PROVIDER*Update*

Health Net®

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Quality Management Program

This communication provides an overview of the components of the Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) multifaceted quality management program, including its quality improvement (QI) processes and instructions on how to obtain additional information about the program. Providers are encouraged to review the complete description of the Health Net QI program at least annually to be familiar with the programs and resources available to assist in improving members' health.

As of January 1, 2018, providers can access the provider portal, as follows:

- For providers serving individual Medicare Advantage (MA) and Individual Family Plan (IFP) members, access the new provider portal at provider.healthnetcalifornia.com.
- For providers serving employer group MA HMO, HMO, PPO, HSP, EPO; and Point of Service (POS) members, access the original provider portal at provider.healthnet.com.

Refer to the table beginning on page 14 for detailed information for which provider portal to access for information and resources mentioned in this provider update.

A complete copy of Health Net's QI program description and overall progress toward meeting QI goals is available upon request from the Health Net QI Department via email at cqi_dsm@healthnet.com.

QUALITY IMPROVEMENT OVERVIEW

The Health Net QI program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis. The QI program includes the development and implementation of standards for clinical care and service, the measurement of adherence to the standards and the implementation of actions to improve performance. The scope of the program includes:

- Wellness and disease management.
- Clinical practice and preventive health guidelines.
- Utilization management processes.
- Quality improvement initiatives.
- Quality measures and safety.
- Transplant and bariatric performance centers.
- Behavioral health services.
- Pharmaceutical management.
- MA health assessments.
- Access to care standards.
- Rights and responsibilities.
- Quality of care.

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

EnhancedCare PPO (IFP)
1-844-463-8188
provider.healthnetcalifornia.com
EnhancedCare PPO (SBG)
1-844-463-8188
provider.healthnet.com
Health Net Employer Group HMO, POS, HSP, PPO, & EPO
1-800-641-7761
provider.healthnet.com
IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO
1-888-926-2164
provider.healthnetcalifornia.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

- Member appeals.
- Privacy and confidentiality.
- Interpreter services.
- Medical record documentation.

OPEN CLINICAL DIALOGUE

Health Net practitioners and providers are encouraged to communicate freely with members regarding their medical conditions and treatment alternatives, including medication treatment options, regardless of coverage limitations.

WHOLE-PERSON STRATEGY

Through Decision Power,®[1] Health Net unifies programs, from wellness to complex care, reflecting Health Net's commitment to a whole-person strategy. Qualifying members have access to wellness programs for obesity prevention, smoking cessation, pregnancy support, disease management for heart failure (HF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and in-home biometric devices.

Decision Power Program

Health Net's Decision Power program provides a health management solution to improve the health and quality of life for Health Net members. Through personalized interventions and contemporary behavior change methodologies, Health Net's experienced staff can assist members at risk and diagnosed with chronic health conditions to better manage their conditions through education, empowerment and support. Decision Power includes clinical management that encompasses health and wellness, disease management, case management, and women's and children's health.

DECISION POWER WELLNESS PROGRAMS

Health Net offers many tools and programs to help members adopt and maintain healthy lifestyles, such as:

- Health Risk Questionnaire (HRQ) – An online interactive tool that helps members identify health risks based on current lifestyle behaviors and family history. Members are provided a summary of their HRQ results that can be printed and shared with their physicians.
- Health record – An online secure database where members can track important medical history, including health conditions, immunizations, medications, tests, and procedures. Information from the HRQ automatically becomes part of their personal health records (PHRs). PHRs are auto-populated with member claims and pharmacy data.
- Health promotion programs – These health improvement programs are comprehensive behavior change programs that provide information and tools to improve health and reduce disease risk. The program includes achievable goals that are personalized to individual preferences and interests. Each program focuses on one health topic and includes a to-do list of action items to help individuals reach their goals. Health promotion program topics include stress management, weight loss, nutrition, exercise, and tobacco cessation.
- Wellness Solution – One-to-one telephonic health coaching provides extra help individuals need; online health coaching and resources provide additional support to members. A personal health coach helps with short- and long-term goal setting and achievement for lasting results. The program includes trackers and easy tools to use in the behavior change process. Personalized health coaching is available for weight loss, healthy eating, stress management, exercise, and tobacco cessation. Refer to the table beginning on page 14 for information on how to access the Wellness Center for program and enrollment information.
- Quit For Life® Tobacco Cessation program – Telephonic and online support with a quit coach. Individuals receive one-to-one help during their quit process, a comprehensive quit guide and a guide for family members, unlimited access to online education and coaching support, as well as Text2Quit messages to keep members motivated and on track. Refer to the table beginning on page 14 for information on how to access the Wellness Center for program and enrollment information.
- Healthy Pregnancy program – Health Net's Healthy Pregnancy program provides pregnant women with a range of educational resources and supports to guide them through their pregnancy. Maternity Case Management is also available for qualifying members with high-risk pregnancies. Pregnant moms can access the program by calling the Decision Power number at 1-800-893-5597.

- Decision Power healthy discounts – Health Net members have access to exclusive discounts on eye examinations and eyewear, a weight loss program, vitamins, herbs and supplements, health clubs, and other health-related products and services, including discounts with Jenny Craig® and Weight Watchers.®
- Health challenges – Online quarterly challenges to help individuals achieve small changes related to healthy eating, exercise, stress management, and weight loss. The duration for each challenge is approximately one month and offers focused behavior change strategies and record-keeping to help participants stay on track for success.
- Tools to monitor prescription history and check medication interactions; estimate cost of care for more than 100 conditions, 50 procedures or surgeries, and 200 medical tests or visits; compare hospital performance on more than 160 common diagnoses and procedures; and help members understand their health plan options so that they can choose the plans that best fit their families.

DISEASE MANAGEMENT

The Decision Power disease management program provides support to members with chronic conditions, including HF, COPD, CAD, diabetes, and asthma. Decision Power disease management helps increase the efficiency and effectiveness of care, leads to more timely actions by the member, and helps develop more personalized and actionable solutions that ultimately lead to improved health outcomes. Health Net provides participants and their providers the programs, tools, connectivity, and information to make better health care decisions to:

- Slow the progression of the disease and the development of complications through proven program interventions.
- Change behaviors and improve lifestyle choices by using demonstrated behavior change methodologies.
- Improve compliance with guidelines and the member's plan of care.
- Manage medications and enhance symptom control.
- Educate members regarding recommended preventive screenings and tests in accordance with national clinical guidelines.
- Encourage appropriate utilization.

Program information is available in the provider operations manuals. Refer to the table beginning on page 14 for information on how to access disease management program information in the provider operations manuals.

Care Gap Monitoring for Members and Providers

Health care reminders are sent to members and/or providers when potential gaps in care are identified through claims, laboratory data and other sources. These reminders aim to create actionable opportunities for specific individuals and align with industry-recognized HEDIS measures to improve preventive health, chronic condition management and more.

INTEGRATED CASE MANAGEMENT PROGRAM

Health Net's Integrated Case Management programs target the most complex cases, often with life-limiting diagnoses, and assist members who have critical barriers to their care. Trained nurse case managers provide case management services to Health Net members, their families and caregivers as needed. These members may have multiple comorbid conditions and need assistance in planning, managing and executing their care.

Referral Guidelines

Health Net conducts utilization surveillance as well as utilizes predictive modeling tools to identify appropriate members for this program; however, providers may also become aware of a severely ill Health Net member not currently enrolled in this program who may benefit from integrated case management services. Providers should use the criteria below when considering whether to refer a member to the Health Net integrated case management program.

It is appropriate to refer Health Net members with the following complex concerns to this program for evaluation:

- Moderate to late stage cancer, neurological, circulatory, endocrine, respiratory conditions, and uncontrolled pain/uncontrolled symptomology.
- Multiple care providers who may not be communicating with each other, which increases the risk of an acute event, such as hospital readmission.
- Advanced chronic diseases with multiple hospitalizations (greater than two in the last six months).

- Experiencing significant symptoms and side effects that could lead to an emergency room visit or hospitalization.
- Problematic or unstable comorbidities.
- Rare conditions requiring more extensive education, care coordination and support.
- Member seeing alternative therapeutic options, using out-of-network facilities and providers.
- Clinical trials.
- Active terminal care issues.
- High utilization of expensive resources, including multiple admissions or frequent emergency room visits.
- Severe support and caregiver needs.
- Acute symptom of disease process or treatment which is uncontrolled.
- High degree of coordination, integration, referrals, and planning needed.
- Social determinant issues which may include:
  - No support system or inadequate support system that is unable to cope without intervention.
  - Caregiver burnout.
  - Unsafe environment.
  - Significant financial difficulties.

In addition, providers should consider the below questions to determine whether the member has one or more of the following issues that cannot be managed by the provider's office or treating specialists:

- Does the member have a terminal diagnosis or prognosis and struggle with whether to proceed with aggressive or palliative treatment?
- Is the member experiencing significant problems due to disease-related pain and symptom control, such as fatigue, anxiety, nausea, constipation, dyspnea, or depression?
- Does the member live in an unsafe environment?
- Does the member have significant financial issues?
- Does the member have multiple providers of care who may not be communicating, which creates an ongoing risk for an acute event, such as readmission?
- Has the member developed severe, complicated comorbidities?
- Does the member have an inadequate support system or is the primary caregiver suffering from burnout?
- Is the member frequently using the emergency room to obtain their care?

If a Health Net member meets any of these criteria, providers may contact the Health Net Case Management Department at 1-800-977-7915 for non-commercial Medicare members or 1-888-732-2730 for commercial Medicare (employer group coverage) and commercial members. Members who want to self-refer to this program may call the toll-free Customer Contact Center number on the back of their Health Net identification (ID) cards. The Customer Contact Center representative contacts the Case Management Department with the member's information for appropriate outreach. Contacting the Case Management Department does not automatically qualify the member for the Health Net integrated case management program.

NURSE ADVICE LINE

The nurse advice line is a telephonic support program that empowers members to better manage their health. The program offers support for members coping with chronic and acute illness, episodic or injury-related events, and other health care issues. Highly trained clinicians are available 24 hours a day, seven days a week, to monitor and process health care inquiries that help members make informed health care decisions.

The nurse advice line staff is trained in telephone triage, and the health information manager may help members navigate questions and concerns about symptoms, appropriate treatment choices, and more.

CLINICAL PRACTICE GUIDELINES

Health Net's evidence-based clinical practice guidelines are updated at least every other year and when new scientific evidence or national standards are published. Centene's Corporate Clinical Policy Committee and Health Net's Medical Advisory Council (MAC) adopt the clinical practice guidelines and tools available on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals. Providers who do not have access to the Internet may contact the Health Net Provider Services Center to request printed copies of these guidelines.

Guideline sources include, but are not limited to, the following:

- Disease management – Decision Power clinical guidelines are available for providers to quickly reference information about a number of chronic conditions, which include asthma, COPD, CAD, diabetes, and HF. Source are found within the guidelines.
- Behavioral health – Clinical guidelines are available for such disorders as major depression, attention deficit hyperactivity disorder (ADHD) and substance use disorder.

PREVENTIVE HEALTH GUIDELINES

Health Net's preventive health guidelines are standards of care developed to encourage the appropriate provision of preventive services to members, according to their age, gender and risk status. These services include screening tests, immunizations and physical examinations. Health Net bases these guidelines on recommendations from evidence-based sources, such as the United States Preventive Services Task Force (USPSTF), Advisory Committee for Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC), American Congress of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), and American Academy of Family Physicians (AAFP). These guidelines do not address the specific diagnostic testing or medical care that may be necessary as indicated by the member's medical history and physical examination. As always, the judgment of the treating provider is the final determinant of member care.

Centene's Clinical Policy Committee and Health Net's MAC review and approve preventive health guidelines at least every two years or when new recommendations are published. The guidelines are available on the original website at provider.healthnet.com under *Working with Health Net > Clinical > Preventive Guidelines*. Providers who do not have access to the Internet may contact the Health Net Provider Services Center to request printed copies of these guidelines.

UTILIZATION MANAGEMENT

Health Net uses utilization management (UM) decision-making criteria that are objective and based on medical evidence to determine medical necessity, including InterQual,® Hayes Medical Technology Directory, Medicare coverage determinations, and Centene clinical policies and Health Net medical policies.

Centene and Health Net medical policies are available to providers on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals. Providers may obtain copies of specific Health Net criteria upon request by contacting the appropriate Health Net Provider Services Center as listed in the right-hand column on page 1.

When a medical necessity decision results in a denial, the denial letter contains an explanation of the denial, the criteria utilized to make the decision and appeal rights. The letter also includes the contact name and telephone number of the Health Net medical director if the requesting provider needs to discuss the denial.

Practitioners and providers participating with a Health Net delegated partner may also contact the delegated partner's UM department for the UM criteria. Health Net UM staff are available by contacting the Health Net Provider Services Center. The delegated partner UM staff can be contacted through the delegated partner.

UM decisions are based only on appropriateness of care, service and existence of coverage. Health Net does not reward practitioners, providers or other individuals for issuing denials of coverage for health care or services. There are no financial incentives for UM decision-makers to encourage decisions that result in underutilization.

QUALITY IMPROVEMENT INITIATIVES

The Quality Improvement Department utilizes several specific quality initiatives to help improve member health outcomes. Members may receive mailings, emails, text messages, live calls or interactive voice response (IVR) calls providing them with important educational information or reminders to take action when necessary. The focus of these initiatives may include preventive health screenings, influenza and vaccine, chronic disease management, and medication management, as appropriate. IVR calls are conducted by qualified vendors contracting with Health Net.

Health Net also collaborates with the California Quality Collaborative (CQC) to facilitate the sharing of ideas, best practices and resources. Various programs are available to providers to improve chronic disease care, patient satisfaction and efficiency. For a listing of educational programs and patient satisfaction and condition management resources, providers can visit www.calquality.org.

Health Net has developed the *Improving the Patient Experience* provider toolkit in collaboration with several providers and the CQC, which contains best practices and resources to assist providers. The toolkit is available on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Medicare Star Ratings

Improving quality of care is of primary importance for the Centers for Medicare & Medicaid Services (CMS) and one method it uses to monitor plans to ensure they meet Medicare's quality standards is the Medicare Star Ratings. This system is also used by CMS to tie improved quality of care for MA beneficiaries to quality bonuses. The ratings provide a tool for Medicare members to compare the quality of care and customer service offered by MA health and medication plans. It is important that providers participate and promote QI initiatives with members to improve the quality of care provided to MA members. Provider activities to help meet the goals of these QI initiatives include:

- Ensuring patients are up to date with all preventive health screenings.
- Developing or using registries to improve chronic disease management.
- Identifying patients with gaps in care and providing follow-up calls or letters.
- Conducting comprehensive annual exams to monitor medications, document care needs, review care plans, determine functional status, and identify social and physical needs (including pain status), and barriers they may have to routinely taking their medications.
- Coding claims and encounters accurately for the best data capture.
- Distributing educational materials to patients to help them understand and recall discussions, and improve compliance with their treatment plans.

QUALITY MEASURES AND SURVEYS

Health Net measures quality of care and services provided to members in a number of ways, including HEDIS performance measures for care and service, and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for annual assessments of member satisfaction. These results enable Health Net to address opportunities for improvement and are the basis for the implementation of various QI initiatives.

PPGs participating in the Health Net Pay for Performance (P4P) program receive annual reports, known as P4P Report Cards, which reflect effectiveness of care and member satisfaction. The information gathered from members, practitioners and providers enables Health Net to address opportunities for improvement and are the basis for the implementation of various QI initiatives. Health Net performance results for many of these efforts are available online through the provider portal or by mail on request. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

QUALITY AND SAFETY REPORTING

Health Net maintains the Hospital Advisor Tool, which includes performance metrics by diagnosis or procedure, such as volume, cost, mortality, and complications. The report also includes safety information from the Leapfrog Group and CMS's Hospital Quality Initiative. This Web-based tool is available to members, practitioners and providers to support informed decisions when seeking care. Providers can access this information on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

The Leapfrog Group

The Leapfrog Group is a nationwide collaborative effort to promote patient safety and improve quality of care. Since 2014, Health Net has been a Leapfrog Partner and is actively working with the Leapfrog Group, its board of directors, and other partners to improve the safety, quality and affordability of health care. This effort includes the Leapfrog Hospital Survey, a national rating system that gives consumers reliable information about a hospital's quality and safety. The Leapfrog Group identifies hospital progress toward implementing endorsed patient safety practices and meeting national quality standards. Leapfrog promotes patient safety and quality of care through:

- Computerized physician order entry (CPOE).
- Intensive care unit (ICU) physician staffing.

- Evidence-based hospital referral.
- Safe practices score based on National Quality Forum (NQF) standards.

Leapfrog allows hospitals to measure their progress in preventing certain hospital-acquired conditions and in properly caring for patients with certain common acute conditions. Leapfrog also publishes a Hospital Safety Score, which assigns each hospital a letter grade to indicate how safe the hospital is for patients. For more information about The Leapfrog Group, providers can visit www.leapfroggroup.org.

Office of the Patient Advocate

The California Office of the Patient Advocate (OPA) rates health plans and medical groups in their Health Care Quality Report Cards. The Report Cards allow consumers to compare the quality of care. The quality information includes clinical as well as patient experience data and is available on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

TRANSPLANT AND BARIATRIC PERFORMANCE CENTERS

Health Net providers must utilize transplant and bariatric performance centers for all members qualifying for these procedures to promote the best clinical outcomes and coordination of care. These performance centers and their participating surgeons have been selected based on adherence to national guidelines and have demonstrated an ongoing commitment to improving surgical performance and outcomes. The performance centers are also expected to coordinate a seamless transition of care by sharing information and keeping primary care physicians (PCPs) informed of their patients' status. Lists of transplant and bariatric performance centers are available in the operations manuals under *Benefits* > *Bariatric Surgery* or *Transplants*.

BEHAVIORAL HEALTH SERVICES

As appropriate, PCPs provide care for Health Net members who have behavioral health diagnoses. In addition, upon referral by a PCP or at a member's initiative, and depending on the benefit plan, Health Net offers specialty behavioral services from MHN providers. MHN is Health Net's behavioral health division. MHN practitioners provide behavioral health and substance use disorder (SUD) care to commercial members and most Health Net MA plan members. Contact the Health Net Provider Services Center at 1-800-929-9224 for MA members or 1-800-641-7761 for commercial members to learn which Health Net plans use MHN for behavioral health services. Practitioners and providers may refer members for behavioral health services. Some benefit plans allow members to self-refer by calling MHN at the telephone number on their Health Net ID cards.

For routine behavioral health service requests, MHN notes the member's needs, geographic area, benefit plan, and scheduling requirements to identify a practitioner or program that meets the clinical needs of the member. Member preferences, such as gender and cultural experience, are considered whenever possible. MHN makes appointments available within six hours for non-life-threatening emergencies, within 48 hours for urgent situations and within 10 business days for routine services.

PCPs and their office staff may contact MHN customer service and speak with a licensed care manager (CM). MHN CMs can assist PCPs by discussing the behavioral health needs of their patients. For physicians who are having difficulty finding appropriate behavioral health care for their members MHN customer service representatives are able to answer questions regarding MHN, its network of practitioners and programs, the referral process, member eligibility and benefits, as well as make referrals.

Coordination of care is fundamental to the member's well-being. PCP offices that receive information from other medical or behavioral health specialists are encouraged to document the information in the member's medical record and review relevant information with the member at his or her next primary care visit.

Screening for Depression

Practitioners and providers are encouraged to screen members for depression and other behavioral health conditions. Various brief screening instruments are available, such as the Patient Health Questionnaire (PHQ-9) from the U.S. Preventive Services Task Force at www.uspreventiveservicestaskforce.org/Page/Name/browse-tools-and-resources. Other useful resources for assessing, monitoring and treating depressive symptoms are available on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals. Newly enrolled Medicare members are screened for depression through a health risk assessment (HRA).

Depression Program

Health Net offers medication reminders and educational messages for adult commercial and MA members identified with depression. Members newly prescribed with an antidepressant medication receive automated IVR calls. The calls also offer a live follow-up call from a pharmacist.

Most Health Net members appropriately seek depression treatment from their PCPs, which is why Health Net provides physicians and PPGs with the following tools to manage and coordinate care for their patients with depression:

- Health Net's *QI Depression Program Provider Toolkit* includes a variety of easy-to-use tools and information to assist clinicians and patients with the various steps in the clinical process of managing depression in primary care, including depression detection, patient education in their preferred language, and treatment and support. Physicians can download the toolkit from the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.
- The MHN/Envolve People Care (EPC) Provider Toolkit – Treating and Managing Behavioral Health Conditions contains information about depression, alcoholism and ADHD along with medication management information and guidelines for sharing information and making referrals. The brochure also includes the Behavioral Health Care Coordination Form, which encourages communication between the behavioral health provider and medical provider. PCPs and specialists can download the form from the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Additionally, in an effort to increase awareness of the importance of depression identification and management among both providers and members, Health Net has been developing and posting:

- Member online news articles to educate members on what depression is, how to recognize it, the availability and types of treatments, and the importance of treatment and antidepressant medication adherence.
- Provider online news articles on the importance of antidepressant medication management, coordination of care and exchange of information between medical and behavioral health providers, and available resources for easy reference and assistance.

Alcohol and Substance Use

In an effort to help improve the diagnosis, treatment and follow-up care of alcohol and other drug (AOD) use, Health Net, in collaboration with MHN, has developed the Alcohol and Other Drug provider toolkit, which includes information about signs, symptoms and PCP management of AOD use. The toolkit is designed to provide current information and tools for PCPs and is available for download on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Another resource is the Initiation and Engagement of Alcohol and Other Drug Treatment Tip Sheet, which also provides information about the specifications of the performance metric, common barriers to treatment, and action steps to improve performance, including coding best practices. It is found at the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Providers have access to MHN's customer service line by dialing the MHN number on the back of the member's ID card or by dialing 1-888-935-5966 for help finding appropriate care for members, information about the referral process, member eligibility, and benefits.

PHARMACEUTICAL MANAGEMENT

Health Net and Centene Corporate Pharmacy and Therapeutics (P&T) Committees and the Envolve Pharmacy Solutions Strategy Development Committee manage the Health Net formularies, *Medicare Part D Formulary* and Health Net *Drug Usage Guidelines.* These documents are available to participating providers and members with pharmacy coverage through Health Net. The Health Net formularies and *Medicare Part D Formulary* serve as references for providers to use when prescribing pharmaceutical products for Health Net members with pharmacy coverage. The Health Net formularies and *Medicare Part D Formulary* are available on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

The Health Net P&T Committee, comprised of actively practicing physicians and pharmacists, reviews medications based on clinical efficacy, safety, side effects, cost-effectiveness, quality outcomes, and comparisons to existing products. It also develops protocols for medications requiring prior authorization through consideration of benefit plans, step-care protocols, quantity or duration limits, benefit exclusions, potential for misuse, potential usage indications that do not meet U.S. Food and Drug Administration (FDA) criteria, experimental or off-label use, and required level of laboratory or safety monitoring. The medication list and usage guidelines are reviewed and updated quarterly by the P&T Committee.

The Envolve Pharmacy Solutions Strategy Development Committee may recommend cost-based tier placement in the formularies for medications determined to be clinically equivalent by the P&T Committee.

PHARMACY CLINICAL AND SAFETY INITIATIVES

Health Net's pharmacy clinical and safety initiatives focus on the following topics: use of potentially high-risk medications in the elderly; appropriate narcotic/acetaminophen utilization; antibiotics; osteoporosis; medication therapy management (MTM) program; and medication adherence.

Use of Potentially High-Risk Medications in the Elderly Initiative

The primary objective of the Use of Potentially High-Risk Medications in the Elderly Initiative is to improve the quality of care in the elderly population through the promotion of appropriate prescribing. Medication safety is also a HEDIS and star measure for Medicare members.

Health Net has developed specific prior authorization criteria delineating potentially harmful use of medications in the elderly. The criteria have been derived from recent medical studies and publications, including the *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults* list on adverse medication events in elderly members. The information indicates specific medications that should be avoided and suggests alternatives. Community pharmacists may also contact providers to recommend safer alternatives.

Appropriate Opioid Utilization Initiative

The Appropriate Opioid Utilization Initiative's objectives are to reduce opioid overutilization, promote appropriate opioid use by members, enhance coordination of care between prescribers, and decrease the use of opioids after filling a prescription for opioid dependence. In addition, the program offers strategies and tools to providers for proper pain assessment and treatment of Health Net members.

Health Net sends targeted providers a biannual mailing, including a letter, medication reviews of members identified as having a high use of narcotic medications (greater or equal to 120 MME per day), and physician reference sheets on pain management. Targeted Health Net members receive an educational flyer regarding opioids.

Health Net's pharmacy benefit manager (PBM) has implemented an opioid overutilization program to manage narcotic utilization for MA Part D prescription drug (MA-PD) members. The program includes a pharmacist review of opiate prescriptions, notifications to members and providers, clinical discussions with members and providers, documented interventions in a central system, and point of service edits to restrict use if needed. Information about appropriate narcotic prescribing is on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Antibiotic Initiative

The primary objective of the Antibiotic Initiative is to promote judicious prescribing of antibiotic medications by providing a toolkit to assist practitioners in managing antimicrobial therapy.

In collaboration with the California Medical Association (CMA) Foundation's Alliance Working for Antibiotic Resistance Education (AWARE), select providers receive a toolkit developed by the AWARE Collaborative, including information about upper respiratory tract infection, pediatric pharyngitis and acute adult bronchitis; flu prevention guideline summaries; and member educational materials. Providers may download toolkit components from the AWARE website at www.aware.md. Health Net also offers more antibiotic awareness resources on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Osteoporosis Initiative

The primary objective of the Osteoporosis Initiative is to improve the quality of care for post-menopausal women with osteoporotic fractures. Members who have not had a bone mineral density (BMD) test or an appropriate medication for osteoporosis treatment after a fracture are identified for intervention.

Targeted Medicare members receive educational materials in the mail. Members may also receive calls from MedXM, a disease management vendor who does in-home bone screening, or Health Net's Medicare outreach team to help schedule appointments for bone mineral density testing. Targeted providers are faxed an Osteoporosis Fracture Patient Alert with a claims history of their patients. The program is a bimonthly intervention to reach high-risk members in a timely manner.

Medication Therapy Management Program

MA members with a prescription medication benefit are eligible for the MTM program if they have eight or more chronic medications; three or more of the following conditions: COPD, depression, osteoporosis, diabetes, or hyperlipidemia; and are likely to incur an annual medication cost of $3,967, as specified by CMS. All Special Needs Plan (SNP) members are

also enrolled in the MTM program, regardless of the criteria listed above. In this program, Health Net pharmacists review medication claims to reduce therapeutic duplications, find opportunities to reduce costs, fill therapeutic care gaps, improve medication adherence, inform members of medication interactions, and provide education on medication-age contraindications.

Health Net sends targeted members a letter with recommendations and a telephone number to connect them to a Health Net pharmacist and receive a comprehensive medication review, including a review of over-the-counter or herbal products. Health Net also sends physicians a fax notifying them of the same issues so they can coordinate the member's care. For SNP members, Health Net sends copies of the interventions to PCPs and case managers.

Adherence Program

Health Net's PBM calls MA-PD members taking oral diabetes medications, statins and renin-angiotensin system inhibitors to evaluate and help them overcome barriers to medication adherence. Members identified as non-adherent receive an IVR call with an option to speak with a pharmacist to address barriers and an offer for pillboxes, if useful. The PBM sends follow-up letters to members who could not be reached on the telephone. All members receive a flyer with written information for future reference.

HEALTH ASSESSMENT FOR MEDICARE ADVANTAGE MEMBERS

Health Net makes every effort to perform a telephonic HRA for new MA members within 90 days of enrollment. Health Net mails HRAs to members who cannot be reached by telephone. Health Net reports member responses to the appropriate PPGs and PCPs to facilitate more efficient access to health care for each new MA member's medical or behavioral health concerns.

NOTIFICATION OF ACCESS STANDARDS

Health Net strives to ensure members have a comprehensive provider network to offer timely access to care. Health Net continually monitors the network and evaluates whether members have sufficient access to practitioners and providers who meet their care needs.

To fulfill federal, state, regulatory, and accreditation requirements for annual notification of access standards, Health Net notifies all applicable providers that Health Net has established appointment access standards, network adequacy requirements, and access and availability monitoring processes. The standards include, but are not limited to, appointment waiting times for routine, urgent and preventive care; requirements for after-hours access to care; and other requirements and guidelines for access to medical care as mandated by the applicable regulatory body for the line of business.

The complete set of access standards and revised after-hours script templates are available in the Provider Library on the provider portal. Refer to the table beginning on page 14 on how to access this information on the original and new provider portals.

Providers who do not have access to the Internet may contact the Health Net Provider Services Center to request printed copies of these standards and after-hours script templates.

RIGHTS AND RESPONSIBILITIES

Health Net is committed to treating members in a manner that respects their rights, recognizes their specific needs and maintains a mutually respectful relationship. In order to communicate this commitment, Health Net has adopted member rights and responsibilities, which apply to members' relationships with Health Net, its practitioners and providers, and all other health care professionals providing care to its members. The member rights and responsibilities are available in the operations manual under *Member Rights and Responsibilities* or upon request by contacting the Health Net Provider Services Center.

POTENTIAL QUALITY OF CARE ISSUE REFERRALS

In compliance with regulatory requirements and to ensure members receive the highest quality of care, Health Net monitors and evaluates potential quality of care issues involving Health Net members through the Health Net quality management program. The Potential Quality Issue Referral Form is available for providers to fax reports of potential or suspected deviation from standards of care that cannot be justified without additional review or investigation. Providers may continue to refer issues identified as member appeals or grievances, including member complaints, to Health Net's Customer Contact Center or Member Appeals and Grievances departments for appropriate resolution.

Potential Quality Issue Referral Form

Providers may access the Potential Quality Issue Referral Form in the Provider Library on the provider portal under *Forms*, and searching for the Potential Quality Issue Referral Form.

Providers can complete the Potential Quality Issue Referral Form and submit it to the quality management program via confidential fax at 1-877-808-7024, preferably within one business day of the incident. The indicators on the form refer to an event or trigger. Use the broad general category lists to identify the potential quality of care issue, or use the *Other* category to describe the incident. Additional completion instructions are provided on the form.

MEMBER APPEALS

A member or a member representative who believes that a determination or application of coverage is incorrect has the right to file an appeal. Health Net responds to commercial standard appeals within 30 calendar days. A 72-hour appeal resolution is available if waiting could seriously harm the member's health.

In addition to this appeal process, HMO, POS and HSP members may also contact the California Department of Managed Health Care (DMHC). DMHC is responsible for regulating managed health care service plans. DMHC receives complaints and inquiries about health plans via a toll-free number at 1-888-466-2219. The hearing and speech impaired may use the California Relay Services toll-free number at 1-800-735-2929 (TTY), or contact DMHC at 1-877-688-9891 (TDD). DMHC's complaint forms and instructions are available online via the DMHC website at www.hmohelp.ca.gov. EPO and PPO members may contact the California Department of Insurance (CDI) by telephone at 1-800-927-4357 or online at www.insurance.ca.gov.

Health Net does not delegate member grievances or appeals. All grievances and appeals must be forwarded within one business day to the Health Net Appeals and Grievances Department.

Appeals and Grievances PPG Reports

Health Net has added a written record of commercial HMO and POS appeals and grievances to the quarterly PPG-specific performance reports. Metrics contained in these reports are benchmarked against overall health plan experience, and detail is provided for both clinical and administrative appeals. This may reveal opportunities at the PPG level to improve management of appeals and grievances with the ultimate goal of enhancing the customer experience, decreasing the overturn volume and improving the denial process.

Medicare Advantage Members

Federal regulations stipulate that special appeals procedures must be followed for MA members. MA members may first appeal to the health plan. If the denial decision is upheld, or partially upheld, the case is forwarded to the independent review entity. The MA appeals procedure does not include binding arbitration. MA members have a right to appeal any decision about payment for, or failure to arrange or continue to arrange for, what the member believes are covered services (including non-Medicare-covered benefits) under the Health Net MA plan. For additional information about the MA member appeals process, refer to the Health Net MA provider operations manuals. The table beginning on page 14 has more information on accessing this information on the original and new provider portals.

PRIVACY AND CONFIDENTIALITY

Health Net members' protected health information (PHI), whether it is written, oral or electronic, is protected at all times and in all settings. Health Net practitioners and providers can only release PHI without authorization when:

- Needed for payment.
- Necessary for treatment or coordination of care.
- Used for health care operations (including, but not limited to, HEDIS reporting, appeals and grievances, UM, QI, and disease or care management programs).
- Where permitted or required by law.

Any other disclosure of a Health Net member's PHI must have a prior, written member authorization.

Health Net practitioners and providers must ensure that only authorized people with a need to know have access to a member's PHI. Health Net requires PPGs to obtain Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreements from people or organizations with which the PPG participates to provide clinical and administrative services to members.

Special authorization is required for uses and disclosures involving sensitive conditions, such as psychotherapy notes, AIDS or substance abuse. To release a member's PHI regarding sensitive conditions, Health Net practitioners and providers must obtain prior written authorization from the member (or authorized representative), which states the information specific to the sensitive condition that may be disclosed.

INTERPRETER SERVICES

Interpreter services are available at no cost to Health Net members and providers without unreasonable delay at all medical points of contact. The member has the right to file a complaint or grievance if linguistic needs are not met.

Provider Guidelines

- Providers may not request or require an individual with limited English proficiency (LEP) to provide his or her own interpreter.
- Providers may not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP.
- Providers may not rely on an adult or minor child accompanying an individual with LEP to interpret or facilitate communication.
- A minor child or an adult accompanying the patient may be used as an interpreter in an emergency involving an imminent threat to the safety or welfare of the individual or the public where there is no qualified interpreter for the individual with LEP immediately available.
- An accompanying adult may be used to interpret or facilitate communication when the individual with LEP specifically requests that the accompanying adult interpret, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
- Providers are encouraged to document in the member's medical record the circumstances that resulted in the use of a minor or accompanying adult as an interpreter.

To obtain interpreter services, members and providers can contact Health Net Member Services at the telephone number located on the member's ID card.

MEDICAL RECORD DOCUMENTATION STANDARDS

Health Net has established standards for the administration of medical records that ensure medical records conform to good professional medical practice, support health management and permit effective member care. A good medical record management system not only provides support to clinical practitioners and providers in the form of efficient data retrieval, but also makes data available for statistical and quality-of-care analyses.

The medical record serves as a detailed analysis of the member's history, a means of communication to assist the multidisciplinary health care team in providing quality medical care, a resource for statistical analysis, and a potential source of defense support information in a lawsuit. It is the practitioner's and provider's responsibility to ensure not only completeness and accuracy of content, but also the confidentiality of the health record. Health Net requires that the practitioner and provider adhere to the standards for maintaining member medical records and to safeguard the confidentiality of medical information.

Practitioners and providers are responsible for responding to requests for information while protecting the confidentiality interests of Health Net members. All practitioners and providers must have policies and procedures that address confidentiality and the consequences of improper disclosures of member PHI. Refer to the Medical Records Guidelines topic in the Health Net provider operations manuals (available online through the original website at provider.healthnet.com) to review specific levels of medical record security that must be addressed by practitioner and provider policies and procedures governing the confidentiality of medical records and the release of member PHI.

Health Net monitors medical record documentation compliance and implements appropriate interventions to improve medical record-keeping. Medical record guidelines are available through the original website at provider.healthnet.com or upon request by contacting the Health Net Provider Services Center.

ADDITIONAL INFORMATION

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
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
ENHANCEDCARE PPO (SBG)	1-844-463-8188	provider.healthnet.com	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	

[1] Health Net members have access to Decision Power through their current enrollment with Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies. Decision Power is not affiliated with Health Net's provider network. Decision Power is not part of Health Net's commercial medical benefit plans and it may be revised or withdrawn without notice. However, Decision Power is part of Health Net's Medicare Advantage benefit plans for the plan year. Health Net and Decision Power are registered service marks of Health Net, Inc.

ACCESSING INFORMATION ON THE HEALTH NET PROVIDER PORTAL

Providers should refer to the table below for instructions on how to access information referenced throughout this communication on both the new and original Health Net provider portals.

ACCESSING RESOURCES ON THE HEALTH NET PROVIDER PORTALS

If you need to access the:	For a member enrolled in:	Go to:	Then:
Alcohol and Other Drug provider toolkit	• Individual MA • IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources > Quality > Behavioral Health Resources for Health Net Providers.*
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net > Quality > Behavioral Health Resources for Health Net Providers > Alcohol and Other Drugs Provider Toolkit*.
Antibiotic awareness resources	• Individual MA • IFP	provider.healthnet.com	Go to *Working with Health Net > Quality > Next Steps > Antibiotic Awareness*.
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS		
Appropriate narcotic prescribing information	• Individual MA • IFP	provider.healthnet.com	Go to *Pharmacy Information > Clinical Prescribing Tools > Opioids.*
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS		
Assessing, monitoring and treating depressive symptoms resources	• Individual MA • IFP	provider.healthnet.com	Go to *Working with Health Net > Clinical > Clinical Guidelines > Major Depression Clinical Practice Guideline*.
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS		

If you need to access the:	For a member enrolled in:	Go to:	Then:
Engagement of Alcohol and Other Drug Treatment Tip Sheet	• Individual MA • IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources > Quality > Provider Tip Sheets.*
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net > Quality > Provider Tip Sheets > California Commercial and Medicare IET Tip Sheet.pdf*.
Health Care Quality Report Cards	• Individual MA • IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources > Quality > Provider Resources > California's Medical Group Report Card.*
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS	provider.healthnet.com	Go to *Providers and Facilities > State of California's Medical Group Report Card > Continue*.
Health Net formularies and Medicare Part D Formulary	• Individual MA • IFP	provider.healthnet.com	Go to *Pharmacy Information > Drug Lists*.
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS		
Hospital Advisor Tool	• Individual MA • IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources > Quality > Provider Resources > Compare Hospital Tool.*
	• Employer group MA HMO • HMO • HSP • PPO • EPO • POS	provider.healthent.com	Go to *Providers and Facilities > Compare Hospitals > Continue > Hospital Advisor*.
Medical policies or clinical guidelines	• Individual MA • IFP	provider.healthnet.com	Go to *Working with Health Net > Clinical > Medical Policies > Clinical Guidelines*.

If you need to access the:	For a member enrolled in:	Go to:	Then:	If you need to access the:
MHN/Envolve People Care (EPC) Provider Toolkit	• Individual MA	• IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources* > *Quality* > *Behavioral Health Resources for Health Net Providers.*
	• Employer group MA HMO • HMO • HSP	• PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net* > *Quality* > *Behavioral Health Resources for Health Net Providers.*
Patient Experience Toolkit	• Individual MA	• IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources* > *Quality* > *Patient Experience Provider Toolkit*.
	• Employer group MA HMO • HMO • HSP	• PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net* > *Quality* > *Patient Experience Provider Toolkit.*
Provider Library	• Individual MA	• IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources* > *Contractual* > *Go to the Provider Library*.
	• Employer group MA HMO • HMO • HSP	• PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net* > *Contractual* > *Policy Library* > *Go to the Provider Library*.
Provider operations manuals	• Individual MA	• IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources* > *Contractual* > *Go to the Provider Library*.
	• Employer group MA HMO • HMO • HSP	• PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net* > *Contractual* > *Policy Library* > *Go to the Provider Library*.
QI Depression Provider Toolkit	• Individual MA	• IFP	provider.healthnetcalifornia.com	Select product type, on the Home screen, under *Welcome*, select *Resources* > *Quality* > *Behavioral Health resources for Health Net Providers.*
	• Employer group MA HMO • HMO • HSP	• PPO • EPO • POS	provider.healthnet.com	Go to *Working with Health Net* > *Quality* > *Depression Program Provider Toolkit*.

PROVIDER*Update*

Health Net®

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Summary Update: Quality Management Program

This communication provides a summary of the components of the Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) multifaceted quality management program, including its quality improvement (QI) processes and instructions on how to obtain additional information about the program. Providers are encouraged to review the complete description of the Health Net QI program at least annually to be familiar with the programs and resources available to assist in improving members' health.

A complete overview of Health Net's quality management program is available in provider update 18-268, *Quality Management Program*, available in the Provider Library on the original Health Net provider website at provider.healthnet.com under *Updates and Letters > 2018* or the new website at provider.heathnetcalifornia.com under *Resources > Contractual* and then press *Go to the Provider Library* button which links to the Provider Library on the original website.

QUALITY IMPROVEMENT OVERVIEW

The Health Net QI program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis. The QI program includes the development and implementation of standards for clinical care and service, the measurement of adherence to the standards, and the implementation of actions to improve performance. The scope of the program includes:

- Wellness and disease management.
- Clinical practice and preventive health guidelines.
- Utilization management processes.
- Quality improvement initiatives.
- Quality measures and safety.
- Transplant and bariatric performance centers.
- Behavioral health services.
- Pharmaceutical management.
- Medicare Advantage (MA) health assessments.
- Access to care standards.
- Rights and responsibilities.
- Quality of care.
- Member appeals.
- Privacy and confidentiality.
- Interpreter services.

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

EnhancedCare PPO (IFP)
1-844-463-8188
provider.healthnetcalifornia.com
EnhancedCare PPO (SBG)
1-844-463-8188
provider.healthnet.com
Health Net Employer Group HMO, POS, HSP, PPO, & EPO
1-800-641-7761
provider.healthnet.com
IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO
1-888-926-2164
provider.healthnetcalifornia.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 documentation.

More extensive information about all the programs listed above is available on the original Health Net provider website at provider.healthnet.com, the new provider website at provider.heathnetcalifornia.com and in the Health Net provider operations manuals online in the Provider Library. Additional information located online includes:

- Physician review policy for denial decisions.
- Utilization management process, authorization of care and criteria.
- Utilization management affirmative statements.
- Use of protected health information (PHI).

ADDITIONAL INFORMATION

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

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