

PROVIDER *Update*



NEWS & ANNOUNCEMENTS

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5 PAGES

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 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 2020 through December 2020.

The surveys comply with timely access regulations issued by 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 appointment availability and after-hours access standards, 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).

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 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.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

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EnhancedCare PPO (IFP) – 844-463-8188

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Health Net Employer Group HMO, POS,

HSP, PPO, & EPO – 800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO,

PureCare HSP, & PureCare One EPO –

888-926-2164

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Medicare (individual) – 800-929-9224

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Medicare (employer group) –

800-929-9224

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PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Go to the online COVID-19 alerts page for info about COVID-19 vaccines!

At provider.healthnet.com > [COVID-19 Updates](#) > [Health Net Alerts](#), you will find information about COVID-19 vaccines. This includes COVID-19 vaccine coverage details, how to enroll to administer the COVID-19 vaccine, and COVID-19 vaccine reporting and coding requirements. Also, access key tips you can use to help talk with and answer questions from your patients about the COVID-19 vaccine, especially those who are hesitant to receive it.

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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.

PPO/EPO (CDI-regulated) results (90% 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.

Refer to the tables below for the appointment availability results overall.

Measurement year (MY) 2020 and MY 2019 provider appointment availability results summary

Access measure	Appointment standard (wait time)	Performance goal	MY 2020 rate (%)	MY 2019 rate (%)
HMO/POS (DMHC-regulated)				
PCPs and specialists				
Urgent care appointment with PCP that does not require authorization	48 hours	80%	75	71
Urgent care appointment with specialist that requires prior authorization	96 hours		64	61
Non-urgent appointment with PCP	10 business days		93	87
Non-urgent appointment with specialist	15 business days		86	74
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days		96↓	97
Urgent and non-urgent PCP and specialists combined				
Urgent care appointment with PCP or specialist	48 or 96 hours	80%	71	66
Non-urgent appointment with PCP or specialist	10 or 15 business days		90	82
Behavioral health providers				
Urgent care appointment with psychiatrist	96 hours	90%	54↑	51
Non-urgent appointment with psychiatrist	15 business days		85↑	76
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		65↑	62
Non-urgent appointment with NPMH provider	10 business days		87↑	74

Medicare Advantage (CMS-regulated)

PCPs and specialists				
Urgent care appointment with PCP that does not require authorization	Within 48 hours	80%	41↓	63
Urgent care appointment with specialist that requires prior authorization	Within 96 hours		50↓	56
Non-urgent appointment with PCP	Within 10 business days		91↑	88
Non-urgent appointment with specialist	Within 15 business days		82↑	77
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days		96	97

Urgent and non-urgent PCP and specialists combined				
Urgent care appointment with PCP or specialist	48 or 96 hours	80%	46	60
Non-urgent appointment with PCP or specialist	10 or 15 business days		86	82

Behavioral health providers				
Urgent care appointment with psychiatrist	96 hours	90%	53	53
Non-urgent appointment with psychiatrist	15 business days		77	76
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		67	60
Non-urgent appointment with NPMH provider	10 business days		87	71

PPO/EPO (CDI-regulated)

PCPs and specialists				
Urgent care appointment with PCP that does not require authorization	Within 48 hours	90%	37↓	60
Urgent care appointment with specialist that requires prior authorization	Within 96 hours		43↓	51
Non-urgent appointment with PCP	Within 10 business days		88	86
Non-urgent appointment with specialist	Within 15 business days		79	72
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days		96	98

Urgent and non-urgent PCP and specialists combined

Urgent care appointment with PCP or specialist	48 or 96 hours	90%	41↓	55
Non-urgent appointment with PCP or specialist	10 or 15 business days		81	78

Behavioral health providers

Urgent care appointment with psychiatrist	96 hours	90%	36	40
Non-urgent appointment with psychiatrist	15 business days		85↑	76
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		45↓	50
Non-urgent appointment with NPMH provider	10 business days		87↑	74

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

2020 after-hours access survey results

For the 2020 PAHAS, performance guidelines require 90% compliance for after-hours access. Overall results for 2020 PAHAS indicate a need for improvement, especially in the Contact on-call physician after-hours (for urgent issues) metric. Additionally, the results indicate there is a statistically significant decrease in the performance score compared to previous year for both measures.

MY 2020–MY 2019 provider after-hours availability results

Access measure	Appointment standard (wait time)	Performance goal	MY 2020 rate (%)	MY 2019 rate (%)
HMO/POS (DMHC-regulated)				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	91↓	93
Contact on-call physician after hours (for urgent issues)*	Callback within 30 minutes		68↓	91
Medicare Advantage (CMS-regulated)				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	91↓	94
Contact on-call physician after hours (for urgent issues)*	Callback within 30 minutes		69↓	92
PPO/EPO (CDI-regulated)				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	86↓	91
Contact on-call physician after hours (for urgent issues)*	Callback within 30 minutes		68↓	90

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

*Survey administration methodology change between 2020 and 2019. Therefore comparison of results between the two years should be made with caution.

Corrective action plan

DMHC regulations (28 CCR §1300.67.2.2(d)(3)) require that Health Net investigate and request corrective action when timely access to care standards are not met. A CAP will be issued to contracted participating physician groups (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, including 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, via email at DMHC_AccessIP@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.
- Quality Improvement Activities.
- Timely Appointment Access.

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

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 ensure 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 your office 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 other threshold languages.

Additional information

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days, by phone or through the Health Net provider website as listed in the right-hand column on page 1.