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

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

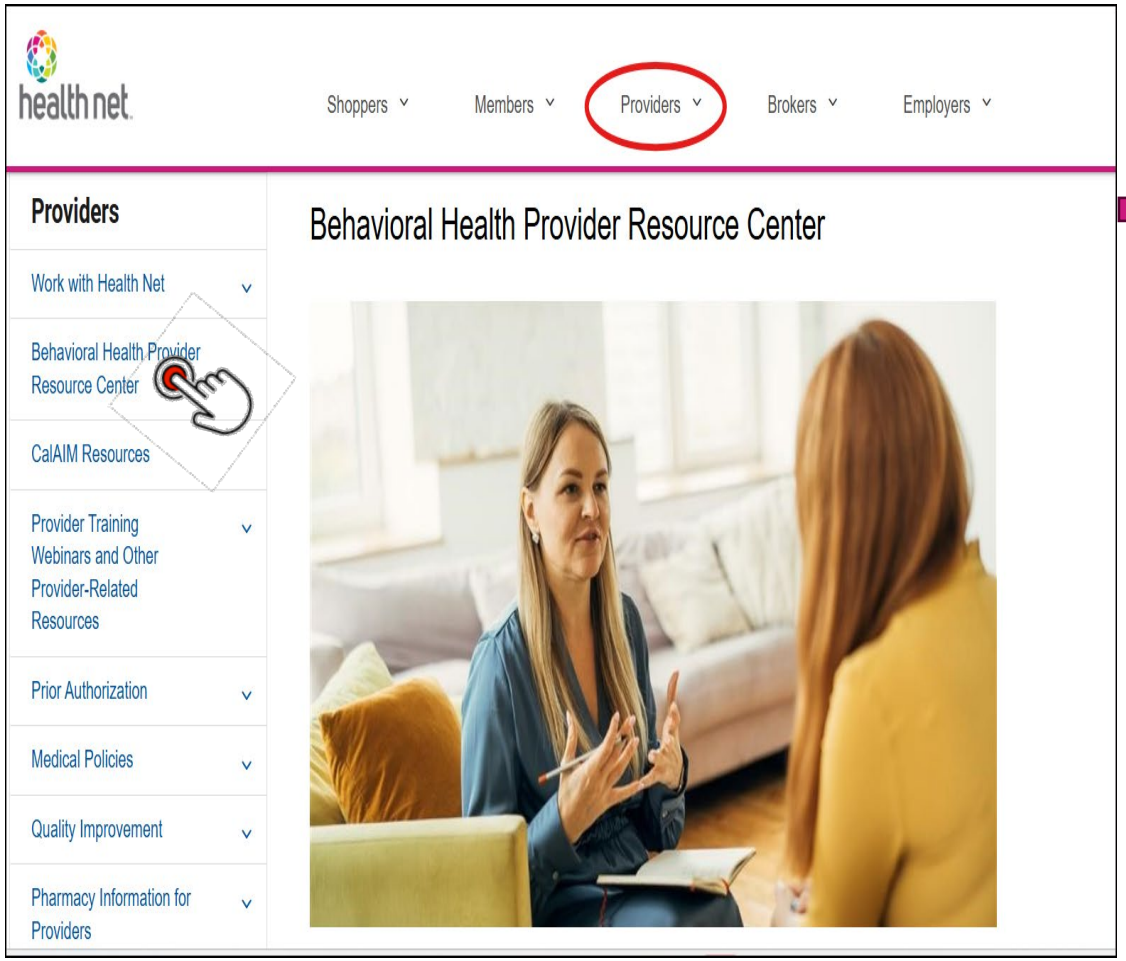
Provide interpreter services: ensure support is available for in-person, phone, and telehealth visits as needed

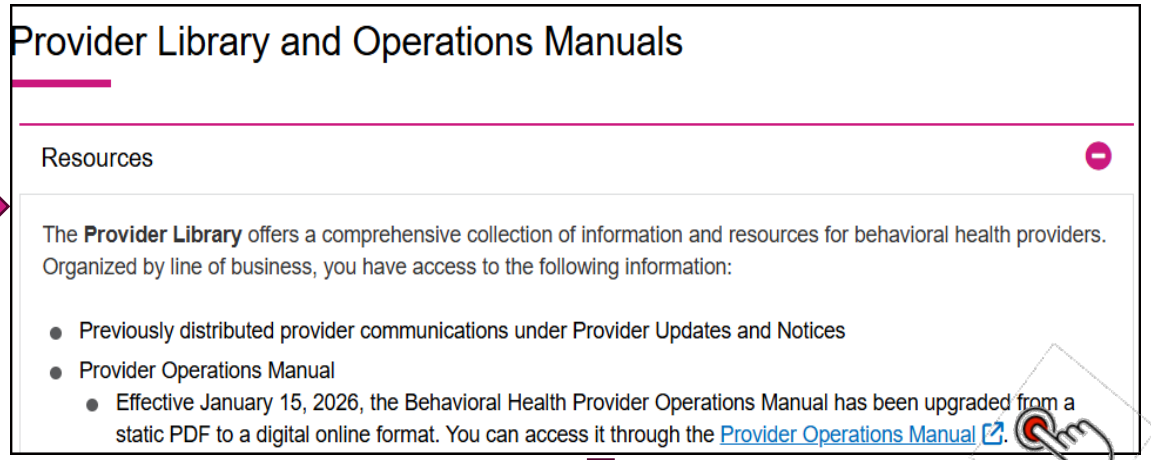
After-Hours coverage: Ensure after-hours calls are reviewed and triaged promptly

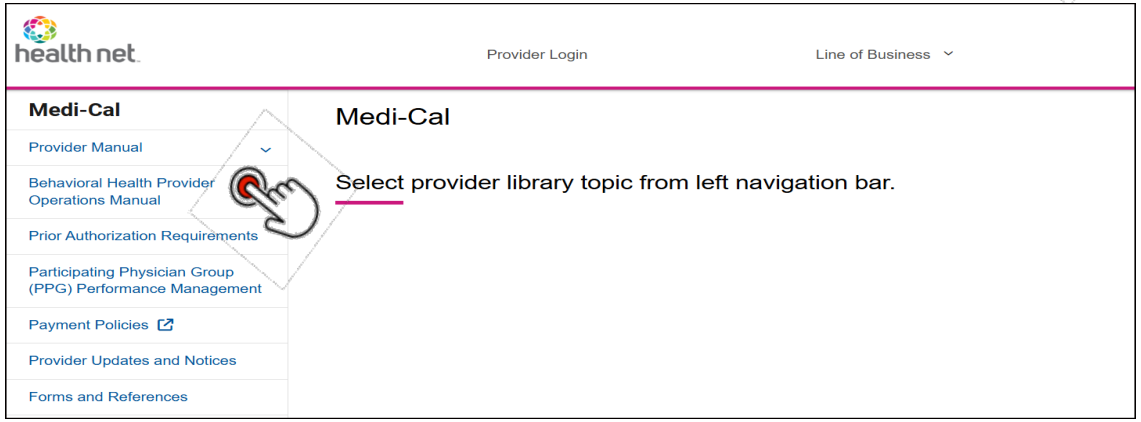
Key Resources

Provider Communication

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

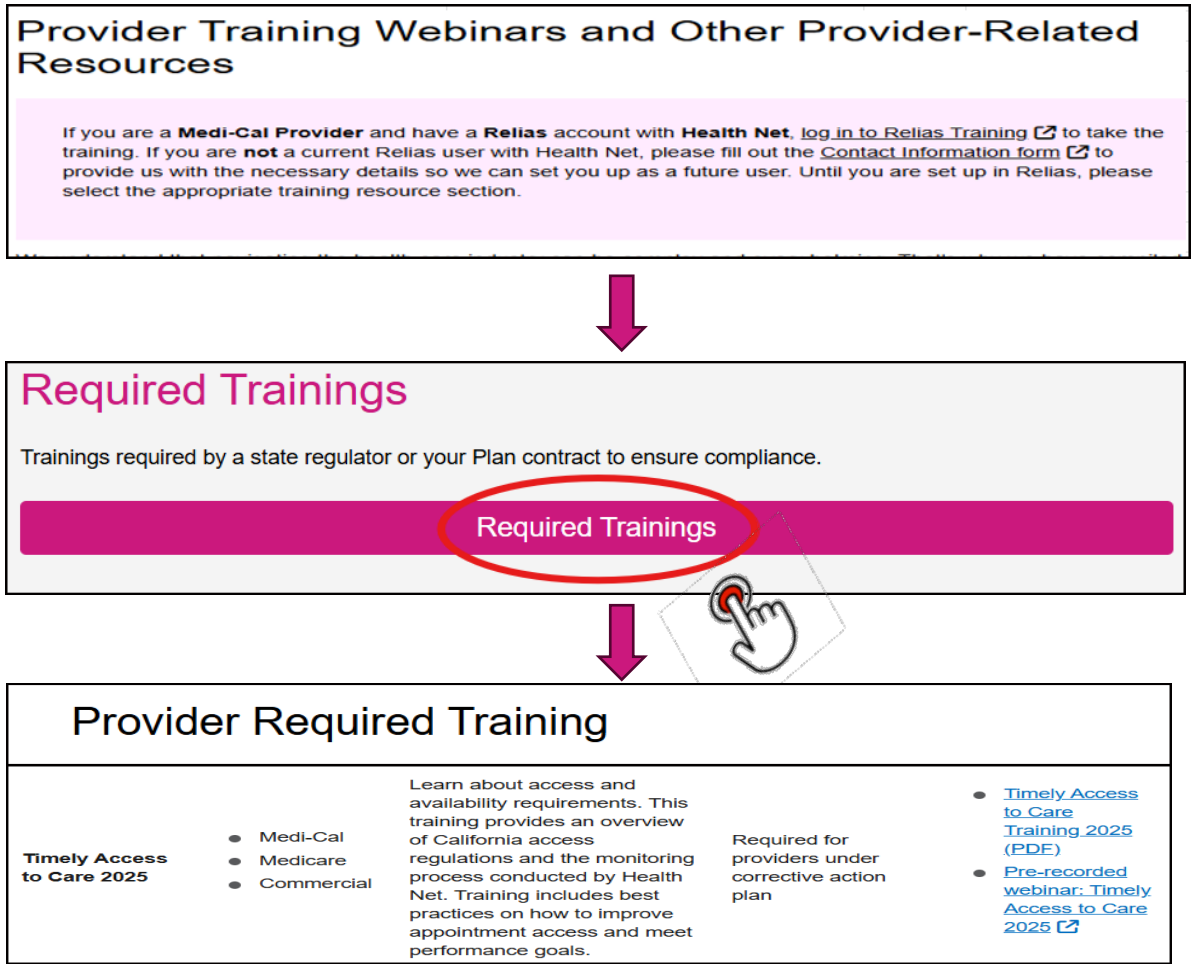






Online Access to Care Training

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



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

- **PAAS**– Provider Appointment Availability Survey
- **PSS** – Provider Satisfaction Survey
- **ECHO** – Experience of Care and Health Outcome survey
- **DHCS –** DHCS Timely Access Survey

- **LTE** – Life Threatening Emergency
- **NLTE** - Non-Life-Threatening Emergency

- **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