

2022 Provider Appointment Availability and After-Hours Access Surveys Results

See how results compared to the previous year

Effective January 1, 2024, California Health & Wellness Plan (CHWP) is no longer a Medi-Cal plan. As a reminder, California Health & Wellness Plan members in Imperial County transitioned to Community Health Plan of Imperial Valley on January 1, 2024.

The survey results reported in this update reference counties covered under California Health & Wellness Plan from 2021-2022.

2022 Appointment Availability Survey results

The 2022 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 (NPMH) providers surveyed from August 2022 through December 2022.

The surveys comply with timely access regulations issued by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) access requirements. We use the survey results 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 members. Failure to meet one or more timely appointment and after-hours access standards, as indicated, will result in a corrective action plan (CAP).

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 appointment access metrics below did not meet the performance goal of 70%:

- Urgent care appointment with PCP within 48 hours.
- Urgent care appointment with a specialist that requires prior authorization within 96 hours.
- Non-urgent care appointment with a specialist within 15 business days.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Ancillary Providers

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- Preventive health or well-child appointment with PCP within two weeks.
- Initial prenatal appointment with specialist within two weeks.

Refer to the tables on pages 2-4 for the appointment availability overall results.

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

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%	40.6↓	50.0
Non-urgent appointment with PCP	10 business days		62.0↓	69.1
Urgent care appointment with specialist that requires prior authorization	96 hours		31.3↓	38.0
Non-urgent appointment with specialist	15 business days		47.9↓	58.6
Preventive or well-child appointment with PCP	2 weeks	70%	44.5↓	66.7
Physical examination/wellness checkup appointment with PCP	30 calendar days		66.2↓	81.2
Initial prenatal appointment with PCP	2 weeks		59.2↓	76.9
Initial prenatal appointment with specialty care provider (SCP)	2 weeks		43.5	54.3
Ancillary providers				
Non-urgent ancillary appointment for mammogram and physical therapy	15 business days	70%	81.5	96.6
Behavioral health providers				
Urgent care appointment with psychiatrist	96 hours	70%	37.3	40.6
Non-urgent appointment with psychiatrist for routine care	15 business days		62.0	66.8
Urgent care appointment with non-physician mental health (NPMH) provider	96 hours		62.1↑	45.9
Non-urgent appointment with NPMH provider	10 business days		82.1↑	66.5

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

2022 After-hours access survey results

Performance guidelines require 90% compliance for after-hours access. Overall results for 2022 PAHAS indicate the after-hours emergency instructions and ability to contact the on-call physician after hours (for urgent issues) metrics were not met. The results indicate there is a statistically significant change in the performance scores as compared to the previous year for both measures. The following tables display the after-hours results

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

Access measure	Standard	Performance goal	MY 2022 rate (%)	MY 2021 rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	81.4↓	88.5
Ability to contact on-call physician after hours (for urgent issues)*	Callback within 30 minutes		77.5↑	73.5

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

Corrective action plan (CAP)

DMHC regulations (CCR T28 §1300.67.2.2(d)(3)) require that health plans investigate and request corrective action from the participating physician groups (PPGs) 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.
- Attend an online provider training webinar, as part of their IP.
- Upon review of IP, the Plan may require additional information to validate that corrective action steps were taken.

Please contact the Plan via email at DMHC_AccessIP@healthnet.com, if you have questions or concerns about meeting these standards.

If these standards are not met, non-compliant Direct Network contracted providers will receive an education packet informing them of their deficiencies.

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.

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- Test office appointment scheduling and after-hours practices by scheduling self-audits or secret shopper calls. This allows your offices 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

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 Community Health Plan of Imperial Valley at 833-236-4141.