Timely Access to Care Training

Presented by:
Provider Network Management Operations

Access & Availability Team
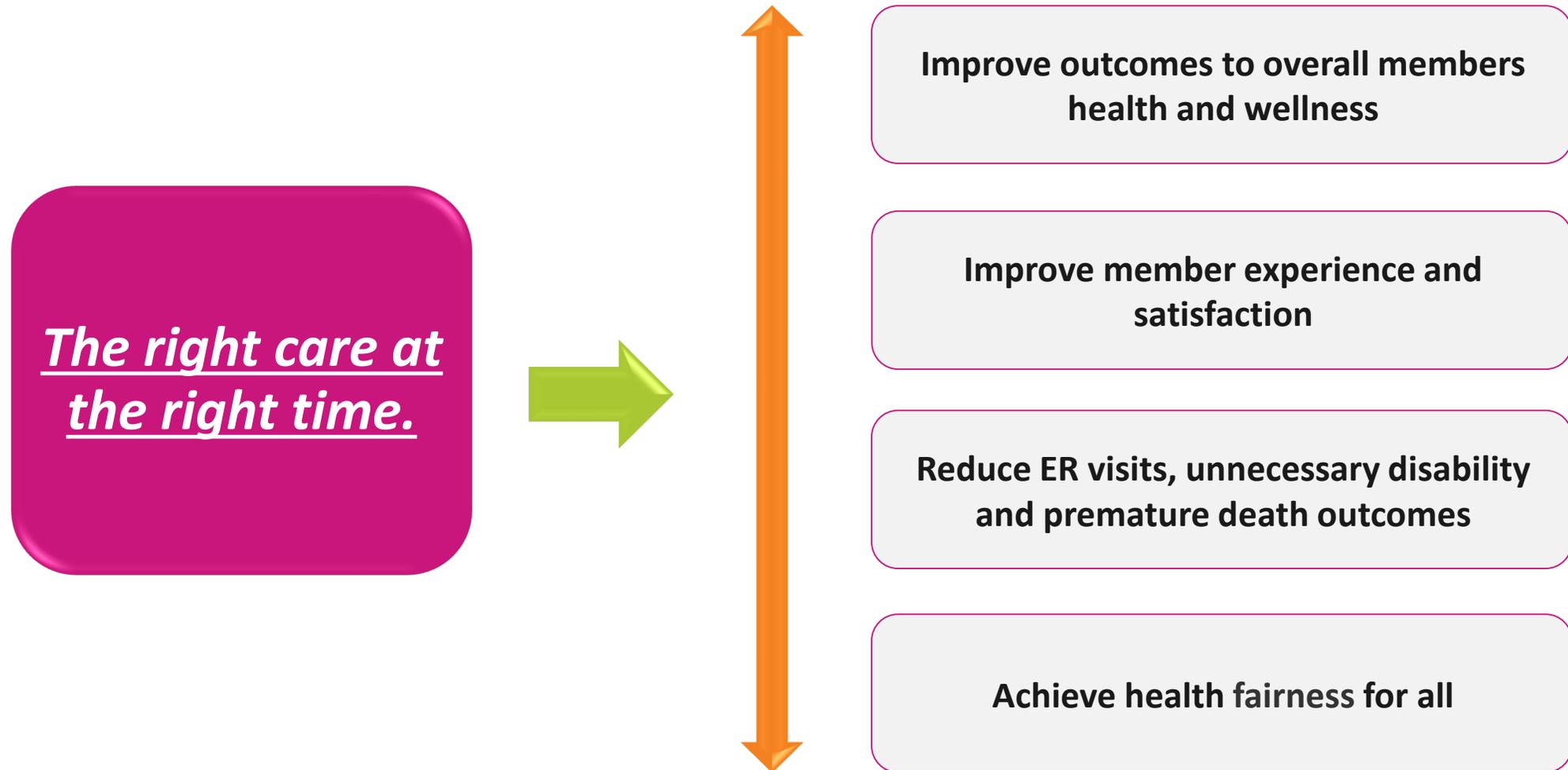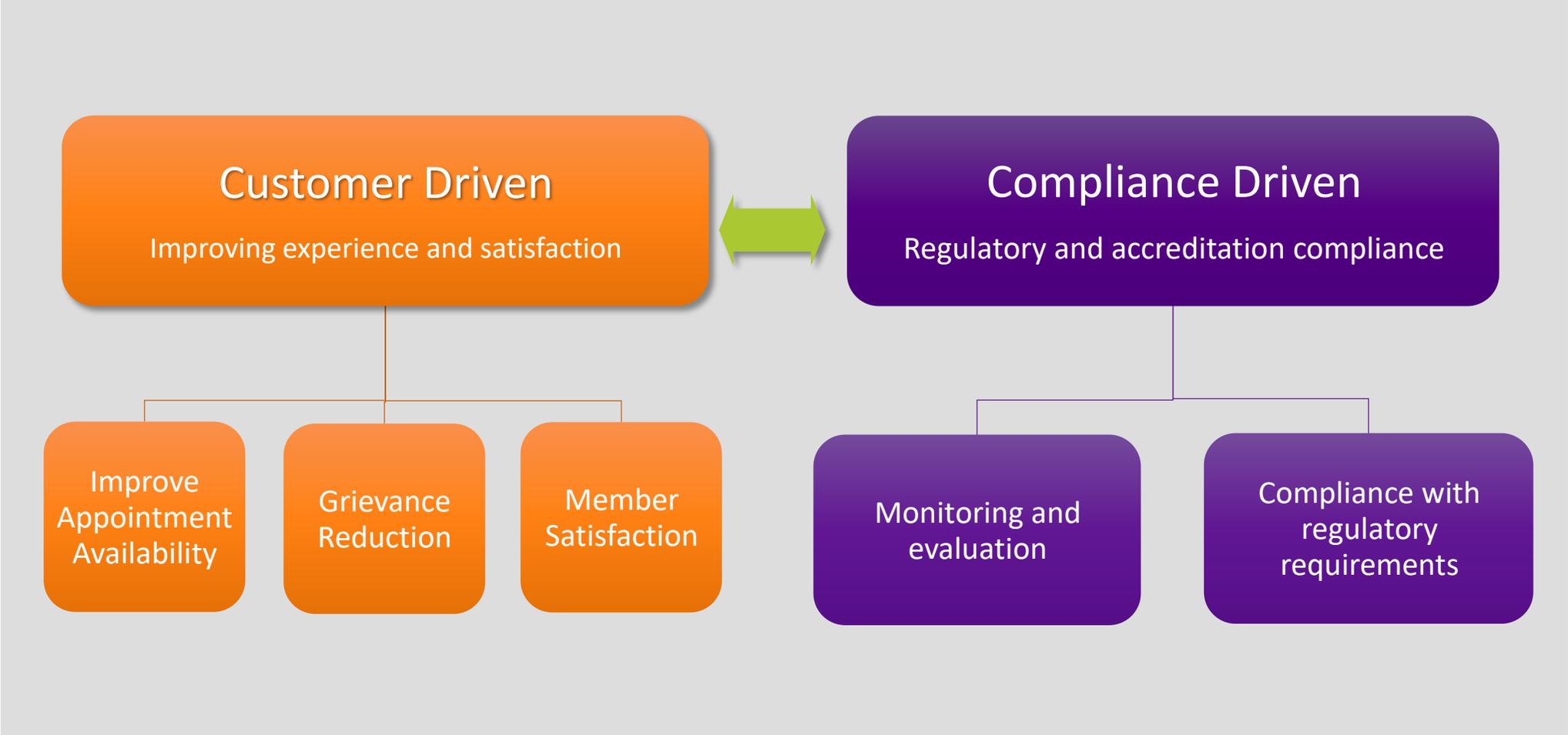
2023

Agenda

- **Importance & Drivers**
- **Survey Guidelines**
- **Survey Process: Preparation & Resources**
- **Corrective Action Plans (CAPs) & Educational (Ed) Packets**
- **Improving Access: Best Practices**
- **Resources**
- **E-Consults**

TIMELY ACCESS TO CARE
Importance and Drivers

Why Is Timely Access to Care Important?

The right care at the right time.

Improve outcomes to overall members health and wellness

Improve member experience and satisfaction

Reduce ER visits, unnecessary disability and premature death outcomes

Achieve health fairness for all

Timely Access to Care Drivers

Survey Guidelines

Provider Survey Evaluation

SURVEYS CONDUCTED

Access & Availability Surveys:

- ❏ **Provider Appointment Availability Survey (PAAS)**
- ❏ **Provider After-Hours Availability Survey (PAHAS)**
- ❏ **Provider Office Telephone Access Monitoring**

Other Surveys:

- ❏ **Telephone Access Monitoring**
- ❏ **DHCS Timely Access Study**
- ❏ **Mock/Off-Cycle CAHPS® Survey**

Access to Care and Member Satisfaction Surveys

Survey	Monitoring
Provider Appointment Availability Survey (PAAS)	Appointment availability for routine and urgent care
Provider After-Hours Availability Survey (PAHAS)	Appropriate emergency instructions for after-hours care and the Providers' availability to be reached within 30 minutes of a patient's call for urgent after-hours issues.
Telephone Access Monitoring	Time to answer the call, and call-back wait time during normal business hours for patients with non-urgent issues.
Consumer Assessment of Health Plan Survey (CAHPS®) / CG CAHPS® Medicare	Regulatory member satisfaction survey asks members to evaluate their experience with their health plan and healthcare received. Access to care in a timely manner are covered.
DHCS Timely Access Study	This survey is similar to the Provider Appointment Availability Survey and is conducted quarterly by DHCS vendor.
Mock/Off-Cycle CAHPS® Survey	Member experience feedback. Results help track improvement initiatives' progress; able to tie results back to providers/groups for tailored improvement discussions.

Regulatory Timely Access to Care Standards

Appointment Type	Appointment Access Standards
URGENT APPOINTMENTS	
Urgent care appointment **with PCP**	Within **48 hours** of request
Urgent care appointment **with Specialists**	Within **96 hours** of request
NON-URGENT APPOINTMENTS	
Non-urgent care appointment **with PCP**	Within **10 business days** of request
Non-urgent care appointment **with Specialists**	Within **15 business days** of request
Appointment for **Ancillary Services**	Within **15 business days** of request

Regulatory Timely Access to Care Standards – Behavioral Health

Appointment Type	Appointment Access Standards
BEHAVIORAL HEALTH APPOINTMENTS	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that does not require prior authorization	Within **48 hours** of request.
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that requires prior authorization	Within **96 hours** of request.
Non-Urgent appointment with behavioral health care physician (Psychiatrist)	Within **15 business days** of request
Non-Urgent appointment with non-physician behavioral health care provider	Within **10 business days** of request
Non-urgent follow-up appointment with non-physician mental health care provider (NPMH)	Within **10 business days** of request

Other Timely Access Standards

AFTER-HOURS ACCESS	
After-hours physician availability	Call back within **30 minutes**
After-hours ER instructions	Appropriate **emergency instructions**
TELEPHONE ACCESS	
Telephone answer time during normal business hours	Answers calls within **60 seconds**
Telephone call-back for non-urgent issues	Calls patients back within **1 business day**
IN-OFFICE WAIT TIME	
In-office wait time for scheduled appointments with PCP	Not to exceed **30 minutes**
TELEHEALTH/SAME DAY APPOINTMENTS/WALK-INs	
Telehealth Appts. and Same-Day Appts. or Walk-Ins	Are considered as **next available appointment**

Health Net Timely Access to Care Standards

Appointment Type	Appointment Access Standards
NON-URGENT APPOINTMENTS	
First prenatal visit with PCP or Specialists	Within **2 weeks** of request
Well-child visit	Within **2 weeks** of request
Wellness visit	Within **30 calendar days** of request

Appointment Rescheduling

Promptly re-schedule in a manner that is appropriate for the member's health care needs.

Apply applicable timely access standards to the re-scheduled appointment.

Ensure continuity of care consistent with applicable professional practice.

After-Hours Access to Care Standards

Patients are able to call Provider's office 24-hours, 7 days a week to reach a qualified health care professional.

For Urgent calls, return calls from the provider need to occur within 30 minutes of the member call.

PCPs to ensure that only licensed, certified or registered health care professional staff answering phone provide medical advice.

After-Hours Access to Care Script

Sample Answering Machine/Service Scripts

Hello, you have reached the <answering service/ centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please stay on the line and I will connect you.

Hello, you have reached the <answering service/ centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, Dr. <Last Name> can assist you. Please <page/call> him/her at <telephone number>. You may expect a call back within 30 minutes.

SURVEY PROCESS
Preparation & Resources

Survey Timelines & Methodology & Guidelines

Measurement Year 2023

- **Provider Appointment Availability Survey (PAAS):**
  Initial outreach via fax, email or telephone. Telehealth appointments considered as next-available appointments.

- **Provider After-Hours Availability Survey (PAHAS):**
  Conducted by telephone.

- **Provider Telephone Access Surveys**: Incorporated in the PAAS.

> **PAAS & PAHAS conducted annually, typically from July - August through November - December**
>
> -
>
> **The Provider Telephone Access Survey will be incorporated in the PAAS to randomly selected providers.**
>
> -
>
> **For MY 2023 Health Het and CH&W has joined a shared-services survey model with other health plans.**

Responding to the survey is a contractual requirement: Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability.

Health plan survey timeline – MY (Measurement Year) 2023

Q1-Q2 2023
Generate provider list randomly based on most recent provider information. Submit to DMHC for approval.

Q3-Q4 2023
PAAS, PAHAS and Telephone Access surveys conducted.

Q1-Q2 2024
Validate and analyze survey results and identifies non-compliant PPGs/providers.

Q3-Q4 2024
Distributes CAP **or** Educational Packet and validates responses to close out cases.

DMHC Survey Guidelines

- The survey is conducted for providers selected randomly based on the DMHC survey methodology.

- Providers who retired or were terminated with the group <u>after</u> the provider list was compiled are still eligible to be included in the survey results.

- Providers are eligible for the survey even if they practice on a part-time basis.

- Providers who are unavailable at the time of survey due to maternity leave or any kind of leave of absence are non-compliant.

- An appointment offered at a different office in the same county with the same provider can be recorded as an available appointment with the initially surveyed provider.

Survey Prep Activities

- ✓ Review Timely Access standards with all office staff
- ✓ Surveys are conducted for a specific providers selected randomly and may not be substituted for another provider in the group.
- ✓ The surveyor will introduce themselves as an individual calling from "Vendor Name" on behalf of the health plan
  - *"May I ask to speak with someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?"*
- ✓ Questions will be asked about next available appointments for urgent and non urgent services
- ✓ State during survey if same day appointments/walk-ins are available as this is considered as a next available appointment including urgent appointments
- ✓ The same type of questions will be asked for preventative check up and well child exam. As well as physical exam which includes well woman exam

Survey Prep Activities – Cont.

- ✓ Ensuring answering service/machine responses are compliant with regulatory standards is an easy fix!

  - *Test your phone system if answering services are in place*

- ✓ Telehealth appointments are considered next-available appointments

- ✓ Ensure office staff is aware of Provider Panel status: Open or closed to new patients

- ✓ Ensure early notification of changes to provider demographic information to the Health Plan

- ✓ In order to be compliant, it is important that you have appointment availability that complies with the timely access standards

- ✓ This Timely Access to Care Training is available in the health plan's Provider Portal's landing page under *Resources For You*

CORRECTIVE ACTION PLAN (CAP)
&
Educational (Ed) Packet

CAP & Educational (Ed) Packet

What you will be receiving

- Report Card

- Timely Access & After-Hours Improvement Plan (not applicable for Educational Packet)

- List of Non-compliant Providers (distributed to PPGs only)

- Provider NC (Non-compliant) Notification Attestation

- Webinar Completion Certificate

- HEDIS Toolkit Folder

- Training Flyer

PPG Sample Report Card

ABC MEDICAL GROUP
Corrective Action Plan: MY 2022 Timely Access & After-Hours Report Card

SURVEY TYPE	METRIC & STANDARD	COMMERCIAL Performance Goal: PAAS = 70% PAHAS = 90%		MEDICARE Performance Goal: PAAS = 70% PAHAS = 90%		MEDI-CAL Performance Goal: PAAS = 70% PAHAS = 90%	
		PPG Score	Health Net HMO – Comparison Population score	PPG Score	Health Net Medicare – Comparison Population score	PPG Score	Health Net Medi-Cal Comparison Population score
Provider Appointment Availability Survey (PAAS	^Urgent Appointment: PCP within 48 hours SCP within 96 hours	65%	52%	68%	47%	68%	54%
	^Non-urgent Appointment: PCP within 10 business days SCP within 15 business days	79%	73%	82%	75%	68%	77%
Provider Appointment Availability Survey (PAAS) Medi-Cal-specific measures (DHCS)	¹First Prenatal Appointment: PCP & SCP within 2 weeks	N/A	N/A	N/A	N/A	96%	81%
	²Well Check/Well-Child Appointment: PCP within 10 business days	N/A	N/A	N/A	N/A	86%	79%
	²Physical Exam/Well Woman Appointment: PCP within 30 calendar days	N/A	N/A	N/A	N/A	97%	91%
	In-Office Wait Time PCP & SCP - Not to exceed 30 minutes	N/A	N/A	N/A	N/A	66%	68%
Provider After-Hours Availability Survey (PAHAS)	^After-Hours ER instructions: PCP - after-hours messaging includes calling 911 or going to nearest ER for emergencies	95%	94%	100%	94%	100%	96%
	^After-Hours physician availability: PCP - call back within 30 minutes	84%	77%	78%	75%	82%	80%

Red – PPG Rate of Compliance (ROC) below the performance goal.
^If ROC is not met for this standard, a CAP is required to be submitted by the PPG to the health plan.
N/A – metric does not apply or was not measured
¹First-Prenatal Visits – standards are specific to DHCS regulations. Plan performance goal is 70%.
²Health plan standard – appointment scheduled through the provider for a preventive checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.
*Score is based on low responses

PPG Sample Improvement Plan

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Measurement Year 2022 Provider Appointment Availability Survey & After-Hours Improvement Plan

PPG:	ABC MEDICAL GROUP	DUE DATE:	Within 30 days
COMPLETED BY:		DATE SUBMITTED:	
PHONE:		EMAIL:	

METRIC & STANDARD	COMMERCIAL	MEDICARE	MEDI-CAL	REASON FOR NON-COMPLIANCE	ACTION PLAN	TARGET COMPLETION DATE
Provider Appointment Availability Survey (PAAS)						
Urgent Appointment: PCP within 48 hours SCP within 96 hours	NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT			
Non-urgent Appointment: PCP within 10 business days SCP within 15 business days	COMPLIANT	COMPLIANT	COMPLIANT			
Provider Appointment Availability Survey (PAAS) Medi-Cal-specific measures (DHCS)						
[1]First Prenatal Appointment: PCP & SCP within 2 weeks	N/A	N/A	COMPLIANT			
[2]Well Check Appointment: PCP within 10 business days	N/A	N/A	COMPLIANT			
[2]Physical Exam Appointment: PCP within 30 calendar days	N/A	N/A	COMPLIANT			
In-Office Wait Time PCP & SCP - Not to exceed 30 minutes	N/A	N/A	NON-COMPLIANT			
Provider After-Hours Availability Survey (PAHAS)						
After-Hours ER instructions: PCP– after-hours messaging includes calling 911 or going to nearest ER for emergencies	COMPLIANT	COMPLIANT	COMPLIANT			
After-Hours physician availability: PCP - call back within 30 minutes	NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT			
Attend Health Net's Timely Access Provider webinar	**Upcoming Webinars: May 31, June 14 & 28, July 12, 19 & 26, Aug. 9. Please let us know which session you would like to attend by emailing us at DMHC_AccessIP@healthnet.com (See enclosed flyer for more information)**					

N/A – metric does not apply or was not measured
[1]First-Prenatal Visits – standards are specific to DHCS regulations. Plan performance goal is 80%. Does not require a response for Improvement Plan.
[2]Health plan standard – appointment scheduled through the provider for a preventive checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.
Does not require a response for Improvement Plan.
*Score is based on low responses

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Confidential and Proprietary Information

List of Noncompliant Providers for PPGs

Excel spreadsheet contains:

- PPG Name

- Specialty

- Provider Name & NPI

- Provider Address & Phone Number

- Metric & Standard, e.g., Urgent appointments for PCP within 48 & Specialist within 96 hours

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PPG Notification Attestation

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PROVIDER NOTIFICATION OF TIMELY ACCESS RESULTS ATTESTATION

I have received and reviewed the provider listing enclosed with the Measurement Year MY 2022 Timely Access Survey Results packet. I understand the providers on the attached list did not meet one or more of the non-emergency Timely Access to Care Standards for appointment availability and/or after-hours, based on the MY 2022 Provider Appointment Availability and After-Hours surveys. Furthermore, I have notified these providers of their individual results and of their responsibilities of compliance related to timely access under Health Net's policies and procedures[1].

Notification to providers was completed on (date): _____

Notification was completed via:
- o Email
- o Mail
- o Phone
- o Other (explain): _____

PPG/IPA/GROUP NAME (PRINT)

COMPLETED BY:

_____

_____

SIGNATURE:

DATE:

_____

_____

TELEPHONE NUMBER:

EMAIL ADDRESS:

_____

_____

[1]Operations manuals are located on the Provider Portal of HealthNet's website

PLEASE RETURN THIS FORM WITH YOUR IMPROVEMENT PLAN TO HEALTH NET AT DMHC_ACCESSIP@HEALTHNET.COM NO LATER THAN 30 DAYS.

Webinar Completion Certificate

Completion Certificate for

TIMELY ACCESS TO CARE PROVIDER TRAINING

I have received and completed the Timely Access to Care Provider Training from Health Net*I understand the following:

- The essential parts of Health Net's Timely Access to Care standards, including basic information about the regulatory needs for timely appointment availability.
- The applicable provider survey process.
- Non-compliance and corrective action plan process.
- Best practices for providing the right care at the right time.
- My responsibilities related to timely access under Health Net's policies and procedures.
- How to access Health Net's operations manuals.

THE TRAINING WAS COMPLETED: (MUST CHECK ONE)	
☐ Self-Guided (online/hard copy) ☐ Instructor Led (online/in-person)	
Provider/Attendee name (additional attendees can be added to this sheet)	National Provider Identifier (if applicable)
Provider Office/Clinic Name	PPG/MSO Name
Address	Phone number
Email	Date training completed
Attendee signature	

Please return a copy of this completed certificate via email to DMHC_AcessIP@healthnet.com and retain a copy for your records.

CAP Packet Resource Tool – Provider Toolkit

Topics covered include:

- Health Care Performance Measurement Systems

- Performance Measures:
  - ✓ HEDIS Measures
  - ✓ CAHPS Survey
  - ✓ Pharmacy Measures

- QI Activities

- Timely Appointment Access

- Advanced Access

- Online resources

Improve Health Outcomes
A GUIDE FOR PROVIDERS

CAP Packet - Training Flyer

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Improve Your Access and Availability

NO-COST WEBINARS! STAY UP TO DATE ON REQUIREMENTS AND BEST PRACTICES

Learn about access and availability requirements. Get tips on how to meet performance goals.

Register to attend one of the webinars for insight on ways to improve member satisfaction and survey outcomes. Refer to the Access Standards included to ensure you meet requirements.

Webinar topics
- Overview of regulations on access and availability.
- Annual monitoring and reporting for the:
  - Provider Appointment Availability Survey.
  - Provider After-Hours Survey.
  - Timely Access Monitoring Survey.
- Resources to help meet your needs.

Presented by
Health Net's Access and Availability Unit and Provider Network Operations.

Who should attend
- Physicians and other providers, office managers and provider office staff members.
- Participating physician group (PPG) provider network administrators and PPG provider relations staff.

Dates, times and registration link
Noon to 1 p.m. on these 2023 dates:
May 17 and 31
June 14 and 28
July 12, 19 and 26
Aug 9

Register today at: bit.ly/3Zobkbg

Questions?
Email the Access and Availability Team at Access.Availability.PNM@healthnet.com.

(continued)

Access Standards

Appointments

Appointment type	Access standard
Urgent care	
Urgent care appointment with primary care physician (PCP).	Within 48 hours of request.
Urgent care appointment with specialist (prior approval needed).	Within 96 hours of request.
Non-urgent appointments	
Non-urgent care appointment with PCP.	Within 10 business days of request.
Non-urgent care appointment with specialist.	Within 15 business days of request.
Appointment for ancillary services.	Within 15 business days of request.
First prenatal visit[1].	Within two weeks of request.
Well-child visit[2].	Within 10 business days of request.
Preventative health check-up[2].	Within 30 business days of request.
Behavioral health appointments	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (psychiatrist) that does not require prior authorization.	Within 48 business hours of request.
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (psychiatrist) that requires prior authorization.	Within 96 business hours of request.
Non-urgent care appointment with non-physician behavioral health care provider.	Within 10 business days of request.
Non-urgent appointment with behavioral health care physician (psychiatrist).	Within 15 business days of request.
Non-urgent care follow-up appointment with non-physician mental health care provider[2].	Within 10 business days of request.

After-hours

After-hours access	Access standard
After-hours physician availability.	Call back within 30 minutes of call.
After-hours emergency room instruction.	Appropriate emergency instructions.

Provider office phone

The survey evaluates provider compliance with the phone access standards as set forth by DHCS.

Phone access	Access standard
Answer member calls (can be live or recorded).	Within 60 seconds.
Return member calls for non-urgent issues.	Within one business day.

In-office wait time

Access	Access standard
In-office wait time for scheduled appointments (PCP and specialists).	Not to exceed 30 minutes.

[1] First-Prenatal Visits standards are specific to DHCS regulations.
[2] Health plan standard. Appointment scheduled through the provider for a preventive checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.
[3] APL 23-007 Monitoring and Annual Reporting Changes due to SB 221, AB 457 and Amendments to Rule 1300.67.2.2.

Topics covered include:

- Timely Access Survey Metrics
- Interpreter Services
- You can also access the Provider Library at https://www.healthnet.com/content/healthnet/en_us/providers.html on the bottom right corner titled: **"Resources for You"** for other resource material

CAP Packet Cont.

☑ What you need to submit

- Acknowledge within 10 days of the receipt of the email

- The following must be provided with in 30 days of the CAP received date:

  ➢ Completed Improvement Plan

  ➢ Provider NC (Non-Compliant) Notification Attestation

  ➢ Supporting Documents for PPGs Action Plans in the IP form

  ➢ Webinar Completion Certificate

Non-Compliance Implications

Corrective Action Plans:

Failure to meet regulatory standard metrics will result in CAPs being issued by the Plan.

Member Grievances:

Inadequate provision of time access may increase member grievances.

Performance Based Incentives:

Incentives are impacted as a result of Providers and PPGs not meeting the Plans' threshold for regulatory and performance standards.

Contracting:

Health Plans may terminate provider contracts due to repetitive non-compliance.

Potential Sanctions:

Regulators may impose CAPs, financial penalties or sanctions to PPGs, Providers, or the Plan for continued failure to meet regulatory standards.

Key Takeaways

- Providers **must** respond to the surveys. Non-responsiveness can lead to further corrective action.
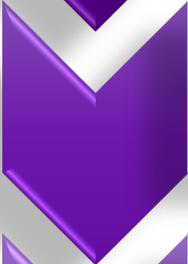
- PPGs and providers are considered non-compliant if they fail one or more timely access metrics annually. CAPs will be sent to these providers and PPGs.
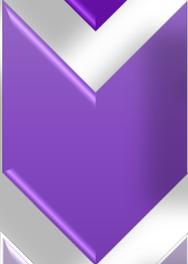
- PPGs and providers are required to complete and return an Improvement Plan (IP) within 30 days of the CAP receipt and provide supporting documentation.

- PPGs and providers need to attend the Timely Access Training as part of the Improvement Plan.

Improving Access:
Best Practices

Improving Your Patient's Experience

Treat patients **courteously** and with **respect**.

Answer & return calls swiftly and with a goal of **1st call resolution**.

Arrange for interpreter services.

*Telephone interpreters are available immediately.

In-person interpreters need a 5-day notice.

Educate patients on:
- Prior Auth
- Referral process
- Appt. Scheduling
- Urgent Care& After-Hours protocols

Offer same-day appointments.

(Advanced Access or Open Access scheduling)

Improving Timely Access At Your Office

Appointment Availability: Follow Timely Access Standards to schedule appointments.

Patient Care/Quality: Understand patient impact and performance measures

Utilize telemedicine to improve accessibility.

Ensure that Provider Panels are open or closed appropriately

Notify patients/Plan promptly of changes to office hours or procedures.

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Improving Processes Within Your Group

Implement enhanced patient communication portal.

Routinely check for provider data accuracy.

Secure adequate availability of Urgent Care Centers.

Identify & monitor trends to address issues with Access to Care grievances.

Ensure Call Center meets performance service levels.

Resources

Provider Updates & Resources

Provider Updates: Distributed via fax or email, posted in the Provider Portal

Provider Notifications: Information includes specific Timely Access topics, updates & tools for reaching compliance

Timely Access Provider Webinars: Provided bi-annually or as required

Confidential and Proprietary Information

Self-paced Access to Care training online

https://www.healthnet.com/content/healthnet/en_us/providers.html

Provider Communication

Provider Notification - Example

Topics covered include:

- Ongoing Access surveys
- Survey results
- Access standards

E-Consults

eConsults: Increasing Access to Specialty Care

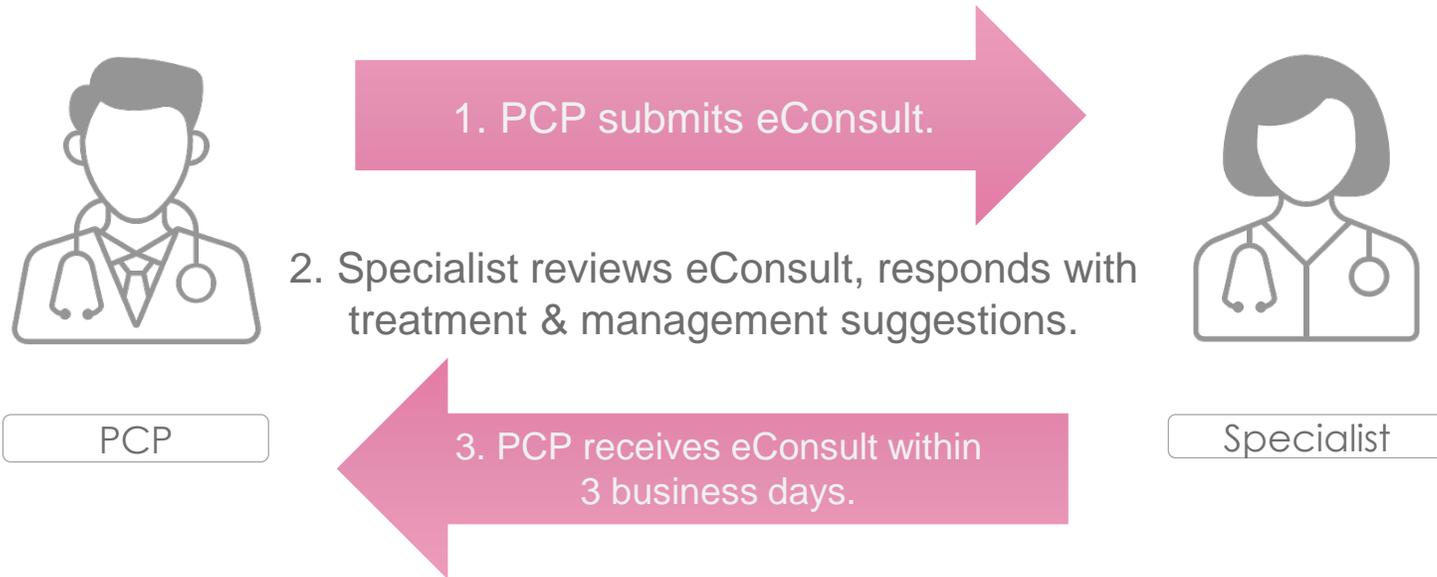- **Medi-Cal Members**
  - ✓ California Health & Wellness Plan
  - ✓ CalViva Health
  - ✓ Health Net (+ Commercial and Medicare)

- **No-cost specialty care resource for PCPs**
  - ✓ No cost to implement or utilize
  - ✓ Customized to native physician workflows

- **ConferMED is our eConsult provider**
  - ✓ Nationally recognized
  - ✓ Primary care research and innovation center

Also offered to

What is an Electronic Consultation (eConsult)?

A provider to provider to dialogue -- sent through a secure message

1. PCP submits eConsult.

2. Specialist reviews eConsult, responds with treatment & management suggestions.

3. PCP receives eConsult within 3 business days.

PCP

Specialist

Also offered to

Asynchronous consultation that offer PCPs rapid access to California-licensed specialty care experts through secure, digital dialogues. PCPs use eConsults at their discretion for non-urgent, non-procedural specialty care referrals.

eConsults:

- Mitigates barriers to specialty care
- Optimizes care coordination
- Reduces health care spending related to duplicative testing & unnecessary visits

Enhanced Specialty Network

With eConsult, you get 250+ specialists covering 30+ adult and pediatric specialties.

- **Board certified** in specialty or subspecialty
- **NCQA- level credentialing**

Adult

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- Ear, nose and throat (ENT)
- Gastroenterology
- Geriatric Medicine

- Hematology
- Medical Oncology
- Infectious Disease
- Nephrology
- Neurology
- Obstetrics/gynecology (OB/GYN)
- Obesity Medicine

- Orthopedics
- Pain Management
- Psychiatry
- Pulmonology
- Retinal Readings
- Rheumatology
- Urology

Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Hematology
- Infectious Disease
- Nephrology

- Neurology
- OB/GYN (ages 16+)
- Orthopedics
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

Contact Kristen Hanson, eConsult Program Manager at

Kristen.Hanson@Centene.com to learn more.

Also offered to CalViva HEALTH

Q&A

It is our pleasure to support you!

For any Access to Care related questions please use the following email address:
Access.Availability.PNM@healthnet.com

Acronym

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CAP – Corrective Action Plan

CH&W – CA Health & Wellness

CMS – Centers for Medicare & Medicaid Services

DHCS – Department of Health Care Services

DMHC – Department of Managed Health Care

HCSO – Health Care Services Organization

HEDIS – Healthcare Effectiveness Data and Information Set

HNCA – Health Net of California

IP – Improvement Plan

LTE – Life Threatening Emergency

MA – Medicare Advantage

MHNS – Managed Health Network Services

MY – Measurement Year

NCQA – National Committee for Quality Assurance

NTE - Non-Life-Threatening Emergency

OPA – State of California Office of the Patient Advocate

PAAS – Provider Appointment Availability Survey

PAHAS – **Provider After-Hours Access Survey**

PAS – Patient Assessment Survey

PCP – Primary Care Physician

PPG – Participating Physician Group (California only)

PSS – Provider Satisfaction Survey

SCP – Specialty Care Practitioner

SNF – Skilled Nursing Facility

SPD – Seniors and Persons with Disabilities