Timely Access Update

Virtual Interactive Training

May 27, 2026

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Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

Timely Access Survey - Overview

- CalOptima Health fields a Timely Access Survey annually to ensure members can obtain appointments within a timely manner and network providers are adhering to DMHC, DHCS and CMS regulatory guidelines
  - In addition, DHCS fields a quarterly survey to CalOptima Health Medi-Cal contracted providers
  - Minimum Performance Level at the Plan and Health Network level is 70%
    - MPL will increase to 80% in 2027
- Line of Business (LOB): Medi-Cal and OneCare
- Target Populations:
  - Primary Care Physicians (PCPs), Specialists, Behavioral Health and Ancillary

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Timely Access Survey - Overview

- Measurement Year (MY) 2025 survey is being fielded by ATTAC Consulting Group with a 9/2/2025 start date
- Survey follows Provider Appointment Availability Survey (PAAS) methodology – Direct Survey
- Survey is fielded at both the individual provider and group levels
  - Survey modalities: fax, telephone and email
- Survey participation is a state and contractual requirement if contacted
- Survey, monitoring and escalation process includes four distinct phases

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Access Survey Phases: MY2025

Phase	Estimated Timeline	Activity	Status
Phase 1	9/2/2025-10/31/2025	Initial Full Timely Access Survey	Complete
Phase 2	11/3/2025-12/05/2025	Education Phase & Non-Compliance Notices • Courtesy non-compliance notices were issued • Education calls were performed by the Survey Vendor	Complete
Phase 3	12/8/2025-12/31/2025	Full Resurvey • Resurvey of all non-compliant providers showed some improvement after the Education Phase	Complete
Phase 4	02/2/2026-06/12/2026	Monitoring Full Resurvey (March) • Non-Compliant Providers resurveyed (3/2-4/10) • If still non-compliant, issued a CAP (5/4) • CAP requires a formal response from provider by June 12 • HN Compliance rates issued in early June	In Progress

Non-compliance notices will be issued after every resurvey.

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Next Steps

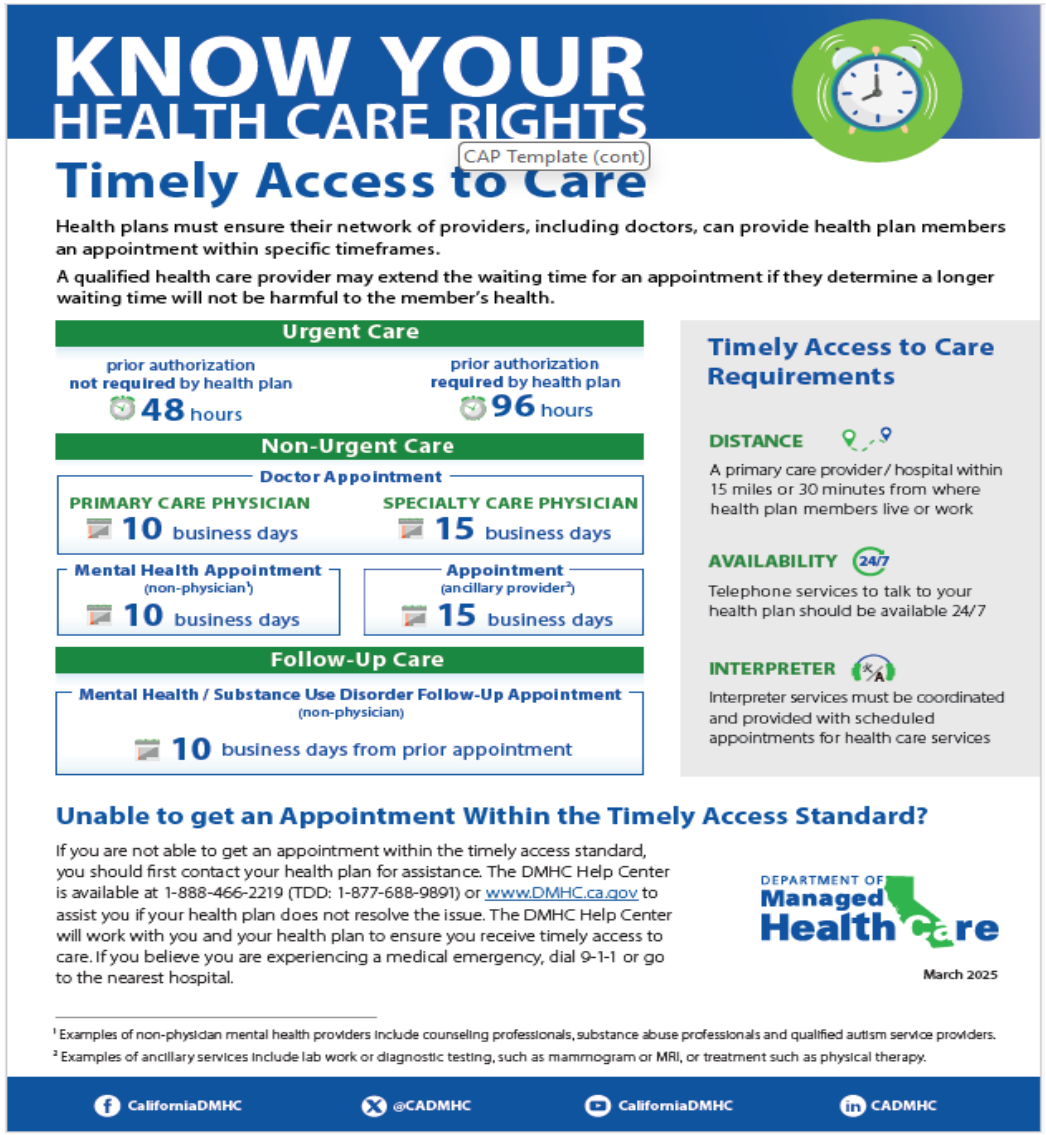
- Providers who receive a CAP must attend one of the two Virtual Access Trainings in May – "Strategies to Meet the Challenge of Appointment Access and Q&A"
  - May 14th 12:00-1:00pm
  - May 27th 12:00-1:00pm
- Providers to review CAP and submit formal response back to CalOptima Health by June 12th
- Health networks were notified of their non-compliant providers
- Health network compliance rates are calculated based off aggregated provider results and will be issued in early June
- Timely Access MY2026 will begin in a couple of weeks.

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Appendix

DMHC Timely Access to Care



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CAP Template (cont)

Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide health plan members an appointment within specific timeframes.

A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the member's health.

Urgent Care

prior authorization **not required** by health plan: **48** hours

prior authorization **required** by health plan: **96** hours

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN: **10** business days

SPECIALTY CARE PHYSICIAN: **15** business days

Mental Health Appointment (non-physician[1]): **10** business days

Appointment (ancillary provider[2]): **15** business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment (non-physician): **10** business days from prior appointment

Timely Access to Care Requirements

DISTANCE

A primary care provider/ hospital within 15 miles or 30 minutes from where health plan members live or work

AVAILABILITY 24/7

Telephone services to talk to your health plan should be available 24/7

INTERPRETER

Interpreter services must be coordinated and provided with scheduled appointments for health care services

Unable to get an Appointment Within the Timely Access Standard?

If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance. The DMHC Help Center is available at 1-888-466-2219 (TDD: 1-877-688-9891) or www.DMHC.ca.gov to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

DEPARTMENT OF Managed Health Care

March 2025

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

[2] Examples of ancillary services include lab work or diagnostic testing, such as mammogram or MRI, or treatment such as physical therapy.

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Link: https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccesstoCare.aspx

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