

2022 Provider Appointment Availability and After-Hours Access Survey Results

See how results compared to the previous year

The 2022 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). A separate PCP and specialist CalViva Health PAAS were administered to a random sample of CalViva Health providers to improve monitoring. Both surveys were done from August 2022 through December 2022.

The surveys comply with the DMHC's and the Department of Health Care Services' (DHCS) access requirements. The results are used to monitor physician and other provider compliance with timely access and after-hours regulations, and to 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).

2022 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 2022 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 70% for provider availability:

- 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 2 weeks.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Ancillary Providers

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- 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 3–6 for the overall results and by county.

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.
- PPG attestation for not meeting Access to Care Standards for appointment availability and or after-hours and have notified the providers of the survey results.
- Upon review of IP, CalViva Health may require additional information to validate that corrective action steps were taken.
- 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

Reminder – The measurement 2023 Provider Appointment Availability Survey (PAAS) and After-Hours survey is currently underway. 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.

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.

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- Test office appointment scheduling and after-hours practices by scheduling self-audits or secret shopper calls. This allows offices to verify that appointment standards are being met and after-hours outbound messaging is appropriate, and to 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.healthnetcalifornia.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 CalViva Health at 888-893-1569.

Measurement year (MY) 2022 – MY 2021 Medi-Cal provider appointment availability results – overall

Access measure	Appointment standard (wait time)	Performance goal	MY 2022 rate (%)	MY 2021 rate (%)
PCPs and specialists				
Urgent care appointment with PCP	48 hours	70%	49.0	50.9
Urgent care appointment with specialist	96 hours		37.6	40.2
Non-urgent appointment with PCP	10 business days		74.4	71.4
Non-urgent appointment with specialist	15 business days		56.1	64.8
Preventive or well-child appointment with PCP ²	2 weeks		61.8	67.7
Physical exam/wellness check appointment with PCP ²	30 calendar days		80.3	86.7
Initial prenatal appointment with PCP ¹	2 weeks		72.6	92.3
Initial prenatal appointment with specialist ¹	2 weeks		67.4↓	80.0
Ancillary providers				
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days	70%	89.5	94.1
Behavioral health providers				
Urgent care appointment with psychiatrist	96 hours	70%	33.3	46.2
Non-urgent appointment with psychiatrist	15 business days		47.4	66.7
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		47.4	54.2
Non-urgent appointment with NPMH provider	10 business days		73.4	72.6

↑↓ Statistically significant difference between MY 2022 vs MY 2021, p<0.05

¹First-Prenatal Visits standards are specific to DHCS regulations.

²Well-Child and Wellness Visits are health plan standards. 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.

MY 2022 – MY 2021 Medi-Cal provider appointment availability results – by county

Access measure	Appointment standard (wait time)	Performance goal	Fresno		Kings		Madera		Telehealth	
			MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)
PCPs and specialists										
Urgent care appointment with PCP	48 hours	70%	50.2	49.5	62.7	57.1	60.0	52.4	42.2	N/A
Urgent care appointment with specialist	96 hours		39.3	39.6	47.1	50.0	32.3	39.0	34.6	N/A
Non-urgent appointment with PCP	10 business days		76.8↑	65.9	77.2	87.5	73.2↓	90.9	70.3	N/A
Non-urgent appointment with specialist	15 business days		60.1	64.3	82.4	76.9	48.6↓	62.9	42.9	N/A
Preventive health or well-child appointment with PCP ²	2 weeks		62.9	70.4	69.8	66.7 ³	68.6	0.0 ³	56.7	N/A
Physical exam/wellness check appointment with PCP ²	30 calendar days		81.7	88.5	84.6	100.0 ³	84.8↑	0.0 ³	76.0	N/A
Initial prenatal appointment with PCP ¹	2 weeks		71.9	100.0	82.1	66.7 ³	90.0	N/A	66.7	N/A
Initial prenatal appointment with specialist ¹	2 weeks		63.9	78.1	100.0 ³	100.0 ³	N/A	100.0 ³	N/A	N/A

↑↓ Statistically significant difference between MY 2022 PAAS vs MY 2021 PAAS (p<0.05)

N/A - No available responses

¹First-Prenatal Visits standards are specific to DHCS regulations.

²Well-Child and Wellness Visits are health plan standards. 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.

³Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

Access measure	Appointment standard (wait time)	Performance goal	Fresno		Kings		Madera		Telehealth	
			MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)	MY 2022 rate (%)	MY 2021 rate (%)
Behavioral health providers										
Urgent care appointment with psychiatrist	96 hours	70%	38.5	75.0 ³	0.0 ³	N/A	N/A	N/A	25.0 ³	0.0 ³
Non-urgent appointment with psychiatrist	15 business days		50.0	55.6 ³	0.0 ³	N/A	N/A	N/A	50.0 ³	83.3 ³
Urgent care appointment with NPMH	96 hours		50.0	59.4	33.3 ³	50.0 ³	75.0	54.5	37.8	40.0
Non-urgent appointment with NPMH provider	10 business days		77.1	77.3	66.7 ³	77.8 ³	100.0	66.7	60.5	59.5

N/A – No available responses

³Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

2022 After-hours Access survey results

The performance goal of 90% for *After-Hours Emergency Instructions* was met in all three CalViva counties. A statistically significant increase was noted overall for all counties compared to MY 2021 for *Ability to Contact On-Call Physician After Hours*. For *After-Hours Emergency Instructions*, the performance goal of 90% was met in all counties with a slight decrease in Fresno county. The performance goal of 90% for *After-Hours Emergency Instructions* (Table 18) was met in all three CalViva counties. A statistically significant increase was noted overall for all counties compared to MY 2021 for *Ability to Contact On-Call Physician After Hours*.

MY 2022 – MY 2021 Medi-Cal provider after- hours availability results – overall

Access measure	Standards	Performance goal	MY 2022 Rate (%)	MY 2021 Rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	98.3	100
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		91.6	82

MY 2022 – MY 2021 Medi-Cal provider after-hours availability results – by county

Access measure	Standards	Performance goal	Fresno		Kings		Madera	
			MY 2022 Rate (%)	MY 2021 Rate (%)	MY 2022 Rate (%)	MY 2021 Rate (%)	MY 2022 Rate (%)	MY 2021 Rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	97.8	99	100.0	100	100.0	100
Ability to contact on-call physician after hours	Callback within 30 minutes	90%	90.1	80	94.3	89	100.0	93