



Timely Access to Care Training Behavioral Health

Webinar will start shortly

Note: No audio is being broadcast while this slide is being shown.

Presented by:

**Provider Network Management Operations
Access & Availability Team**

2026

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Health Plans We Support



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What is Timely Access to Care?



Health plans must ensure their network of providers can provide health plan members an appointment within specific timeframes.

California law requires health plans to provide timely access to care. This means that there are limits on how long you should wait to get health care appointments and telephone advice.

Why is Access to Care Important?

Enhance member
experience and improve
satisfaction



Reduces emergency room
utilization & crisis
escalation



Minimize member
grievances



Supports continuity of care
& early prevention



Reduce mortality and
morbidity rates



Improve HEDIS & health
equity for all members



Provider and Member Surveys

Provider	
Survey Name	Purpose
Provider Appointment Availability Survey (PAAS)	- Measures urgent and non-urgent appointment access for Behavioral Health Care Physicians (Psychiatrists) and Non-Physician Mental Health Providers - Measures non-urgent follow-up appointment access for Non-Physician Mental Health Providers
Provider Satisfaction Survey (PSS)	- Measures Provider satisfaction with Health Plan - Identifies barriers that affect care delivery, access, and provider engagement
DHCS Timely Access Survey	Evaluates whether Behavioral Health Care Physicians (Psychiatrists) and Non-Physician Mental Health Providers meet DHCS timely access standards for urgent and non-urgent appointment wait times

Member	
Survey Name	Purpose
Consumer Assessment of Health Plan Survey (CAHPS®)	Evaluates member experience with health plan and care received
Enrollee Experience Survey (EES)	Evaluates experience of limited English proficient members in obtaining interpreter services
Experience of Care and Health Outcomes Survey (ECHO)	Evaluates member experience receiving timely appointments for Behavioral Health care

Timely Access to Care Standards

Psychiatrists & Non-Physician Mental Healthcare Providers

Standards apply to In-person and Telehealth appointments

Appointment Type	Appointment Access Standards
Access for life-threatening emergency	Immediately
Non-life-threatening emergency	Within 6 Hours
Urgent care appointment with non-physician mental health provider or mental healthcare physician (psychiatrist) that does not require prior authorization	Within 48 hours of request
Urgent care appointment with non-physician mental health provider or mental healthcare physician (psychiatrist) that requires prior authorization	Within 96 hours of request
Non-urgent care appointment with non-physician mental health provider for routine care	Within 10 business days of request
Non-urgent appointment with mental healthcare physician (psychiatrist) for routine care	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

After-Hours Access to Care Expectations



Patients must be able to reach the provider's office 24 hours a day, 7 days a week



For urgent behavioral health concerns, providers must return or triage calls within 30 minutes



Only licensed or appropriately credentialed behavioral health professionals may provide clinical advice or crisis assessment

Provider Survey Timeline & Participation

Provider Appointment Availability Survey (PAAS) - conducted annually from July – December

Provider Satisfaction Survey (PSS) - conducted annually from July - September

DHCS Timely Access Survey - conducted quarterly

When the surveyor calls on behalf of the health plan, appointment availability is assessed using the appointment types such as urgent, non-urgent, and follow-up appointments

Survey results support collaboration between the Plan and providers to identify opportunities for improvement and guide targeted provider education efforts

Under California law:

- Health plans are required to obtain information from their contracted providers regarding appointment availability
- **The Plan's participating behavioral health 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 CMS**

Improving Access At Your Office — Best Practices



Meet Timely Access and wait time standards: keep in office wait times within 15 minutes for scheduled appointments



Offer same-day/next-day appointments and leverage telehealth: expand appointment availability and reduce barriers to care



Provide patients with crisis resources: Share handoffs to crisis lines, mobile crisis teams and ER

Improving Patient Experience — Best Practices Cont.



Deliver a positive patient experience: treat patients courteously and provide high-quality service



Provide interpreter services: ensure support is available for in-person, phone, and telehealth visits as needed



After-Hours coverage: Ensure after-hours calls are reviewed and triaged promptly



Key Resources

Provider Communication

<https://providerlibrary.healthnetcalifornia.com/hmo/news.html>



Shoppers ▾Members ▾**Providers ▾**Brokers ▾Employers ▾

Providers

Work with Health Net ▾

Behavioral Health Provider Resource Center

CalAIM Resources

Provider Training Webinars and Other Provider-Related Resources ▾

Prior Authorization ▾

Medical Policies ▾

Quality Improvement ▾

Pharmacy Information for Providers ▾

Behavioral Health Provider Resource Center





Provider LoginLine of Business ▾

Medi-Cal

Provider Manual ▾

Behavioral Health Provider Operations Manual

Prior Authorization Requirements

Participating Physician Group (PPG) Performance Management

Payment Policies 

Provider Updates and Notices

Forms and References

Medi-Cal

Select provider library topic from left navigation bar.

Online Access to Care Training

https://www.healthnet.com/content/healthnet/en_us/providers.html



Shoppers ▾Members ▾Providers ▾Brokers ▾

Providers

Work with Health Net ▾

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Provider Training Webinars and Other Provider-Related Resources

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Quality Improvement ▾

Pharmacy Information for Providers ▾

Resources for You ▾

Welcome Health Net Providers



Announcements

Health Net Celebrates EQUIP-LA Collaborative Participants >



Provider Training Webinars and Other Provider-Related Resources

If you are a **Medi-Cal Provider** and have a **Relias** account with **Health Net**, [log in to Relias Training](#) to take the training. If you are **not** a current Relias user with Health Net, please fill out the [Contact Information form](#) to provide us with the necessary details so we can set you up as a future user. Until you are set up in Relias, please select the appropriate training resource section.



Required Trainings

Trainings required by a state regulator or your Plan contract to ensure compliance.

Required Trainings



Provider Required Training

Timely Access to Care 2025

- Medi-Cal
- Medicare
- Commercial

Learn about access and availability requirements. This training provides an overview of California access regulations and the monitoring process conducted by Health Net. Training includes best practices on how to improve appointment access and meet performance goals.

Required for providers under corrective action plan

- [Timely Access to Care Training 2025 \(PDF\)](#)
- [Pre-recorded webinar: Timely Access to Care 2025](#)

Q&A



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

Glossary and Helpful Links

- **CHPIV** – Community Health Plan of Imperial Valley
- **CVH** – CalViva Health
- **CMS** – Centers for Medicare & Medicaid Services
- **HNCA** – Health Net of California
- **NCQA** – National Committee for Quality Assurance
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- **NPMH** – Non-Physicians Mental Health Care
- **OPA** – State of California Office of the Patient Advocate
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- **PAAS**– Provider Appointment Availability Survey
- **PSS** – Provider Satisfaction Survey
- **ECHO** – Experience of Care and Health Outcome survey
- **DHCS** – DHCS Timely Access Survey
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- **LTE** – Life Threatening Emergency
- **NLTE** - Non-Life-Threatening Emergency
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- **MA** – Medicare Advantage
- **MY** – Measurement Year

Training and Communications

https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/behavioral-health.html

Help for Providers Working with Health Net

https://www.healthnet.com/content/healthnet/en_us/providers/work-with-hn-menu.html