PROVIDER*Update*

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

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 conducted the annual Medi-Cal 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 members for the appointment types listed in the results table beginning on page two. The PAHAS measured compliance with after-hours access requirements.

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 via email at DHMC_AccessIP@healthnet.com.

2017 APPOINTMENT AVAILABILITY SURVEY RESULTS

The overall results of the Medi-Cal 2017 PAAS are favorable, where most appointment access metrics did meet Health Net's performance goal of 80 percent. Only one area specifically required improvement. Only 78.7 percent of specialists indicated they were able to provide urgent care appointments that required prior authorization within 96 hours.

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- ○ EPO
- ○ Medicare Advantage (HMO)
- Medi-Cal
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    - Los Angeles
        - Molina
    - Riverside
    - Sacramento
    - San Bernardino
    - San Diego
    - San Joaquin
    - Stanislaus
    - Tulare

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The following table displays a summary of overall provider results for the Medi-Cal PAAS for 2017, with 2016 results for comparison.

Overall Provider Results Summary: Medi-Cal PAAS

APPOINTMENT TYPE	2017	2016
Urgent care appointments with PCPs that do not require prior authorization within 48 hours of request	82.4%	82.9%
Urgent care appointments with specialist that do not require prior authorization within 48 hours of request	NR	70.9%
Urgent care appointments with specialist[1] that require authorization within 96 hours	78.7%^	71.0%
Non-urgent appointments with PCP within 10 business days of request	95.8%	90.8%
Non-urgent appointment with specialist within 15 business days of request[1]	84.3%^	88.1%
Physical exams and wellness check appointment within 30 calendar days of request	92.7%	83.0%
First prenatal appointment with PCP within 10 business days of request	95.8%	90.5%
First prenatal appointment with specialist within 10 business days of request[1]	100%	95.5%
Well-child visit with PCP within 10 business days of request	91.0%	84.7%

^Rate of compliance (ROC) cannot be compared to that of MY2016 due to change in specialty types surveyed.
NR – No reportable data.

Urgent Care Visit with PCP That Does Not Require Prior Authorization within 48 hours

COUNTY	2017	2016
KERN	76.3%	70.8%
LOS ANGELES	85.3%	84.9%
SACRAMENTO	65.5%	61.2%
SAN DIEGO	75.9%	84.5%
SAN JOAQUIN	65.7%	69.7%

[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).

Urgent Care Visit with PCP That Does Not Require Prior Authorization within 48 hours, continued

COUNTY	2017	2016
STANISLAUS	66.7%	86.4%
TULARE	88.3%	91.1%

Urgent Care Visit with Specialist[1] That Requires Prior Authorization

COUNTY	2017 (within 96 hours)	2016 (within 48 hours)
KERN	70.8%^	69.2%
LOS ANGELES	80.0%^	72.9%
SACRAMENTO	63.4%^	42.3%
SAN DIEGO	82.8%^	70.3%
SAN JOAQUIN	84.0%^	75.9%
STANISLAUS	64.7%^	70.6%
TULARE	36.8%^	61.5%

Note: In 2017, urgent appointment rates were calculated using the 96-hour time frame. In 2016, urgent appointment rates were calculated using the 48-hour time frame.

^ROC cannot be compared to that of MY2016 due to change in specialty types surveyed.

Non-urgent Appointment with PCP within 10 Business Days

COUNTY	2017	2016
KERN	98.3%	85.0%
LOS ANGELES	88.0%	92.2%
SACRAMENTO	82.5%	71.6%
SAN DIEGO	92.4%	91.8%
SAN JOAQUIN	76.8%	81.6%
STANISLAUS	74.1%	93.8%
TULARE	91.2%	97.3%

[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).

Non-urgent Appointment with Specialist[1] within 15 Business Days

COUNTY	2017	2016
KERN	86.7%^	92.1%
LOS ANGELES	84.4%^	89.3%
SACRAMENTO	75.5%^	87.3%
SAN DIEGO	84.1%^	80.4%
SAN JOAQUIN	81.5%^	87.3%
STANISLAUS	68.4%^	100%
TULARE	61.9%^	70.3%

^ROC cannot be compared to that of MY2016 due to change in specialty types surveyed.

Physician Exam/Wellness Checks with PCP within 30 Calendar Days

COUNTY	2017	2016
KERN	100%	70.1%
LOS ANGELES	94.6%	85.5%
SACRAMENTO	75.0%	57.6%
SAN DIEGO	71.4%	85.7%
SAN JOAQUIN	N/R	57.7%
STANISLAUS	100%	85.7%
TULARE	0.0%	90.0%

NR – No reportable data.

Initial Prenatal Visit with PCP within 10 Business Days

COUNTY	2017	2016
KERN	N/R	85.2%
LOS ANGELES	95.7%	91.3%
SACRAMENTO	N/R	65.2%
SAN DIEGO	100%	96.9%

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).

Initial Prenatal Visit with PCP within 10 Business Days, continued

COUNTY	2017	2016
SAN JOAQUIN	N/R	69.2%
STANISLAUS	100%	100%
TULARE	N/R	98.0%

NR – No reportable data.

Initial Prenatal Visit with OB/GYN Specialist[1] within 10 Business Days

COUNTY	2017	2016
KERN	100%	100%
LOS ANGELES	100%	93.8%
SACRAMENTO	100%	100%
SAN DIEGO	N/R	100%
SAN JOAQUIN	100%	100%
STANISLAUS	100%	100%
TULARE	100%	100%

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).

Well-Child Visit with PCP within 10 Business Days

COUNTY	2017	2016
KERN	100.0%	77.9%
LOS ANGELES	91.1%	87.4%
SACRAMENTO	75.0%	58.5%
SAN DIEGO	92.9%	85.2%
SAN JOAQUIN	N/R	63.5%
STANISLAUS	100.0%	85.7%
TULARE	100.0%	89.2%

NR – No reportable data.

AFTER-HOURS ACCESS GUIDELINES

As required by the applicable statutes, Health Net's 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 and PCPs who do not have medical 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 instruction for obtaining 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.

AFTER-HOURS ACCESS RESULTS

The Medi-Cal 2017 PAHAS measured whether the provider provides the member with:

- Clear instructions for emergency situations.
- Ability to connect with an on-call physician within 30 minutes for urgent services.

Overall survey results show that 88.8% of provider offices surveyed provided clear after-hours instructions but fall short of Health Net's 90 percent performance goal. Additionally, only 66.1% of provider offices surveyed offered members comprehensive instructions on how to contact the on-call physician or qualified health care professional, or provided direct access to a qualified provider within 30 minutes. These results indicate an immediate need for improvement in both areas.

Overall Provider Results Summary: Medi-Cal PAHAS

ACCESS TYPE AFTER-HOURS	2017	2016
Appropriate after-hours emergency instructions	88.8%	93.2%
Ability to contact on-call physician after-hours within 30 minutes	66.1%	72.4%

Health Net's performance goal for 2017 after-hours access measures is 90 percent. The following tables display results for the Medi-Cal PAHAS by county for 2017, with 2016 results for comparison purposes.

Ability to Contact Physician After-Hours within 30 Minutes

COUNTY	2017	2016
KERN	56.3%	25.7%
LOS ANGELES	70.6%	84.8%
SACRAMENTO	56.4%	37.1%
SAN DIEGO	62.5%	72.7%
SAN JOAQUIN	60.0%	90.0%
STANISLAUS	60.9%	66.7%
TULARE	27.3%	86.4%

Appropriate After-Hours Emergency Instructions

COUNTY	2017	2016
KERN	81.3%	91.4%
LOS ANGELES	88.6%	93.8%
SACRAMENTO	85.0%	85.9%
SAN DIEGO	50.0%	75.0%
SAN JOAQUIN	60.0%	89.7%
STANISLAUS	98.9%	100%
TULARE	83.3%	100%

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 the member's care, health outcomes and satisfaction. Health Net offers after-hours script templates applicable to the line of business and time frames, including examples of how to implement for live voice or auto attendant/answering machine messaging.

PPGs and PCPs who have a centralized answering service can use the templates as guides for staff answering the telephone. For PPGs or PCPs who use an automated answering system, this script can be used to advise members how to access after-hours care. The script includes basic information that members need to access after-hours care, and modifications can be made according to the PPG's and PCP's needs. The scripts are available in English, Spanish, Armenian, Chinese, Farsi, Hmong, Khmer (Cambodian), Korean, Russian, Tagalog, and Vietnamese, and can be found in the Provider Library 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*.

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 services should include the access standards and after-hours procedures and scripts. Providers are encouraged to 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 they must be posted in the provider's office. Health Net requires a primary care office to be open at least 20 hours per week and a specialist office to be open at least 16 hours per week for members to schedule appointments within established access guidelines. During evenings, weekends and holidays, providers 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 the appointment access standards, Health Net 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 *Tips and Guidelines for Improving Access to Care* brochure is available for participating Medi-Cal providers 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 – Medi-Cal (pdf).*

CORRECTIVE ACTION PLANS

DMHC regulations (28 CCR § 1300.67.2.2(d)(3)) require that Health Net investigate and request corrective action when timely access to care standards are not met. 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.

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.

Providers are encouraged to access Health Net's 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 the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

PROVIDER*Update*

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) recently completed 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 the Department of Health Care Services (DHCS) 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 18-588, *Medi-Cal 2017 Provider Appointment Availability and After-Hours Access Survey Results:*

- 2017 PAAS and PAHAS overall results and results by county, with a two-year comparison.
- Listing of the 2017 measures from the survey results.
- Guidelines for improving access to care, including office hours, after-hours script templates, maintaining appointment access standards, and improvement plans (IPs).

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 18-588. Providers who do not have access to the Internet may request a print copy of update 18-588 by contacting the Provider Communications Department by fax at 1-800-937-6086 or email at provider.communications@healthnet.com.

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