



## Access and Availability Standards

Vitality Health Plan of California uses access and availability standards for its delivery network that meet the applicable regulatory and/or accreditation requirements. These standards ensure that the Plan's Provider network has adequate capacity and availability of Providers to meet our Member's health care needs.

The Plan's access and availability standards are provided to all Providers and Members through various media sources including, but not limited to the Provider Manual, Plan website, and EOC.

### 1. Geographic Access

Vitality has established a process and standards for assessing and ensuring that its health care delivery network has available professional, hospital, emergency, and ancillary services Providers that provide primary care, specialty care and behavioral health care ("BH"), in sufficient numbers and in an adequate geographic distribution to meet the needs of its Members.

The Plan's Access to Care standards provide that no Member be required to travel any unreasonable distance or for any unreasonable period of time in order to receive Covered Services. For the purposes of these standards, "reasonable" is determined by analysis of the following factors:

- The population density of the geographic area traveled.
- Typical patterns of traffic congestion throughout the day.
- Established travel patterns in the community.
- Established patterns of medical practice in the community.
- Natural boundaries and geographic barriers to travel.
- Any other relevant factors.

### 2. Timely Access

Timely access standards reflect the timeliness with which a Member can obtain Covered Services for routine/regular care, routine specialty care for non-urgent conditions, emergency care, urgent care, after-hours care, behavioral health care, and ancillary services. The standards also define appropriate waiting times for a Member to speak with a Plan and Provider representative.

These standards help ensure that the hours of operation of our Providers are convenient to and do not discriminate against the Member and are no less available than hours offered to other patients; and that Plan services are available twenty-four (24) hours a day, seven (7) days a week, when Medically Necessary.