



California Consumer Update: New Rights to Timely Access to Health Care

California managed care patients will be better able to get health care advice and appointments within set amounts of time, due to new first-in-the-nation consumer protections put in place by the California Department of Managed Health Care. Patients can expect a primary care appointment within 10 days, and an appointment with a specialist within 15 days—and much quicker attention for urgent situations—under the new rules.

Taking effect January 17th, these new first-in-the-nation regulations to ensure timely access to care implement a 2002 law, (AB2179, authored by Assemblywoman Rebecca Cohn and sponsored by Health Access California), and respond to common consumer complaints about their inability to get health care advice or appointments within a reasonable amount of time.

While the concept of timely access to health care was one of the cornerstones of the original Knox-Keene Act of 1975 that established and regulated managed care in California, the new regulations provide time-elapsed standards—rather than letting each health plan decide and define what timely access means, which made the law unenforceable and consumers in the dark. Often the inability of a consumer to receive timely access to health care results in expensive (and often unnecessary) visits to emergency rooms.

Here are some of the **new Consumer Time Elapsed Standards** contained in the regulation:

Request for Care	Routine	Urgent	Elapsed Time Standard	Special Requirements
Visit for primary care	√		10 business days	
Visit for primary care		√	48 hours	
Referral for visit to specialist	√		15 business days	
Referral for visit to specialist		√	96 hours	
Visit with non-physician mental health provider	√		10 business days	
Ancillary services for diagnosis or treatment	√		15 business days	
Preventive services	√		“Consistent with professionally recognized standards of practice”	
Dental services	√		36 business days	
Dental services		√	72 hours	
Preventive dental services	√		40 business days	
Telephone triage and screening services consultation with health care professional		√	Waiting time cannot exceed 30 minutes	Must be available 24/7

Consumers who believe they have been denied timely access to care, should promptly complain to their health plan. If that doesn't resolve the issue, they should file a complaint with the Department of Managed Health Care (DMHC) at the **HMO Help Line at:**

(888) HMO-2219 [(888) 466-2219] or (877) 688-9891 [TDD] or at

www.hmohelp.ca.gov.