

PROVIDER Update



Health Net®

REGULATORY | MARCH 16, 2018 | UPDATE 18-195 | 3 PAGES

Advance Directive Medical Record Documentation Reminder

A primary goal of Health Net of California, Inc. (Health Net) is to ensure that our members are receiving the best care possible during acute and chronic illness, as well as in the area of preventive care. Health Net assessed selected medical records against pre-established medical record documentation standards to identify opportunities for improvements. Although progress for some standards was noted, this assessment also identified three main areas (primary language/interpreter services, advance directives and preventive care: adult immunization) as needing improvement.

MEDICAL RECORD REVIEW RESULTS

Medical records were reviewed for 11 core criteria, as shown in the chart below (N=120). The performance goal for all criteria is 80 percent.

Medical Record Criteria	2015	2016
FORMAT: BIOGRAPHICAL PERSONAL DATA	94%	96%
FORMAT: PRIMARY LANGUAGE/INTERPRETER SERVICES NEEDED (IF OTHER THAN ENGLISH)	76%	52%
DOCUMENTATION: ALLERGIES NOTED IN PROMINENT LOCATION IN CHART	97%	98%
DOCUMENTATION: CHRONIC PROBLEMS CAN BE EASILY IDENTIFIED	99%	100%
DOCUMENTATION: ONGOING/CONTINUOUS MEDICATIONS CAN BE EASILY IDENTIFIED	98%	99%
DOCUMENTATION: ADVANCE DIRECTIVE DOCUMENTED (MEMBERS AGE 18 OR OLDER)	25%	28%
CARE COORDINATION: INSTRUCTION FOR FOLLOW-UP CARE NOTED	88%	83%
CARE COORDINATION: WORKING DIAGNOSIS IS CONSISTENT WITH FINDINGS	100%	100%
CARE COORDINATION: PRACTITIONER REVIEW OF DIAGNOSTIC TESTS/CONSULTANTS NOTED	98%	99%
PREVENTIVE CARE: ADULT PERIODIC HEALTH EVALUATION PERFORMED (PER USPSTF)	88%	83%

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086

Medical Record Criteria	2015	2016
PREVENTIVE CARE: ADULT IMMUNIZATION STATUS ASSESSED/DOCUMENTED	53%	50%
OVERALL RATE	83%	81%

All care coordination results were above the performance goal. Primary language/interpreter documentation, advance directives and adult immunization status did not meet the 80 percent performance standard for documentation. The findings for advance directives indicate that with only a small increase from 25 percent to 28 percent, this measure continues to be a challenge and far below the 80 percent performance goal.

The medical record review found significant room for improvement within the following documentation standards:

- The member's primary language and whether interpreter services are requested, must be noted in the member's medical record.
- Advance health care directive information is offered (adults, ages 18 and older and emancipated minors only).
- Preventive care: Adult immunization status is assessed according to United States Preventive Services Task Force (USPSTF) guidelines including tuberculosis screening (TB test or chest X-ray).

DISCUSSING ADVANCE DIRECTIVES WITH PATIENTS

The Patient Self-Determination Act (PSDA) requires providers and organizations that receive Medicare and Medicaid payment to ensure patients are given an opportunity to participate in, and direct, health care decisions that affect them. For patients ages 18 and older, Health Net providers are required to document whether a patient has executed an advance directive in a prominent part of the medical record. Health Net monitors medical records to ensure that compliance with requirements related to a patient's advance directive is met.

An advance directive outlines a patient's preferred types of health care services and treatments, and designates who is to speak on the patient's behalf if he or she becomes incapable of making personal health care decisions. According to the PSDA, patients with decision-making capabilities have the right to accept or refuse medical treatment or life-sustaining procedures. Health Net's policy states that adult members ages 18 or older have the right to prepare an advance directive.

Providers should routinely discuss advance directives with their patients during office visits instead of waiting until they may be acutely ill. Discussing and preparing advance directives with patients can:

- Ensure the care and services desired by the patient are provided according to his or her wishes, including refusal of treatment.
- Designate the person who is delegated to make decisions on the patient's behalf if he or she becomes incapable of making such decisions.
- Ensure family and friends abide by the wishes of the patient regarding the type of care and treatment determined in advance.

Providers should encourage patients who have prepared advance directives to share copies with their families to notify them about who is designated to make decisions on their behalf in the event they can no longer make personal health care decisions. Providers may initiate early health care planning discussions to enable a smoother transition before a medical crisis arises. On an annual basis, providers must document in the patient's medical record whether advance directives have been discussed, including the date the discussion was held, and whether an advance directive has been executed.

PATIENT EDUCATION REFERENCE

Providers should speak with their patients regarding advance directives and immunization status, take advantage of patient education references on Health Net's provider portal, and document these interactions in the medical record.

Health Net makes available a patient education reference for providers to use when discussing this topic with their patients. The advance directive information sheet is available, in English and Spanish, in the Member Rights and Responsibilities section of the provider operations manuals, located in the Provider Library on the Health Net provider website at provider.healthnet.com. Providers may also use the Search Library function by searching for key words "advance directive."

ACCESS TO INTERPRETER SERVICES

Providers can utilize Health Net interpreter services at no cost to them or the member by calling 1-800-929-9224 a minimum of three days prior to their appointment. This line is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific time.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online, as listed in the table below.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	provider_services@healthnet.com
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	