PROVIDER*Update*

Health Net®

2018 Provider Appointment Availability and After-Hours Access Survey Results
Find out if providers meet appointment standards

The annual 2018 Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS) results are in. The results are from a random sample of participating primary care physicians (PCPs), specialty care providers (SCPs), ancillary providers, and non-physician mental health providers (NPMH) surveyed from August 2018 through December 2018.

The surveys comply with the Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS) and the California Department of Insurance (CDI) timely access regulations. The survey results are used to monitor provider compliance with timely access and after-hours regulations, and evaluate the effectiveness of the network to meet the needs and preferences of Health Net* members.

Failure to meet one or more timely appointment and after-hours access standards, as indicated, will result in a corrective action plan (CAP).

2018 Provider Appointment Availability Survey results

Availability and access requirements are designed to ensure that health care appointments are provided to patients in a timely manner appropriate for the nature of the patient's condition and consistent with good professional practice.

The results of the 2018 PAAS survey reflect a need for improvement in several areas. The following appointment access metrics did not meet the performance goal as indicated:

HMO/POS (DMHC-regulated) results (80% performance goal)

- Urgent care appointment with PCP within 48 hours.
- Urgent care appointment with a specialist within 96 hours.
- Non-urgent care appointment with a specialist within 15 business days.

Medicare Advantage (CMS-regulated) results (80% performance goal)

- Urgent care appointment with PCP within 48 hours.
- Urgent care appointment with a specialist within 96 hours.
- Non-urgent care appointment with a specialist within 15 business days.

PPO/EPO (CDI-regulated) results (90% performance goal)

- Urgent care appointment with PCP within 48 hours.
- Non-urgent care appointment with PCP within 10 business days
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PAAS provider results summary – overall

Below is a comparison of Measurement Year (MY) 2018 and MY 2017 provider appointment availability survey results.

Access measure	Appointment standard (wait time)	MY2018 rate (%)	MY2017 rate (%)
HMO/POS (DMHC-regulated) results			
Urgent care appointment with PCP that does not require authorization	Within 48 hours of request	62.5%^	80.2%
Urgent care appointment with specialist[1] that requires prior authorization	Within 96 hours of request	59.1%^	72.9%^
Non-urgent appointment with PCP	Within 10 business days of request	81.1%^	90.7%
Non-urgent appointment with specialist[1]	Within 15 business days of request	70.9%^	81.4%^
Medicare Advantage (CMS-regulated) results			
Urgent care appointment with PCP that does not require authorization	Within 48 hours of request	58.3%	78.7%
Urgent care appointment with specialist[1] that requires prior authorization	Within 96 hours of request	60.6%^	72.2%^
Non-urgent appointment with PCP	Within 10 business days of request	81.2%	90.9%
Non-urgent appointment with specialist[1]	Within 15 business days of request	72.7%^	80.5%^
PPO/EPO (CDI-regulated) results			
Urgent care appointment with PCP that does not require authorization	Within 48 hours of request	62.0%^	78.9%
Urgent care appointment with specialist[1] that requires prior authorization	Within 96 hours of request	55.0%^	69.7%
Non-urgent appointment with PCP	Within 10 business days of request	80.8%^	88.8%
Non-urgent appointment with specialist[1]	Within 15 business days of request	67.7%^	77.9%

Note: Specialist rates for 2018 include DMHC PAAS, high-volume and high-impact specialist survey results combined.

^Rates cannot be compared to MY2017 due to change in the survey methodology.
[1]Specialists include cardiologists, endocrinologists and gastroenterologists per DMHC methodology. Additional high-volume specialty types were also included in the results (acupuncture, maternal and fetal medicine, nephrology, obstetrics/gynecology (OB/GYN), ophthalmology, optometry, orthopedic surgery, podiatry, pulmonary disease, and urology).

2018 after-hours access survey results

Performance guidelines require 90% compliance for after-hours access.

The overall results of the after-hours survey indicate a need for improvement in both areas as indicated by the tables below.

Access measure	Appointment standard (wait time)	Performance goal	MY2018 rate (%)	MY2017 rate (%)
HMO/POS (DMHC-regulated) results				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	At least 90%	87.5%	85.8%
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		65.7%	65.2%
Medicare Advantage (CMS-regulated) results				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	At least 90%	87%	85.5%
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		62.9%↓	64.8%
PPO/EPO (CDI-regulated) results				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	At least 90%	83.3%↑	80.6%
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		60.9%	63.1%

↑↓ Statistically significant difference between MY 2018 vs MY 2017, p<0.05

Corrective action plan (CAP)

DMHC regulations (CCR T28 §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 and meet the plan's compliance requirements, as delineated by Health Net's appointment accessibility policy and provider operations manual, Health Net will issue a corrective action plan (CAP) to contracted participating physician groups (PPGs) and provider offices informing them of their deficiencies.

PPGs and providers who receive a CAP are required to:

- Submit a written improvement plan (IP) within 30 calendar days, including the actions taken to correct each deficiency.
- Attend an online Provider Training Webinar, hosted online by Health Net, as part of their IP.

Providers who are noncompliant two years or more in a row may be subject to an in-office or telephone audit, to ensure the deficiencies have been corrected.

Providers with questions or concerns regarding their ability to meet these standards may contact Health Net via email at DMHC_AccessIP@healthnet.com.

Maintaining access standards

Providers should review current office scheduling practices and after-hours protocol 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 appointment scheduling and after-hours practices by scheduling self-audits or secret shopper calls to verify appointment standards are met and after-hours outbound messaging is appropriate and take steps to correct any issues identified. The goal of reasonable access to care is

essential for member safety and is monitored annually. After-Hours Script templates are online and are available in English, Spanish and other threshold languages.

Resources

For help in complying with appointment access standards, refer to the resources online in the Provider Library at provider.healthnet.com. Select *Provider Library*, choose the appropriate provider type and product line and enter your text under Search Library.

New for 2019 – Improve Health Outcomes: A Guide for Providers toolkit for participating providers. The toolkit includes information, support tools and resources that focuses on drivers of patient satisfaction:

- Health Care Performance Measurement Systems
- QI Activities
- Timely Appointment Access
- Advanced Access

Implementing just one practice intervention can make a big difference to an organization and a patient's experience. The brochure is available electronically through the QI Corner at provider.healthnet.com > *Working with Health Net > Quality.* Under Provider Resources, select *Improve Health Outcomes: A Guide for Providers.pdf.*

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 applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com	
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
Medicare (individual)	1-800-929-9224	provider.healthnetcalifornia.com	
Medicare (employer group)	1-800-929-9224	provider.healthnet.com	

Summary Update: 2018 Provider Appointment Availability and After-Hours Access Survey Results

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The Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS) and California Department of Insurance (CDI) have requirements to ensure 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. The surveys measure how well providers comply with DMHC, CMS and CDI availability and access requirements.

The complete provider update 19-696, *2018 Provider Appointment Availability and After-Hours Access Survey Results* covers the below content in detail:

- Corrective action plan (CAP) when timely access to care standards are not met.
- Tips to help maintain appointment access standards and after-hours messaging.
- Resources to help comply with appointment availability and after-hours access standards
- Complete 2018 PAAS and PAHAS results.

The complete update is available in the Provider Library at provider.healthnet.com under *Updates and Letters > 2019*, then search for provider update 19-696. Providers who do not have access to the Internet may request a print copy of update 19-696 by contacting the Provider Communications Department by email at provider.communications@healthnet.com.

Areas for Improvement

Based on results of the 2018 PAAS survey, the below appointment access metrics did not meet the performance goal as indicated:

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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
provider_services@healthnet.com

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