room. The message must also give members an alternative contact number so they can reach the primary care physician (PCP) or on-call provider with medical concerns or questions.
- Non-English-speaking members who call their PCP after hours should expect to get language-appropriate messages. In the event of an emergency, these messages should direct the member to dial **911** or proceed directly to the nearest hospital emergency room.
- In a nonemergency situation, members should receive instruction on how to contact the on-call provider. If an answering service is used, the service should know where to contact a telephone interpreter. All calls taken by an answering service must be returned.

Appointment access

Healthcare providers must make appointments for members from the time of request as follows:

General appointment scheduling	
Emergency examination	Immediate access, 24/7
Urgent (sick) examination	Within 48 hours of request if authorization is not required or within 96 hours of request if authorization is required, or as clinically indicated
Nonurgent (sick) examination	Within 48 to 72 hours of request or as clinically indicated
Routine primary care examination (nonurgent)	Within 10 business days of request
Nonurgent consults/specialty referrals	Within 15 business days of request
Nonurgent care with nonphysician mental health providers (where applicable)	Within 10 business days of request
Nonurgent ancillary	Within 15 business days of request
Mental health appointment, nonphysician	Within 10 business days of request

Services for members under the age of 21 years	
Initial health assessments:	
Children from birth to 20 years of age	Within 120 days of enrollment
Preventive care visits	Within 14 days of request

https://providers.anthem.com/ca

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Services for members 21 years of age and older	
Initial health assessments	Within 120 days of enrollment
Preventive care visits	Within 14 days of request
Routine physicals	Within 30 days of request
Prenatal and postpartum visits	
1st and 2nd trimester	Within 7 days of request
3rd trimester	Within 3 days of request
High-risk pregnancy	Within 3 days of identification
Postpartum	Between 21 and 56 days after delivery
Long-term services and supports	
Skilled nursing facility	• Rural and small counties — within 14 business days of request • Medium counties — within 7 business days of request • Small counties — within 5 business days of request
Intermediate care facility/developmentally disabled (ICF-DD)	• Rural and small counties — within 14 business days of request • Medium counties — within 7 business days of request • Small counties — within 5 business days of request
Community-based adult services (CBAS)	Capacity cannot decrease in aggregate statewide below April 2021 level

Specialists

The following guidelines are in place for our specialists:

- For urgent care, the specialist should see the member within 24 hours of receiving the request.
- For routine care, the specialist should see the member within 15 business days of receiving the request.
- A copy of the medical records and/or results of the visit should be sent to the PCP's office to allow continuity of care.

Wait times

When a provider's office receives a call from an Anthem Blue Cross (Anthem) member during regular business hours for assistance and possible triage, the provider or another healthcare professional must either take the call or call the member back **within 30 minutes** of the initial call.

When an Anthem member arrives on time to an appointment, the member should be seen within 15 minutes of the scheduled appointment.

When Anthem members and/or prospective members call a physician's office, they should not be placed on hold for longer than 10 minutes.

Noncompliance

Please ensure that you comply with the standards described; compliance with these standards is a contractual requirement. Anthem monitors compliance through a number of mechanisms, including annual telephonic surveys, to determine if participating provider offices meet the above standards. For additional details, please review the provider operations manual at **https://providers.anthem.com/california-provider/resources/manuals-policies-guidelines**.