

## Review Access to Care Standards

### Find details in this update to help you be compliant

Health Net,\* on behalf of CalViva Health, 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

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

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

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

### PROVIDER SERVICES

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<b>Well-child visit with PCP</b>	Within 10 business days of request
<b>Physical/Wellness check (PCP)</b>	Within 30 calendar days of request
<b>After-hours care (PCP)</b>	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
<b>Non-urgent ancillary services for MRI/mammogram/physical therapy</b>	Within 15 business days of request
<b>In-office wait time for scheduled appointments (PCP and SCP)</b>	Not to exceed 30 minutes
<b>Provider office telephone callback during normal business hours for non-urgent issues</b>	Provider callback within one business day
<b>Telephone answer time at provider's office</b>	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
<b>000–120</b>	Provider is accepting all members, children and adults
<b>005–120</b>	Provider is accepting children, ages 5 to adult
<b>000–018</b>	Provider is accepting children, birth to age 18
<b>018–120</b>	Provider is accepting adults, age 18 and older
<b>021–120</b>	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.

The plan monitors for network adequacy and will coordinate with PPGs on any identified network deficiencies.

#### DHCS required adult and pediatric 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	

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**DHCS distance standards**

<b>PCP – adult</b>	10 miles or 30 minutes
<b>PCP – pediatric</b>	10 miles or 30 minutes
<b>Pharmacy</b>	10 miles or 30 minutes
<b>Hospital</b>	15 miles or 30 minutes
<b>Core specialist – adult and pediatric (standard determined by county)</b>	Fresno, Kings and Madera: 45 miles or 75 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](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 CalViva Health at 1-888-893-1569.