

# PROVIDER Update



NEWS & ANNOUNCEMENTS

JULY 29, 2022

UPDATE 22-563m

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## Get Ready for the 2022 Provider Appointment Availability, After-Hours and Phone Access Surveys

### Surveys take place August through December 2022

To prepare for the surveys, please verify that your office meets appointment availability, after-hours and phone access requirements. Call your office to ensure the standards and instructions on page two are being followed.

#### Survey methodology

Surveys will be initiated via email or fax, per the Department of Managed Health Care (DMHC). You will get an email or fax invitation asking you to complete the survey via an online link. Please respond within five business days to the email or fax surveys.

A phone survey will be conducted if:

- A provider does not respond to the survey after five business days.
- A provider's email address or fax number is not in the system.

Please note that the DMHC acknowledges telehealth as a next available appointment.

#### Purpose of the surveys, and impact of not meeting standards

Health Net\* conducts annual surveys on primary care physician (PCP) and specialty care provider (SCP) appointment availability, after-hours access and phone access. The surveys help us learn how effective our network is in meeting the needs and preferences of members.

We conduct the Provider Appointment Availability and After-Hours surveys in accordance with regulatory requirements from the DMHC and Department of Health Care Services (DHCS). Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability.

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

#### LINES OF BUSINESS:

- IFP
  - Ambetter HMO
  - Ambetter EPO
  - Ambetter HSP
- Employer Group
  - HMO/POS/HSP
  - EPO
  - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
  - Kern
  - Los Angeles
  - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

#### PROVIDER SERVICES

provider\_services@healthnet.com

**Ambetter from Health Net IFP  
EnhancedCare PPO** – 844-463-8188

**Health Net Employer Group HMO, POS,  
HSP, PPO, & EPO** – 800-641-7761

**Ambetter from Health Net IFP  
CommunityCare HMO, PPO, PureCare HSP,  
& PureCare One EPO** – 888-926-2164

**Medicare (individual & employer group)  
(Wellcare By Health Net)** – 800-929-9224

**Cal MediConnect**  
Los Angeles County – 855-464-3571  
San Diego County – 855-464-3572

**Medi-Cal (including CS and ECM providers)**  
– 800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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

At [provider.healthnet.com](https://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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Compliance is demonstrated by:

- Requiring participating physician groups (PPGs)/providers to respond to the surveys. Non-response to the surveys would result in PPGs/providers not adhering to their contractual obligations to furnish Health Net with appointment availability information.
- Requiring providers to verify their information on a periodic basis per Senate Bill (SB) 137, effective July 1, 2016. Failure to respond may result in a delay in payment or reimbursement of a claim. Your information may be removed from the printed and online provider directory.
- Keeping your office information current to avoid being removed from the provider directory. This lets members reach you to schedule appointments or select you as their provider. Be sure to validate your demographic information each month so it's correct in the Provider Search tool at [www.healthnet.com](http://www.healthnet.com).
- Monitoring PPGs/providers for patterns of non-compliance with survey response, which may require a corrective action plan. Providers who failed to meet timely appointment and after-hours access standards are subject to a corrective action plan. This may also impact a provider's network participation.

Providers can work with their PPG or Health Net if they have questions or concerns about their ability to meet these standards. Providers may contact Health Net via email at [DMHC\\_AccessIP@healthnet.com](mailto:DMHC_AccessIP@healthnet.com).

### Provider Appointment Availability Survey

Providers who offer walk-in or same-day appointments should be sure to indicate that on the survey.

Appointment type	Access standard
<b>Urgent care</b>	
Urgent care appointment with PCP.	Within 48 hours of request.
Urgent care appointment with Specialist (prior approval needed).	Within 96 hours of request.
<b>Non-urgent appointments</b>	
Non-urgent care appointment with PCP.	Within 10 business days of request.
Non-urgent care appointment with Specialist.	Within 15 business days of request.
Appointment for ancillary services.	Within 15 business days of request.
First prenatal visit. <sup>1</sup>	Within 2 weeks of request.
Well-child visit. <sup>2</sup>	Within 10 business days of request.
Preventive health check-up. <sup>2</sup>	Within 30 calendar days of request.
<b>Behavioral health appointments</b>	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that does not require prior authorization.	Within 48 hours of request.
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that requires prior authorization.	Within 96 hours of request.

<b>Appointment type</b>	<b>Access standard</b>
Non-urgent care appointment with non-physician behavioral health care provider.	Within 10 business days of request.
Non-urgent appointment with behavioral health care physician (Psychiatrist).	Within 15 business days of request.
Non-urgent care follow-up appointment with non-physician mental health care provider (NPMH). <sup>3</sup>	Within 10 business days of request.

### **After-Hours Survey**

<b>After-hours access</b>	<b>Access standard</b>
After-hours physician availability.	Call back within 30 minutes of call.
After-hours emergency room (ER) instruction.	Appropriate emergency instructions.

### **Provider Office Phone Access Survey**

The survey evaluates provider compliance with phone access standards as set forth by DHCS.

<b>Phone access</b>	<b>Access standard</b>
Answer member calls (can be live or recorded).	Within 60 seconds.
Return member calls for non-urgent issues.	Within one business day.

### **In-office Wait Time Survey**

<b>Access</b>	<b>Access standard</b>
In-office wait time for scheduled appointments (PCP and Specialists).	Not to exceed 30 minutes.

### **Additional information**

If you have questions about the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, by phone or through the Health Net provider website as listed in the right-hand column on page 1.

<sup>1</sup>First prenatal visits standards are specific to DHCS regulations.

<sup>2</sup>Health plan standard. Appointment scheduled through the provider for a preventive checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.

<sup>3</sup>APL 22-007 Monitoring and Annual Reporting Changes due to SB 221, AB 457 and Amendments to Rule 1300.67.2.2.