PROVIDER*Update*

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Follow Access to Care Standards to Ensure Patients Get Timely Care

Review details in this update to help you maintain compliance

Health Net*, on behalf of CalViva Health, must show that it has and maintains a network adequate to serve its adult and pediatric members within its service areas. This is measured by the number, type and geographic location of providers.

The Plan's participating physician groups (PPGs) and contracting providers are required to ensure members receive timely appointments per state requirements. Members must be able to obtain these services within applicable time and distance standards.

In areas where the network may not be adequate, the Plan and its network of PPGs must allow members to access services out of network (OON) for any deficient network components.

A PPG cannot restrict members' access to practitioners within its own provider network if deficiencies exist. The PPG must authorize services for OON providers when medically necessary.

The Plan will work with its network PPGs to ensure an adequate number of primary care physicians (PCPs) and specialist providers are available. This will include the collection of patient age range for all providers. This will help to identify PCPs and specialist providers for children, particularly providers who are not assigned a pediatric taxonomy and specialization (such as dermatologist versus pediatric dermatologist).

Impacts for not meeting standards

PPGs are subject to a corrective action plan if one or more access to care standards are not met. It is essential that PPGs:

- Respond within the specified time frame outlined in the corrective action plan request.
- Provide complete and accurate documentation detailing steps the PPG is taking to address identified deficiencies.
- Implement necessary improvements in a timely manner to remain in compliance with regulatory requirements.

THIS UPDATE APPLIES TO:

- Participating Physician Groups

PROVIDER SERVICES

CalViva Health Medi-Cal (including ECM and CS providers) – 888-893-1569

PROVIDER PORTAL

provider.healthnetcalifornia.com

Failure to respond within the required time frame may result in further action, including network participation eligibility. PPGs can work with their designated Plan Provider Engagement network specialist if they have questions or concerns about their ability to meet these standards.

Access standards

Appointments	
Appointment type	**Access standard**
Urgent care	
Urgent care appointment with primary care physician (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 two weeks of request.
Well-child visit.[1]	Within two weeks of request.
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).	
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	
In-office wait time for scheduled appointments (PCP and specialists).	Not to exceed 30 minutes.

[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.

Ensure rosters are up to date

PPGs are encouraged to review their network and ensure provider information is correct when rosters are sent to the Plan on a routine basis. Rosters must include the correct adult and pediatric provider types, as well as the patient age ranges.

Be aware of required member age ranges

The patient age range categories are displayed here for PPGs to use when validating information for their network. This information will help to quickly identify those who also see pediatric patients, even if they do not have a designated pediatric taxonomy.

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, age 18 and older.
021–120	Provider is accepting adults, age 21 and older.

Know the specialties required

DHCS requires specialty types for adequacy standard reporting to include adult and pediatric provider types. It is not limited to the DHCS critical specialties.

The Plan monitors for network adequacy and will coordinate with PPGs on any identified network deficiencies.

DHCS adult and pediatric core specialties[2]

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

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

DHCS 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)	Fresno, Kings and Madera counties: 45 miles or 75 minutes

Other required specialties

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

Since these additional required specialties do not have a regulated standard, the Plan applies a reasonable standard of 45 miles or 75 minutes.

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.

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.