



## 2018 Provider Appointment Availability and After-Hours Access Survey Preparation

Health Net Community Solutions, Inc. (Health Net) is committed to improving timely access to care for its members. It can be detrimental to a member's health when he or she is unable to obtain care when needed. To measure the effectiveness of the network to meet the needs and preferences of Health Net members, Health Net conducts annual primary care physician (PCP) and specialist appointment availability and after-hours access surveys.

Failure to meet timely appointment and after-hours access standards will result in a corrective action plan (CAP) and possibly impact network participation. Providers are encouraged to work with their participating physician group (PPG), independent practice association (IPA) or Health Net if they have questions or concerns about their ability to meet these standards. Providers may contact Health Net via email at [DMHC\\_AccessIP@healthnet.com](mailto:DMHC_AccessIP@healthnet.com).

### CHANGES IN SURVEY METHODOLOGY FOR 2018

For 2018, the Department of Managed Health Care (DMHC) has changed the way the Provider Appointment and Availability Survey (PAAS) will be administered. Surveys will be initiated via email or fax. An email or fax invitation will be sent to providers asking them to complete the survey via an online link. Providers will have five business days to respond to the email or fax surveys. If a provider does not respond to the survey after five business days, a phone survey will be conducted. If a provider's email address or fax number is not in the system, a phone survey will be conducted.

### PREPARING FOR THE SURVEYS

This year, the surveys will be conducted in two waves beginning late July 2018 through December 2018. Participating providers should verify that appointment availability and after-hours requirements are being met by calling their office to ensure the following standards and instructions are being communicated.

Based on the type of request, the following time frames must be followed:

- Non-urgent appointments with a PCP must be scheduled within 10 business days.
- Urgent care appointments with a PCP or specialist that do not require prior authorization must be scheduled within 48 hours of a request.
- Non-urgent appointments with a specialist must be scheduled within 15 business days.
- Urgent care appointments with a specialist that require prior authorization must be scheduled within 96 hours of a request.
- A well-child visit with a PCP must be scheduled within 10 business days.

#### 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

1-800-675-6110

[provider.healthnet.com](http://provider.healthnet.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

[healthnet.com](http://healthnet.com)

fax 1-800-937-6086

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- A first prenatal visit with a PCP or specialist must be scheduled within 10 business days.
  - Preventive physician exams and wellness checks with a PCP must be scheduled within 30 calendar days.
  - Non-urgent appointments with an ancillary provider must be scheduled within 15 business days.
  - After-hours medical services must be available and accessible 24 hours a day, seven days a week, and PCPs are required to have appropriate back-up for absences. 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.
  - For emergencies, the staff answering the telephone or the answering machine or service must instruct the caller to hang up and dial 911 or go to the nearest emergency room.
  - For urgently needed care, the staff answering the telephone or the answering machine or service must communicate the following:
    - Confirm that a physician or other qualified health care professional can be contacted after hours.
    - Inform Health Net members to expect a call back from the PCP's office within 30 minutes.
  - During office hours, office staff must answer the telephone within 60 seconds and return member phone calls within one business day.
  - As required for long-term services and supports (LTSS), timely access standards will be established for services when the provider travels to the member and/or community locations to deliver services. Timely access references the number of business days or calendar days from the date of request that an appointment must be available within the type of service.
  - Standards for skilled nursing facilities (SNF) and intermediate care facilities (ICF) are based on county population density as follows:
    - Rural counties: within 14 calendar days of request
    - Small counties: within 14 calendar days of request
    - Medium counties: within seven business days of request
    - Large counties: within five business days of request

## **ADDITIONAL INFORMATION**

Providers are encouraged to access the provider portal online at [provider.healthnet.com](http://provider.healthnet.com) 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 Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.