

PROVIDER Update



Health Net®

CONTRACTUAL | AUGUST 24, 2018 | UPDATE 18-586 | 5 PAGES

2017 Provider Appointment Availability and After-Hours Access Survey Results

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) are committed to improving timely access to care for its members. It can be detrimental to a member's health when the member is unable to obtain care when it is needed. To measure the effectiveness of the network to meet the needs and preferences of Health Net members, Health Net conducts an annual Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS). The PAAS is used to measure compliance with the Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS) and the California Department of Insurance (CDI) timely access regulations. The PAHAS measures compliance with after-hours access requirements. Surveys were conducted on a random sample of participating primary care physicians (PCPs) and specialty care providers (SCPs).

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) and/or Health Net in correcting deficiencies in order to meet appointment availability performance goals. Providers with questions or concerns regarding their ability to meet these standards may contact Health Net at DMHC_AccessIP@healthnet.com.

APPOINTMENT AVAILABILITY SURVEY RESULTS

Overall, the results of the 2017 PAAS are mostly favorable. A few of the appointment access metrics did not meet Health Net's performance goal of 80 percent which indicates a need for improvement in these areas.

For HMO/Point of Service (POS), only 70.2 percent of PCPs indicated they are able to provide urgent care appointments that do not require prior authorization within 48 hours. However, 90.7 percent of PCPs indicated they were able to provide non-urgent appointments within 10 business days of request. Also, 81.4 percent of specialists can provide non-urgent appointments within 15 business days of request, which is lower than the previous year.

For Medicare Advantage (MA), 78.7 percent of PCPs indicated they are able to provide urgent care appointments that do not require prior authorization within 48 hours. Additionally, 90.9 percent of PCPs indicated they were able to provide non-urgent appointments within 10 business days of request. On the specialist side, 72.2 percent indicated they are able to offer an urgent care appointment that requires prior authorization within 96 hours of request and 80.5 percent of specialists can provide non-urgent appointments within 15 business days of request.

For PPO/EPO, only 78.9 percent of PCPs indicated they are able to provide urgent care appointments that do not require prior authorization within 48 hours. While this is a slight increase as compared to MY2016, rates should be compared with caution as the survey tool for this question did not include specialists in MY2017. Additionally, 88.8 percent of

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- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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- HMO/POS/HSP
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- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
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 - Riverside
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 - San Bernardino
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PCPs indicated they were able to provide non-urgent appointments within 10 business days of request, and 77.9 percent of specialists can provide non-urgent appointments within 15 business days of request.

The following tables display a summary of overall provider results for the PAAS for 2017, with 2016 results for comparison.

OVERALL PROVIDER RESULTS SUMMARY: PAAS

HMO/POS (DMHC-regulated) Results

| APPOINTMENT TYPE | 2017 | 2016 |
|--|--------|-------|
| Urgent care appointment with PCP that does not require prior authorization within 48 hours of request | 70.2% | 78% |
| Non-urgent appointments with PCP within 10 business days of request | 90.7% | 90.9% |
| Urgent care appointment with specialist ¹ that does require prior authorization within 96 hours | 72.9%^ | 74.3% |
| Non-urgent appointment with specialist ¹ within 15 business days of request | 81.4%^ | 89.4% |

Note: Specialist rates for 2017 include DMHC PAAS, high-volume and high-impact specialist survey results combined.

^Rates cannot be compared to MY2016 due to change in specialty type surveyed.

¹ Specialists include cardiologists, endocrinologists and gastroenterologists per DMHC methodology. Additional high-volume specialty types were also included in the results (allergy/immunology, dermatology, emergency medicine, obstetrics, obstetrics/gynecology (OB/GYN), ophthalmology, orthopedic surgery, pain management, podiatry, and urology).

Medicare Advantage (CMS-regulated) Results

| APPOINTMENT TYPE | 2017 | 2016 |
|--|--------|------|
| Urgent care appointment with PCP that does not require prior authorization within 48 hours of request | 78.7% | 69% |
| Urgent care appointment with specialist ¹ that does require prior authorization within 96 hours | 72.2%^ | NR |
| Non-urgent appointments with PCPs within 10 business days of request | 90.9% | 82% |
| Non-urgent appointments with specialist physicians within 15 business days of request | 80.5%^ | 80% |

Note: Specialist rates for 2017 include DMHC PAAS, high-volume and high-impact specialist survey results combined.

^Rates cannot be compared to MY2016 due to change in specialty type surveyed.

NR – No reportable data.

¹ Specialists include cardiologists, endocrinologists and gastroenterologists per DMHC methodology. Additional high-volume specialty types were also included in the results (allergy/immunology, dermatology, emergency medicine, obstetrics, obstetrics/gynecology (OB/GYN), ophthalmology, orthopedic surgery, pain management, podiatry, and urology).

PPO/EPO (CDI-regulated) Results

| APPOINTMENT TYPE | 2017 | 2016 |
|---|--------|------|
| Urgent care appointment with PCP that does not require prior authorization within 48 hours of request | 78.9*% | 76% |

PPO/EPO (CDI-regulated) Results, continued

| APPOINTMENT TYPE | 2017 | 2016 |
|--|--------|-------|
| Non-urgent appointments with PCPs within 10 business days of request | 88.8% | 90.5% |
| Urgent care appointment with specialist ¹ that does require prior authorization within 96 hours | 69.7%^ | 62.2% |
| Non-urgent appointments with specialist physicians within 15 business days of request | 77.9%^ | 83% |

Note: Specialist rates for 2017 include DMHC PAAS, high-volume and high-impact specialist survey results combined.

^{*}Rates cannot be compared to MY2016 as the MY2017 survey tool did not include survey question for urgent appointment with specialists within 48 hours.

[^]Rates cannot be compared to MY2016 due to change in specialty type surveyed.

¹Specialists include cardiologists, endocrinologists and gastroenterologists per DMHC methodology. Additional high-volume specialty types were also included in the results (allergy/immunology, dermatology, emergency medicine, obstetrics, obstetrics/gynecology (OB/GYN), ophthalmology, orthopedic surgery, pain management, podiatry, and urology).

AFTER-HOURS ACCESS GUIDELINES

As required by the applicable statutes, Health Net's commercial and MA participating providers must ensure that, when medically necessary, medical services are available and accessible 24 hours a day, seven days a week, and PCPs are required to have appropriate backup for absences. PPGs, IPAs and PCPs who do not offer services available 24 hours a day, seven days a week, may use an answering service or answering machine to provide members with clear and simple instructions on after-hours access to 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.

PPG AFTER-HOURS ACCESS SURVEY RESULTS

The 2017 PAHAS measured whether members were provided with clear instructions on emergency situations and how to contact on-call physicians within 30 minutes. The overall results of the after-hours survey indicate a need for improvement in both areas as indicated by the tables below.

HMO/POS (DMHC-regulated) Results

| Metrics | Performance Goals | 2017 | 2016 |
|---|--|-------|-------|
| AFTER-HOURS EMERGENCY INSTRUCTIONS | At least 90% of providers give members clear and appropriate instructions for emergency issues | 85.8% | 89.0% |
| AFTER-HOURS ON-CALL PHYSICIAN URGENT CALLBACK (30 MINUTES) | At least 90% of providers give members the ability to contact them within 30 minutes for urgent issues | 65.2% | 80.9% |

Medicare Advantage (CMS-regulated) Results

| Metrics | Performance Goals | 2017 | 2016 |
|---|---|-------|------|
| AFTER-HOURS EMERGENCY INSTRUCTIONS | At least 90% of providers give members clear and appropriate instructions for emergency issues | 85.5% | 88% |
| AFTER-HOURS ON-CALL PHYSICIAN URGENT CALLBACK (30 MINUTES) | At least 90% of providers give members the ability to contact them within 30 minutes of urgent issues | 64.8% | 80% |

PPO/EPO (CDI-regulated) Results

| Metrics | Performance Goals | 2017 | 2016 |
|--|---|-------|------|
| AFTER-HOURS EMERGENCY INSTRUCTIONS | At least 90% of providers give members clear and appropriate instructions for emergency issues | 80.6% | 85% |
| AFTER-HOURS ON-CALL PHYSICIAN URGENT CALLBACK (30 MINUTES) | At least 90% of providers give members the ability to contact them within 30 minutes of urgent issues | 63.1% | 83% |

In accordance with CMS MA and CDI requirements, Health Net will send out an educational packet to provider offices that have been identified with a timely access deficiency and ask that the provider's office review the information and take measures to bring their office timely appointment and after-hours practices back into compliance.

IMPROVING AFTER-HOURS ACCESS

To improve after-hours access to care, providers should regularly review their office answering services or automated messages to ensure they include appropriate emergency instructions and information regarding a return call within 30 minutes for urgently needed care. 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 which include examples of how to implement for live voice or auto-attendant/answering machine messaging.

PPGs and PCPs 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 can be used to advise members on how to access after-hours care. The script is available in several languages and is located on the Health Net provider website at provider.healthnet.com. Select *Provider Library* and choose the appropriate provider type and product line. Then, enter "after-hours access" in the text box under *Search Library*. For Individual Family Plans (IFP) and MA individual plans, visit the new provider website at provider.healthnetcalifornia.com under *Resources > Contractual > Go to the Provider Library*, which links to the Provider Library on the original website.

MAINTAINING ACCESS STANDARDS

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 and after-hours procedures and scripts. Providers are encouraged to test their own systems by calling after hours to verify outbound messaging and take steps to correct any issues identified. The goal of reasonable access to care is essential for member safety, and is monitored annually.

Office Hours

Office hours must be reasonable and sufficient to ensure that 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 per week for members to schedule appointments with 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.

IMPROVING THE PATIENT EXPERIENCE

Research shows that high patient satisfaction is linked to better health outcomes. In an effort to improve the patient experience and assist providers in complying with the appointment access standards, Health Net has developed the *Tips & Guidelines for Improving Access to Care* brochure for participating Health Net providers. The brochure includes best practices, support tools and resources that were developed by providers, for providers, and focuses on three key drivers of patient satisfaction:

- Improving access to care
- Care coordination

- Provider-patient communication

Implementing just one practice intervention can make a significant difference to an organization and a patient's experience. The *Tips and Guidelines for Improving Access to Care* brochure is available electronically in the QI Corner on the Health Net provider website at provider.healthnet.com > *Working with Health Net* > *Quality*. Under Provider Resources, select *Patient Experience Tips & Guidelines – Commercial & Medicare (pdf)*. For IFP and MA individual plans, visit the new provider website at provider.healthnetcalifornia.com > *Resources* > *Quality*. Under Provider Resources, select *Patient Experience Tips & Guidelines – Commercial & Medicare (pdf)*.

CORRECTIVE ACTION PLANS

DMHC regulations require that Health Net investigate and request corrective action when timely access to care standards are not met (California Code of Regulations (CCR), Title 28 §1300.67.2.2 (d)(3)). To comply with these requirements, as delineated by Health Net's appointment accessibility policy and provider operations manual, Health Net will issue a CAP to PPGs and providers informing them of their deficiency. PPGs and providers are required to submit a written improvement plan (IP) within 30 calendar days, including interventions that are implemented to correct each deficiency. MA and PPO/EPO providers are excluded from the access CAPs, as DMHC regulations are not applicable to these lines of business.

ADDITIONAL INFORMATION

For additional appointment availability and corrective action information, refer to the Provider Library on the provider website at provider.healthnet.com, and search under *Operations Manuals* > *Provider Oversight* > *Service and Quality Requirements* > *Access to Care and Availability Standards*. For IFP and MA individual plans, visit the new provider website at provider.healthnetcalifornia.com under *Resources* > *Contractual* > *Go to the Provider Library*, which links to the Provider Library on the original website.

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 |
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| ENHANCEDCARE PPO (IFP) | 1-844-463-8188 | provider.healthnetcalifornia.com | provider_services@healthnet.com |
| ENHANCEDCARE PPO (SBG) | 1-844-463-8188 | provider.healthnet.com | |
| HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO | 1-800-641-7761 | provider.healthnet.com | |
| IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO) | 1-888-926-2164 | provider.healthnetcalifornia.com | |
| MEDICARE (INDIVIDUAL) | 1-800-929-9224 | provider.healthnetcalifornia.com | |
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PROVIDER Update



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CONTRACTUAL | AUGUST 24, 2018 | UPDATE 18-586sum | 2 PAGES

Summary Update: 2017 Provider Appointment Availability and After-Hours Access Survey Results

This summary update contains information regarding the results of the annual 2017 Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS), which Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) recently completed to measure member access to services for commercial and Medicare Advantage (MA) plans. These surveys were conducted on a random selection of participating providers to comply with the Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS) and the California Department of Insurance (CDI) requirements that ensure health care services are provided to patients in a timely manner appropriate for the nature of the patients' condition, and consistent with good professional practice. Health Net also offers educational information for providers to implement process improvements to increase compliance standards.

The following are key points covered in comprehensive provider update 18-586, *2017 Provider Appointment Availability and After-Hours Access Survey Results*:

- 2017 PAAS and PAHAS overall results by line of business with a two-year comparison
- Participating physician group (PPG) PAHAS results by line of business with a two-year comparison
- Guidelines for improving access to care, including office hours, after-hours script templates, maintaining appointment access standards, and improvement plans (IPs)

APPOINTMENT AVAILABILITY SURVEY RESULTS

Overall, the results of the 2017 PAAS are mostly favorable. A few of the appointment access metrics did not meet Health Net's performance goal of 80 percent which indicates a need for improvement in these areas.

To obtain a comprehensive description of the above topics, the complete update is available on the original Health Net provider website at provider.healthnet.com in the Provider Library under *Updates and Letters > 2018*; then search for provider update 18-586. For Individual Family Plans (IFP) and MA individual plans, visit the new provider website at provider.healthnetcalifornia.com under *Resources > Contractual > Go to the Provider Library*, which links to the Provider Library on the original website.

Providers who do not have access to the Internet may request a print copy of update 18-586 by contacting the Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com.

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ADDITIONAL INFORMATION

For additional information or questions regarding efforts to improve appointment availability or after-hours access to care for Health Net members, contact the Health Net Access Department at DMHC_AccessIP@healthnet.com.

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

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