

PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
**SUMMARY OF PHC ACCESS AND AVAILABILITY**  
**STANDARDS**

**A. Scheduling**

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|--------------------------|--|
| 1. Preventive Care       | Appointment within 10 business days of request   |
| 2. Routine Care          | Appointment within 10 business days of request   |
| 3. Urgent Care           | Appointment within 48 hours of request   |
| 4. Emergent visit        | Immediate treatment or referral to an appropriate emergency services provider.                                     |
| 5. Same day appointments | Open access appointments available same day or advanced access appointment scheduling if patient prefers           |
| 6. Newborn Care          | Newborns discharged from Hospital in less than 48 hours after delivery should be seen within 48 hours of discharge |
| 7. Prenatal Care         | Appointment within 10 business days of request   |
| 8. Specialty Care        | Appointment within 15 business days of request   |

**B. Waiting Time**

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|--------------------------|--|
| 1. Scheduled appointment | Must not exceed 30 minutes unless the provider is unexpectedly delayed |
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**C. Phone Response**

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|---|---|
| 1. Phone calls answered                           | Within 5 rings  |
| 2. Maximum time on hold                           | 5 minutes   |
| 3. Return phone call response for medical problem | Call should be prioritized with urgent medical problems or questions addressed with a return call as soon as possible. Member's wait time should not exceed 30 minutes for a follow-up call for medical issues. |
| 4. Potentially emergent call                      | Call must be immediately reviewed by a qualified clinician who will determine urgency of appointment or referral as indicated.  |

**D. Missed Appointments (No-Show)**

1. Provider Review

Qualified clinician must review to determine the degree of follow-up necessary.

2. Documentation

Missed appointments and notification efforts must be documented in the medical record.

Physicians are responsible for counseling members with repeated missed appointments.

**E. Provider Cancellations**

1. Re-scheduling

All members must be rescheduled with prioritization based upon severity of illness and member needs.

**F. Preventive Service Reminders**

1. Notification

A mechanism for notifying members of needed periodic health screening, and preventive services should also exist at each provider office.