# Timely Access to Care Training

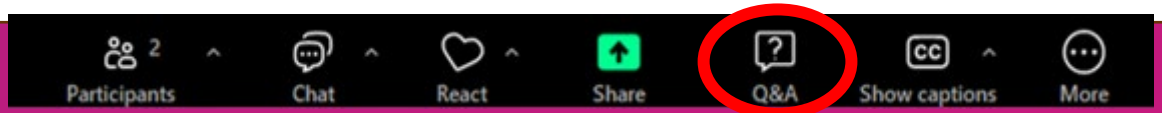
## Webinar will start shortly

Please note that you have been placed on mute

***Presented by:***

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

**2026**



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# Health Plans We Support


# 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

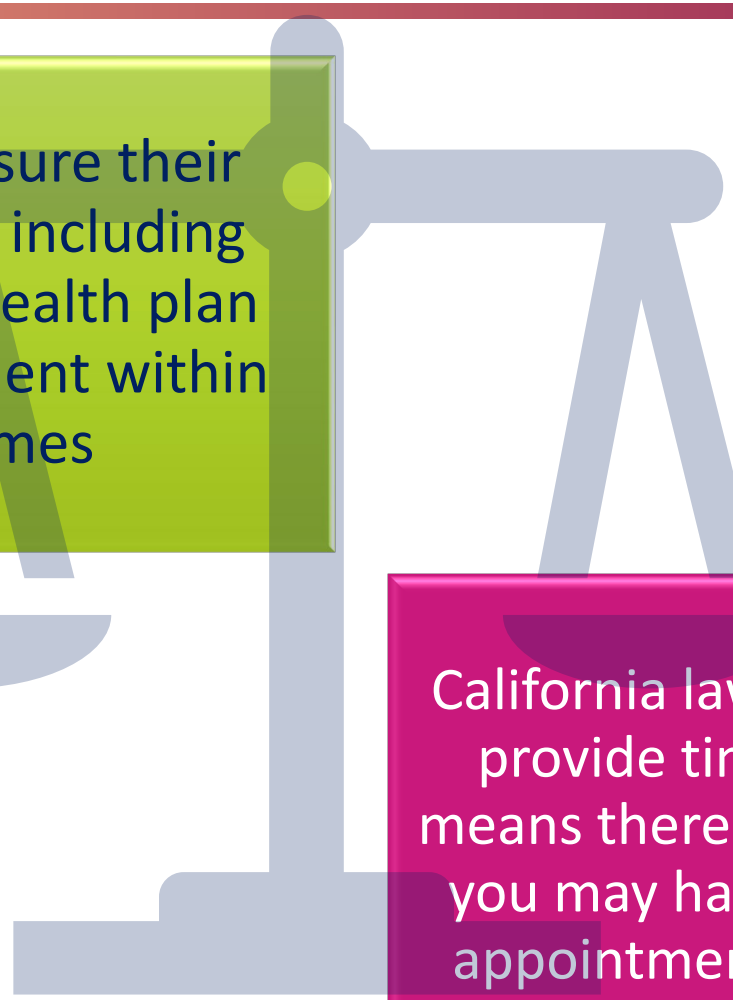
E-Consults

# 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 there are set limits on how long you may have to wait for health care appointments and telephone advice

# Why is Access to Care Important?

- Enhance member experience and improve satisfaction
- Improve HEDIS rates
- Prevent unnecessary ER visits
- Reduce mortality and morbidity rates
- Minimize member grievances
- Achieve health equity for all members

# Health Plan Monitoring and Access to Care Evaluation

# Provider & Member Surveys

## Provider Surveys

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

## Member Surveys

- Consumer Assessment of Health Plan Survey (CAHPS®) Member Satisfaction Survey
- Enrollee Experience Survey
- Experience of Care and Health Outcomes Survey (ECHO)

# Provider & Member Surveys continued

## Provider Surveys

**Provider Appointment Availability Survey (PAAS)**

Monitors appointment availability for:

- PCP or Specialist urgent & non-urgent visits
- Wellness, Well-Child & Well Woman visits
- **Telephone Access –** office answer & call-back time for non-urgent issues
- **In-Office Wait Time –** monitors member wait time during appointments

**Provider After-Hours Availability Survey**

- Monitors PCP after-hours messaging for emergency instructions & urgent call-back availability

## Member Surveys

**Consumer Assessment of Health Plan Survey (CAHPS®)**

- Evaluates member experience with health plan & care received

**Enrollee Experience Survey**

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

**Experience of Care & Health Outcomes Survey (ECHO)**

- Evaluates member experience receiving behavioral health care

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# Timely Access to Care Standards

| Type of Care | Standard |
|---|---|
| Emergency Care | Immediately |
| Urgent care visit with a PCP or specialist (no prior authorization) | Appointment within 48 hours of request |
| Urgent care visit with a specialist (requiring prior authorization) | Appointment within 96 hours of request |
| Non-urgent/routine care appointment with a PCP (includes OB-GYN acting as PCP) | Appointment within 10 business days of request |
| Non-urgent care appointment with a specialist (includes OB-GYN specialty care) | Appointment within 15 business days of request |
| Non-urgent ancillary services for MRI/mammogram/physical therapy | Appointment within 15 business days of request |
| Time frame from referral to admission to a Skilled Nursing Facility or Intermediate Care Facility | **Amador, Calaveras, Fresno, Imperial, Inyo, Kings, Madera, Mono, Tulare, Tuolumne counties:**<br>Within 14 calendar days of request<br><br>**San Joaquin, Stanislaus counties:**<br>Within 7 business days of request<br><br>**Los Angeles, Sacramento counties:**<br>Within 15 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 |

# Timely Access to Care Standards – Behavioral Health

| Type of Care | Standard |
|---|---|
| Access to life-threatening emergency | Immediately |
| Non-life-threatening emergency | Within 6 hours |
| Urgent care appointment with a Psychiatrist that does not require prior authorization | Appointment within 48 hours of request |
| Urgent care appt. with a Non-Physcian Mental Health Provider (NPMH) that does not require prior authorization | Appointment within 96 hours days of request |
| Non-urgent appointment with non-physician behavioral health care provider for routine care | Appointment within 10 business days of request |
| Non-urgent appointment with mental healthcare physician (psychiatrist) for routine care | Appointment 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 |

# Additional Timely Access to Care Standards

| AFTER-HOURS ACCESS | Appointment Access Standards |
|---|---|
| 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** |

# Appointment Waiting Time & Rescheduling

## Remember:

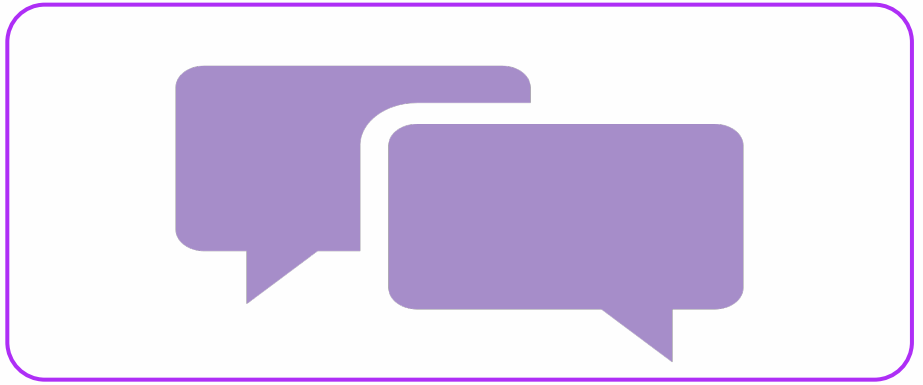
**Shortening or Extending Appointment Waiting Time:**

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 Requirements & Sample Script



### After-Hours Access Requirements

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

Urgent after-hours calls must be returned by a qualified health care professional within 30 minutes

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

### Sample After-Hours Answering Script

"Hello, you have reached the answering service for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 or go to the nearest emergency room"

"If you wish to speak with the on-call physician, please stay on the line and you will be connected, or you may expect a call back within 30 minutes"

# Helpful Tools and Resources for Provider Survey Readiness

# Health Plan Survey Timeline – MY (Measurement Year)2026

**Q1- Q2 2026**

Preparation: Generate survey list with most recent provider information

**Q3- Q4 2026**

Conduct PAAS, After-Hours, Telephone Access, and In-Office Wait Time Surveys

**Q1- Q2 2027**

Analyze survey results and identify non-compliant PPGs/providers

**Q3- Q4 2027**

Distribute CAP **or** Educational Packet, validate responses & conduct Provider Trainings

For MY 2026 PAAS, PAHAS, Telephone Access, and In-Office Wait Time surveys are conducted from **July to December**

For PAAS, Health Plans have joined a shared-services survey model for survey administration

**Under California law:**

- **Health plans are required to obtain information from their contracted providers regarding appointment availability**
- **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 CMS**

# Provider Survey Readiness

Review Timely Access to Care standards with all staff involved in scheduling, telephone access, and after-hours coverage

Be prepared to provide the next available appointment date and time when contacted by surveyors

Ensure answering services/machine responses are compliant with regulatory standards. Test your voicemail messages to provide appropriate emergency instructions and meet after-hours call-back requirements

Maintain accurate provider demographics, office hours, panel status, and contact information with the Health Plan

Telehealth and same-day appointments qualify as next-available appointments when responding to the survey

# Impact of Non-Compliance with Timely Access Standards

# Timely Access Non–Compliance & Corrective Action Plan

## When a Corrective Action Plan (CAP) Is Issued:

- Issued when survey results show providers or PPGs do not meet Timely Access standards
- Health plans are required to report compliance rates to state and federal regulators
- CAPs include education, monitoring, and required corrective actions

## PPG/ Provider CAP Requirements

- Acknowledge receipt of the CAP within 10 business days
- Notify non-compliant providers of their survey results
- Register and complete required Timely Access training
- Submit a completed Improvement Plan (IP) with supporting documentation within 30 calendar days
- Provide signed Provider Non-Compliant Notification Attestation and training completion certificate

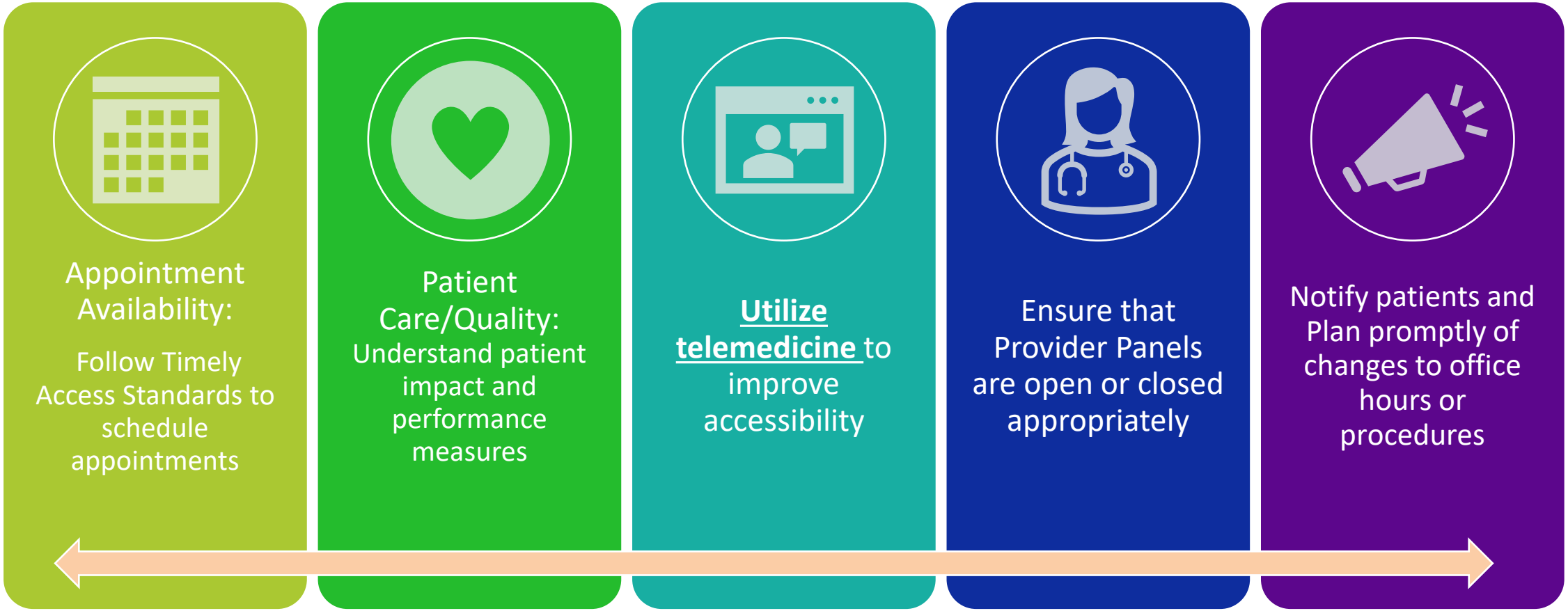
## CAP Finalization & Impact

- CAPs are finalized once all required documentation is reviewed and accepted
- Failure to comply may result in ongoing monitoring, financial penalties, or contract termination
- Non-compliance may increase member grievances and negatively impact performance incentives

# Improving Access:
# Best Practices

# Improving Your Patient's Experience

# Improving Timely Access At Your Office



# Timely Request & Processing of Prior Authorizations (PA)

## *Set expectations and educate members:*

Help members 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:**
Submit PA for elective inpatient or outpatient services

- Elective: As soon as the need for service is identified
- Routine:
  - **Medi-Cal**: Lesser of 5 business days or 7 calendar days
  - **Commercial**: 5 business days
  - **Medicare**: 7 calendar days
- 72 hours before a scheduled procedure for urgent request
- Emergency services do not require prior authorization

**Avoid PA Processing Delays:**
Top reasons PA forms are returned/not processed

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

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# Resources

# Self-paced Access to Care training online

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

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Shoppers | Members | Providers | Brokers

**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
- 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.

We understand that navigating the health care industry can be complex and overwhelming. That's why we have compiled comprehensive collection of provider trainings and resources to support you.

**Attention Wellcare providers:** Medicare-related training webinars and other provider-related resources listed for the Medicare line of business apply to both Wellcare and Health Net providers.

On this page, you will find:

- Required Trainings.
- CalAIM updates for Medi-Cal providers.
- Operational, administrative, and value-added provider trainings.
- New provider onboarding materials. (Wellcare new provider onboarding materials are coming soon.)
- Provider library & operations manuals.

### Required Trainings

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

| Training name | Applies to providers contracted for these LOBs | Description | Frequency | Registration date and time or recording link |
|---|---|---|---|---|
| **Timely Access to Care 2024** | • Medi-Cal<br>• Medicare<br>• 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 2024 (PDF) |

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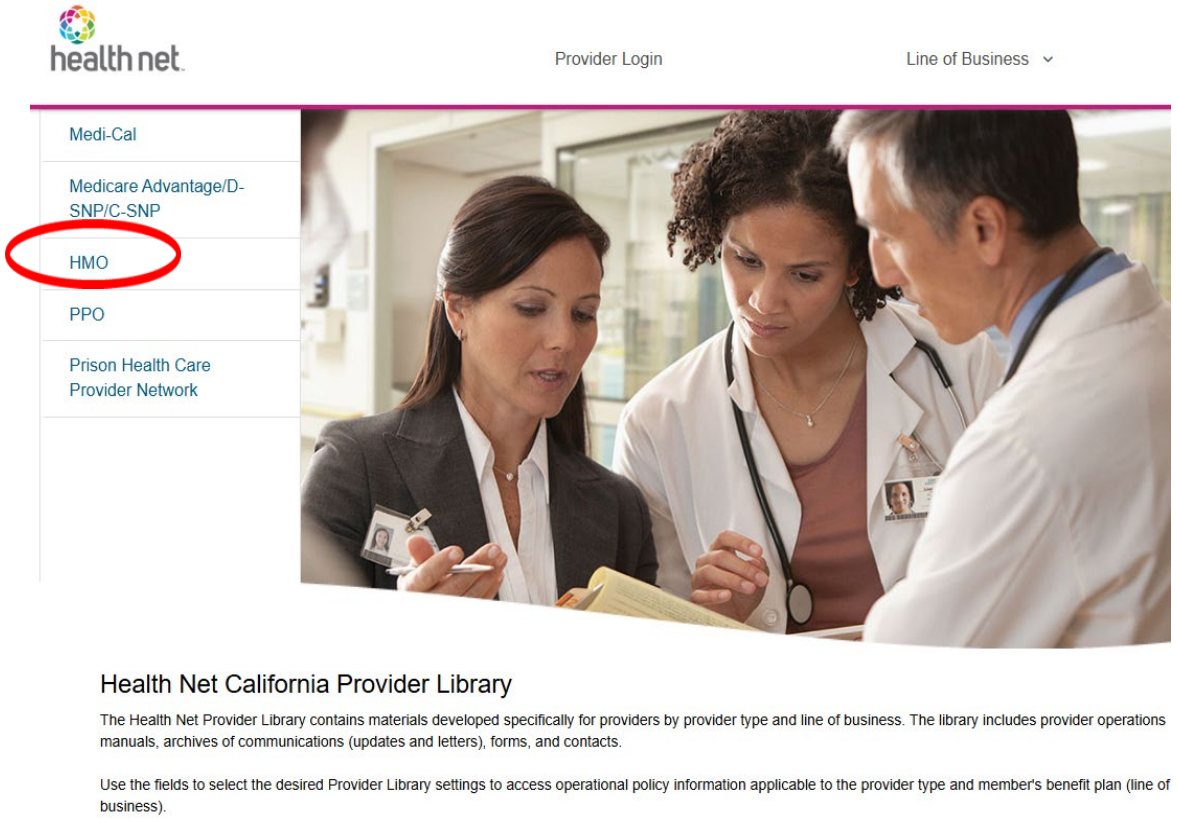
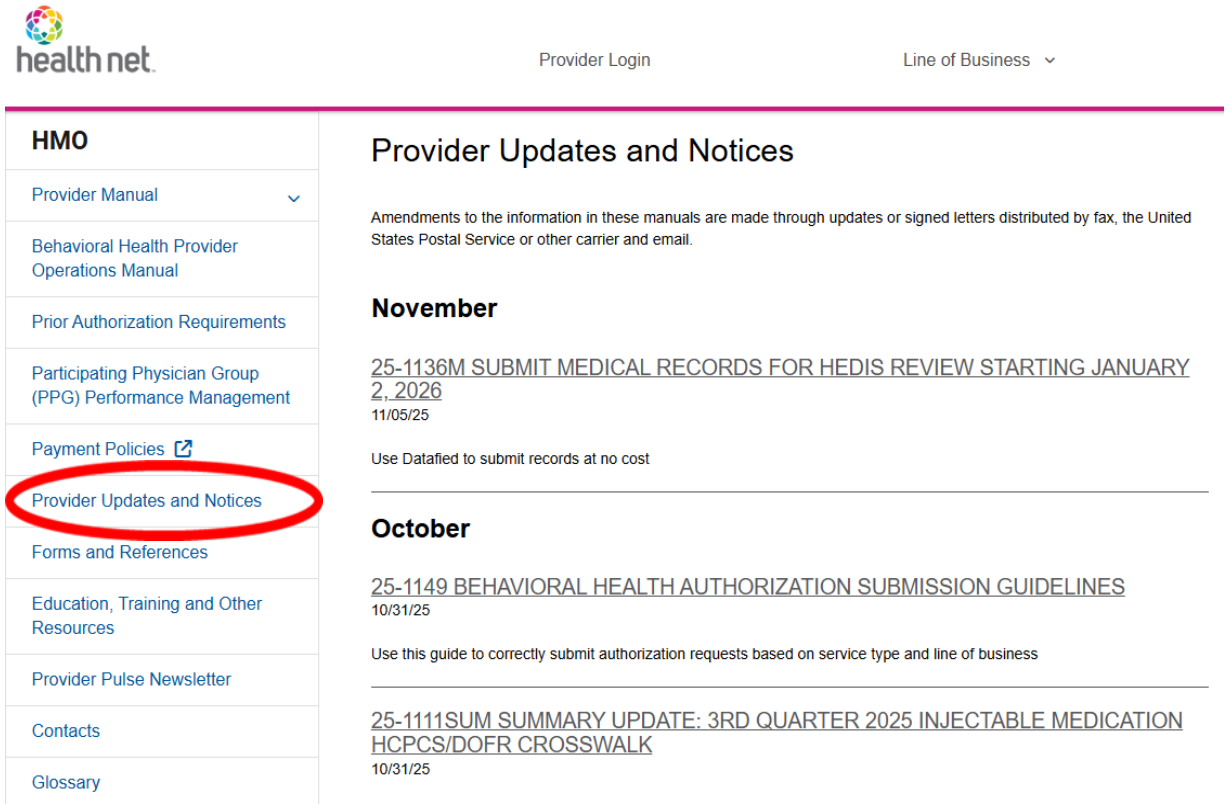
# Provider Communication

https://providerlibrary.healthnetcalifornia.com



# 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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# 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.

**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.

### Why offer advanced access?

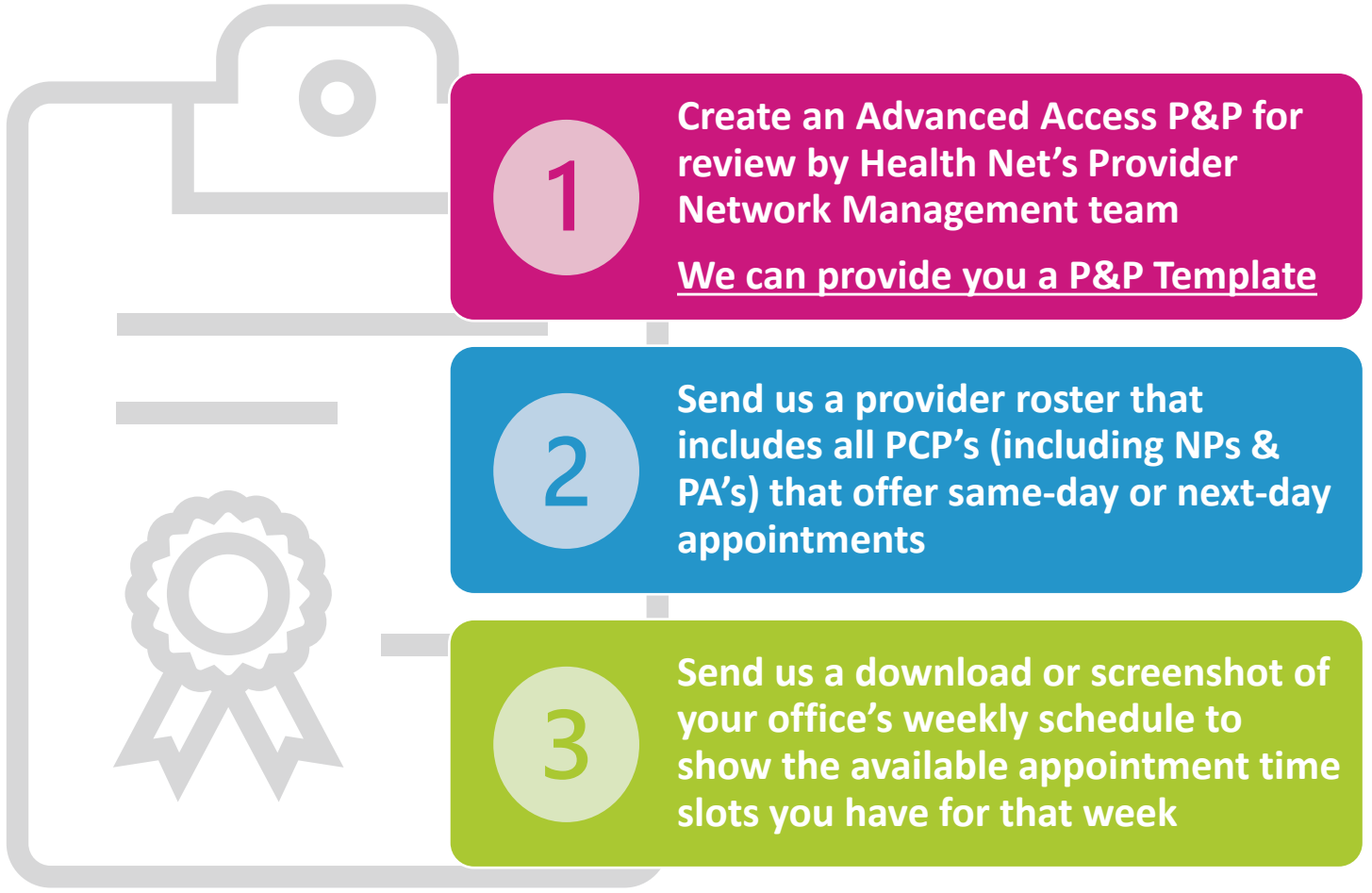
Benefits of advanced access include:

- Improved access to care.
- Increased patient, staff and provider satisfaction.
- The 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.

### 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.**

# How to Become a Qualified Advanced Access Provider



1. Create an Advanced Access P&P for review by Health Net's Provider Network Management team

   We can provide you a P&P Template

2. Send us a provider roster that includes all PCP's (including NPs & PA's) that offer same-day or next-day appointments

3. Send us a download or screenshot of your office's weekly schedule to show the available appointment time slots you have for that week

**With these 3 easy steps, you can be a Qualified Health Net Advanced Access Provider**

# eConsults to Specialty Providers

## Telehealth and Clinical Vendor Management



Confidential and Proprietary Information

# What is an Electronic Consultation (eConsult)?

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

1. PCP submits eConsult.

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

PCP

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

# eConsults: Provide Access to Specialty Care

**ConferMED's unique, supportive workflow substantially helps to reduce burden for busy primary care practices by:**

- ❑ Providing access to CA licensed, specialty board certified specialists with NCQA level credentialing
- ❑ Customizing the referral process to native physician workflows and EMR systems
- ❑ Coordinating billing

**Health Plan's supported:**

- Health Net (HN)
- CalViva (CVH)
- Community Health Plan of Imperial Valley (CHPIV)

**Line Of Business supported:**

- MediCal (All Plans)
- Commercial (HN only)
- Medicare (HN only)

**Members do not directly interact with specialists.** The **PCP** makes the referral, and the **Specialist** reviews the member's labs, images, and progress notes and responds directly to the member's PCP to provide recommendations.

ConferMED
Connecting Primary Care to the Future

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

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

## Adult

- Allergy
- Cardiology
- Complex Primary Care
- Dermatology
- Endocrinology
- Ear, Nose and Throat (ENT)
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Hematology
- Infectious Disease
- Medical Oncology
- Nephrology
- Neurology
- Neuropsych
- Neurological Surgery
- Nutrition
- Obesity Medicine
- Obstetrics/gynecology (OB/GYN)
- Orthopedics
- Pain Management
- Psychiatry
- Pulmonology
- Retinal Readings#
- Rheumatology
- Urology
- Vascular Surgery

## Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Genomic Medicine*
- Urology
- Hematology
- Infectious Diseases
- Nephrology
- Neurology
- Neuropsychology
- Nutrition
- OB/GYN (Adolescents)
- Orthopedics
- Psychiatry
- Pulmonology
- Retinal Readings#
- Rheumatology*

● Specialist subject to change based on need, access and availability
* - Only available in the following Counties: Fresno, Tulare, Kings, Kern, Inyo, Madera, Merced, Stanislaus
# - Requires Specific Camera for Use with Consult

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# PROVEN OUTCOMES

## INCREASE:

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

## ConferMED Specialist Response Time

**79%**
**Less than 24 Hours**

**96%**
**Less than 48 Hours**

**99%**
**Less than 72 Hours**

## REDUCE:

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

**To get started: Contact Denise Miller at Denise.Miller3@healthnet.com to be connected to ConferMED**

# 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 & Helpful Links

**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
**CVH** – CalViva Health
**DHCS** – Department of Health Care Services
**DMHC** – Department of Managed Health Care
**ECHO** – Experience of Care and Health Outcome survey
**EES** – Enrollee Experience Survey
**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
**NPMH** – Non-Physicians Mental Health Care
**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

**Provider Training Webinar And Other Provider Related Resources** -- https://www.healthnet.com/content/healthnet/en_us/providers.html

**Provider Updates And Notices** -- https://providerlibrary.healthnetcalifornia.com/hmo/news.html

**HEDIS Improve Outcome Toolkit -** https://www.healthnet.com/content/dam/centene/healthnet/pdfs/provider/ca/quality/hn-medi-cal-provider-hedis-improve-health-outcomes.pdf