

PROVIDER Update



REGULATORY | JUNE 12, 2026 | UPDATE 26-736m | 5 PAGES

Follow Access to Care Standards to Ensure Patients Get Timely Care

Review these requirements to stay compliant with appointment and network access standards

Health Net* must maintain a provider network that can serve both adult and pediatric patients across its service areas. This update outlines the access to care standards that you must meet and what to do if gaps are identified.

Why this matters

Participating physician groups (PPGs) and contracting providers must meet state access standards for appointments, time and distance, and network adequacy. If standards are not met, you must support patient access to care, including use of out-of-network providers when needed.

Failure to meet standards may lead to corrective action.

What PPGs must do

- **Ensure patients can get appointments within required time frames**
- **Meet time and distance standards for all required provider types**
- **Authorize out-of-network care when services are not available in network and are medically necessary**
- **Not limit patients to only in-network providers when network gaps exist**
- **Keep provider rosters accurate and up to date, including age ranges and specialties**
- **Respond to corrective action requests on time and provide complete documentation**

If standards are not met

PPGs may receive a corrective action plan if requirements are not met. You must:

- Respond within the specified time frame

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Participating Physician Groups

LINES OF BUSINESS:

- Medi-Cal
 - Amador
 - Calaveras
 - Inyo
 - Los Angeles
 - Molina
 - Mono
 - Sacramento
 - San Joaquin
 - Stanislaus
 - Tulare
 - Tuolumne

PROVIDER SERVICES

Medi-Cal (including CS and ECM providers)

– 800-675-6110

Behavioral Health providers –

844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

- Provide complete and accurate documentation with steps that identify how the deficiencies will be addressed
- Take timely action to fix the issue

If you do not respond on time, further action may occur, including review of network participation.

Access to care requirements

Appointment standards	
Appointment type	Access standard
Urgent care	
Urgent care appointment with primary care physician (PCP) or specialist (no prior authorization)	Within 48 hours of request
Urgent care appointment with a specialist (requiring prior authorization)	Within 96 hours of request
Non-urgent appointments	
Non-urgent care appointment with PCP (includes OBGYN acting as PCP)	Within 10 business days of request
Non-urgent care appointment with a specialist (includes OBGYN specialty care)	Within 15 business days of request
Appointment for ancillary services	Within 15 business days of request
Non-urgent appointment with a physician in a skilled nursing facility or intermediate care facility	Amador, Calaveras, Inyo, Mono, Tulare, Tuolumne counties: Within 14 calendar days of request San Joaquin, Stanislaus counties: Within 7 business days of request Los Angeles, Sacramento counties: Within 15 business days of request
Rescheduling of appointments	Must be promptly rescheduled in a way that ensures continuity of care and meets the patient's needs, consistent with professional standards
Preventive/wellness check ¹	Within 30 business days of request
After-hours	
After-hours physician availability	Call back within 30 minutes of call
After-hours emergency room instruction	Appropriate emergency instructions
Provider office phone	
The survey evaluates provider compliance with the phone access standards set forth by the California Department of Health Care Services (DHCS).	

Appointment standards	
Appointment type	Access standard
Phone answer time during normal business hours.	Within 60 seconds.
Return patient calls for non-urgent issues.	Within one business day.
In-office wait time	
In-office wait time for scheduled appointments (with PCPs).	Not to exceed 30 minutes.

Access to care requirements for behavioral health

Appointment standards	
Appointment type	Access standard
Access for life-threatening emergency	Immediately
Non-life-threatening emergency	Within 6 hours
Urgent care appointment with a psychiatrist that does not require prior authorization	Appointment within 48 hours of request
Urgent care appointment with a non-physician mental health provider that does not require prior authorization	Appointment within 96 hours of request
Non-urgent appointment with non-physician mental health provider for routine care	Appointment within 10 business days of request
Non-urgent appointment with mental healthcare physician (psychiatrist) for routine care	Appointment within 15 business days of request
Non-urgent follow-up appointment with non-physician mental health provider	Within 10 business days of request
Rescheduling of appointments	Must be promptly rescheduled in a way that ensures continuity of care and meets the patient’s needs, consistent with professional standards

¹ 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.

Network adequacy and out-of-network access

If your network does not meet access standards:

- You must allow patients to receive services out of network
- You must approve out-of-network care when medically necessary

Health Net will work with PPGs to maintain enough primary care and specialist providers, including those who treat children

Keep rosters accurate

You should regularly review and update your provider rosters when submitting to Health Net. Rosters must include:

- Correct provider specialties
- Accurate patient age ranges

Patient age ranges

Use these age ranges to describe the patients you serve

Age, lowest to highest	Description
000–120	Provider is accepting all members, children and adults
005–120	Provider is accepting children, ages 5 to adult
000–018	Provider is accepting children, birth to age 18
018–120	Provider is accepting adults, ages 18 and older
021–120	Provider is accepting adults, ages 21 and older

Required specialties

The California Department of Health Care Services (DHCS) requires reporting for both adult and pediatric specialties. It is not limited to the DHCS core specialties.

Adult and pediatric core specialties²

- Cardiologist/Interventional Cardiologist
- Dermatologist
- Endocrinologist
- ENT/Otolaryngology
- Gastroenterologist
- General surgeon
- Hematologist
- HIV/AIDS
- Infectious Diseases
- Nephrologist
- Neurologist
- OB/GYN – Adult
- Oncologist
- Ophthalmologist
- Orthopedic surgery
- Physical medicine and rehabilitation
- Pulmonologist

²Telehealth is optional except for general surgeon, orthopedic surgery, and physical medicine and rehabilitation

Time and distance standards

PCP – adult and pediatric	10 miles or 30 minutes
Hospital	15 miles or 30 minutes
Core specialist – adult and pediatric (standard determined by county)	Amador and Tulare counties: 45 miles or 75 minutes San Joaquin and Stanislaus counties: 30 miles or 60 minutes Los Angeles and Sacramento counties: 15 miles or 30 minutes Calaveras, Inyo, Mono and Tuolumne counties: 60 miles or 90 minutes

Other required specialties

- Allergist/Immunologist
- Anesthesiologist
- Cardiovascular surgeon
- Colon and rectal surgeon
- Emergency medicine
- Geneticist
- Maternal/Fetal medicine
- Neonatologist
- Neurological surgeon
- Pain medicine
- Plastic surgeon
- Podiatrist
- Radiation oncology
- Radiologist/Nuclear medicine
- Reproductive endocrinology/infertility
- Rheumatologist
- Thoracic surgeon
- Urologist
- Vascular surgeon

Although Subnetwork Certification reviews focus on DHCS Core Specialties, PPGs are required to ensure access to a broader range of specialties beyond those core categories.

These additional specialties are evaluated by the Department of Managed Health Care (DMHC) as part of the Plan's Annual Network Reporting (ANR) process.

Current DMHC standards and methodology documents can be accessed through All Plan Letter (APL) 25-019 at https://bit.ly/DHCS_APL25_019.

DHCS requirements for network adequacy standards are described in All Plan Letter (APL) 23-001, dated January 1, 2023. Access this APL online at <https://bit.ly/APL23-001>.

Need help? Contact us

PPGs can work with their designated Health Net Provider Engagement network specialist if they have questions or concerns about their ability to meet the standards described in this update.

For other questions, contact the Health Net Medi-Cal Provider Services Center at 800-675-6110.