

2024 Provider Access Survey Results

Tracking year-over-year performance in timely appointments and after-hours care

The results of the 2024 Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey are now available. These annual surveys, conducted between September and December 2024, assess how well providers meet state standards for timely access to care and after-hours services.

The Department of Managed Health Care (DMHC) collected data from participating primary care physicians (PCPs), specialty care providers (SCPs), ancillary providers, and non-physician mental health providers (NPMH). To enhance oversight, Community Health Plan of Imperial Valley also conducted a separate survey using a randomized sample of its provider network.

Important: These surveys fulfilled regulatory requirements from both the DMHC and the Department of Health Care Services (DHCS). Providers who fall short of access standards are required to submit a corrective action plan (CAP).

2024 Provider Appointment Availability Survey results

Appointment access rules help ensure patients get care quickly. Care should match the urgency of the condition and follow good medical practice.

The 2024 PAAS survey results show that some areas need improvement. Several appointment access standards from DMHC and DHCS did not meet the 70% performance goal for provider availability.

These include:

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

Refer to the tables on pages 4–9 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 take action when timely access standards are not met. If a provider group or office fails to meet urgent or non-urgent appointment standards, they will receive a CAP. Providers who receive a CAP must:

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Ancillary Providers
- Behavioral Health Providers

PROVIDER SERVICES

CHPIV Medi-Cal (including ECM and CS providers)
– 833-236-4141

Behavioral health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

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- Submit a written improvement plan (IP) within 30 days. This plan must explain how each issue was addressed.
 - Provide a signed statement confirming two things:
 - 1 They did not meet access standards.
 - 2 They informed their providers of the survey results.
 - Share more details if requested by Health Net*, on behalf of Community Health Plan of Imperial Valley, to confirm that corrective steps were taken.
 - Attend an online training webinar hosted by Health Net as part of their IP.

For questions or concerns about meeting these standards, contact Health Net via email at DMHC_AccessIP@healthnet.com.

Maintaining access standards

Reminder: The 2025 PAAS and After-Hours Survey are now underway.

You will receive an email or fax with a link to complete the surveys online. Please respond within five business days. A phone survey will be done if:

- A physician or other provider does not respond within five business days.
- A physician or other provider's email address or fax number is not available.

Note: DMHC accepts telehealth as a valid next available appointment.

Timely access to care is important for member safety and is reviewed every year. To help your office meet standards:

- Review your scheduling and after-hours procedures regularly.
- Train new staff and answering service staff on access standards and scripts.
- Test your systems with self-audits or secret shopper calls to check appointment access and after-hours messaging.

For help, visit the Provider Library at providerlibrary.healthnetcalifornia.com. You can find the after-hours script available in a variety of languages.

You may not need to complete the PAAS in 2026

PCPs who qualify as Advanced Access Providers will automatically meet urgent and non-urgent appointment standards. This means they will not need to complete the PAAS survey for the next three years.

Do any of your PCPs offer same-day appointments?

If so, contact us at Access.Availability.PNM@healthnet.com.

Additional information

Providers are encouraged to access the provider portal 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.

Measurement Year (MY) 2024 Medi-Cal Provider Appointment Availability Results – Overall

Access measure	Appointment standard (wait time)	Performance goal	MY 2024 rate (%)
PCPs and specialists			
Urgent care appointment with PCP	48 hours	70%	83%
Urgent care appointment with specialist	96 hours		60%
Non-urgent appointment with PCP	10 business days		95%
Non-urgent appointment with specialist	15 business days		64%
Preventive or well-child appointment with PCP¹	2 weeks		75%
Physical exam/wellness check appointment with PCP¹	30 calendar days		77%
Initial prenatal appointment with PCP¹	2 weeks		67%
Initial prenatal appointment with specialist¹	2 weeks		83%
Ancillary providers			
Non-urgent ancillary appointment for magnetic resonance imaging (MRI), mammogram, physical therapy	15 business days	70%	90%
Behavioral health providers			
Urgent care appointment with psychiatrist	96 hours	70%	100%
Non-urgent appointment with psychiatrist	15 business days		100%
Urgent care appointment with non-physician mental health provider (NPMH)	96 hours		86%
Non-urgent appointment with NPMH provider	10 business days		94%
Non-urgent follow up appointment within 10 business days of request (NPMH)	10 business days	80%	80%

¹First-prenatal visits standards, well-child and wellness visits are health plan standards. Appointment scheduled through the provider for a preventive checkup will depend on the type of service and a provider may recommend a different schedule depending on the need.

2024 After-Hours Access Survey Results

The performance goal of 90% for *After-Hours Emergency Instructions* was met; however, the *Ability to Contact On-Call Physician After Hours* measure did not meet the metric.

Access measure	Standards	Performance goal	MY 2024 rate (%)
After-hours emergency instructions	Appropriate instructions for emergency issues	90%	95.0
Contact on-call physician after hours (for urgent issues)	Callback within 30 minutes		75.7

MY 2024 Telephone Access Survey

To monitor telephone access, the Medi-Cal Telephone Access Survey was administered in 2024. A random sample of PCPs was selected and contacted to assess performance for two metrics: (1) Appropriate answer time: percent provider offices were able to answer phone calls within 60 seconds, and (2) ability to call back members for non-urgent issues within one business day. The performance goal of 90% for **telephone answer time** was met, while the **provider call-back for non-urgent issues during non-business hours** fell short of meeting the compliance goal.

Access measure	Standards	Performance goal	MY 2024 rate (%)
Telephone answer time	Within 60 seconds	90%	100.0
Provider call-back for non-urgent issues during normal business hours	Within one business day		88.2

MY 2024 Member In-Office Wait Time

In 2024, the plan monitored members' in-office wait time during an appointment at the PCP and specialists' offices through a provider survey. The standard survey is for members' wait time to not exceed 30 minutes upon arrival when waiting for a scheduled appointment. Results of the 2024 **in-office wait time survey for PCPs** exceeded the plan's performance goal of 70%.

Access measure	Standards	Performance goal	MY 2024 rate (%)
In-office wait time at PCPs' office	Wait time upon arrival after set appointment time not to exceed 30 minutes	70%	72.1