

Timely Access Standards

John Muir Physician Network (JMPN) promotes uniform access standards for the health care delivery of preventive care appointments, routine primary care appointments, urgent care appointments, emergency care and access to after-hours care, behavioral health care and key elements of telephone service for Enrollees. The Department of Managed Health Care (“DMHC”) has set standards related to access to care for HMO Enrollees. The standards are listed below.

Access Type	Standard
Access to non-urgent appointments for primary care – regular, preventative and routine care (with a PCP)	Within 10 business days of request
Access to urgent care services (with a PCP) that do not require prior authorization	Wait time not to exceed 48 hours of request
Access to urgent care (specialist and other) services that require prior authorization*	Within 96 hours of request
Access to non-urgent appointments with a specialist	Within 15 business days of request
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness or other health condition	Within 15 business days of request
Non-urgent appointments with a non-physician behavioral health care provider	Within 10 business days of request
Triage or screening wait time	Wait time for return calls from practitioners does not exceed 30 minutes.

*For appointments that require prior authorization, obtaining authorization must be completed within the timeframe for that visit or service. For urgent appointments that require prior authorization, the appointment scheduling must be done in concurrence with the prior authorization process.

Emergency Care: Emergency services are services provided in connection with the initial treatment of a medical or psychiatric emergency. If a patient considers a medical condition to be an emergency, he or she should be instructed to call 911 or go to the nearest hospital emergency room immediately. JMPN covers emergency services that are necessary to screen and stabilize a condition.

No authorization or precertification is needed if the Enrollee reasonably believes that an emergency medical condition exists. An emergency room visit co-payment may apply. Once the condition is stabilized, the Enrollee or family of patients should contact his or her physician for authorization of any additional services. An Enrollee should be directed to call the telephone number on his or her health plan identification card with any questions.

A medical emergency is an unexpected acute illness, injury, or medical or psychiatric condition that could endanger health if not treated immediately.

Examples of medical emergencies include:

- Active labor
- Chest pains
- Severe pain
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Sudden weakness or numbness of the face, arm or leg on one side of the body
- Danger to self or others