



Timely Access to Care Training

Presented by:
Provider Network Management Operations

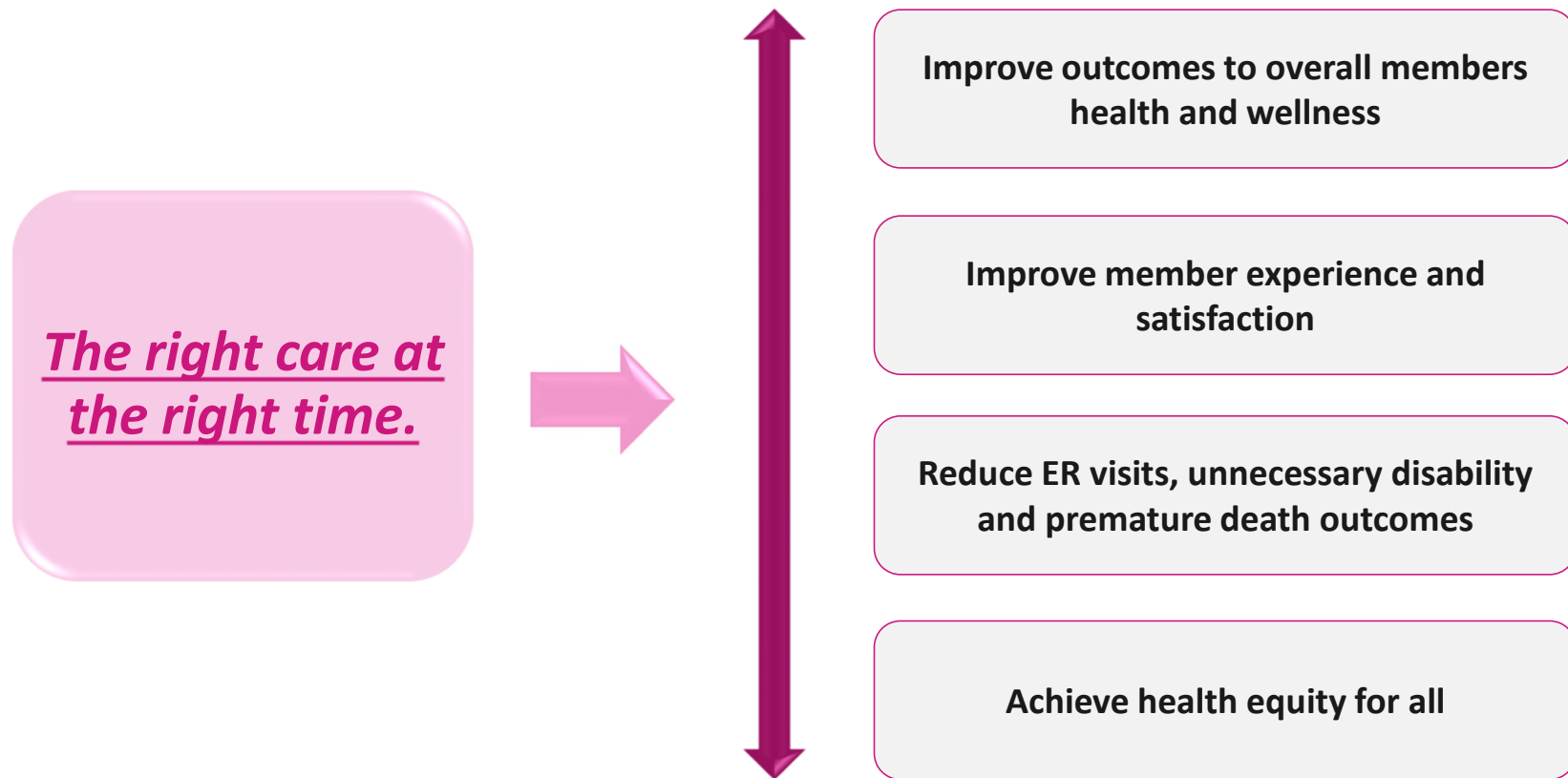
Ana Barbacena, Provider Relations Specialist
Kate Peeler, Provider Relations Specialist
Karen Somers, Provider Relations Specialist

Agenda

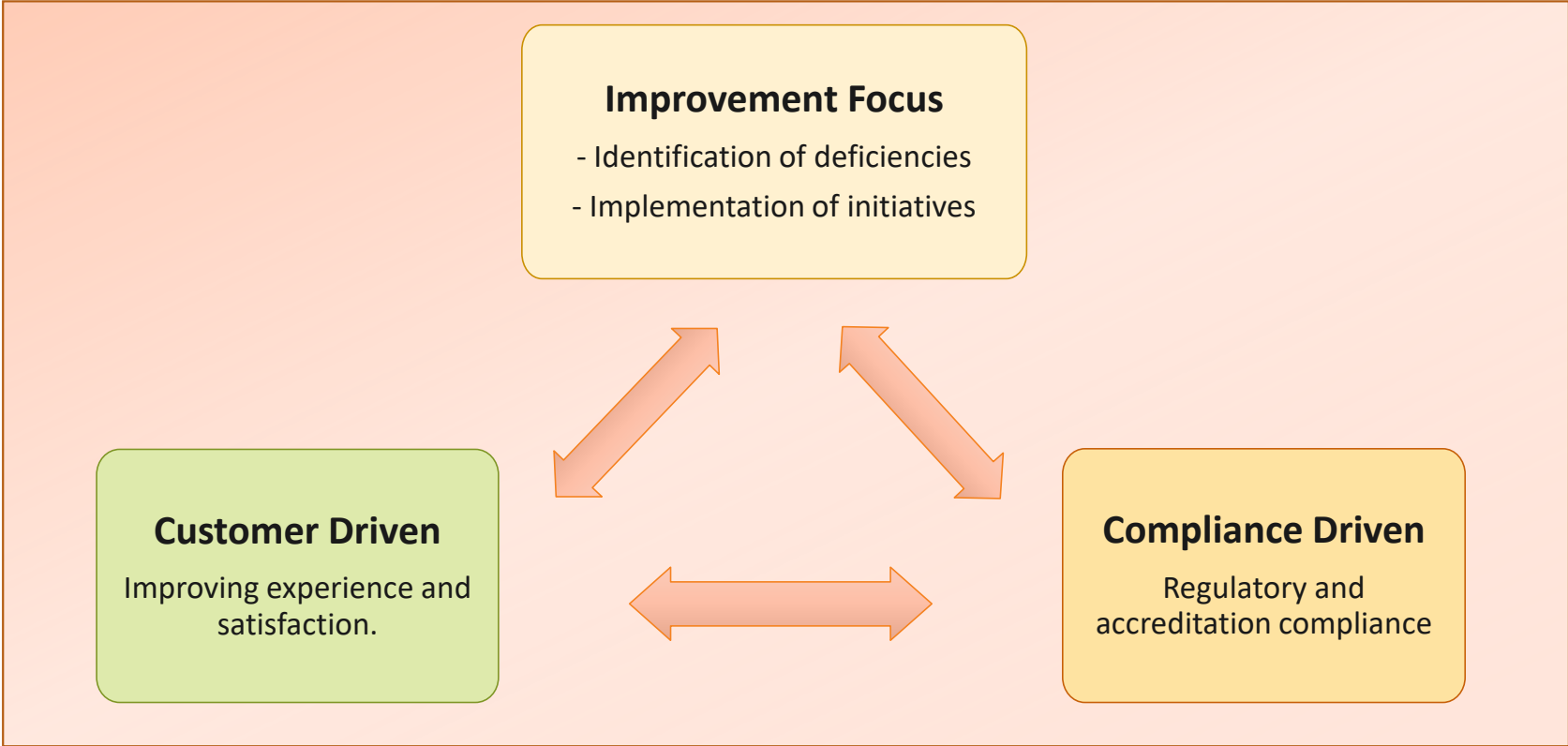
- Importance & Drivers
- Monitoring & Evaluation
- Survey Process: Preparation & Resources
- Best Practices
- Corrective Action Plans (CAPs)
- Non-Compliance Implications
- Q&A

TIMELY ACCESS TO CARE
Importance and Drivers

Why Is Timely Access to Care Important?



Timely Access to Care Drivers



MONITORING & EVALUATION

Evaluation Tools & Data

SURVEYS CONDUCTED

- Provider Appointment Availability Survey (PAAS)**
- Provider After-Hours Availability Survey (PAHAS)**
- Provider Office Telephone Access Monitoring**
- Consumer Assessment of Health Plan Survey (CAHPS®)
- Mock/Off-Cycle CAHPS®
- Provider Satisfaction Survey (PSS)
- Patient Assessment Survey (PAS)
- DHCS Timely Access Study (Conducted quarterly by DHCS vendor HSAG)

NETWORK ADEQUACY DATA

PROVIDER DEMOGRAPHIC DATA

SPECIALIST REFERRAL REPORTS

GRIEVANCE DATA

HEALTH PLAN CUSTOMER CONTACT CENTER

Access to Care and Member Satisfaction Surveys

Survey	Monitoring
Provider Appointment Availability Survey (PAAS)	Appointment availability for routine and urgent care
Provider After-Hours Availability Survey (PAHAS)	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.
Telephone Access Monitoring	Time to answer the call, and call-back wait time during normal business hours for patients with non-urgent issues.
Consumer Assessment of Health Plan Survey (CAHPS®) / CG CAHPS® Medicare	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.
Mock/Off-Cycle CAHPS® Survey	Member experience feedback. Results help track improvement initiatives' progress; able to tie results back to providers/groups for tailored improvement discussions.

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 SCP	Within 96 hours of request
Urgent care appointment with non-physician mental health provider	Within 48 hours of request
NON-URGENT APPOINTMENTS	
Non-urgent care appointment with PCP	Within 10 business days of request
Non-urgent care appointment with SCP	Within 15 business days of request
Non-urgent care appointment with non-physician mental health provider	Within 10 business days of request
Appointment for Ancillary Services	Within 15 business days of request
¹ First prenatal visit with PCP or SCP	Within 2 weeks of request
¹ Well-child visit	Within 10 business days of request
¹ Wellness visit	Within 30 calendar days of request
¹ Well Child & First-Prenatal Visits, and Wellness check standards are specific to DHCS regulations	

Other Timely Access 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

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.



When necessary/requested, call backs occur within 30 minutes of 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 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.

SURVEY PROCESS

Preparation & Resources

Survey Timelines & Methodology

Measurement Year 2021

- **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 August through December 31st

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

For MY 2021 the Plan has joined a health plan shared services survey model.

Survey Prep Activities



Ensuring answering service/machine responses are compliant with regulatory standards is an easy fix!

- ✓ Review Timely Access standards with all office staff
- ✓ Confirm understanding of all survey questions
- ✓ Test your phone system if answering services are in place
- ✓ State during survey if same day appointments/walk-ins are available
- ✓ 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 Plan

Provider Updates & Resources

Provider Updates: Distributed via fax or email


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

Timely Access Provider Webinars: Provided quarterly or as required

Provider Update – Example

PROVIDERUpdate

NEWS & ANNOUNCEMENTS | AUGUST 6, 2021 | UPDATE 21-570 | 2 PAGES



See What News is Online for July 2021

Go to the Provider Library for the latest information that can help you do business with us

The table starting on page 2 outlines communications that have been posted in the Provider Library in July 2021. It includes the posting date, material number and title, type of communication, applicable audience and counties, and a summary of the communication.

Access the Provider Library

Use either option below to access the Provider Library. Once in the library, select *Medi-Cal*, then select *Updates and Letters* to view the communications referenced in this update in their entirety.

Option 1

- Log in to provider.healthnet.com.
- From the home page, scroll to the bottom and select the Provider Library tile.

Option 2

Go directly to providerlibrary.healthnetcalifornia.com.

Additional information

If you do not have access to the Internet, you may request a print copy of the communications listed in the table starting on page 2. Please email the Provider Communications Department at provider.communications@healthnet.com.

If you have additional questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

Go to the online COVID-19 alerts page for info about COVID-19 vaccines!
 At provider.healthnet.com > [COVID-19 Updates](#) > [Health Net Alerts](#), you will find information about COVID-19 vaccines. This includes COVID-19 vaccine coverage details, how to enroll to administer the COVID-19 vaccine, and COVID-19 vaccine reporting and coding requirements. Also, access key tips you can use to help talk with and answer questions from your patients about the COVID-19 vaccine, especially those who are hesitant to receive it.

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THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

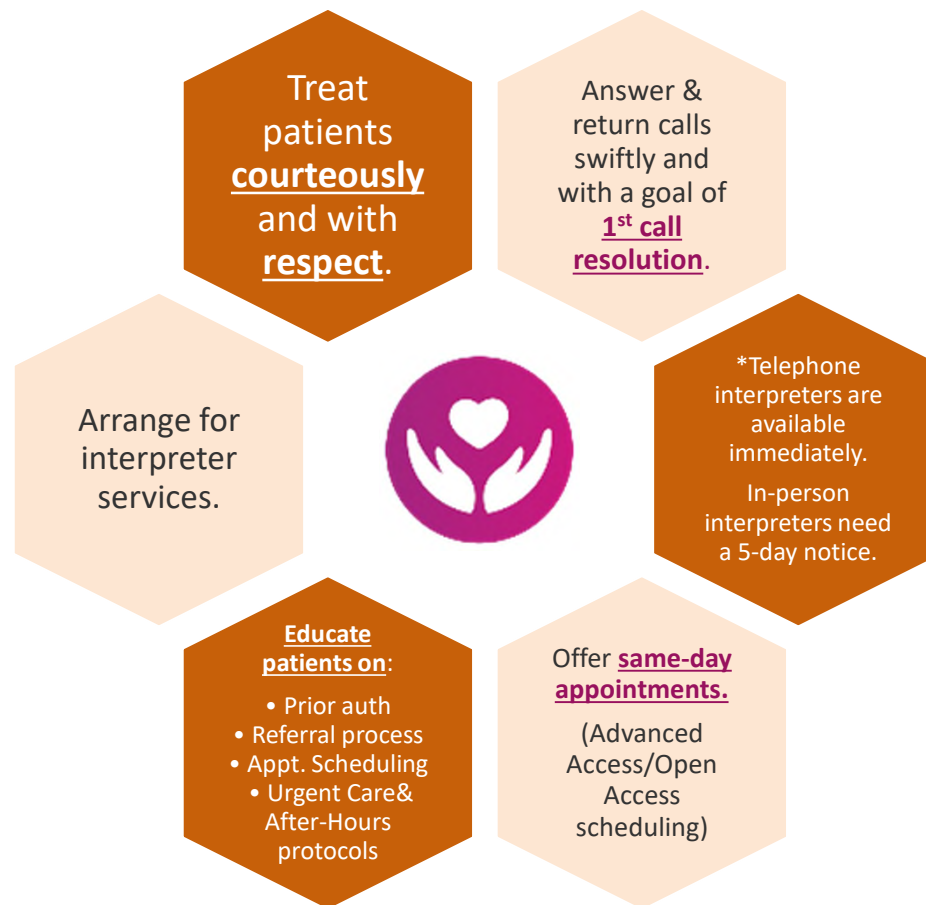
PROVIDER SERVICES
 888-893-1569
www.healthnet.com

PROVIDER PORTAL
provider.healthnet.com

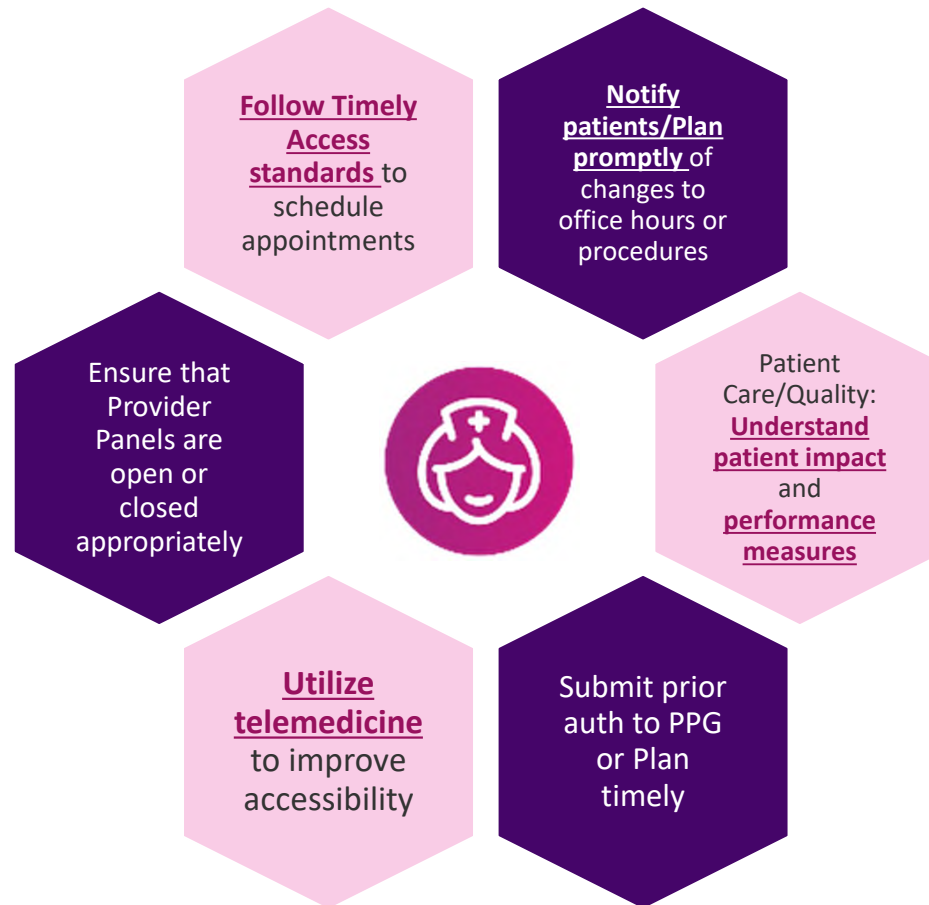
Date posted	Number and title	Type of notice	Audience	Medi-Cal counties	Summary
July 16, 2021	21-488m, Celebrate the Strength in Our Communities this BIPOC Mental Health Month	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Hospitals Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	Provides resources to providers who have patients that are part of the Black, Indigenous, and People of Color (BIPOC), or lesbian, gay, bisexual, transgender, and questioning (or queer) (LGBTQ) communities and struggle with mental health issues.
July 16, 2021	21-518m, Reminder: Submit Claims with Correct Coding to Avoid Rejections	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Hospitals Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	Informs providers on how Medi-Cal claims are processed when they contain both an NDC and a HCPCS code.
July 26, 2021	21-496m, Critical Action Needed to Comply with Decertification Notices	Regulatory	<ul style="list-style-type: none"> Ancillary providers (Long-term care facilities) 	<ul style="list-style-type: none"> Fresno Kings Madera 	Provides information about the requirements to notify the plan when a provider receives a decertification notice from the California Department of Public Health (CDPH) and the critical actions a provider must take to comply with the notice.
July 26, 2021	21-508m, Help Your Patients Manage Heart Disease, Stay Mentally Fit and More	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Hospitals Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	Help your patients lose weight, stop smoking and live healthier lives. You can refer patients to these no-cost health programs and use the resources to meet the California Department of Health Care Services (DHCS) Staying Healthy Assessments' (SHA) requirements.
July 30, 2021	21-544m, Get Ready for the 2021 Provider Appointment Availability, After-Hours and Telephone Access Surveys	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	We will be conducting the annual provider appointment availability, after-hours and telephone access surveys starting in August and going through December 2021. Please use the appointment availability, after-hours and telephone access guidelines in the update to help you plan for the surveys.
July 30, 2021	21-554m, Interoperability Connects You, Your Patients and Health Plans	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Hospitals Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	Provides an overview of interoperability and the three main rules providers need to focus on to support digital patient access to health care information
July 30, 2021	21-548m, Medi-Cal 2020 Provider Appointment Availability and After-Hours Access Survey Results	News & Announcements	<ul style="list-style-type: none"> Physicians PPGs Ancillary providers 	<ul style="list-style-type: none"> Fresno Kings Madera 	The 2020 Provider Appointment Availability and After-Hours Access Survey results are in. See how 2020 results compared to 2019 and guidelines to maintain access standards. The survey results are used to monitor provider compliance with timely access and after-hours regulations, and evaluate the effectiveness of the network to meet the needs and preferences of CalViva Health members.

IMPROVING ACCESS: BEST PRACTICES

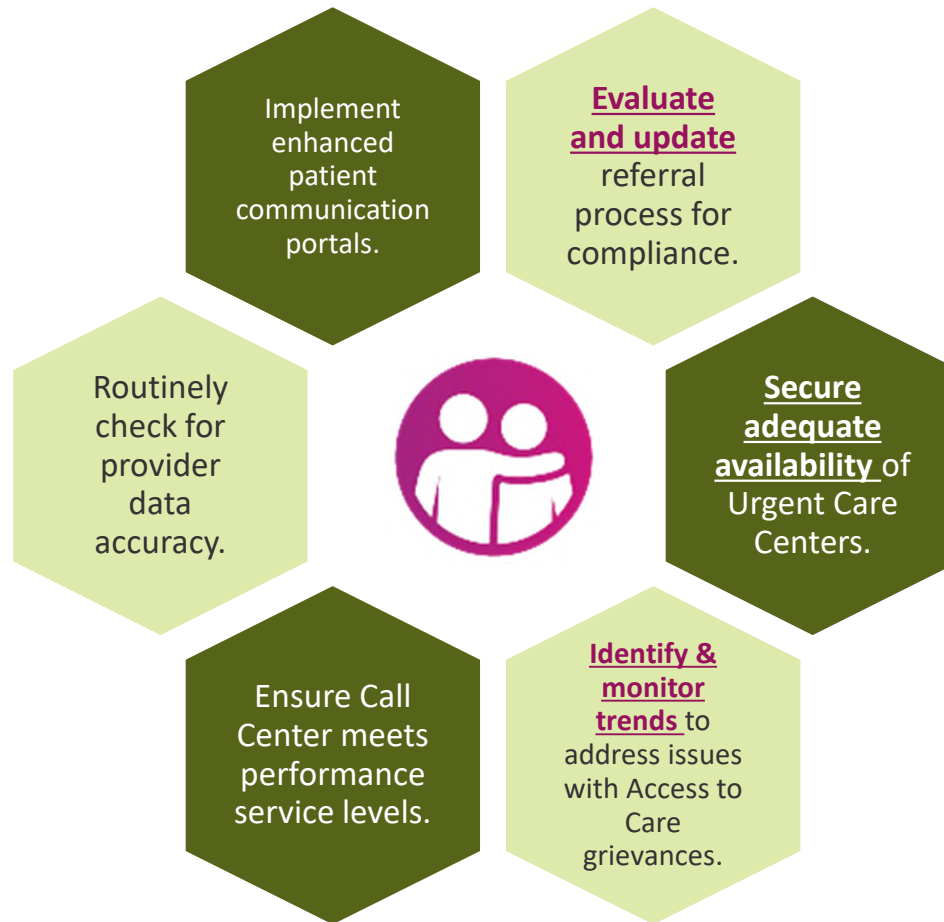
Improving Your Patient's Experience



Improving Timely Access At Your Office



Improving Processes Within Your Group



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.



It is our pleasure to support you!

Upon review of these slides, please fill out the Certificate of Completion for the applicable Health Plan and email it to Access.Availability.PNM@healthnet.com.

We are happy to answer any questions at
Access.Availability.PNM@healthnet.com.

Completion Certificate

FOR TIMELY ACCESS TO CARE PROVIDER TRAINING

I have received and completed the *Timely Access to Care Provider Training* from Health Net*. I 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 (PRINT)	National provider identifier (if applicable)
PPG/MSO/Clinic name	Address
Phone number	Email address
Provider/Attendee signature	Date training completed

Please return a copy of this completed certificate via email to Access.Availability.PNM@healthnet.com and retain a copy for your records.

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Completion Certificate

FOR TIMELY ACCESS TO CARE PROVIDER TRAINING

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

- The essential parts of CalViva Health and 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 CalViva Health and Health Net’s policies and procedures.
- How to access the health plan’s operations manuals and resource guides.

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 (PRINT)	National provider identifier (if applicable)
PPG/MSO/Clinic name	Address
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Completion Certificate

FOR TIMELY ACCESS TO CARE PROVIDER TRAINING

I have received and completed the *Timely Access to Care Provider Training* from California Health & Wellness Plan (CHWP). I understand the following:

- The essential parts of CHWP'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 CHWP's policies and procedures.
- How to access CHWP's operations manuals.

THE TRAINING WAS COMPLETED: (MUST CHECK ONE)

Self-Guided (online/hard copy) Instructor Led (online/in person)

Provider/Attendee name (PRINT)		National provider identifier (if applicable)
PPG/MSO/Clinic name	Address	
Phone number	Email address	
Provider/Attendee signature		Date training completed

Please return a copy of this completed certificate via email to Access.Availability.PNM@healthnet.com and retain a copy for your records.