

Get Ready for the 2023 Provider Appointment Availability Survey (PAAS)

Surveys take place July through December 2023

To prepare for the surveys, please verify that your office meets appointment availability 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*, on behalf of CalViva Health, conducts annual surveys on primary care physician (PCP) and specialty care provider (SCP) appointment availability, in-office wait time 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 survey 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.

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 the Plan with appointment availability information.

THIS UPDATE APPLIES TO:

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

PROVIDER SERVICES

888-893-1569
www.healthnet.com

PROVIDER PORTAL

provider.healthnetcalifornia.com

- 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. And, 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.
- Monitoring PPGs/IPAs and 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 the Plan if they have questions or concerns about their ability to meet these standards. Providers may contact the Plan via email at DMHC_AccessIP@healthnet.com.

Provider Appointment Availability Survey

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

Appointment type	Access standard
Urgent care	
Urgent care appointment with PCP.	Within 48 hours of request.
Urgent care appointment with Specialist (prior approval needed).	Within 96 hours of request.
Non-urgent appointments	
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 ¹ .	Within 2 weeks of request.
Well-child visit ² .	Within 10 business days of request.
Preventive Health check-up ² .	Within 30 calendar days of request.
Behavioral Health appointments	
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.
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.

Appointment type	Access standard
Non-urgent care follow-up appointment with non-physician mental health care provider (NPMH) ³ .	Within 10 business days of request.

After-Hours Survey

After-hours access	Access standard
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 the phone access standards as set forth by DHCS.

Phone access	Access standard
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

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

Questions?

The PAAS will be conducted by the survey vendor, QMetrics. For questions regarding the survey, please contact 888-388-9111, ext. 6, or email paassurvey@qmetrics.us.

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.

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

²Health 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.

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