Table 27: Summary of Regulatory Network Adequacy Requirements	
DMHC Knox-Keene Act	**CDI Insurance Code and Regulations**
Geographic Access	
Primary Care Physicians • 15 miles/30 minutes ***Facilities Providing Primary Care Services*** • Reasonable proximity • Distance may not be unreasonable barrier ***Specialists*** • Reasonable proximity ***Network Hospitals*** • 15 miles/30 minutes ***Ancillary*** • Reasonable distance from primary care provider	***Primary Care Physicians*** • 15 miles/30 minutes ***Facilities Providing Primary Care Services*** • Reasonable proximity ***Specialists*** • 30 miles/60 minutes ***Network Hospitals*** • 15 miles/30 minutes ***Mental Health Professionals*** • 15 miles/30 minutes
Availability of Providers	
Primary Care Physicians (full-time or equivalents) • 1:2,000 ***Physicians (full-time or equivalents)*** • 1: 1,200 ***All Services*** • Readily accessible	***Primary Care Physicians* (full-time or equivalents)** • 1:2,000 ***Physicians* (full-time or equivalents)** • 1: 1,200 ***Basic Health Care Services* (non-emergency)** • Available at least 40 hrs/week • Until 10p.m. at least one day/week or for at least four hrs/each Saturday ***Facilities Used By Providers*** • Reasonably accessible by public transportation and to the physically handicapped
Timely Access	

Sets standards for appointments (urgent and non-urgent), interpreter services, triage, and customer service day and hour wait and availability standards
• Prompt rescheduling of appointments
• Interpreter services coordinated with scheduled appointments
• Enrollees appointments to meet time standards (following date of request):
  • Urgent care, no prior authorization: 48 hours
  • Urgent care, prior authorization: 96 hours
  • Non-urgent care, primary care: 10 business days
  • Non-urgent care, specialists: 15 business days
  • Non-urgent care, non-physician mental health provider: 10 business days
  • Non-urgent care, ancillary services: 15 business days
	Monitoring of waiting times for appointments part of insurer written procedures for monitoring and evaluating accessibility
	
	Required reporting of complaints regarding delay in obtaining appointments or finding care

Provider Types	
Physician, hospital, specialist, ancillary, home health, emergency, mental health. Reserves the right to seek access information on any type of provider (e.g. dialysis clinics, autism providers	Same
Monitoring and Reporting	
Actively monitor accessibility and have a system designed for correcting problems if they develop	Monitoring of waiting times for appointments must be part of insurer written procedures Insurers must file a copy of the written procedures and data on insured complaints

The DMHC Knox Keene timely access standards took effect in January 2010 and implement AB497, passed in 2002 in response to consumer complaints about the difficulty or inability to