

# PROVIDER Update



Health Net®

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## MY2017 Behavioral Health Provider Appointment Availability Survey Results

The California Department of Insurance (CDI) sets forth access requirements (California Code of Regulations, Title 10, Section 2240, et al) for PPO networks. Accordingly, Health Net Life Insurance Company (Health Net) completed the 2017 Behavioral Health Provider Appointment Availability Survey (PAAS) of its PPO network to measure and to evaluate member access to behavioral health care services. Compliance standards were established using CDI and National Committee for Quality Assurance (NCQA) guidelines.

The survey was conducted on a random selection of behavioral health providers that serve Health Net PPO members to evaluate compliance with access standards for the timely provision of behavioral health care services. Health Net initially faxed the survey to all selected providers with instructions to complete and fax back responses. If providers did not respond within five business days, Health Net contacted them by telephone with a reminder message to complete the faxed survey tool. Health Net set a compliance rate goal of 90 percent for each appointment type.

### 2017 BEHAVIORAL HEALTH APPOINTMENT ACCESS SURVEY RESULTS

The results for the measurement year (MY) 2017 survey were unfavorable. The PPO compliance goal of 90 percent was not met for urgent and non-urgent mental health appointments with psychiatrists and non-physician mental health providers. However, compliance rates improved compared to MY 2016 for urgent physician appointments and urgent non-physician appointments. Health Net will continue to survey offices annually for behavioral health appointment access and send out corrective action plan (CAP) packets to those providers who failed one or more of the survey metrics.

The following are results of the 2017 Behavioral Health PAAS for PPO members.

APPOINTMENT TYPE	2017	2016
Access to urgent physician mental health appointment within 48 hours of request	73.9%	73.3%
Access to non-urgent physician mental health appointment within 15 business days of request	71.1%	73.1%
Access to urgent non-physician mental health appointment within 48 hours of request	75.4%	65.0%
Access to non-urgent non-physician mental health appointment within 10 business days of request	82.8%	86.8%

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Behavioral Health Providers
- 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

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## TIPS TO CONTINUE IMPROVING MEMBER SATISFACTION AND ACCESS

Ensuring members receive the best care and service is of utmost importance to Health Net. Providing timely and appropriate access to care is critical for member safety and satisfaction. Increasing member satisfaction for access to care is an important goal and requires a collaborative effort between Health Net and its participating providers. Providers are in a key position to improve these standards by:

- Educating staff.
- Monitoring scheduling practices.
- Addressing standards or requirements in the office that need improvement.

Health Net has developed the following tips that may help providers improve member satisfaction and access to behavioral health care services:

- First impressions matter, especially when beginning treatment and establishing a therapeutic alliance. Health Net appreciates that participating providers are available to accept new referrals, even with busy schedules. In the initial member contact, consider the member's needs and circumstances before postponing his or her scheduled first session.
- Dissatisfied members are most likely to complain about long waits to get an appointment to see a behavioral health practitioner. Health Net encourages providers to consider promptness and flexibility in setting business office hours as an important aspect of clinical services. This includes instructions for accessing care after hours.
- Providers should review telephone messages periodically to ensure they are accurate and meet current guidelines. Orientation for staff and the answering service should include access standards, and after-hours and on-call procedures. Providers can also test their own systems by calling to schedule different types of appointments and taking steps to correct any issues identified. The goal of reasonable access to care is essential for member safety.

## ADDITIONAL INFORMATION

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 PPO	1-800-641-7761	provider.healthnet.com	provider_services@healthnet.com
IFP PPO	1-888-926-2164	provider.healthnetcalifornia.com	