



Policy and Procedure

Policy Name:	Protocol for Appointment Triage and Timeliness		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review		

Purpose:

The process established on site provides timely access to appointment for routine care, urgent care, prenatal care, pediatric periodic health assessments/immunization adult initial health assessment, specialty care and emergency care. An organized system must be clearly evident (in use) for scheduling appointments appropriately

Note: Telephone triage is the system for managing telephone caller during and after office hours

Definition:

Triage: Medical screening of patients to determine their relative priority for treatment order.

Timeliness: The fact or quality of being done or occurring at a favorable or useful time.

Policy:

The site shall have sufficient health care personnel to provide timely, appropriate health care services. Triage is the sorting and classification of information to determine priority of need and proper place of treatment. Telephone triage is the system for managing telephone callers during and after office hours. (see Link)

Staff will ensure that a telephone answering machine, voice mail system or answering service is utilized whenever office staff does not directly answer phone calls.

Unlicensed telephone staff should have clear instructions on the parameters relating to the use of answers in assisting a licensed provider.

Procedure:

The PCP will ensure that appropriate personnel handle emergent, urgent and medical advice telephone calls. This includes licensed medical personnel such as a CNM, NP, RN or PA. LVN's cannot perform triage independently (MCPB letter 92-15). LVNs and unlicensed personnel such as medical assistants may provide patient information or instructions only as authorized by the physician (Title 16, 1366b) (see Appendix A)

Unlicensed telephone staff should have clear instructions on the parameters relating to the use of answers in assisting a licensed provider.

Staff will ensure that the telephone system, answering service, recorded telephone information, and recording devices are periodically checked and updated

Answering services: follow these steps when receiving a call:

- Inform the member that if they are experiencing a medical emergency, they should hang up and call 911 or proceed to the nearest emergency medical facility.
- Question the member according to the PCP's or PPG's established instructions (who, what, when, and where) to assess the nature and extent of the problem.
- Contact the on-call physician with the facts as stated by the member.
- After office hours, physicians are required to return telephone calls and pages within 30 minutes. If an on-call physician cannot be reached, direct the member to a medical facility where emergency or urgent care treatment can be given. This is considered authorization, which is binding and cannot be retracted

Link:

DMHC https://www.dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf

The DMHC Help Center is available at 1-888-466-2219 or www.HealthHelp.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.

First Name Last Name – Title	Date
First Name Last Name – Title	Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Appendix A

ACCESS & AVAILABILITY GUIDELINES: IMPORTANT REMINDERS	
ACCESS TYPE	PROVIDER GUIDANCE
Access to Regular and Routine Care (PCP)	Within 10 business days
Access to Urgent Care (PCP)	Not to exceed 48 hours
Access to Specialty Care	Not to exceed 15 business days
Access to First Prenatal Visit	Within 10 business days
Initial Health Assessment (18 Months and older)	Within 120 Days of enrollment
Initial Health Assessment (Less than 18 months)	Within 60 days of enrollment (less than 18 months)
Access to Care for Non-Life Threatening Emergency	Within 6 hours
Access to Life-Threatening Emergency Care	Immediately