

# PROVIDER Update



NEWS & ANNOUNCEMENTS

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## 2021 Provider Appointment Availability and After-Hours Access Survey Results

### See how results compared to the previous year

The 2021 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 2021 through December 2021.

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 physician and other 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).

### 2021 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 2021 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
- 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

#### Discover Helpful Tools to Support Your Office

Go to the Provider Library at [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com) to quickly access information to help you in your everyday interactions with our Plan. The library includes:

- Provider manuals
- Forms and References
- Education, Training and Other Materials
- Updates and letters
- Contacts
- Health Equity, Cultural and Linguistics Resources

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- Non-urgent appointment with PCP within 10 business days.
- Non-urgent appointment with specialist within 15 business days.

**Medicare Advantage (CMS-regulated) results (90% performance goal)**

- Urgent care appointment with PCP within 48 hours.
- Urgent care appointment with a specialist within 96 hours.
- Non-urgent appointment with PCP within 10 business days
- Non-urgent care appointment with a specialist within 15 business days.

**PPO (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 appointment with PCP within 10 business days
- 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) 2021 and MY 2020 provider appointment availability results summary**

Access measure	Appointment standard (wait time)	Performance goal	MY 2021 rate (%)	MY 2020 rate (%)
<b>HMO/POS (DMHC-regulated)</b>				
<b>PCPs and specialists</b>				
Urgent care appointment with PCP	Within 48 hours	80%	56.1↓	74.8
Urgent care appointment with specialist	Within 96 hours		48.1↓	64.3
Non-urgent appointment with PCP	Within 10 business days		77.4↓	93.0
Non-urgent appointment with specialist	Within 15 business days		65.2↓	85.7
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	Within 15 business days		92.7	96.0
<b>Behavioral health providers</b>				
Urgent care appointment with psychiatrist	Within 96 hours	90%	42.7↓	54.2
Non-urgent appointment with psychiatrist	Within 15 business days		72.6↓	84.9
Urgent care appointment with non-physician mental health provider (NPMH)	Within 96 hours		54.4↓	65.2
Non-urgent appointment with NPMH provider	Within 10 business days		73.6↓	86.5

**Medicare Advantage (CMS-regulated)**

<b>PCPs and specialists</b>				
Urgent care appointment with PCP	Within 48 hours	80%	56.4↑	41.4
Urgent care appointment with specialist	Within 96 hours		41.6	49.8
Non-urgent appointment with PCP	Within 10 business days		82.0↓	90.7
Non-urgent appointment with specialist	Within 15 business days		69.1↓	82.1
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	Within 15 business days		93.2	96.2
<b>Behavioral health providers</b>				
Urgent care appointment with psychiatrist	Within 96 hours	90%	45.5	52.8
Non-urgent appointment with psychiatrist	Within 15 business days		62.4	76.7
Urgent care appointment with non-physician mental health provider (NPMH)	Within 96 hours		53.2	66.7
Non-urgent appointment with NPMH provider	Within 10 business days		71.6	87.1

**PPO (CDI-regulated)**

<b>PCPs and specialists</b>				
Urgent care appointment with PCP	Within 48 hours	90%	53.0↑	37.4
Urgent care appointment with specialist	Within 96 hours		35.7↓	43.2
Non-urgent appointment with PCP	Within 10 business days		78.6↓	87.5
Non-urgent appointment with specialist	Within 15 business days		59.6↓	76.4
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	Within 15 business days		94.0	96.6

<b>Behavioral health providers</b>				
Urgent care appointment with psychiatrist	Within 96 hours	90%	35.1↓	36.0
Non-urgent appointment with psychiatrist	Within 15 business days		72.8	84.9
Urgent care appointment with non-physician mental health provider (NPMH)	Within 96 hours		42.6↓	45.3
Non-urgent appointment with NPMH provider	Within 10 business days		73.7↓	86.5

↑↓ Statistically significant difference between MY 2021 vs MY 2020, p<0.05

### 2021 after-hours access survey results

For the 2021 PAHAS, performance guidelines require 90% compliance for after-hours access. Overall results for 2021 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 increase in the performance score compared to previous year for both measures for HMO/POS.

### MY 2021 – MY 2020 provider after-hours availability results

Access measure	Appointment standard (wait time)	Performance goal	MY 2021 rate (%)	MY 2020 rate (%)
<b>HMO/POS (DMHC-regulated)</b>				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	94.2↑	90.5
Contact on-call physician after hours (for urgent issues) *	Callback within 30 minutes		77.3↑	67.5
<b>Medicare Advantage (CMS-regulated)</b>				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	93.7	90.5
Contact on-call physician after hours (for urgent issues) *	Callback within 30 minutes		75.5	69.1
<b>PPO (CDI-regulated)</b>				
After-hours emergency instructions	Give members clear and appropriate instructions for emergency issues	90%	93.7	85.9
Contact on-call physician after hours (for urgent issues) *	Callback within 30 minutes		76.4	67.7

↑↓ Statistically significant difference between MY 2021 vs MY 2020, p<0.05

\*Survey administration methodology change between 2021 and 2020. 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 is 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.

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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](mailto: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](http://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](http://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.