

PROVIDER Update



Health Net®

REGULATORY | SEPTEMBER 30, 2019 | UPDATE 19-678 | 3 PAGES

Review Access to Care Standards

Find details in this update to help you be compliant

Health Net* must demonstrate that it has and maintains a network adequate to serve adult and pediatric members within the Health Net Plan service areas via the number, type and geographic location of providers.

Health Net participating physician groups (PPGs) and providers are required to ensure members are receiving timely appointments per state requirements, and that services can be obtained within the applicable time and distance standards.

In areas where the network may not be adequate, the health plan and/or its network of PPGs must allow members to access services out of network (OON) for any deficient network components.

A PPG cannot restrict members' access to practitioners within its own provider network if deficiencies exist, and must authorize services for OON providers when medically necessary.

The health plan will work with its network PPGs to ensure an adequate number of primary care physicians (PCPs) and specialist providers are available, and collect the patient age range for all practitioners. This will assist members to quickly identify PCPs and specialist providers for children, particularly providers who are not assigned a pediatric taxonomy and specialization (such as dermatologist versus pediatric dermatologist).

Medical appointment access standards

Health Net providers, such as PCPs and specialty care physicians (SCPs), must meet appointment wait time standards.

Appointment type	Appointment wait time standard
Non-urgent appointment with PCP	Within 10 business days of request
Non-urgent appointment with SCP	Within 15 business days of request
Urgent care services that do not require prior authorization (PCP)	Within 48 hours of request
Urgent care services that require prior authorization (SCP)	Within 96 hours of request
First prenatal visit (both PCP and SCP)	Within 10 business days of request

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
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Physical/Wellness checks (PCP)	Within 30 calendar days of request
Well-child visit (PCP)	Within 10 business days of request
After-hours care (PCP)	Ability to contact on-call physician 24 hours/day, 7 days/week Expect a call back from a provider within 30 minutes Appropriate after-hours emergency instructions
Non-urgent ancillary services for MRI/mammogram/physical therapy	Within 15 business days of request
In-office wait time for scheduled appointments (PCP and SCP)	Not to exceed 30 minutes
Provider office telephone callback during normal business hours for non-urgent issues	Provider callback within one business day
Telephone answer time at provider's office	Within 60 seconds

Be aware of required member age ranges

The patient age range categories are displayed here for PPGs to use when validating the information for their network. This information will be displayed in the online and hard-copy provider directories for members.

Age, lowest to highest	Description
000–120	Provider is accepting all members, children and adults
005–120	Provider is accepting children, ages 5 to adult
000–018	Provider is accepting children, birth to age 18
018–120	Provider is accepting adults, age 18 and older
021–120	Provider is accepting adults, age 21 and older

Know the specialties required

DHCS requires specialty types for adequacy standard reporting to include adult and pediatric provider types, and is not limited to the DHCS critical specialties.

Health Net monitors for network adequacy and will coordinate with PPGs on any identified network deficiencies.

DHCS adult and pediatric core specialties

Cardiologist/Interventional Cardiologist	General surgeon	Neurologist	Physical Medicine & Rehabilitation
Dermatologist	Hematologist	OB/GYN	Pulmonologist

Endocrinologist	HIV/AIDS	Oncologist	
ENT/Otolaryngology	Infectious Diseases	Ophthalmologist	
Gastroenterologist	Nephrologist	Orthopedic surgeon	

DHCS distance standards

PCP – adult	10 miles or 30 minutes
PCP – pediatric	10 miles or 30 minutes
Pharmacy	10 miles or 30 minutes
Hospital	15 miles or 30 minutes
Core specialist – adult and pediatric (standard determined by county)	Kern and Tulare: 45 miles or 75 minutes San Joaquin and Stanislaus: 30 miles or 60 minutes Los Angeles, Sacramento and San Diego: 15 miles or 30 minutes

Other required specialties

Allergist/Immunologist	Maternal/Fetal medicine	Podiatrist	Urologist
Anesthesiologist	Neonatologist	Radiation oncology	Vascular surgeon
Cardiovascular surgeon	Neurological surgeon	Radiologist/Nuclear medicine	
Colon and rectal surgeon	Pain medicine	Rheumatologist	
Geneticist	Plastic surgeon	Thoracic surgeon	

Since these additional required specialties do not have a regulated standard, Health Net applies a reasonable standard of 30 miles or 60 minutes.

The California Department of Health Care Services (DHCS) requirements for network adequacy standards are described in All Plan Letter (APL) 19-002, dated January 30, 2019.

Additional information

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 the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.