

PROVIDER Update



NEWS & ANNOUNCEMENTS | JULY 23, 2025 | UPDATE 25-725m | 4 PAGES

Coming Soon: the 2025 Provider Appointment Availability, After-Hours and Phone Surveys

Surveys take place July through December 2025

To prepare for the surveys, please verify that your office meets appointment availability, after-hours and phone access requirements. Call your office to ensure the standards and instructions on pages 3-4 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 the next available appointment.
- For 2025, in calculating appointment wait times, holidays and weekends are included for urgent care appointments.
- There is a question to assess the alternative methods providers use to ensure enrollees receive timely access to urgent care services.
- Urgent appointments standards are determined based on prior authorization requirements.

Purpose of the surveys and impact of not meeting standards

Health Net*, on behalf of Community Health Plan of Imperial Valley, 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 and After-Hours Surveys (PAAS) in accordance with regulatory requirements from the DMHC and

THIS UPDATE APPLIES TO:

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

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

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Department of Health Care Services (DHCS). Under California law, the Plan's participating providers (including delegated providers) are contractually required to participate in all timely access surveys administered by or on behalf of regulatory agencies such as the DHCS, DMHC and the Centers for Medicare and Medicaid Services.

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.
- 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/providers for patterns of non-compliance with survey response, which may require a corrective action plan. Providers who fail 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 PPGs 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.

Questions?

The PAAS will be conducted by the third-party survey vendor, Sutherland Global. For questions regarding the survey, please email sutherlandpaasteam@sutherlandglobal.com.

You may not have to respond to PAAS

PCPs and other qualified primary care providers who become Qualified Advanced Access Providers with the Plan will automatically be compliant for urgent and non-urgent appointment standards for the Plan's annual PAAS for the next three years! Do any of your primary care physicians (PCPs) offer same-day scheduling? Contact us at DMHC_AccessIP@healthnet.com.

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.

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 ¹ .	Within 2 weeks of request.
Preventive health check-up ¹ .	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.
Non-urgent care follow-up appointment with non-physician mental health care provider (NPMH).	Within 10 business days of request.

¹Health 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.

Provider Appointment Availability Survey, *continued*

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.