

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 2387

VERSION: 2

SUBJECT/TITLE: ACCESS TO HEALTH CARE SERVICES

POLICY: Olive View-UCLA Medical Center (OVMC) will ensure all Health Plan members have access to primary care, specialty care, urgent and emergency care, confidential and sensitive services in a timely manner, appropriate for the nature of the member's condition and consistent with good professional practice.

PURPOSE: To ensure appropriate and timely availability and accessibility to health care for all members, in compliance with contractual agreements and regulatory requirements.

DEPARTMENTS: AMBULATORY CARE

DEFINITIONS: **Accessibility/Access:** The extent to which a member can obtain available services at the time they are needed. Such service refers to both telephone access and ease of timeframes for scheduling an appointment, if applicable.

Appointment wait time: The time from the initial request for health care services by a member or the member's treating practitioner to the earliest date offered for the appointment for services inclusive of time for obtaining authorization from the health plan or completing any other condition or requirement of the health plan

Emergency Services and Care: Medical screening, examination and evaluation by a physician, or to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and procedures by a physician to relieve or eliminate the emergency medical condition within the capability of the facility.

Preventive Care: Health care provided for prevention and early detection of disease, illness, injury or other health condition and, in the case of a health plan, includes but is not limited to all of the basic health care services required by Health & Safety Code Section 1345 and California Code of Regulation Section 1300.67(f)

Primary Care Provider (PCP): A physician who has current, unrestricted license as a physician and surgeon in California, whose area of medical practice is one of the five categories designated by the Department of Health Care Services (DHCS) and the Knox Keene Act (Health & Safety Code beginning at Section 1340) as a PCP. The five designated categories are general practitioner, internist, pediatrician,

SUBJECT/TITLE: ACCESS TO HEALTH CARE SERVICES

Policy Number: 2387

Page Number: 2

family practitioner, or obstetrician/gynecologist (OB/GYN).

Specialty Care Provider (SCP): a physician or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified or recognized by a board of practitioners or like-peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

Urgent Care: Health care for a condition which requires prompt attention to prevent serious deterioration of health following the onset of an unforeseeable condition or injury.

PROCEDURE: Olive View-UCLA Medical Center shall assess the needs of its members and adjust the availability of providers within our facility to meet these needs.

Accessibility

OVMC sets standards for Access to PCPs and SCPs for regular, routine, and urgent care appointments in accordance with our Health Plans and the State regulatory requirements as defined in *Attachment A*

If it is necessary for a provider or member to reschedule an appointment, the appointment will be promptly rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care consistent with good professional practice.

OVMC's standards are aimed to provide members with Access to quality, comprehensive health care services.

- **Emergency Care:** members with life threatening medical problems will have access to emergency services twenty-four (24) hours a day, seven (7) days a week. OVMC shall have a physician available twenty-four (24) hours per day, seven (&) days per week to coordinate the transfer of care of a member whose emergency condition is stabilized.
- **Urgent Care and Routine Services:** OVMC will ensure members have timely access to non-life threatening emergency, urgent and routine services including mental health care services. All primary care providers (PCPs) and specialty care providers will provide for and ensure all members have access to health care services.

Telephone Access

All ambulatory care services will maintain an answering device to accept member calls during times when the office is closed. A process for after-hours telephonic access will be maintained.

SUBJECT/TITLE: ACCESS TO HEALTH CARE SERVICES

Policy Number: 2387

Page Number: 3

The after-hours telephone voice mail message(s) must include instructions on what to do for a life-threatening emergency to call “911” or go to the nearest emergency room if the member/caller believes an emergency exists. The message also indicates if the member wishes to speak with a doctor, they are instructed to hang up and dial a toll free number, and to expect a call back within 30 minutes. Additionally, members asked if they need to reach the Nurse Advice Line, to contact their Health Plan member services telephone number located on the back of their member ID card.

Interpreter Services

OVMC shall coordinate interpreter services with scheduled appointments in a manner that ensures timely access and allows for continuity of care. If the patient is a Health Plan member, the plan’s member services will be called to connect the patient to an interpreter.

Interpretation services shall be available at no cost 24 hour/7days per week and may be accomplished by using trained on-site interpreters, bilingual and multilingual interpreters.

Friend or family members shall not be utilized as interpreters, unless specifically requested by the member and the refusal for interpreter is documented in the medical record. No minors shall be utilized to interpret.

Ensure timely access through: 1) face-to-face interpretation using on-site interpreters/bilingual staff or contracted interpreter services; or 2) use a 24/7 contracted telephonic interpreter service.

Patients who need access to services for the deaf, hard of hearing, speech and/or visual loss may call the interpretation vendor and request TTY/TTD services for the patient.

REFERENCE(S)/

AUTHORITY:

Title 28, California Code of Regulations, Section 1300.67.04. item (c)
MCS/QM Policy & Procedure # HE0004 Provision of Interpretation Services
LA Care QI Department Policy & Procedure #QI-002 Available and Accessibility
Health Net Provider Manual – Access To Care

SUBJECT/TITLE: ACCESS TO HEALTH CARE SERVICES

Policy Number: 2387

Page Number: 4

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