

# PROVIDER Update



Health Net®

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## Medi-Cal 2018 Provider Appointment Availability Survey Results

Review your results to ensure your office complies with the state's timely access appointment availability standards

California law requires health plans to provide timely access to care. This means that there are limits on how long members have to wait to get health care appointments and telephone advice. Health Net\*, on behalf of Molina HealthCare, conducts an annual Provider Appointment Availability Survey (PAAS), as mandated by the California Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) to ensure that members can access care in a timely manner. The 2018 surveys were conducted on a random sample of participating primary care physicians (PCPs) and specialty care providers (SCPs). The 2018 appointment availability survey results for Molina HealthCare for Riverside and San Bernardino counties are available on page two.

Providers with questions or concerns regarding their ability to meet these standards may contact Health Net via email at [Access.Availability.PNM@healthnet.com](mailto:Access.Availability.PNM@healthnet.com).

### Corrective action plans

DMHC regulations (28 CCR § 1300.67.2.2(d)(3)) require that Health Net review and request corrective action when timely access to care standards is not met. To comply with these needs, as defined by Health Net's appointment accessibility policy and provider operations manual, we will issue an information packet to participating physician groups (PPGs) and providers informing them of their deficiency. PPGs and providers are not required to submit a written improvement plan (IP) for measurement year (MY) 2018 at this time. However, for the 2019 PAAS, Health Net will issue a CAP in the subsequent year to providers and PPGs who do not meet the performance goal.

### 2018 Appointment Availability Survey results

Reported results of the MY 2018 DMHC PAAS show areas for improvement with PCP, specialist and behavioral health providers where rates fell below compliance goals. Health Net will issue information packets based on yearly results of the PAAS to provider groups or direct network providers that do not meet one or more PAAS measures. Health Net has developed several provider outreach education materials, including Appointment Scheduling Tip Sheet, Patient Experience Toolkit and online news articles, to provide appointment access standards and guidance to providers. Health Net runs Geo Access reports yearly to review if there are deficiencies in the provider network.

The following table displays a summary of overall provider results for PCPs, specialists, ancillary providers, and mental health providers for the Medi-Cal PAAS for 2018 and 2017 results for comparison.

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
  - 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)

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## Overall Provider Results Summary: Molina PAAS for San Bernardino and Riverside counties

				MY 2018			MY 2017
Access measure	Standard	Source	Goal	Num	Den	Rate (%)	Rate (%)
<b>Access to Primary Care Physicians (PCPs)</b>							
<b>Urgent care appointment with PCP</b>	Within 48 hours of request	PAAS	80%	86	114	75.4	85.9
<b>Non-urgent appointment with PCP</b>	Within 10 business days of request		80%	105	114	92.1	93.1
<b>Access to Specialty Care Providers (SCP) – Cardiologists, Endocrinologists, Gastroenterologists</b>							
<b>Urgent care appointment with SCP</b>	Within 96 hours of request	PAAS	80%	51	75	68.0	64.5
<b>Non-urgent appointment with SCP</b>	Within 15 business days of request		80%	59	76	77.6	78.5
<b>Access to Ancillary Providers – Physical Therapy, MRI, Mammogram</b>							
<b>Non-urgent ancillary services</b>	Within 15 business days of request	PAAS	80%	35	35	100.0	89.1
<b>Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health (NPMH) Providers</b>							
<b>Urgent care appointment with specialist (psychiatrist)</b>	Within 96 hours of request	PAAS	90%	7	14	50.0*	30.0
<b>Non-urgent appointment with specialist (psychiatrist)</b>	Within 15 business days of request		90%	16	19	84.2*	40.0
<b>Urgent care services with NPMH provider</b>	Within 96 hours		90%	67	116	57.8	78.3
<b>Non-urgent appointment with NPMH provider</b>	Within 10 business days of request		90%	102	123	82.9	86.7

Num – Numerator of the individual metric for the plan's rate of compliance which reflects the total number of compliant responses

Den – Denominator of the individual metric for the plan's rate of compliance which reflects the total number of respondents

Rate – Percent of total number of respondents who responded with compliant answers to the survey question.

\*Denominator ≤ 30

### You must maintain access standards

Review telephone messages periodically to ensure they are correct and meet current guidelines. Include the access standards and after-hours procedures and scripts in new hire training. Test your systems by scheduling mock appointments or calling after hours to verify outbound messaging and take steps to correct any issues identified.

#### Office hours

Your office hours must be reasonable and convenient to ensure members are able to access care within the set access standards, and they must be posted in your office. In order for members to schedule appointments within the set access guidelines, Health Net requires:

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- Primary care office must be open at least 20 hours per week.
  - Specialist office must be open at least 16 hours per week.
  - 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.

### **Resources available to help improve your patient's 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 created 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

Doing 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](http://provider.healthnet.com) > *Working with Health Net* > *Quality*. Under Provider Resources, select *Patient Experience Tips & Guidelines – Medi-Cal (pdf)*.

### **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.