

Medi-Cal 2017 Provider Appointment Availability and After-Hours Access Survey Results

On behalf of CalViva Health, Health Net Community Solutions, Inc. (Health Net) is committed to improving timely access to care for CalViva Health members. It can be detrimental to a member's health when a member is unable to obtain care when needed. To measure the effectiveness of the network to meet the needs and preferences of CalViva Health members, Health Net conducted the annual 2017 Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS) to comply with the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) access requirements. These availability and access requirements are designed to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition and consistent with good professional practice. Surveys were conducted on a random sample of participating primary care physicians (PCPs) and specialty care providers (SCPs).

The Medi-Cal PAAS was used to measure compliance with DMHC timely access regulations, in addition to the DHCS contractual timely access requirements for preventive and prenatal care. The PAAS asked primary care and specialist provider offices how quickly they can offer and schedule appointments for CalViva Health members for the appointment types listed in the results table beginning on page two. The PAHAS measured compliance about whether PCPs offered clear instructions for emergency situations and clear instructions on how members could connect with an on-call physician within 30 minutes for urgently needed services.

Failure to meet timely appointment and after-hours access standards will result in a corrective action plan (CAP). Providers are encouraged to work with their participating physician group (PPG) or independent practice association (IPA) 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 CalViva Health via email at CVH-CAP@healthnet.com.

2017 PROVIDER APPOINTMENT AVAILABILITY SURVEY RESULTS

The results of the 2017 PAAS are mostly favorable, where most appointment access metrics met or exceeded performance goals. Overall, 82.9 percent of PCPs are able to offer urgent appointments that do not require prior authorization within 48 hours. In addition, 90.1 percent of PCPs are able to offer non-urgent appointments within 10 business days. For specialists, 60.7 percent indicate they are able to offer an urgent care appointment that requires prior authorization within 96 hours and 64.0 percent of specialists indicate they are able to offer non-urgent appointments within 15 business days of request.

The overall results for the DHCS-specific appointment access standards reveal that 84.1 percent of providers indicate they are able to provide well-child appointments within 10 business days of request, and 91.3 percent are able to offer physical exam appointments

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

within 30 calendar days of request. Additionally, 100 percent of PCPs are able to offer first prenatal visit appointments within 10 business days.

The following tables display the appointment availability results overall and by county and provider type. For reference, in all tables, “Num” refers to numerator (the number of eligible compliant respondents for the survey question), “Den” refers to denominator (the number of total eligible respondents for the survey question) and “Rate” refers to the percentage of numerator-compliant respondents out of the total denominator respondents, multiplied by 100.

2017 Medi-Cal PAAS Results – Overall

Access measure	Standard	CVH goal	Num	Den	MY2017 Rate (%)	MY2016 Rate (%)
PCPs and Specialists						
Access to urgent care services with PCP that do not require prior authorization	Appointment within 48 hours of request	80%	218	263	82.9	78.4
Access to urgent care services with specialists that do not require prior authorization	Appointment within 48 hours of request	80%	NA	NA	NA	71.2
Access to urgent care services with specialists that require prior authorization	Appointment within 96 hours of request	80%	67	98	60.7^	NA
Access to non-urgent appointments for primary care	Appointment within 10 business days of request	80%	265	294	90.1	90.0
Access to non-urgent appointments with specialists	Appointment within 15 business days of request	80%	121	189	64.0^	81.4
DHCS metrics						
Access to preventive or well-child services with PCP	Appointment within 10 business days	80%	58	69	84.1	84.3
Physical examination services with PCP	Appointment within 30 calendar days	80%	63	69	91.3	82.2
Access to initial prenatal visit with PCP	Appointment within 10 business days	80%	20	20	100.0	92.2
Ancillary services						
Access to non-urgent ancillary services for magnetic resonance imaging (MRI), mammogram, physical therapy	Appointment within 15 business days of request	80%	8	9	89.0*	100.0*
Behavioral health services						
Access to non-urgent appointment with physician (psychiatrist) for routine care	Appointment within 15 business days of request	90%	1	1	100*	100*

NA – Not applicable.

^ROC cannot be compared to MY2016 due to change in methodology.

*Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

2017 Medi-Cal PAAS Results – Overall, continued

Access measure for behavioral health services, continued	Standard	CVH goal	Num	Den	Rate (%)	MY2016 rate %
Behavioral health services, continued						
Access to non-urgent appointment with non-physician behavioral health care provider	Appointment within 10 business days of request	90%	41	48	85.0	89.5
Access to urgent care (psychiatrist) – MY2017 requirement	Within 96 hours of request	90%	0	1	0.0*	NA
Access to urgent care (psychiatrist) – MY2016 requirement	Within 48 hours of request	90%	NA	NA	NA	50.0*
Access to urgent care (non-physician) – MY2017 requirement	Within 96 hours of request	90%	35	48	72.9	NA
Access to urgent care (non-physician) – MY2016 requirement	Within 48 hours of request	90%	NA	NA	NA	68.4

NA – Not applicable.

*Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

2017 Medi-Cal PAAS Results – By County

Access measures and standards	CVH goal	Fresno			Kings			Madera		
		Num	Den	Rate (%)	Num	Den	Rate (%)	Num	Den	Rate (%)
Urgent care services with PCP within 48 hours of request (prior authorization not required)	80%	150	181	82.9	35	43	81.4	33	39	84.6
Urgent care services with specialists within 48 hours of request (prior authorization not required)	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA
Urgent care services with SCP within 96 hours of request (prior authorization required)	80%	67	98	68.3 [^]	11	21	52.3 [^]	30	59	50.8 [^]
Non-urgent appointments for primary care within 10 business days of request	80%	185	211	87.7	43	44	97.7	37	39	94.9
Non-urgent appointments with specialists within 15 business days of request	80%	73	106	68.8 [^]	15	23	65.2 [^]	33	60	50.0 [^]

NA – Not applicable.

[^]ROC cannot be compared to MY2016 due to change in methodology.

2017 Medi-Cal PAAS Results – By County, continued

Access measures and standards	CVH goal	Fresno			Kings			Madera		
		Num	Den	Rate (%)	Num	Den	Rate (%)	Num	Den	Rate (%)
DHCS metrics										
Preventive or well-child services with PCP within 10 business days	80%	53	61	86.9	3	5	60.0*	2	3	66.7*
Physical examination services with PCP within 30 calendar days	80%	57	61	93.4	3	5	60.0*	3	3	100.0*
Initial prenatal visit within 10 business days (PCP)	80%	19	19	100	1	1	100.0*	0	0	100.0
Ancillary services										
Non-urgent ancillary services for magnetic resonance imaging (MRI), mammogram and physical therapy within 15 business days of request	80%	5	6	83.3*	3	3	100.0*	NR	NR	NR
Behavioral health services										
Non-urgent appointment with physician (psychiatrist) for routine care within 15 business days of request	90%	1	1	100.0*	NR	NR	NR	NR	NR	NR
Non-urgent appointment with non-physician behavioral health care provider within 10 business days of request	90%	35	41	85.4	2	3	66.7*	4	4	100.0*
Access to urgent care (psychiatrist) within 96 hours – MY2017 requirement	90%	0	1	0.0*	NR	NR	NR	NR	NR	NR
Urgent care with physician (psychiatrist) within 48 hours – MY2016 requirement	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA
Access to urgent care non-physician within 96 hours – MY2017 requirement	90%	29	41	70.7	2	3	66.7*	4	4	100.0*
Urgent care with non-physician within 48 hours – MY2016 requirement	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Denominator less than 10. Rates should be interpreted with caution due to the small denominator.
 NR – No reportable data.
 NA – Not applicable.

2017 AFTER-HOURS ACCESS SURVEY RESULTS

Performance guidelines require 90 percent compliance for after-hours access. Results for 2017 PAHAS show opportunities for improvement. All three counties met the 90 percent threshold for emergency instructions. Two of three counties were below the 90 percent threshold for connecting with the on-call physician within 30 minutes after hours.

Overall survey results for the three counties show 94.1 percent of those surveyed provided clear instructions for emergency situations, and 83.1 percent of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or qualified health care professional within the standard for urgent services. These results indicate a need for improvement in the ability to contact a physician after hours (refer to the following tables).

Overall (Counties Combined)

	EMERGENCY CARE INSTRUCTIONS	URGENT
Compliant	581	485
Noncompliant	35	131
Denominator	616	616
Overall Rate	94.3%	78.7%

2017 Emergency Care Instructions by County

EMERGENCY CARE	FRESNO	KINGS	MADERA
Compliant	437	89	55
Noncompliant	30	4	1
Denominator	467	93	56
Rate	93.6%	95.7%	98.2%

2017 Physician Availability within 30 Minutes by County

URGENT CARE	FRESNO	KINGS	MADERA
Compliant	359	80	46
Noncompliant	109	12	10
Denominator	468	92	56
Rate	76.7%	87.0%	82.1%

IMPROVING AFTER-HOURS ACCESS

To improve after-hours access to care and provide members with comprehensive vital information about accessing emergency medical services and connecting with an on-call physician for urgently needed services within 30 minutes, providers should use the after-hours script templates, as described in the After-Hours Script Templates section below. Providers should review their office answering services or automated messages to ensure they include information regarding accessing emergency services and receiving a return call by a qualified health care professional within a maximum of 30 minutes for urgently needed care.

After-Hours Script Template

Directing members to the appropriate level of care using simple and comprehensive instructions can improve the coordination and continuity of members' care, health outcomes and satisfaction. In response to provider recommendations, Health Net, on behalf of CalViva Health, updated the after-hours script template. Medical groups, clinics and PCPs who have a centralized answering service can use the template as a guide for staff answering the telephone. For those who use an automated answering system, this template can be used as an actual script to advise members how to access after-hours care. The script is available in English, Spanish and Hmong, and is located in the Provider Library on the 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*.

MAINTAINING ACCESS STANDARDS

Providers should review telephone messages periodically to ensure they are accurate and meet current guidelines. Orientation for new staff, office staff and answering service staff should include the appointment access standards and after-hours procedures and scripts. Providers can test their own systems by scheduling mock appointments or 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

PCP and specialist office hours must be reasonable, convenient and sufficient to ensure members are able to access care within established access standards, and posted in the provider's office. Primary care offices serving CalViva Health members must be open at least 20 hours per week, and specialist offices must be open at least 16 hours per week for members to schedule appointments within established access guidelines. During evenings, weekends and holidays, offices should use an answering service to ensure availability of services, including information about how to access the on-call physician and/or urgent care center for urgently needed services.

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 appointment access standards, Health Net, on behalf of CalViva Health, has developed the *Tips and Guidelines for Improving Access to Care* brochure for participating Medi-Cal 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 brochure is also available electronically through the QI Corner on the provider website at provider.healthnet.com > *Working with Health Net > Quality*. Under Provider Resources, select *Patient Experience Tips & Guidelines – CalViva (pdf)*.

CORRECTIVE ACTION PLANS

DMHC regulations (CCR T28 §1300.67.2.2(d)(3)) require that health plans investigate and request corrective action when timely access to care standards are not met. To comply with these requirements, as delineated by CalViva Health's Accessibility of Providers and Practitioners policy, a CAP will be issued to contracted PPGs and provider offices informing them of their deficiencies. PPGs and providers are required to submit a written improvement plan (IP) within 30 calendar days, including the interventions that are implemented to correct each deficiency.

ADDITIONAL INFORMATION

For additional appointment availability and corrective action information, refer to the Provider Library, which is located 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*.

Providers are encouraged to access the provider portal online at 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 CalViva Health at 1-888-893-1569.

PROVIDER Update



CONTRACTUAL | AUGUST 28, 2018 | UPDATE 18-587sum | 1 PAGE

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

This summary update contains information regarding the results from the 2017 Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS), which Health Net Community Solutions, Inc. (Health Net) conducted on behalf of CalViva Health, to measure member access to Medi-Cal services. The surveys were conducted on a random selection of participating providers to comply with the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) availability and access requirements that ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patients' conditions and consistent with good professional practice. CalViva Health also offers educational information for providers to implement process improvements to increase compliance standards.

The following information is covered in detail in comprehensive provider update 18-587, *Medi-Cal 2017 Provider Appointment Availability and After-Hours Access Survey Results*:

- 2017 PAAS and PAHAS results and results by county.
- Appointment availability and after-hours access standards.
- Guidelines for office hours, maintaining appointment access standards and after-hours messaging.

OPPORTUNITIES FOR IMPROVEMENT

Overall, the PAAS and PAHAS results for Fresno, Kings and Madera counties were favorable. The need for improvement was evident in three areas. Only 60.7 percent of specialists surveyed provided an urgent appointment within 96 hours (prior authorization was required) and only 64.0 percent of specialists provided a non-urgent appointment within 15 business days. Additionally, 94.3 percent of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or a qualified health professional within 30 minutes for urgently needed services.

To obtain a comprehensive description of the above topics, the complete update is available in the Provider Library on the provider website at provider.healthnet.com under *Updates and Letters > 2018*, then search for provider update 18-587. Providers who do not have access to the Internet may request a print copy of update 18-587 by contacting the Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com.

For additional appointment availability and corrective action information, refer to the provider website at provider.healthnet.com in the Provider Library under *Operations Manuals > Provider Oversight > Service and Quality Requirements > Access to Care and Availability Standards*. If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com