

PROVIDER Update



Health Net®

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After-Hours Access Guidelines and Access to Urgent/Emergent Services

Health Net of California, Inc. and Health Net Community Solutions, Inc. (Health Net) are committed to providing timely access to care for their members. Health Net's participating providers must ensure that medical services are available and accessible to members 24 hours a day, seven days a week, as required by regulatory and contractual requirements, applicable statutes, and the *Provider Participation Agreement (PPA)*.

PPG REQUIREMENTS

Participating physician groups (PPGs) are responsible to ensure that all primary care physicians (PCPs) have appropriate coverage, including response times for after-hours telephone access with the PCP (or on-call physician) within 30 minutes, and that all PCPs are educated and have access to information to ensure that Health Net members receive timely, clear and accurate direction when seeking urgent care.

PPGs should have accurate urgent care provider information clearly visible and available to Health Net members (such as on signs or on business cards) in all office locations and should provide this information to members during a PCP office visit or other form of outreach. PPGs should also send members educational information about the PPG's available urgent care centers, including days and hours of operation, and services offered onsite, such as radiology. Urgent care centers should also be identified on the PPG's website (as applicable) where Health Net members can do research independently. Failure of the PPG to offer adequate urgent care may result in Health Net referring a member to a Health Net contracted urgent care center or alternative provider and holding the PPG financially responsible.

PPGs are required to provide their assigned provider network administrator (PNA) with any changes to urgent care provider lists. PPGs are also responsible for verifying accuracy of the quarterly list provided by the assigned PNA.

PCP REQUIREMENTS

PCPs (or on-call physicians) must return telephone calls and pages within 30 minutes, and be available 24 hours a day, seven days a week. PCPs are required to have appropriate back-up for absences. The PCP or on-call physician designee must provide timely, clear, accurate, and appropriate advice to a member who seeks urgent or emergency care services, and document the advice given in the member's medical record. It is not appropriate for a PCP to instruct a member to contact Health Net for information about accessible urgent care services. It is also not appropriate for a PCP to direct a member to an urgent care center that is closed at the time advice is provided (after normal business hours, on weekends or on holidays).

OFFICE HOURS

Office hours must be reasonable and sufficient to ensure that Health Net members are able to access care within established access standards. The hours must be posted in the physician's office. Health Net requires that a primary care office be open at least 20 hours

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Health Net Employer Group HMO, POS & HSP

1-800-641-7761

provider.healthnet.com

Individual Family Plan

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086

per week for members to schedule appointments within established access guidelines. An answering service or answering machine should be utilized to ensure availability of services during evenings, weekends and holidays, with access to the on-call physician for urgent issues within 30 minutes.

IMPROVING AND MAINTAINING AFTER-HOURS ACCESS IN THE PROVIDER OFFICE

An answering machine or service may be used to provide members with clear and simple instructions about after-hours urgent and emergent medical care. This information is vital in case of an urgent or emergency situation, or if there is a need to contact a physician outside business hours. PCPs (or on-call physicians) must return telephone calls and pages within 30 minutes and be available 24 hours a day, seven days a week.

Health Net offers resources as described below to assist with improving after-hours access.

After-Hours Script Template

Directing members to the appropriate level of care using simple and comprehensive instructions can improve the coordination and continuity of the member's care, health outcomes and satisfaction. Health Net offers after-hours script templates applicable to each line of business and time frame, including examples of how to implement for live voice or auto-attendant/answering machine messaging.

PPGs or providers who have centralized triage services or other answering services may use the script as a guide for staff answering the telephone. For providers who use an automated answering system, the script advises members on how to access after-hours care. The script also includes basic information about how modifications can be made according to the PPG's or provider's needs. The scripts are available in several languages and are located on the following provider portals:

- For providers serving employer group Medicare Advantage (MA) and commercial HMO, Point of Service (POS), Medi-Cal, and Cal MediConnect members, refer to the original Health Net provider portal at provider.healthnet.com in the Quality Improvement Corner under *Working with Health Net > Quality > Patient Experience Provider Toolkit > Improving Access to Care References*. The script templates are also available in the Provider Library. Choose the applicable Provider Library by selecting the appropriate provider type and product line, enter "after-hours access" under Keyword, and select *Search* to view information about access and availability, and the script templates.
- For providers serving individual Medicare Advantage (MA), Special Needs Plan (SNP) and commercial Individual Family Plan (IFP) (CommunityCare HMO and PureCare HSP) members, refer to the new Health Net provider portal at provider.healthnetcalifornia.com for the Quality Improvement section under *Welcome > Resources > Quality > Patient Experience Provider Toolkit > Improving Access to Care References*. The script templates are also available in the Provider Library. Choose the applicable Provider Library by selecting the appropriate provider type and product line, enter "after-hours access" under Keyword, and select *Search* to view information about access and availability, and the script templates.

Answering Services

PPGs or providers are responsible for the answering service they use. If a member calls after hours or on a weekend for a possible medical emergency, the provider is held liable for authorization of or referral to emergency care as directed by the answering service. There must be a message immediately stating, "If this is an emergency, hang up and call 911 or go to the nearest emergency room." After office hours, physicians are required to return telephone calls and pages within 30 minutes. If an on-call physician cannot be reached, the answering service must direct the member to a medical facility where emergency or urgent care treatment can be provided. This is considered authorization, which is binding and cannot be retracted. The provider is held liable for authorization of or referral to urgent care as directed by the answering service. The answering service must document all calls.

Maintaining Access Standards

PPGs or providers should review their answering service or auto-attendant telephone messages periodically to ensure they are accurate and meet current guidelines. Orientation for new staff, office staff and answering services should include the access standards, after-hours procedures and scripts. Providers can test their own systems by calling after hours and taking steps to correct any issues identified. The goal of reasonable access to care is essential for member safety and Health Net continues to survey offices annually.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online, as listed in the table below, for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

| Line of Business | Telephone Number | Provider Portal | Email Address |
|--|------------------|----------------------------------|---------------------------------|
| HEALTH NET EMPLOYER GROUP HMO, POS & HSP | 1-800-641-7761 | provider.healthnet.com | provider_services@healthnet.com |
| INDIVIDUAL FAMILY PLAN | 1-888-926-2164 | provider.healthnetcalifornia.com | |
| MEDICARE (INDIVIDUAL) | 1-800-929-9224 | provider.healthnetcalifornia.com | |
| MEDICARE (EMPLOYER GROUP) | 1-800-929-9224 | provider.healthnet.com | |
| MEDI-CAL | 1-800-675-6110 | provider.healthnet.com | N/A |