

Medi-Cal 2020 Provider Appointment Availability and After-Hours Access Survey Results

See how results compared to the previous year

The 2020 annual Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS) results are in. The Department of Managed Health Care (DMHC) PAAS results are from a census of participating primary care physicians (PCPs), specialty care providers (SCPs), ancillary providers, and non-physician mental health providers (NPMH). For improved monitoring of CalViva Health providers, a separate PCP and specialist CalViva Health PAAS was administered to a random sample of providers. Both surveys were done from September 2020 through December 2020.

The surveys comply with the DMHC and the Department of Health Care Services (DHCS) access requirements. 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 CalViva Health members.

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

2020 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 2020 PAAS survey for DMHC and DHCS appointment access standards reflect a need for improvement in several areas. The following DMHC and DHCS appointment access metrics did not meet the performance goal of 90%:

- Urgent care appointment with PCP within 48 hours.
- Urgent care appointment with specialist that requires prior authorization within 96 hours.
- Non-urgent appointment with PCP within 10 business days.
- Non-urgent appointment with specialist within 15 business days.
- Preventive health or well-child appointment with PCP within 10 business days.
- Physical exam/wellness check appointment with PCP within 30 calendar days.
- Initial prenatal appointment with PCP/specialist within two weeks.

Refer to tables on pages 2–4 for the appointment availability results overall and by county.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

888-893-1569
www.healthnet.com

Measurement year (MY) 2020 – MY 2019 Medi-Cal provider appointment availability results – overall

Access measure	Appointment standard (wait time)	Performance goal	MY 2020 rate (%)	MY 2019 rate (%)
PCPs and specialists				
Urgent care appointment with PCP	48 hours	90%	69	71
Urgent care appointment with specialist that requires prior authorization	96 hours		44↓	52
Non-urgent appointment with PCP	10 business days		86	85
Non-urgent appointment with specialist	15 business days		78	75
Preventive or well-child appointment with PCP	10 business days		81	77
Physical exam/wellness check appointment with PCP	30 calendar days		89	88
Initial prenatal appointment with PCP	2 weeks		87	88
Initial prenatal appointment with specialist	2 weeks		81	91
Ancillary providers				
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days	90%	100	93
PCP and specialists combined – overall results				
Urgent care appointment with PCP or specialist	PCP within 48 hours Specialist within 96 hours	90%	56	60
Non-urgent appointment with PCP or specialist	PCP within 10 business days Specialist within 15 business days		82	79
Initial prenatal appointment with PCP or specialist	2 weeks		85	90
Behavioral health providers				
Urgent care appointment with psychiatrist	96 hours	90%	38*	53
Non-urgent appointment with psychiatrist	15 business days		82	78
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		80	75
Non-urgent appointment with NPMH provider	10 business days		89	91

*Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

↑↓ Statistically significant difference between MY 2020 vs MY 2019, p<0.05

MY 2020 – MY 2019 Medi-Cal provider appointment availability results – by county

Access measure	Appointment standard (wait time)	Performance goal	Fresno		Kings		Madera	
			MY 2020 rate (%)	MY 2019 rate (%)	MY 2020 rate (%)	MY 2019 rate (%)	MY 2020 rate (%)	MY 2019 rate (%)
PCPs and specialists								
Urgent care appointment with PCP	48 hours	90%	71	72	59	67	68	70
Urgent care appointment with specialist that requires prior authorization	96 hours		47	54	39	42	39	51
Non-urgent appointment with PCP	10 business days		84	86	91	85	94	80
Non-urgent appointment with specialist	15 business days		78	77	83	64	78	74
Preventive health or well-child appointment with PCP	10 business days		77	78	97↑	80	88	70
Physical exam/wellness check appointment with PCP	30 calendar days		87	88	94	92	100	82
Initial prenatal appointment with PCP	2 weeks		87	90	95	91	71*	70
Initial prenatal appointment with specialist	2 weeks		82	90	57*	100*	100*	NR
Ancillary providers								
Non-urgent ancillary appointment for MRI, mammogram and physical therapy.	15 business days	90%	100	91	100*	100*	100*	100*
Behavioral health providers								
Urgent care appointment with psychiatrist	96 hours	90%	43*	47	0*	100*	NR	NR
Non-urgent appointment with psychiatrist	15 business days		80*	75	100*	100*	NR	NR
Urgent care appointment with NPMH	96 hours		79	75	100*	67*	86*	100*
Non-urgent appointment with NPMH provider	10 business days		87	91	100*	83*	100*	100*

NR – no reportable data

*Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

↑↓ Statistically significant difference between MY 2020 vs MY 2019, p<0.05

2020 after-hours access survey results

MY 2020 overall PAHAS results indicate only the after-hours emergency instructions metric met the 90% performance goal. Additionally, there is a statistically significant decrease in the performance score for physician callback within 30 minutes as compared to MY 2019. The following tables display the overall and by county after-hours results.

MY 2020 – MY 2019 Medi-Cal provider after- hours availability results – overall

Access measure	Standards	Performance goal	MY 2020 Rate (%)	MY 2019 Rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	96↓	98
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		84↓	99

MY 2020 – MY 2019 Medi-Cal provider after-hours availability results – by county

Access measure	Standards	Performance goal	Fresno		Kings		Madera	
			MY 2020 Rate (%)	MY 2019 Rate (%)	MY 2020 Rate (%)	MY 2019 Rate (%)	MY 2020 Rate (%)	MY 2019 Rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	95↓	98	99	99	100	96
Ability to contact on-call physician after hours	Callback within 30 minutes	90%	85↓	99	71↓	99	96	100

↑↓ Statistically significant difference between MY 2020 vs MY 2019, p<0.05

Corrective Action Plan (CAP)

DMHC regulations (CCR T28 §1300.67.2.2(d)(3)) require health plans to investigate and request corrective action when timely access to care standards are not met. A CAP will be issued to contracted PPGs and provider offices who fail any of the urgent or non-urgent metrics.

PPGs and providers who receive a CAP are required to:

- Submit a written improvement plan (IP) within 30 calendar days and include the actions taken to correct each deficiency.
- Attend an online provider training webinar, hosted online by Health Net*, as part of their IP.

Please contact Health Net, on behalf of CalViva Health, via email at CVH-CAP@healthnet.com, if you have questions or concerns about meeting these standards.

Improve Health Outcomes: A Guide for Providers toolkit

Included with the CAP packets is the *Improve Health Outcomes: A Guide for Providers* toolkit. The toolkit includes information, support tools and resources that focus on drivers of patient satisfaction:

- Health Care Performance Measurement Systems.
- QI Activities.
- Timely Appointment Access.
- Advance Access.

The toolkit is available online at provider.healthnet.com, under Provider Quality Improvement, select *Quality Improvement*, the *Improve Health Outcomes: A Guide for Providers – CalViva Health* (PDF) under Provider Resources.

Maintaining access standards

The goal of reasonable access to care is essential for member safety and is monitored annually. Take the below actions to ensure your office meets standards:

- Review current office scheduling practices and after-hours protocol periodically to make sure they are accurate and meet current guidelines.
- Include the appointment access standards and after-hours procedures and scripts in the orientation for new staff, office staff and answering service staff.
- Test office appointment scheduling and after-hours practices by scheduling self-audits or secret shopper calls. This allows offices to verify appointment standards are being met and after-hours outbound messaging is appropriate and take steps to correct any issues identified.

For help in complying with appointment access standards, refer to the resources online in the Provider Library at providerlibrary.healthnetcalifornia.com. You can also find after-hours script templates in the Provider Library. The scripts are available in English, Spanish and Hmong.

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, you may contact the Access and Availability Unit via email at CVH-CAP@healthnet.com or CalViva Health at 888-893-1569.