



# Timely Access to Care Training

*Presented by:*  
Provider Network Management Operations

Access & Availability Team

2023

# Agenda

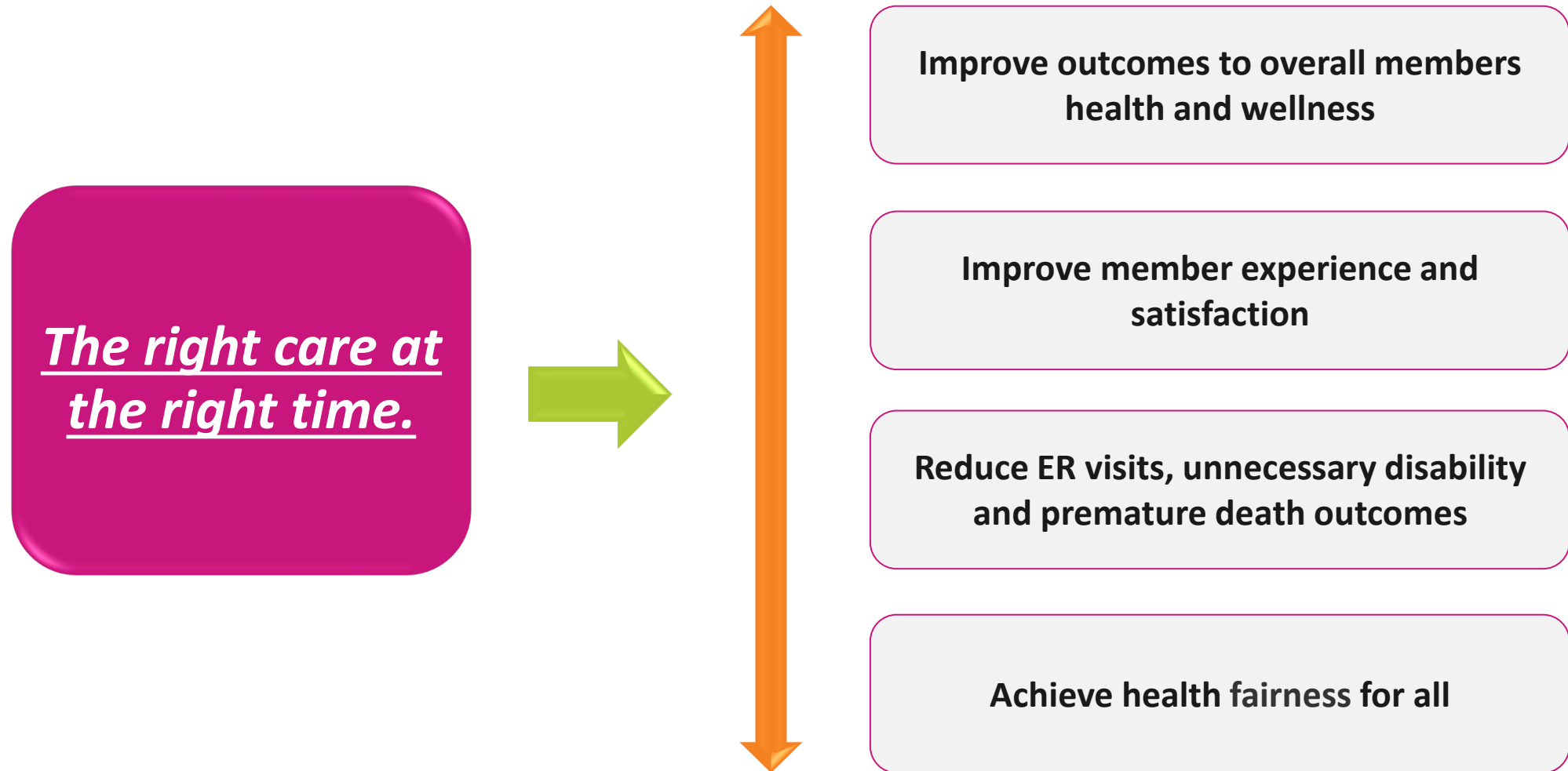
- Importance & Drivers
- Survey Guidelines
- Survey Process: Preparation & Resources
- Corrective Action Plans (CAPs) & Educational (Ed) Packets
- Improving Access: Best Practices
- Resources
- E-Consults

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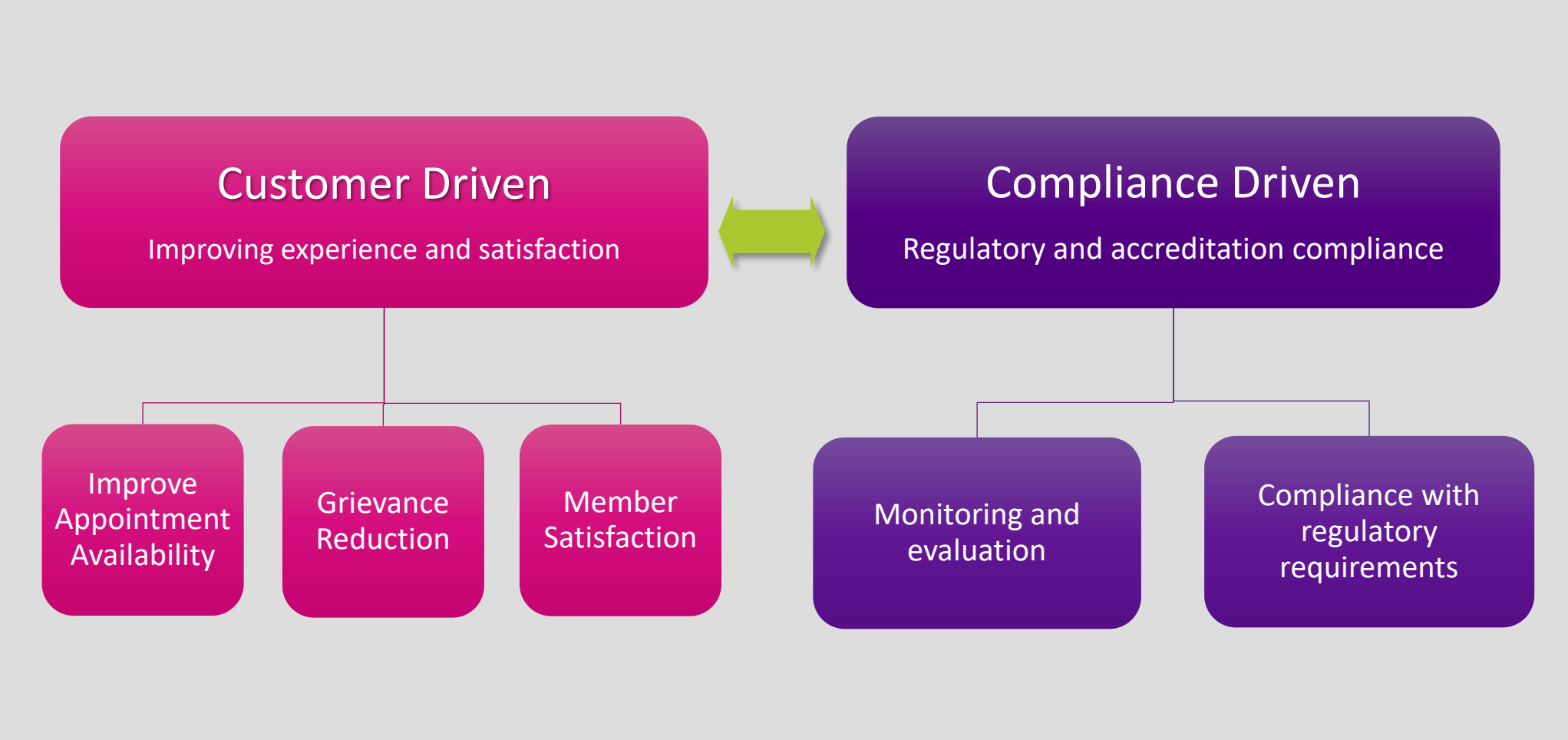
# **TIMELY ACCESS TO CARE** *Importance and Drivers*

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# Why Is Timely Access to Care Important?



# Timely Access to Care Drivers



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# Survey Guidelines

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# Provider Survey Evaluation

## SURVEYS CONDUCTED

### Access & Availability Surveys:

- Provider Appointment Availability Survey (PAAS)
- Provider After-Hours Availability Survey (PAHAS)
- Provider Office Telephone Access Monitoring

### Other Surveys:

- Telephone Access Monitoring
- DHCS Timely Access Study
- Mock/Off-Cycle CAHPS<sup>®</sup> Survey

# Access to Care and Member Satisfaction Surveys

Survey	Monitoring
<b>Provider Appointment Availability Survey (PAAS)</b>	Appointment availability for routine and urgent care
<b>Provider After-Hours Availability Survey (PAHAS)</b>	Appropriate emergency instructions for after-hours care and the Providers' availability to be reached within 30 minutes of a patient's call for urgent after-hours issues.
<b>Telephone Access Monitoring</b>	Time to answer the call, and call-back wait time during normal business hours for patients with non-urgent issues.
<b>Consumer Assessment of Health Plan Survey (CAHPS®) / CG CAHPS® Medicare</b>	Regulatory member satisfaction survey asks members to evaluate their experience with their health plan and healthcare received.  Access to care in a timely manner are covered.
<b>DHCS Timely Access Study</b>	This survey is similar to the Provider Appointment Availability Survey and is conducted quarterly by DHCS vendor.
<b>Mock/Off-Cycle CAHPS® Survey</b>	Member experience feedback. Results help track improvement initiatives' progress; able to tie results back to providers/groups for tailored improvement discussions.



# Regulatory Timely Access to Care Standards

Appointment Type	Appointment Access Standards
<b>URGENT APPOINTMENTS</b>	
Urgent care appointment <b>with PCP</b>	Within <b>48 hours</b> of request
Urgent care appointment <b>with Specialists</b>	Within <b>96 hours</b> of request
<b>NON-URGENT APPOINTMENTS</b>	
Non-urgent care appointment <b>with PCP</b>	Within <b>10 business days</b> of request
Non-urgent care appointment <b>with Specialists</b>	Within <b>15 business days</b> of request
Appointment for <b>Ancillary Services</b>	Within <b>15 business days</b> of request

# Regulatory Timely Access to Care Standards – Behavioral Health

Appointment Type	Appointment Access Standards
<b>BEHAVIORAL HEALTH APPOINTMENTS</b>	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that does not require prior authorization	Within <b>48 hours</b> of request.
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (Psychiatrist) that requires prior authorization	Within <b>96 hours</b> of request.
Non-Urgent appointment with behavioral health care physician (Psychiatrist)	Within <b>15 business days</b> of request
Non-Urgent appointment with non-physician behavioral health care provider	Within <b>10 business days</b> of request
Non-urgent follow-up appointment with non-physician mental health care provider (NPMH)	Within <b>10 business days</b> of request

# Other Timely Access Standards

AFTER-HOURS ACCESS	
After-hours physician availability	Call back within <b>30 minutes</b>
After-hours ER instructions	Appropriate <b>emergency instructions</b>
TELEPHONE ACCESS	
Telephone answer time during normal business hours	Answers calls within <b>60 seconds</b>
Telephone call-back for non-urgent issues	Calls patients back within <b>1 business day</b>
IN-OFFICE WAIT TIME	
In-office wait time for scheduled appointments with PCP	Not to exceed <b>30 minutes</b>
TELEHEALTH/SAME DAY APPOINTMENTS/WALK-INS	
Telehealth Appts. and Same-Day Appts. or Walk-Ins	Are considered as <b>next available appointment</b>

# Health Net Timely Access to Care Standards

Appointment Type	Appointment Access Standards
<b>NON-URGENT APPOINTMENTS</b>	
First prenatal visit with PCP or Specialists	Within <b>2 weeks</b> of request
Well-child visit	Within <b>2 weeks</b> of request
Wellness visit	Within <b>30 calendar days</b> of request

# Appointment Rescheduling

Promptly re-schedule in a manner that is appropriate for the member's health care needs.

Apply applicable timely access standards to the re-scheduled appointment.

Ensure continuity of care consistent with applicable professional practice.

# After-Hours Access to Care Standards



Patients are able to call Provider's office 24-hours, 7 days a week to reach a qualified health care professional.



For Urgent calls, return calls from the provider need to occur within 30 minutes of the member call.



PCPs to ensure that only licensed, certified or registered health care professional staff answering phone provide medical advice.

# After-Hours Access to Care Script

## Sample Answering Service/Machine Scripts

*Hello, you have reached the <answering service/ centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please stay on the line and I will connect you.*



*Hello, you have reached the <answering service/ centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, Dr. <Last Name> can assist you. Please <page/call> him/her at <telephone number>. You may expect a call back within 30 minutes.*

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# **SURVEY PROCESS**

## ***Preparation & Resources***

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# Survey Timelines & Methodology & Guidelines

## Measurement Year 2023

- **Provider Appointment Availability Survey (PAAS):**  
Initial outreach via fax, email or telephone. Telehealth appointments considered as next-available appointments.
- **Provider After-Hours Availability Survey (PAHAS):**  
Conducted by telephone.
- **Provider Telephone Access Surveys:** Incorporated in the PAAS.

PAAS & PAHAS conducted annually, typically from July - August through November - December

The Provider Telephone Access Survey will be incorporated in the PAAS to randomly selected providers.

For MY 2023 Health Het and CH&W has joined a shared-services survey model with other health plans.



**Responding to the survey is a contractual requirement: Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability.**

# Health plan survey timeline – MY (Measurement Year) 2023



## DMHC Survey Guidelines

- The survey is conducted for providers selected randomly based on the DMHC survey methodology.
- Providers who retired or were terminated with the group after the provider list was compiled are still eligible to be included in the survey results.
- Providers are eligible for the survey even if they practice on a part-time basis.
- Providers who are unavailable at the time of survey due to maternity leave or any kind of leave of absence are non-compliant.
- An appointment offered at a different office in the same county with the same provider can be recorded as an available appointment with the initially surveyed provider.

# Survey Prep Activities



- ✓ Review Timely Access standards with all office staff
- ✓ Surveys are conducted for a specific providers selected randomly and may not be substituted for another provider in the group.
- ✓ The surveyor will introduce themselves as an individual calling from “Vendor Name” on behalf of the health plan
  - *“May I ask to speak with someone in the office who is able to respond to survey questions regarding the scheduling of appointments in your office?”*
- ✓ Questions will be asked about next available appointments for urgent and non urgent services
- ✓ State during survey if same day appointments/walk-ins are available as this is considered as a next available appointment including urgent appointments
- ✓ The same type of questions will be asked for preventative check up and well child exam. As well as physical exam which includes well woman exam

# Survey Prep Activities – Cont.



- ✓ Ensuring answering service/machine responses are compliant with regulatory standards is an easy fix!
  - *Test your phone system if answering services are in place*
- ✓ Telehealth appointments are considered next-available appointments
- ✓ Ensure office staff is aware of Provider Panel status:  
Open or closed to new patients
- ✓ Ensure early notification of changes to provider demographic information to the Health Plan
- ✓ In order to be compliant, it is important that you have appointment availability that complies with the timely access standards
- ✓ This Timely Access to Care Training is available in the health plan's Provider Portal's landing page under *Resources For You*

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# **CORRECTIVE ACTION PLAN (CAP) & Educational (Ed) Packet**

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# CAP & Educational (Ed) Packet



## What you will be receiving

- Report Card
- Timely Access & After-Hours Improvement Plan (not applicable for Educational Packet)
- List of Non-compliant Providers (distributed to PPGs only)
- Provider NC (Non-compliant) Notification Attestation
- Webinar Completion Certificate
- HEDIS Toolkit Folder
- Training Flyer

# PPG Sample Report Card



## ABC MEDICAL GROUP Corrective Action Plan: MY 2022 Timely Access & After-Hours Report Card

SURVEY TYPE	METRIC & STANDARD	COMMERCIAL Performance Goal: PAAS = 70% PAHAS = 90%		MEDICARE Performance Goal: PAAS = 70% PAHAS = 90%		MEDI-CAL Performance Goal: PAAS = 70% PAHAS = 90%	
		PPG Score	Health Net HMO – Comparison Population score	PPG Score	Health Net Medicare – Comparison Population score	PPG Score	Health Net Medi-Cal Comparison Population score
Provider Appointment Availability Survey (PAAS)	<sup>^</sup> Urgent Appointment: PCP within 48 hours SCP within 96 hours	65%	52%	68%	47%	68%	54%
	<sup>^</sup> Non-urgent Appointment: PCP within 10 business days SCP within 15 business days	79%	73%	82%	75%	68%	77%
Provider Appointment Availability Survey (PAAS) Medi-Cal-specific measures (DHCS)	<sup>1</sup> First Prenatal Appointment: PCP & SCP within 2 weeks	N/A	N/A	N/A	N/A	96%	81%
	<sup>2</sup> Well Check/Well-Child Appointment: PCP within 10 business days	N/A	N/A	N/A	N/A	86%	79%
	<sup>3</sup> Physical Exam/Well Woman Appointment: PCP within 30 calendar days	N/A	N/A	N/A	N/A	97%	91%
	In-Office Wait Time PCP & SCP - Not to exceed 30 minutes	N/A	N/A	N/A	N/A	66%	68%
Provider After-Hours Availability Survey (PAHAS)	<sup>^</sup> After-Hours ER instructions: PCP - after-hours messaging includes calling 911 or going to nearest ER for emergencies	95%	94%	100%	94%	100%	96%
	<sup>^</sup> After-Hours physician availability: PCP - call back within 30 minutes	84%	77%	78%	75%	82%	80%

**Red** – PPG Rate of Compliance (ROC) below the performance goal.

<sup>^</sup>If ROC is not met for this standard, a CAP is required to be submitted by the PPG to the health plan.

N/A – metric does not apply or was not measured

<sup>1</sup>First-Prenatal Visits – standards are specific to DHCS regulations. Plan performance goal is 70%.

<sup>2</sup>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.

<sup>3</sup>Score is based on low responses

# PPG Sample Improvement Plan



## Measurement Year 2022 Provider Appointment Availability Survey & After-Hours Improvement Plan

PPG:	ABC MEDICAL GROUP	DUE DATE:	Within 30 days
COMPLETED BY:		DATE SUBMITTED:	
PHONE:		EMAIL:	

METRIC & STANDARD	COMMERCIAL	MEDICARE	MEDI-CAL	REASON FOR NON-COMPLIANCE	ACTION PLAN	TARGET COMPLETION DATE
<b>Provider Appointment Availability Survey (PAAS)</b>						
<b>Urgent Appointment:</b> PCP within 48 hours SCP within 96 hours	NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT			
<b>Non-urgent Appointment:</b> PCP within 10 business days SCP within 15 business days	COMPLIANT	COMPLIANT	COMPLIANT			
<b>Provider Appointment Availability Survey (PAAS) Medi-Cal-specific measures (DHCS)</b>						
<sup>1</sup> <b>First Prenatal Appointment:</b> PCP & SCP within 2 weeks	N/A	N/A	COMPLIANT			
<sup>2</sup> <b>Well Check Appointment:</b> PCP within 10 business days	N/A	N/A	COMPLIANT			
<sup>2</sup> <b>Physical Exam Appointment:</b> PCP within 30 calendar days	N/A	N/A	COMPLIANT			
<b>In-Office Wait Time</b> PCP & SCP - Not to exceed 30 minutes	N/A	N/A	NON-COMPLIANT			
<b>Provider After-Hours Availability Survey (PAHAS)</b>						
<b>After-Hours ER instructions:</b> PCP- after-hours messaging includes calling 911 or going to nearest ER for emergencies	COMPLIANT	COMPLIANT	COMPLIANT			
<b>After-Hours physician availability:</b> PCP - call back within 30 minutes	NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT			
Attend Health Net's Timely Access Provider webinar	<b>Upcoming Webinars: May 31, June 14 &amp; 28, July 12, 19 &amp; 26, Aug. 9. Please let us know which session you would like to attend by emailing us at <a href="mailto:DMHC_AccessIP@healthnet.com">DMHC_AccessIP@healthnet.com</a> (See enclosed flyer for more information)</b>					

N/A – metric does not apply or was not measured

<sup>1</sup>First-Prenatal Visits – standards are specific to DHCS regulations. Plan performance goal is 80%. Does not require a response for Improvement Plan.

<sup>2</sup>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. Does not require a response for Improvement Plan.

\*Score is based on low responses




# List of Noncompliant Providers for PPGs



## Excel spreadsheet contains:

- PPG Name
- Specialty
- Provider Name & NPI
- Provider Address & Phone Number
- Metric & Standard, e.g., Urgent appointments for PCP within 48 & Specialist within 96 hours

# PPG Notification Attestation



**PROVIDER NOTIFICATION OF TIMELY ACCESS RESULTS ATTESTATION**

I have received and reviewed the provider listing enclosed with the Measurement Year MY 2022 Timely Access Survey Results packet. I understand the providers on the attached list did not meet one or more of the non-emergency Timely Access to Care Standards for appointment availability and/or after-hours, based on the MY 2022 Provider Appointment Availability and After-Hours surveys. Furthermore, I have notified these providers of their individual results and of their responsibilities of compliance related to timely access under Health Net's policies and procedures<sup>1</sup>.

Notification to providers was completed on (date): \_\_\_\_\_

Notification was completed via:

- Email
- Mail
- Phone
- Other (explain): \_\_\_\_\_

PPG/IPA/GROUP NAME (PRINT)	COMPLETED BY:
_____	_____

SIGNATURE:	DATE:
_____	_____

TELEPHONE NUMBER:	EMAIL ADDRESS:
_____	_____

<sup>1</sup>Operations manuals are located on the Provider Portal of HealthNet's website

**PLEASE RETURN THIS FORM WITH YOUR IMPROVEMENT PLAN TO HEALTH NET AT [DMHC\\_ACCESSIP@HEALTHNET.COM](mailto:DMHC_ACCESSIP@HEALTHNET.COM) NO LATER THAN 30 DAYS.**

# Webinar Completion Certificate



## Completion Certificate for

### TIMELY ACCESS TO CARE PROVIDER TRAINING

I have received and completed the Timely Access to Care Provider Training from Health Net\*1 understand the following:

- The essential parts of Health Net's Timely Access to Care standards, including basic information about the regulatory needs for timely appointment availability.
- The applicable provider survey process.
- Non-compliance and corrective action plan process.
- Best practices for providing the right care at the right time.
- My responsibilities related to timely access under Health Net's policies and procedures.
- How to access Health Net's operations manuals.

THE TRAINING WAS COMPLETED: (MUST CHECK ONE)	
<input type="checkbox"/> Self-Guided (online/hard copy) <input type="checkbox"/> Instructor Led (online/in-person)	
Provider/Attendee name (additional attendees can be added to this sheet)	National Provider Identifier (if applicable)
Provider Office/Clinic Name	PPG/MSO Name
Address	Phone number
Email	Date training completed
Attendee signature	

Please return a copy of this completed certificate via email to [DMHC\\_AccessIP@healthnet.com](mailto:DMHC_AccessIP@healthnet.com) and retain a copy for your records.

# CAP Packet Resource Tool – Provider Toolkit

## Topics covered include:

- Health Care Performance Measurement Systems
- Performance Measures:
  - ✓ HEDIS Measures
  - ✓ CAHPS Survey
  - ✓ Pharmacy Measures
- QI Activities
- Timely Appointment Access
- Advanced Access
- Online resources



## Improve Health Outcomes

A GUIDE FOR PROVIDERS



# CAP Packet - Training Flyer



## Improve Your Access and Availability

**NO-COST WEBINARS! STAY UP TO DATE ON REQUIREMENTS AND BEST PRACTICES**

Learn about access and availability requirements. Get tips on how to meet performance goals.

Register to attend one of the webinars for insight on ways to improve member satisfaction and survey outcomes. Refer to the Access Standards included to ensure you meet requirements.

**Webinar topics**

- Overview of regulations on access and availability.
- Annual monitoring and reporting for the:
  - Provider Appointment Availability Survey.
  - Provider After-Hours Survey.
  - Timely Access Monitoring Survey.
- Resources to help meet your needs.

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**Presented by**

Health Net's Access and Availability Unit and Provider Network Operations.

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**Who should attend**

- Physicians and other providers, office managers and provider office staff members.
- Participating physician group (PPG) provider network administrators and PPG provider relations staff.

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**Dates, times and registration link**

**Noon to 1 p.m. on these 2023 dates:**

May 17 and 31  
June 14 and 28  
July 12, 19 and 26  
Aug 9

Register today at: [bit.ly/3Zobkbg](https://bit.ly/3Zobkbg)



**Questions?**  
Email the Access and Availability Team at [Access.Availability.PNM@healthnet.com](mailto:Access.Availability.PNM@healthnet.com).

(continued)

### Access Standards

Appointments	
Appointment type	Access standard
<b>Urgent care</b>	
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.
<b>Non-urgent appointments</b>	
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 <sup>1</sup> .	Within two weeks of request.
Well-child visit <sup>1</sup> .	Within 10 business days of request.
Preventative health check-up <sup>2</sup> .	Within 30 business days of request.
<b>Behavioral health appointments</b>	
Urgent care appointment with non-physician behavioral health care provider or behavioral health care physician (psychiatrist) that does not require prior authorization.	Within 48 business 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 business 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 <sup>3</sup> .	Within 10 business days of request.
<b>After-hours</b>	
After-hours access	Access standard
After-hours physician availability.	Call back within 30 minutes of call.
After-hours emergency room instruction.	Appropriate emergency instructions.
<b>Provider office phone</b>	
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.
<b>In-office wait time</b>	
Access	Access standard
In-office wait time for scheduled appointments (PCP and specialists).	Not to exceed 30 minutes.



Topics covered include:

- Timely Access Survey Metrics
- Interpreter Services
- You can also access the Provider Library at [https://www.healthnet.com/content/healthnet/en\\_us/providers.html](https://www.healthnet.com/content/healthnet/en_us/providers.html) on the bottom right corner titled: **“Resources for You”** for other resource material

<sup>1</sup>First-Prenatal Visits standards are specific to DHCS regulations.  
<sup>2</sup>Health plan standard. Appointment scheduled through the provider for a preventative checkup will be dependent on the type of service, and a provider may recommend a different schedule depending on the need.  
<sup>3</sup>WPL 22-007 Monitoring and Annual Reporting Changes due to SB 201, AB 457 and Amendments to Rule 1300 87 3.2.

## CAP Packet Cont.



### What you need to submit

- Acknowledge within 10 days of the receipt of the email
- The following must be provided with in 30 days of the CAP received date:
  - Completed Improvement Plan
  - Provider NC (Non-Compliant) Notification Attestation
  - Supporting Documents for PPGs Action Plans in the IP form
  - Webinar Completion Certificate

# Non-Compliance Implications

## ***Corrective Action Plans:***



Failure to meet regulatory standard metrics will result in CAPs being issued by the Plan.

## ***Member Grievances:***



Inadequate provision of time access may increase member grievances.

## ***Performance Based Incentives:***



Incentives are impacted as a result of Providers and PPGs not meeting the Plans' threshold for regulatory and performance standards.

## ***Contracting:***




Health Plans may terminate provider contracts due to repetitive non-compliance.


## ***Potential Sanctions:***




Regulators may impose CAPs, financial penalties or sanctions to PPGs, Providers, or the Plan for continued failure to meet regulatory standards.

# Key Takeaways

- 
- Providers **must** respond to the surveys. Non-responsiveness can lead to further corrective action.

- 
- PPGs and providers are considered non-compliant if they fail one or more timely access metrics annually. CAPs will be sent to these providers and PPGs.

- 
- PPGs and providers are required to complete and return an Improvement Plan (IP) within 30 days of the CAP receipt and provide supporting documentation.

- 
- PPGs and providers need to attend the Timely Access Training as part of the Improvement Plan.



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# Improving Access: Best Practices

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# Improving Your Patient's Experience



Treat patients courteously and with respect.



Answer & return calls swiftly and with a goal of 1<sup>st</sup> call resolution.



Arrange for interpreter services.

\*Telephone interpreters are available immediately.

In-person interpreters need a 5-day notice.



Educate patients on:

- Prior Auth
- Referral process
- Appt. Scheduling
- Urgent Care & After-Hours protocols



Offer same-day appointments.

(Advanced Access or Open Access scheduling)

# Improving Timely Access At Your Office



## Appointment Availability:

Follow Timely Access Standards to schedule appointments.



## Patient Care/Quality:

Understand patient impact and performance measures



Utilize telemedicine to improve accessibility.



Ensure that Provider Panels are open or closed appropriately



Notify patients/Plan promptly of changes to office hours or procedures.



# Improving Processes Within Your Group



Implement enhanced patient communication portal.



Routinely check for provider data accuracy.



Secure adequate availability of Urgent Care Centers.



Identify & monitor trends to address issues with Access to Care grievances.



Ensure Call Center meets performance service levels.



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# Resources

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# Provider Updates & Resources

Provider Updates: Distributed via fax or email, posted in the Provider Portal

Provider Notifications: Information includes specific Timely Access topics, updates & tools for reaching compliance

Timely Access Provider Webinars: Provided bi-annually or as required

# Self-paced Access to Care training online

[https://www.healthnet.com/content/healthnet/en\\_us/providers.html](https://www.healthnet.com/content/healthnet/en_us/providers.html)

The screenshot displays the Health Net website interface for providers. At the top left is the Health Net logo. To its right are navigation links for 'Find a Provider', 'Contact Us', and a search bar with the placeholder 'Enter Keyword'. Below these are 'Contrast' options (On/Off) and a 'language' dropdown. A horizontal menu contains four main categories: MEMBERS, EMPLOYERS, PROVIDERS, and BROKERS. The 'PROVIDERS' category is selected, leading to a page titled 'Welcome Health Net Providers'. This page features a large image of a female doctor smiling and talking to a young girl. Below the image are four main content blocks: 1) 'COVID-19 Updates' with a 'HEALTH NET ALERTS' link. 2) 'CalAIM Updates For Medi-Cal & Cal MediConnect Providers' with a brief description of the CalAIM initiative. 3) 'Monkeypox (MPX) Resources For Providers' with an 'MPX INFORMATION AND GUIDANCE' link. 4) 'Log In / Register' with a notice about a portal migration on November 18, 2021, and a 'Log In / Register' button. On the right side of the page, there is a vertical sidebar with four sections: 'CalAIM Updates For Medi-Cal & Cal MediConnect Providers' (with a 'CALAIM RESOURCES' link), 'D-SNP Resources For Providers' (with a 'D-SNP RESOURCES' link), and 'Resources For You' which contains a list of links including 'Public Health Advisories & Notices', 'Additional Resources', 'Pharmacy Prior Authorization Guidelines', 'County/City Resources Referral Forms', 'Forms & Brochures', 'Medi-Cal Rx Prior Authorization Reinstatement Webinar', 'Medical Policies', 'Medicare Pre-Auth', 'New Provider Welcome Packets', 'Open Negotiation Notice – No Surprises Act', 'Pharmacy', 'Claims', and 'Timely Access to Care Training (PDF) WPATH Training Materials'. The last two items in this list are circled in red.

# Provider Communication

HealthNet.com search

Contrast On Off a a language-

health net

PROVIDER LOGIN LINE OF BUSINESS

- Medi-Cal
- Medicare Advantage
- EPO
- HMO
- HSP
- Cal MediConnect
- PPO
- Prison Health Care Provider Network

Health Net California Provider Library

The Health Net Provider Library contains materials developed specifically for providers by provider type and line of business. The library includes provider operations manuals, archives of communications (updates and letters), forms, and contacts.

HealthNet.com search

Contrast On Off a a language-

health net

PROVIDER LOGIN LINE OF BUSINESS

EPO

- COVID-19 Provider Alerts
- Provider Manual
- Updates and Letters
- Forms and References
- Education, Training and Other Materials
- Health Equity, Cultural and Linguistic Resources
- Provider Pulse Newsletter
- Contacts
- Glossary

## Updates and Letters

Amendments to the information in these manuals are made through updates or signed letters distributed by fax, the United States Postal Service or other carrier and email.

2018 UPDATES AND LETTERS

2019 UPDATES AND LETTERS

UPDATES AND LETTERS FOR 2020 AND BEYOND

### May

22-362M IMPROVE YOUR ACCESS AND AVAILABILITY  
05/31/22

Access and Availability Webinar

22-413M COMPLETE REQUIRED ONLINE TRAINING TO RECEIVE PAYMENTS FOR ADVERSE CHILDHOOD EXPERIENCES (ACES) SCREENINGS  
05/27/22

No-cost training and how to receive payments for ACEs screenings

22-281M HELP PATIENTS GET THE RIGHT BEHAVIORAL HEALTH TREATMENT THROUGH MHN  
05/19/22

Behavioral health tips



# Provider Notification - Example

## PROVIDER Update



NEWS & ANNOUNCEMENTS | AUGUST 3, 2023 | UPDATE 23-813m | 3 PAGES

### Get Ready for the 2023 Provider Appointment Availability, After-Hours and Phone Surveys

#### Surveys take place July through December 2023

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 page two 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 a next available appointment.

#### Purpose of the surveys, and impact of not meeting standards

Health Net\*, 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 in accordance with regulatory requirements from the DMHC and Department of Health Care Services (DHCS). Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability.

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 Health Net with appointment availability information.

#### THIS UPDATE APPLIES TO:

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

#### LINES OF BUSINESS:

- IFP
- Ambetter HMO
- Ambetter PPO
- Employer/Group
- HMO/POS/HSP
- EPO
- PPO
- Wellcare By Health Net
- Medicare Advantage (HMO)
- Medicare Advantage (PPO)
- Medi-Cal
- Kern
- Los Angeles
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Joaquin
- Stanislaus
- Tulare

#### PROVIDER SERVICES

provider\_services@healthnet.com

**Ambetter from Health Net IFP**  
**Ambetter PPO** — 844-463-8188  
**Ambetter HMO** — 888-926-2164

**Health Net Employer Group HMO, POS, HSP, PPO, & EPO** — 800-641-7761

**Medicare (individual & employer group) (Wellcare By Health Net)** — 800-929-9224

**Medi-Cal (including CS and ECM providers)** — 800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Topics covered include:

- Ongoing Access surveys
- Survey results
- Access standards

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# E-Consults

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# eConsults: Increasing Access to Specialty Care

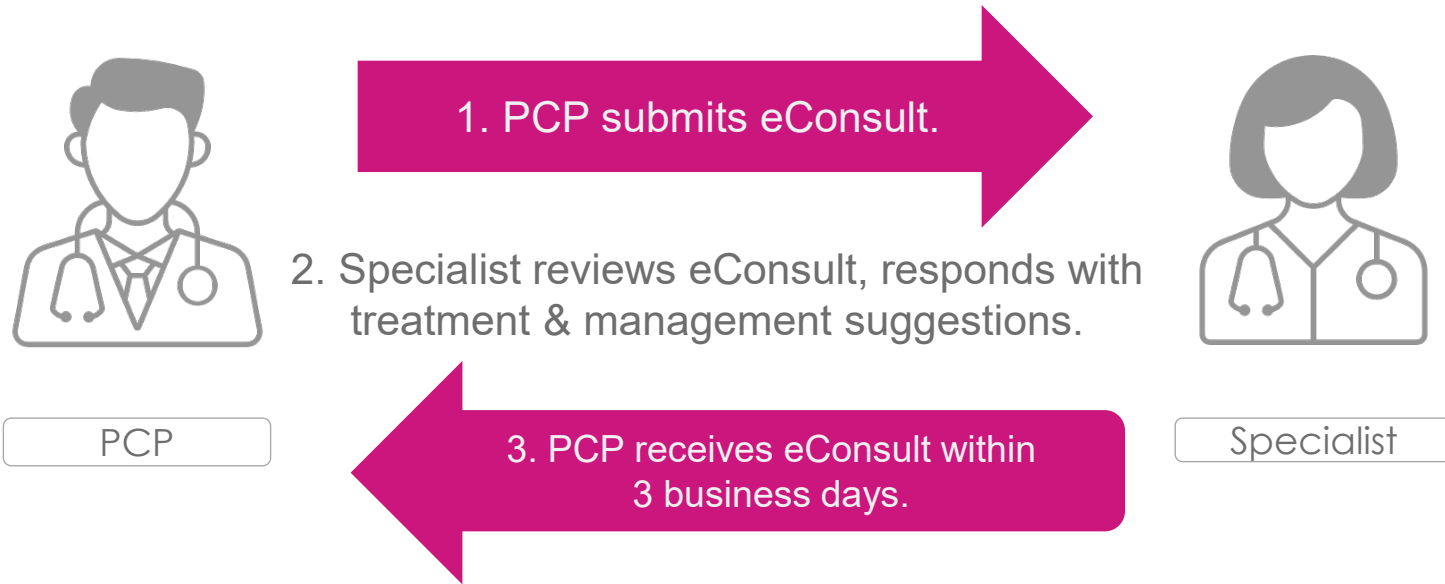
- **Medi-Cal Members**
  - ✓ California Health & Wellness Plan
  - ✓ CalViva Health
  - ✓ Health Net (+ Commercial and Medicare)
- **No-cost specialty care resource for PCPs**
  - ✓ No cost to implement or utilize
  - ✓ Customized to native physician workflows
- **ConferMED is our eConsult provider**
  - ✓ Nationally recognized
  - ✓ Primary care research and innovation center

Also offered to



# What is an Electronic Consultation (eConsult)?

A provider to provider to dialogue -- sent through a secure message



Asynchronous consultation that offer PCPs rapid access to California-licensed specialty care experts through secure, digital dialogues. PCPs use eConsults at their discretion for non-urgent, non-procedural specialty care referrals.

## eConsults:

- Mitigates barriers to specialty care
- Optimizes care coordination
- Reduces health care spending related to duplicative testing & unnecessary visits

Also offered to



# Enhanced Specialty Network

With eConsult, you get 250+ specialists covering 30+ adult and pediatric specialties.

- **Board certified** in specialty or subspecialty
- **NCQA- level credentialing**

## Adult

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- Ear, nose and throat (ENT)
- Gastroenterology
- Geriatric Medicine
- Hematology
- Medical Oncology
- Infectious Disease
- Nephrology
- Neurology
- Obstetrics/gynecology (OB/GYN)
- Obesity Medicine
- Orthopedics
- Pain Management
- Psychiatry
- Pulmonology
- Retinal Readings
- Rheumatology
- Urology

## Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- OB/GYN (ages 16+)
- Orthopedics
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

Contact Kristen Hanson, eConsult Program Manager at

[Kristen.Hanson@Centene.com](mailto:Kristen.Hanson@Centene.com) to learn more.



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Q&A

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**It is our pleasure to support you!**

An email with today's presentation and a Certification of Completion will be sent to all attendees after this training.

For any Access to Care related questions please use the following email address:  
[Access.Availability.PNM@healthnet.com](mailto:Access.Availability.PNM@healthnet.com)

# Acronym

**CAHPS** – Consumer Assessment of Healthcare Providers and Systems

**CAP** – Corrective Action Plan

**CH&W** – CA Health & Wellness

**CMS** – Centers for Medicare & Medicaid Services

**DHCS** – Department of Health Care Services

**DMHC** – Department of Managed Health Care

**HCSO** – Health Care Services Organization

**HEDIS** – Healthcare Effectiveness Data and Information Set

**HNCA** – Health Net of California

**IP** – Improvement Plan

**LTE** – Life Threatening Emergency

**MA** – Medicare Advantage

**MHNS** – Managed Health Network Services

**MY** – Measurement Year

**NCQA** – National Committee for Quality Assurance

**NTE** - Non-Life-Threatening Emergency

**OPA** – State of California Office of the Patient Advocate

**PAAS** – Provider Appointment Availability Survey

**PAHAS** – **Provider After-Hours Access Survey**

**PAS** – Patient Assessment Survey

**PCP** – Primary Care Physician

**PPG** – Participating Physician Group (California only)

**PSS** – Provider Satisfaction Survey

**SCP** – Specialty Care Practitioner

**SNF** – Skilled Nursing Facility

**SPD** – Seniors and Persons with Disabilities