



Timely Access to Care Training

Presented by: Provider Network Management
Operations

Access & Availability Team

2024



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Health Plans We Support



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Agenda

- Importance & Drivers
- Health Plan Monitoring and Access to Care Evaluation
- Helpful Tools for Provider Survey Readiness
- Impact of Non-Compliance with Timely Access Standards
- Improving Access: Best Practices
- Resources
- E-Consults

Timely Access to Care

Importance and Drivers

What is Timely Access to Care?



Health plans must ensure their network of providers, including doctors, 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 have to wait to get health care appointments and telephone advice.

Why is Access to Care Important?

Enhance member experience and improve satisfaction



Prevent unnecessary ER visits



Minimize member grievances



Improve HEDIS rates



Reduce mortality and morbidity rates



Achieve health equity for all members



Health Plan Monitoring and Access to Care Evaluation

Provider and Member surveys

- Provider Appointment Availability Survey (PAAS)
- Provider After-Hours Availability Survey (PAHAS)
- Provider Office Telephone Access Monitoring
- In-Office Wait Time Monitoring
- DHCS Timely Access Monitoring Study

Provider Surveys



- Consumer Assessment of Health Plan Survey (CAHPS®)
Member Satisfaction Survey
- Enrollee Experience Survey

Member Surveys



Provider Surveys

Provider Appointment Availability Survey (PAAS)

Monitors appointment availability for:

- ✓ Primary Care Physician (PCP) or Specialist for urgent and non-urgent appointments
- ✓ Wellness, Well-Child, and Well Woman visits
- **Telephone Access Survey** – monitors the provider's office answer time & call-back time for non-urgent issues during business hours
- **In-Office Wait Time** – monitors the member's in-office wait time during appointments

Provider After-Hours Availability Survey

- Monitors PCP's after-hours telephone messaging for emergency instructions and availability to return a member's call for after-hours urgent issues



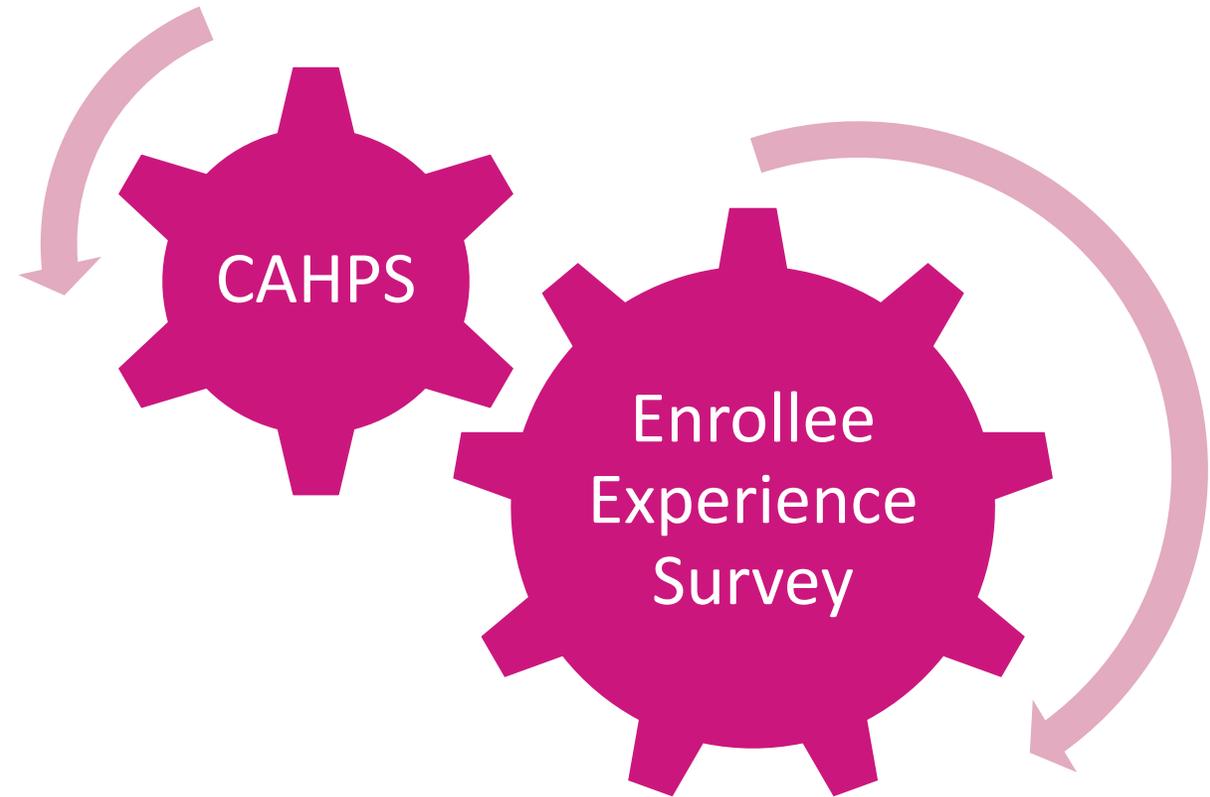
Member Surveys

Consumer Assessment of Health Plan Survey (CAHPS®)

- evaluates member experience with health plan and care received

Enrollee Experience Survey

- evaluates experience of limited English proficient members in obtaining interpreter services



Timely Access to Care Standards

Appointment Type	Appointment Access Standards
URGENT APPOINTMENTS	
Urgent care appointment with PCP	Within 48 hours of request
Urgent care appointment with Specialists	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 Specialists	Within 15 business days of request
Appointment for Ancillary Services	Within 15 business days of request
¹ First prenatal visit with PCP or Specialists	Within 2 weeks of request
Well-child visit	Within 2 weeks of request
Wellness visit	Within 30 calendar days of request

Timely Access to Care Standards – Medicare

Appointment Type	Appointment Access Standards
MEDICARE APPOINTMENTS FOR PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES	
Urgently needed services or emergency	Immediately
Services that are not emergency or urgently needed, but the enrollee requires medical attention	Within 7 business days
Routine and preventative care	Within 30 business days



Timely Access to Care Standards – Behavioral Health

Appointment Type	Appointment Access Standards
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 appointment with behavioral health care physician (Psychiatrist)	Within 15 business days of request
Non-Urgent appointment with non-physician behavioral health care provider	Within 10 business days of request
Non-urgent follow-up appointment with non-physician mental health care provider (NPMH)	Within 10 business days of request



Timely Access to Care Standards

AFTER-HOURS ACCESS

After-hours physician availability

Call back within **30 minutes**

After-hours ER instructions

Appropriate **emergency instructions**

TELEPHONE ACCESS

Telephone answer time during normal business hours

Answers calls within **60 seconds**

Telephone call-back for non-urgent issues

Calls patients back within **1 business day**

IN-OFFICE WAIT TIME

In-office wait time for scheduled appointments with PCP

Not to exceed **30 minutes**

TELEHEALTH/SAME DAY APPOINTMENTS/WALK-INS

Telehealth Appts. and Same-Day Appts. or Walk-Ins

Considered as **next available appointment**

Appointment Waiting Time & Rescheduling



Remember:

Shortening or Extending Appointment Waiting Time:

Appointment waiting time may be extended if the referring provider has determined and noted in the patient's medical record that a longer waiting time will not have a detrimental impact on the health of the member.



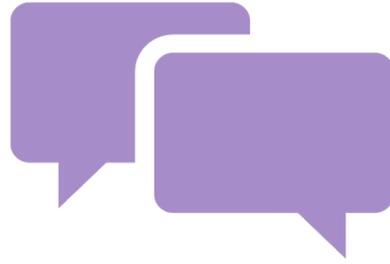
Rescheduling appointments:

Apply applicable timely access standards to the re-scheduled appointment and in a manner that is appropriate for the member's health care needs.

After-Hours Access to Care Standards



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



For Urgent calls,
providers must return
calls within 30 minutes
of the member call.



Only licensed, certified
or registered health
care professional staff
can provide medical
advice.

After-Hours Access to Care Script

Sample Answering Machine/Service 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.

Helpful Tools and Resources for Provider Survey Readiness

Health Plan Survey Timeline – MY (Measurement Year) 2024



For MY 2024 PAAS, PAHAS, Telephone Access, and In-Office Wait Time surveys are conducted from **July to December**.

For PAAS, Health Net and CHPIV 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.



DMHC Survey Guidelines

- Surveys are conducted by either:
 - *Random Selection* - Providers are randomly chosen based on NPIs from the provider roster
 - *Census Based* - All providers in the County/Network will be surveyed.
- Selected providers may not be substituted for another provider in the group.
- Appointments offered by the same provider at a different office in the same county are accepted as a next available appointment.
- Providers with part time schedules (e.g., one or two days a week) are expected to comply with timely access standards and are still eligible to be included in the survey.
- Telehealth and same-day appts./walk-ins are considered as a next available appointment including urgent appointments.
- Nurse Practitioners and Physicians Assistants cannot substitute the provider being surveyed.
- A provider who is out of the office (e.g., vacation, maternity leave, etc.) during the survey, is indicated as not having an available appointment within the applicable standard.

Survey Preparation

Review Timely Access standards with office staff. This Timely Access to Care Training is available in the health plan's Provider Portal's landing page under *Resources For You*.

Ensuring answering service/machine responses are compliant with regulatory standards is an easy fix!
Test your phone system if answering services are in place.

Notify the health plan of provider demographic information changes, Advanced Access availability, and provider panel status.

Remember, Telehealth appointments and same-day appointments are considered next-available appointments.

Impact of Non-Compliance with Timely Access Standards

Non-Compliance with Timely Access Standards

Providers are expected to demonstrate compliance with all the appointment wait time standards



Health plans are required to submit their network's rate of compliance with all the appointment wait time standards to regulators



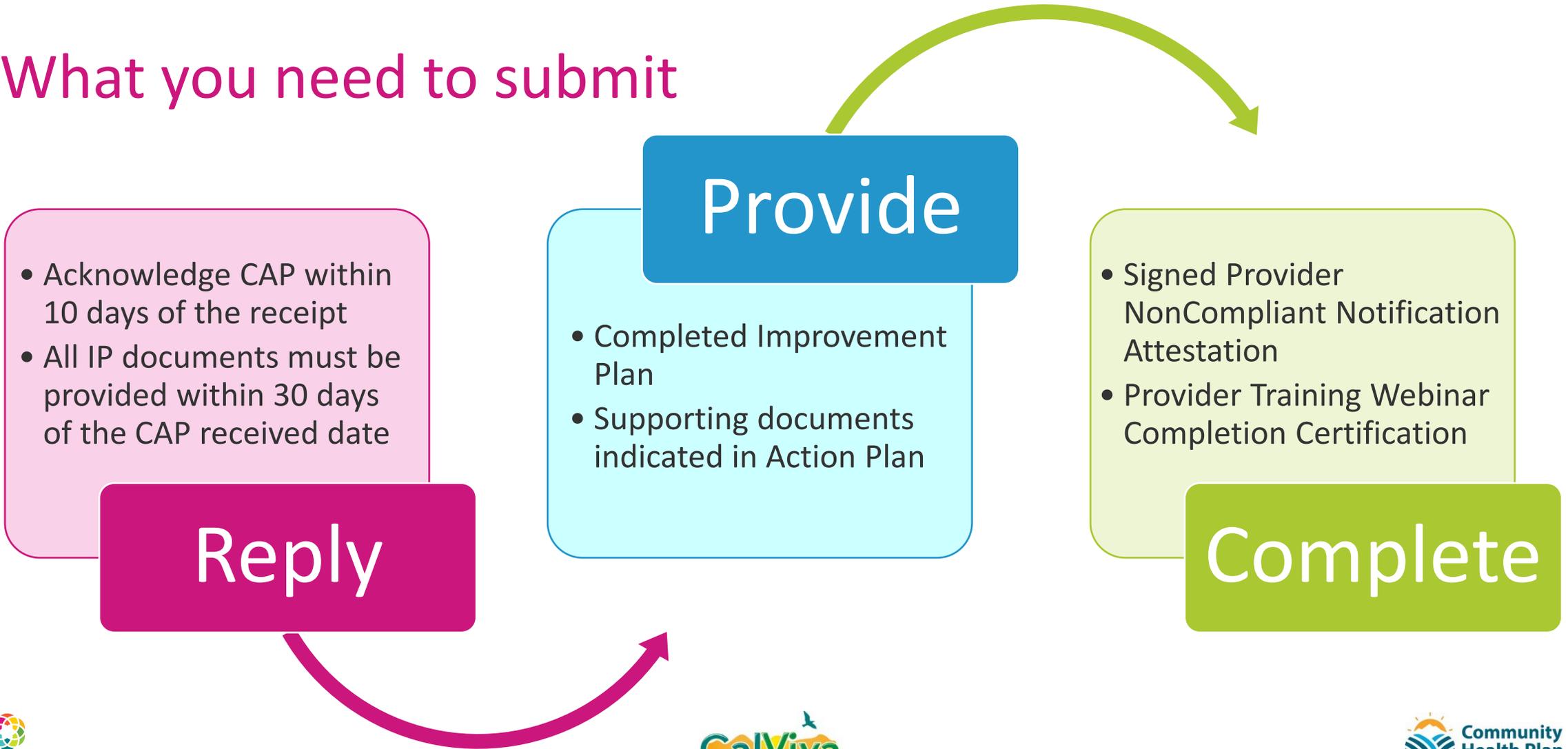
Based on the survey results, if a Provider does not meet the Access to Care standards, the health plan will issue a **Corrective Action Plan (CAP)** to the PPGs which includes:

- PPG Report Card
- Timely Access & After-Hours Improvement Plan
- Provider Non-compliant Notification Attestation
- Provider Training Completion Certificate
- Resources



Corrective Action Plan Requirements

What you need to submit



Non-Compliance Implications

Member Grievances:



Inadequate provision of timely access may increase member grievances.

Corrective Action Plans:



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

Potential Sanctions:



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

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.

Improving Access: Best Practices

Improving Your Patient's Experience



Treat members courteously and provide best possible services



Answer and return calls swiftly and with a goal of **1st call resolution**



Arrange for interpreter services

*Telephone interpreters are available immediately. In-person interpreters need a 5-day notice.



Educate members on:

- Prior Auth
- Referral process
- Appt. Scheduling
- Urgent Care protocols



Offer same-day appointments

(Advanced Access or Open Access scheduling)

Timely Request and Processing of Prior Authorization (PA)

Set expectations with your patients to help them understand the process and timelines for Prior Authorizations.

Inform and educate members to contact the PPG or the provider office for Prior Authorization status instead of the health plan.

Be aware of PA timelines

For elective inpatient or outpatient services, submit requests for PA:

- As soon as the need for service is identified, *or*
- At least five business days before a scheduled procedure for routine requests, *or*
- 72 hours before a scheduled procedure for urgent requests
- Emergency services do not require prior authorization

Avoid PA processing delays

Here are the most common reasons why PA forms are returned or not processed:

- Not submitted timely
- Lack of sufficient clinical notes/Incorrect CPT codes
- Missing anticipated date of service, if scheduled
- Missing TIN/NPI for referring and servicing provider(s)
- Sent to an incorrect department and/or entity
- Amount requested is missing or incorrect (number of visits, dosage, quantity)

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 and Plan promptly of changes to office hours or procedures



Resources

Self-paced Access to Care training online

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



Shoppers ▾ Members ▾ Providers ▾ Brokers ▾ Employers

Welcome Health Net Providers



On April 22, 2024, UnitedHealth Group issued a [press release](#), providing an update on the Change Healthcare cybersecurity incident that occurred on Feb. 21, 2024. Given the size of the data impacted, the investigation to determine whose data is impacted is expected to take several months. UnitedHealth Group believes this situation will impact "a substantial proportion of people in America" and is offering immediate credit monitoring and identity protection services, as well as a dedicated contact center to address questions.

Visit [Change Healthcare Cyberattack Support](#) and/or reach out to the contact center at **866-262-5342** regarding any questions.

On April 22, 2024, UnitedHealth Group issued a [press release](#), providing an update on the Change Healthcare cybersecurity incident that occurred on Feb. 21, 2024. Given the size of the data impacted, the investigation to determine whose data is impacted is expected to take several months. UnitedHealth Group believes this situation will impact "a substantial proportion of people in America" and is offering immediate credit monitoring and identity protection services, as well as a dedicated contact center to address questions.

Visit [Change Healthcare Cyberattack Support](#) and/or reach out to the contact center at **866-262-5342**.

Log In / Register

Registration required to access the portal. If you already have access, no action is needed.

[Log In / Register](#)

Provider Training Webinars And Other Provider-Related Resources

Welcome to Health Net's trainings and resources page for our participating providers!

[PROVIDER TRAININGS](#)

Renewed Agreement With Community Medical Centers

Want to Work with Us?

[NON-PARTICIPATING PROVIDERS](#)

Change Healthcare Outage

[FAQS, COMMUNICATIONS AND RESOURCES](#)

2024 DHCS Targeted Provider Training For Select Medi-Cal Services

This provider resource page contains information on:

[GET RESOURCES](#)

Evolut Specialty Services, Inc.

Required Trainings

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

[Required Trainings](#)

CalAIM Resources For Medi-Cal Providers

Trainings and resources specific to Enhanced Care Management, Community Supports, community health workers, doulas, and street medicine providers.

[CalAIM Training for Medi-Cal Providers](#)

Operational, Administrative, And Value-Added Provider Trainings

Trainings that provide information on operational, plan changes and other provider-education topics.

[Operational, Administrative, and Value-Added Training](#)



Provider Communication



HealthNet.com

Enter Keyword Search

Contrast On Off a a language



HealthNet.com

Enter Keyword Search

Contrast On Off a a language

Choose a Line of Business:

- Medi-Cal
- Medicare Advantage
- EPO
- HMO
- HSP
- 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.

Use the fields to select the desired Provider Library settings to access operational policy information applicable to the provider type and member's benefit plan (line of business).

PROVIDER LOGIN | LINE OF BUSINESS

- HMO
- COVID-19 Provider Alerts
- Provider Manual
- Behavioral Health Provider Operations Manual
- Prior Authorization Requirements
- Participating Physician Group (PPG) Performance Scorecard
- Payment Policies
- Updates and Letters
- Forms and References
- Education, Training and Other Materials
- Health Equity, Cultural and Linguistic Resources
- Provider Pulse Newsletter
- Contacts
- Glossary
- Quality Management Program and Resources

PROVIDER LOGIN | LINE OF BUSINESS

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

June

24-636M MEDICAL POLICIES - MAY 2024
06/20/24

Check out the latest changes to existing medical policies for procedures and services.

24-582 CALIFORNIA INITIATIVES PROMOTE YOUTH MENTAL HEALTH AND WELL BEING
06/18/24

These new initiatives offer vital support and resources.

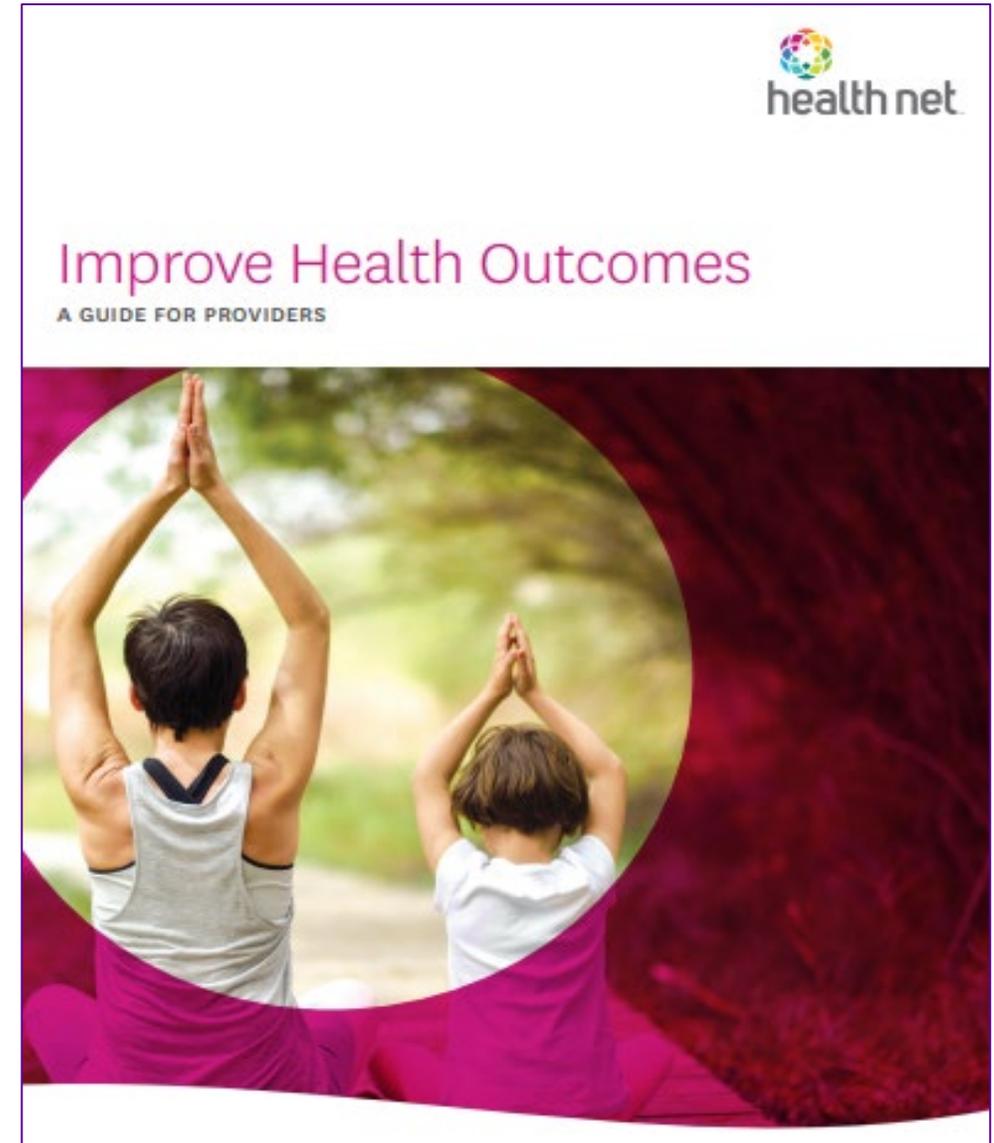
24-502 GET READY FOR THE 2024 PROVIDER APPOINTMENT AVAILABILITY SURVEY
06/14/24



Improve Health Outcomes 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



Advanced Access Program

Once your PCPs and other qualified primary care providers become Health Net Qualified Advanced Access Providers, they will be automatically compliant for urgent and non-urgent appointment timeliness for PAAS for the next three years.

Improve Patient Satisfaction With Advanced Access

Let us know if you offer same-day scheduling!

What is advanced access? Advanced access means you offer patients **same-day scheduling** to see their primary care physician (PCP) or other qualified primary care provider, such as a nurse practitioner, physician assistant or other appropriate provider within the patient's assigned medical group. It does not apply to appointments with specialists.

Why offer advanced access?

Benefits of advanced access include:

- Improved access to care.
- Increased patient, staff and provider satisfaction.
- 2025 Provider Directory will show that you offer it.
- Enhanced continuity of care.
- Less survey calls to your office.
- Meets regulatory timely access standards for PCPs.

Contact us if you currently offer advanced access in your practice. If not offered, we can help you implement advanced access in your practice. To learn more, email us at Access.Availability.PNM@healthnet.com.



Tips to make it easy for patients who call to request same-day scheduling:

- Block out at least an hour a day to allow for "walk-in" visits and same-day scheduling.
- Keep a canceled time slot (less than 24-hour notice) open.
- Offer to set an appointment for a later date if the patient doesn't accept the offered same-day/next-day slot.

E-Consults

eConsults: Increasing Access to Specialty Care

- **Medi-Cal Members**
 - ✓ Health Net (+ Commercial and Medicare)
 - ✓ CalViva Health
 - ✓ Community Health Plan of Imperial Valley (CHPIV)
- **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
 - ✓ Coordinates billing



What is an Electronic Consultation (eConsult)?

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



PCP

1. PCP submits eConsult.

2. Specialist reviews eConsult, responds with treatment & management suggestions.



Specialist

3. PCP receives eConsult within 3 business days.

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

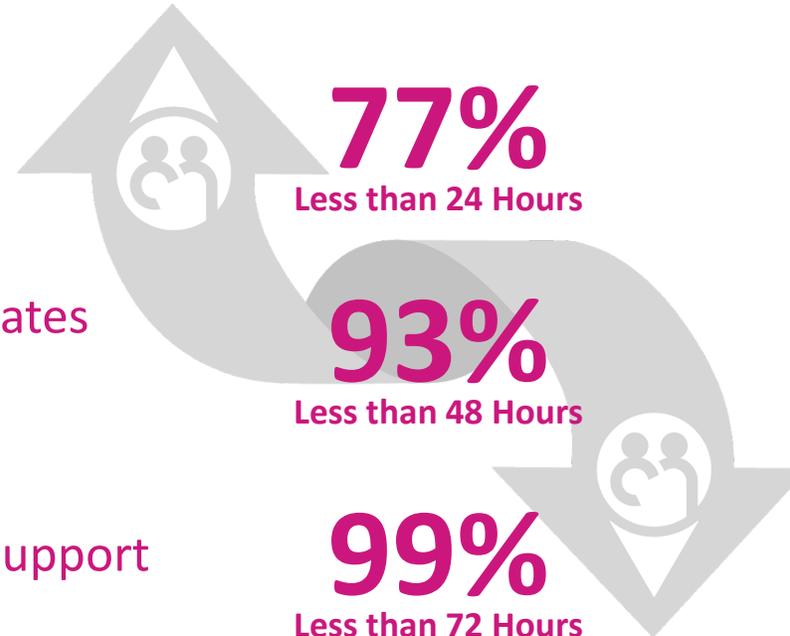
PROVEN OUTCOMES



INCREASE:

- Specialty access and network adequacy
- Patient satisfaction
- Increased referral resolution rates
- Quality and population health outcomes
- PCP satisfaction through the support of specialists

ConferMED Specialist Response Time



REDUCE:

- Specialty care costs
- Unnecessary visits, procedures and ER use
- Unnecessary referrals and prior auths (75%-80% of ConferMED referrals avoid a F2F visit)
- Referral staff turnover

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



- **Board Certified:** in specialty or subspecialty
- **NCQA-** level credentialing

Adult

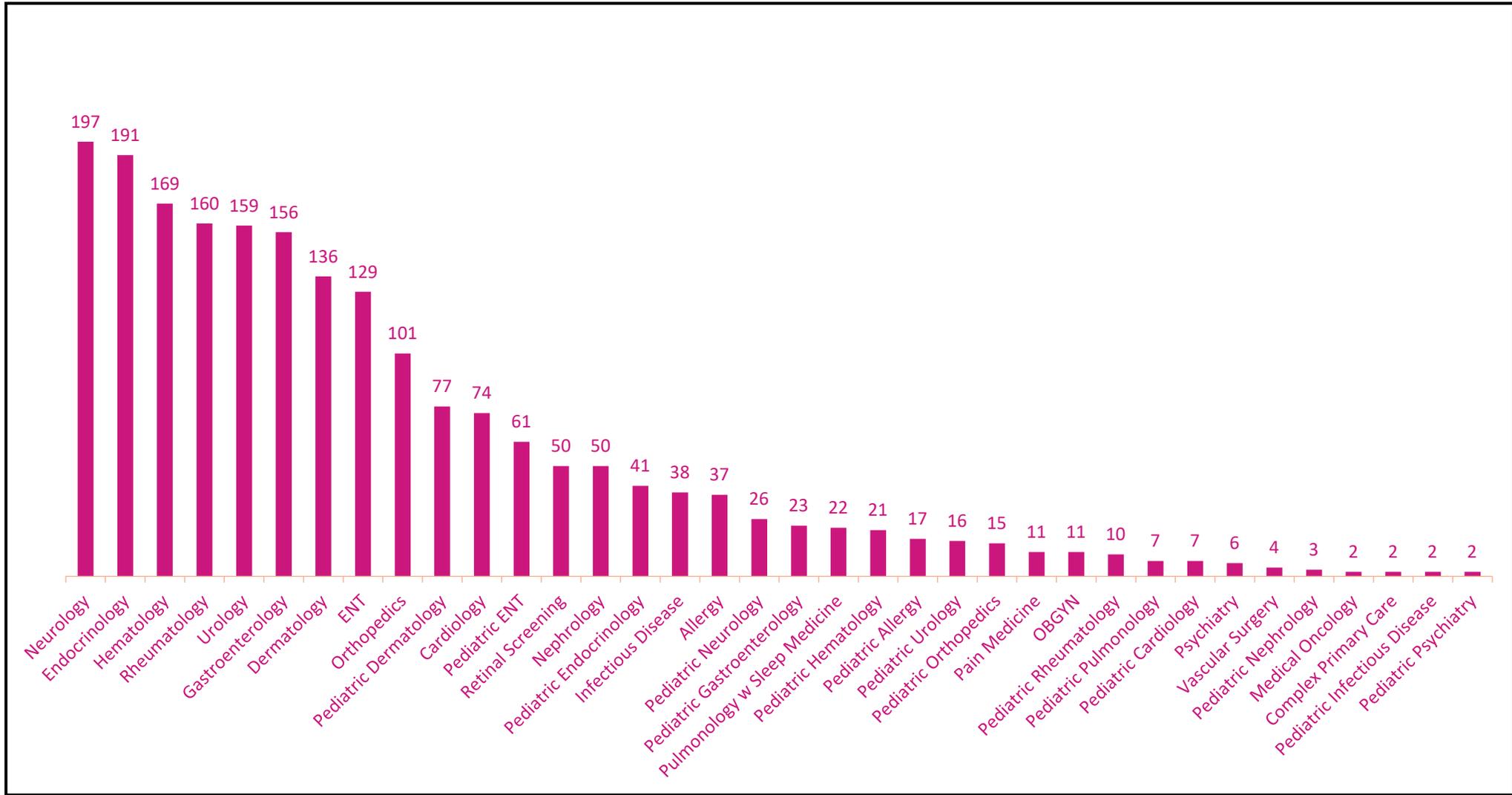
- Allergy
- Cardiology
- Dermatology
- Endocrinology
- Ear, Nose and Throat (ENT)
- Gastroenterology
- Geriatric Medicine
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- Nutrition
- Urology
- Oncology
- Ophthalmology
**retinal readings
- Orthopedics
- Pain Management
- Psychiatry
- Pulmonology
- Rheumatology
- Obstetrics/gynecology (OB/GYN)
- Vascular Survey

Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Urology
- Hematology
- Infectious Diseases
- Nephrology
- Neurology
- Neuropsychology
- Nutrition
- OB/GYN
- Orthopedics
- Psychiatry
- Pulmonology
- Rheumatology
- Gastroenterology

Contact Denise Miller,
eConsult Program Manager at
Denise.Miller3@healthnet.com
to learn more

Specialties Q2 2024



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

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CAP – Corrective Action Plan

CHPIV – Community Health Plan of Imperial Valley

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

MY – Measurement Year

NCQA – National Committee for Quality Assurance

NLTE - Non-Life-Threatening Emergency

OPA – State of California Office of the Patient Advocate

PA – Prior Authorization

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

