PROVIDER*Update*

Health Net®

NEWS & ANNOUNCEMENTS | MAY 4, 2018 | UPDATE 18-270 | 10 PAGES

Medi-Cal Quality Management Program

This update provides an overview of the components of the Health Net Community Solutions, Inc. (Health Net) multifaceted Medi-Cal quality management program, including its quality improvement (QI) processes and instructions on how to obtain additional information from the Health Net provider website at provider.healthnet.com.

QUALITY IMPROVEMENT PROGRAM SCOPE

Health Net's 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, measurement of conformance to the standards, and implementation of actions to improve performance. The scope of the program includes:

- Quality improvement projects.
- Quality measures and surveys.
- Wellness and disease management.
- Integrated care management.
- Clinical practice and preventive health guidelines.
- Initial health assessments.
- Access to care.
- Medical record documentation standards.
- Medical record, facility site and physical accessibility reviews.
- Utilization management processes.
- Pharmaceutical management.
- Rights and responsibilities.
- Member appeals.
- Privacy and confidentiality.
- Interpreter services.

OPEN CLINICAL DIALOGUE

Health Net's Medi-Cal *Provider Participation Agreement (PPA)* includes a statement that participating providers can communicate freely with members regarding their medical conditions and treatment alternatives, including medication treatment options, regardless of coverage limitations.

QUALITY PERFORMANCE IMPROVEMENT PROJECTS

Health Net conducts quality performance improvement projects (PIPs) targeting specific health care issues that impact a significant number of members. PIPs may also address

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

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

fax 1-800-937-6086

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. OTH018699EH00 (5/18)

utilization of health services to enhance health outcomes and include testing small-scale change at the provider-, member- and health plan-level to ultimately improve the quality of members' health care and outcomes. From 2017 until 2019, Health Net will conduct two performance improvement projects that will address childhood immunizations and disparities in cervical cancer screening outcomes. Both PIPs require frequent reporting to the Department of Health Care Services (DHCS) and specific expectations for working with a single participating physician group (PPG), completing a process map, failure modes effect analysis, intervention analysis, and monthly progress monitoring. Select provider groups are engaging in these focused studies and results and lessons learned will be provided at the end of the project. Depending on the progress of the initiatives, Health Net will expand the interventions to other PPGs and potentially across all counties.

QUALITY MEASURES AND SURVEYS

Health Net measures quality of care and services provided to members in a number of ways, including Healthcare Effectiveness Data and Information Set (HEDIS®) for performance measures for care and service, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for member satisfaction, member appeals and grievances, and access and availability surveys. In addition, Health Net conducts an annual provider satisfaction survey to identify opportunities to better serve its participating providers.

DHCS uses a performance-based auto-assignment algorithm for managed care plans in Two-Plan and Geographic Managed Care counties. Distribution of Medi-Cal default enrollment is determined based in part on comparative plan performance on six HEDIS measures. The following six key preventive measures support Health Net's interest in providing quality care and service for Medi-Cal members and meet DHCS requirements:

- Well-child visits for members ages three to six (annually) per the American Academy of Pediatrics (AAP) guidelines.
- Childhood immunizations, including four DTP, three IPV, one MMR, three HIB, three Hep B, one VZV, and four pneumococcal vaccines by the child's second birthday.
- Prenatal care visits (first visit is within the first trimester).
- Cervical cancer screening for females ages 21 to 64 (Pap test performed at least every one to three years).
- Comprehensive diabetes care for hemoglobin A1c testing.
- Controlling blood pressure (BP) less than 140/90 for ages 18 to 50 and ages 60 to 85 with diabetes, and when BP is less than 150/90 for ages 60 to 85 without diabetes.

Appropriate timeliness of services, outreach to members, clinical documentation, correct coding, as well as timely and complete encounter submissions are important elements of meeting preventive care guidelines. Health Net offers provider offices training materials, member outreach calls, member newsletters, and an online provider newsletter all designed to help providers and members accomplish these preventive measures.

BE IN CHARGE!℠ DISEASE MANAGEMENT PROGRAM

The *Be in Charge!* Disease Management program provides disease-specific management for members with asthma, diabetes and heart failure (HF). The goal of Health Net's *Be in Charge!* Disease Management program is to improve member knowledge and self-management of these diseases leading to improved quality of life, better functional status and decreased absenteeism. Additionally, the program aims to empower members to manage their diseases in accordance with national, peer-reviewed published guidelines and to ensure that members receive necessary screenings and monitoring services.

Health Net mails educational materials, action plans, information about the program, and contact numbers for the Health Net nurse advice line to members enrolled in the program. Health Net conducts outbound telephonic interventions and makes referrals to integrated care management for members identified as being at high risk for hospitalizations or poor outcomes, or in need of assistance with psychosocial issues. Monthly, Health Net sends lists to primary care physicians (PCPs) of their Health Net members enrolled in the disease management program and each member's risk category.

Providers should contact the Health Net Health Education Department at 1-800-804-6074 to refer Health Net members who have asthma, diabetes or HF, and who are not currently enrolled in the *Be in Charge!* Disease Management program. Members may also self-refer into the program or may opt out of this program at any time by contacting the Health Net Health Education Department at 1-800-804-6074. More information about the *Be in Charge!* Disease Management program, such as member identification and enrollment in the program, interventions, and member and provider outreach activities and resources, is available in the provider operations manuals on provider.healthnet.com. Select *Provider Library* > *Operations Manuals* > *Quality Improvement* > *Disease Management Programs*.

FIT FAMILIES FOR LIFE – *BE IN CHARGE!* WEIGHT CONTROL PROGRAMS

Providers should complete and fax a copy of the Fit Families for Life – *Be in Charge!* Program Referral form to the Health Net Health Education Department at 1-800-628-2704 to refer members to these weight control programs, or to request program materials and resources. To request a copy of the Fit Families for Life program referral form, providers may contact the Health Net Health Education Department at 1-800-804-6074. Members interested in these programs may also contact the Health Net Health Education Department.

Fit Families for Life – Home Edition

The Home Edition program is one of a number of member-based offerings under the Fit Families for Life – *Be in Charge!* program. It is a five-week, home-based family intervention program that promotes healthier lifestyles. Through goal-setting strategies, participants receive guidance on making better food choices and increasing physical activity. A program workbook covers topics, such as how to read a nutritional facts label, tips for adding fruits and vegetables to everyday meals, family involvement in the kitchen, tips for eating out, and aerobic exercise options. A healthy recipes cookbook, exercise stretch band and DVD accompany the workbook. Available in English, Spanish, sign language, and closed captioning, the DVD provides multiple easy-to-follow exercise segments designed to accommodate various levels of physical ability, including a strength training demonstration. Program materials are available in English and Spanish, which providers can request for Health Net members (regardless of weight status) by contacting the Health Net Health Education Department or by using the referral form. The program is also available to members and the community through a community classroom format, whereby trained classroom facilitators educate participants about how to incorporate healthy eating and active living strategies into their family lifestyle.

Fit Families for Life – Telephonic Coaching Program

In addition to the Home Edition materials described above, members ages 6 through 20 who have a body mass index (BMI) at or above the 95th percentile are eligible for Health Net's Fit Families for Life telephonic coaching program. This program provides eligible members with personalized telephonic coaching support from a nutrition support nurse or registered dietitian to address nutritional concerns and help members recognize and change negative behaviors and triggers.

Members earn $10 toward a reloadable gift card for each successful coaching call. With a maximum of five calls, members can earn up to $50 after successful completion of the entire program. Members can earn an additional $20 for a follow-up visit to their provider six months after program completion.

To enroll members in the telephonic coaching program, providers must fill out the referral form completely, noting the member's height, weight, BMI value, BMI percentile, and pre-existing conditions. A physician and parent signature, if the member is under age 18, are required for participation.

Fit Families for Life – Breastfeeding and Nutrition Support Line

The Health Net Breastfeeding and Nutrition Support Line provides telephone access to personalized counseling on breastfeeding, nutrition and weight management topics. A registered nurse is on call to answer nutrition-related questions. Members have the option to speak with a registered dietitian upon request. Members interested in the Breastfeeding and Nutrition Support Line should contact the Health Net Health Education Department at 1-800-804-6074 or Member Services at 1-800-675-6110.

PEDIATRIC AND ADOLESCENT OVERWEIGHT ASSESSMENT AND MANAGEMENT GUIDELINES

In an effort to support busy providers with resources to care for children and adolescents at risk for being overweight and obese, Health Net offers the Pediatric and Adolescent Overweight Assessment and Management Guidelines flip chart. This flip chart gives providers practical, point-of-care guidance on the prevention and treatment of overweight and obese patients. Adapted from the Child and Adolescent Obesity Provider Toolkit produced by the California Medical Association (CMA) Foundation and an expert panel of health care professionals, Health Net created this flip chart to offer the latest tools and practice recommendations for providers in addressing excess weight and obesity in their patients, including:

- Identification and management of body weight with a routine calculation of BMI.
- Assessment, monitoring and management of at-risk children and adolescents, including brief education and counseling tools, targeted laboratory screenings, and appropriate specialty referrals.
- Cultural sensitivity considerations during the patient-provider experience.

- Resource information for nutrition, physical fitness and life-skill support education, national guidelines, and weight management programs.

To receive a printed copy of the flip chart, providers may contact the Health Education Department at 1-800-804-6074. To review the electronic version of the complete Child and Adolescent Obesity Provider Toolkit, visit the CMA Foundation website at www.thecmafoundation.org/programs/obesity.

FIT PROVIDERS FOR LIFE

Fit Providers for Life is a worksite wellness program for providers and their staff. Recognizing that a healthy provider and staff are more motivated, energetic and happy, contributing to a favorable and productive workday. Provider offices interested in this program receive a program toolkit to develop their own worksite wellness activities. Additionally, all staff receive a nutrition and physical activity tip sheet and Fit Families for Life DVD.

RETHINK YOUR DRINK AND *MY PLATE* PROVIDER TOOL

Consumption of sugar-sweetened beverages and unhealthy foods continues to be an escalating trend in many households. To assist medical providers in the campaign to reduce the consumption of sodas, energy drinks and unhealthy meals, the two-sided poster/table-top piece, *Rethink Your Drink* and *My Plate*, is a clinic-based tool for office visits with adolescents and parents. Available in English and Spanish, this tool was developed in partnership with the Los Angeles Collaborative for Healthy Active Children. To request a copy, providers may contact the Health Net Health Education Department at 1-800-804-6074.

TOBACCO CESSATION PROGRAM

The California Smokers' Helpline tobacco cessation program is available to Health Net Medi-Cal members. The program offers free telephone counseling, self-help materials and online help in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese) to help members quit smoking and stay tobacco-free. Health Net Medi-Cal members can enroll in the telephonic tobacco cessation program by calling the California Smokers' Helpline at 1-800-662-8887 or 1-800-NO-BUTTS, or online at www.nobutts.org. Members may request a referral to group counseling by calling Health Net's Health Education Department at 1-800-804-6074.

The program provides additional support through texting. Members receive customized daily texts during the first important weeks of quitting and staying tobacco-free. Members may enroll at nobutts.org/ and select Texting Program.

ELECTRONIC HEALTH EDUCATION PROGRAMS

T2X is a Web and mobile technology platform that educates and motivates individuals to adopt healthier lifestyles by addressing topics, such as nutrition, fitness, smoking cessation, depression, vaccination, anti-bullying, and sexual health. The goal of T2X is to increase participants' capacity to access and appropriately use their health coverage, become more engaged in their health care and health behavior decisions, and develop pro-health attitudes. Individuals ages 13 and older, regardless of health coverage status, can join for free online at www.t2x.me.

INTEGRATED CARE MANAGEMENT PROGRAM

Integrated care management is available to eligible Health Net members. The goal of integrated care management is to address the holistic needs of each member through their individual continuum of health care. Integrated care management is comprised of two components, complex care management and care coordination.

Complex Care Management

Complex care management focuses on members identified as having multiple comorbidities, being at high risk for hospitalizations or poor outcomes, or in need of extensive use of resources related to catastrophic illness or injury, (such as transplants, HIV/AIDS, cancer, serious motor vehicle accidents) and high-risk pregnancy. This criteria is not all inclusive; clinical judgment is used to determine a member's appropriateness for each level of case management, considering such factors as stability of the condition(s), available support system, and current place of residence. The program utilizes a member-focused, goal-directed, evidence-based approach to develop, implement and monitor the care plan. Trained nurse care managers and licensed clinical social workers, in collaboration with a multidisciplinary team, provide coordination, education and support to the member in achieving optimal health, enhancing quality of life and accessing appropriate services.

Care Coordination

Care coordination is designed to assist members with primarily psychosocial issues, such as housing, financial, lack of family or social support, with need for referrals to community resources, or assistance with accessing health care services. Care coordination typically involves non-clinical activities performed by non-clinical staff. Clinical staff may provide assistance if minor medical or behavioral health concerns arise.

Program Components

This program supports Health Net members, families and caregivers by coordinating care and facilitating communication between health care providers. Once a member is selected to participate in the program, a care manager contacts the member's PCP to coordinate care. This helps facilitate an appropriate personalized level of care for members, which may include:

- Telephonic and face-to-face (as needed) interactions.
- Comprehensive assessment of medical, psychosocial, cognitive, medication adherence, and DME needs.
- Development of an individual care treatment plan in collaboration with the member and the health care team that reflects the member's ongoing health care needs, abilities and preferences.
- Consolidation of treatment plans from multiple providers into a single plan of care to avoid fragmented or duplicative care.
- Coordination of treatment plans for acute or chronic illness, including emotional and social support issues.
- Coordination of resources to promote the member's optimal health or improved functionality with referrals to other team members or programs as appropriate.
- Education and information about medical conditions and self-management skills, compliance with the medical plan of care, and other available services to reduce readmissions and inappropriate utilization of services.
- Communication to the provider and medical home.

On an ongoing basis, Health Net evaluates the efficacy of this program by reviewing and comparing specific member outcomes and utilization before and after case management intervention.

Referrals

Providers may refer a member by email to cashp.acm.cma@healthnet.com or via fax to 1-866-581-0540. The Case Management Referral Form is available on provider.healthnet.com in the Provider Library under *Forms*. Members may self-refer to the program by calling the Health Net Medi-Cal line at 1-800-675-6110, option 2 and request case management.

CLINICAL PRACTICE GUIDELINES

Health Net's evidence-based clinical practice guidelines are from nationally recognized sources and form the foundation for its disease management programs. All guidelines are reviewed and updated at least biannually 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, which are available at provider.healthnet.com under *Working with Health Net > Clinical > Medical Policies > Clinical Guidelines*. Guideline sources include, but are not limited to, the following:

- Disease management – Clinical guidelines and overview summaries are available for providers to quickly reference information about chronic conditions, which include asthma, diabetes and HF. Sources are found within the guidelines.
- Behavioral health – Clinical guidelines are available for such disorders as attention deficit hyperactivity disorder (ADHD) and substance use disorder.

PREVENTIVE HEALTH GUIDELINES

Health Net recommends that participating providers follow the preventive guidelines adopted from the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC), the American Congress of Obstetrics and Gynecology (ACOG), the American Cancer Society (ACS), and the American Academy of Family Physicians (AAFP) in the treatment of adult, senior, prenatal, and postpartum Health Net members. The guidelines of AAP and the Advisory Committee for Immunization Practices (ACIP) are recommended for the preventive care and treatment of infants,

children and adolescents. A Health Net member's medical history and physical examination may indicate that further medical tests are needed. As always, the judgment of the treating physician is the final determinant of member care.

Current recommended guidelines of the specialty boards, academies and organizations used in the development of Health Net preventive health guidelines are available on the following websites:

- USPSTF – www.uspreventiveservicestaskforce.org.
- CDC – www.cdc.gov.
- ACOG – www.acog.org.
- ACS – www.cancer.org.
- AAP – www.aap.org.
- AAFP – www.aafp.org.

Health Net preventive health guidelines are available through provider.healthnet.com. All information offered on the Health Net provider website is available to participating providers in print copy upon request.

INITIAL HEALTH ASSESSMENTS

New Medi-Cal members must receive an initial health assessment (IHA), which includes an age-appropriate history, physical examination and Individual Health Education Behavioral Assessment (IHEBA) within 120 days after the date of enrollment. In addition to assessing the member's health, this examination should be used to determine health practices, values, behaviors, knowledge, attitudes, cultural practices, beliefs, literacy levels, and health education needs.

Members under age 18 months require a health assessment within periodicity timelines established by the AAP for ages two and younger, whichever is less. All new pediatric plan members receive preventive services in accordance with the AAP Periodicity Table for Wellness Examination. Newly enrolled adult plan members receive preventive services in accordance with the latest edition of the Clinical Preventive Services published by the USPSTF.

DHCS's approved IHEBA is the Staying Healthy Assessment (SHA). The SHA is the established assessment tool that enables PCPs to assess Medi-Cal members' current acute, chronic and preventive health needs. The SHA includes standardized questions to assist PCPs in:

- Identifying and tracking high-risk behaviors of individual Medi-Cal members.
- Assigning priority to individual health education needs related to lifestyle, behavior, environment, culture, and language.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referrals, and follow-up care.

All SHA questionnaires must include the PCP's name, signature and date. The SHA should be completed at age-related intervals, as appropriate. If a member refuses to complete the SHA, the PCP must make note of the refusal in the member's medical record.

Providers can access SHA training and download or print electronic versions of the SHA directly from the DHCS website at www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx, where it is available in nine threshold languages. The SHA is also available in English, Spanish, Arabic, Farsi, and Khmer on provider.healthnet.com in the Provider Library under *Forms*. Providers are encouraged to contact the Health Net Health Education Department at 1-800-804-6074 for more information about SHA.

NOTICE OF ACCESS STANDARDS

Health Net has established access and availability standards, reviewed and revised annually as needed, that strive to ensure compliance with all applicable state, federal, regulatory, and accreditation requirements, and that members have a comprehensive provider network and timely access to care.

Health Net is committed to monitoring the network and evaluating whether members have sufficient access to practitioners and providers who meet members' care needs. These include timeliness standards for waiting times for regular and routine appointments, urgent care appointments and after-hours care, as well as provisions for appropriate back-up for absences. The access standards are reviewed annually against applicable state and federal regulations and mandates, and are revised as needed. Health Net recommends providers review these periodically. Additionally, Health Net makes after-hours scripts available that include examples on how to implement the script for live voice, auto attendant or answering machine messaging.

The complete set of access standards and revised after-hours scripts are available on provider.healthnet.com in the Quality Improvement Corner under *Working with Health Net > Quality > Patient Experience Provider Toolkit > Improving Access to Care References*. 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 scripts.

MEDICAL RECORD DOCUMENTATION STANDARDS

Health Net has established standards for the administration of medical records to ensure medical records conform to good professional medical practice, support health management and permit effective member care. A good medical records management system not only provides support to clinical participating 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 to support information in a lawsuit. It is the participating 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 provider adhere to the standards for maintaining member medical records and to safeguard the confidentiality of medical information.

Participating providers are responsible for responding to demands for information while protecting the confidentiality interests of Health Net members. All participating providers must have policies and procedures that address confidentiality and the consequences of improper disclosure of protected health information (PHI). Providers should refer to provider.healthnet.com under *Provider Library > Operations Manuals > Medical Records > Confidentiality of Medical Records > Procedure* to review specific levels of security of medical records that must be addressed by the participating provider's policies and procedures governing the confidentiality of medical records and the release of members' PHI.

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

MEDICAL RECORD AND FACILITY SITE REVIEWS

Health Net's Facility Site Review Compliance Department conducts periodic medical record reviews (MRRs) and facility site reviews (FSRs) to measure PCP compliance with current DHCS medical record documentation and facility standards. These reviews are initially conducted prior to assignment of Medi-Cal members and then periodically every three years thereafter in accordance with DHCS requirements, or as needed for monitoring, evaluation or corrective action plan (CAP) issues. In an effort to decrease duplicative MRRs and FSRs and minimize the disruption of patient care at participating provider offices, Health Net and all other Medi-Cal managed care plans are required to collaborate in conducting FSRs and MRRs. On a county-by-county basis, the plans cooperatively determine which plan is responsible for performing a single audit of a PCP and administering a CAP when necessary. The responsible plan shares the audit results and CAP with the other participating health plans to avoid redundancy.

DHCS reviews the results of Health Net's site reviews and may also audit a random sample of provider offices to ensure that they meet DHCS standards. Detailed information about audit criteria, compliance standards, scoring, and CAPs is available on provider.healthnet.com.

PHYSICAL ACCESSIBILITY REVIEW SURVEYS

A component of the FSR is the Physical Accessibility Review Survey (PARS). PARS is conducted for participating PCPs, high-volume specialists, ancillary providers, community-based adult services (CBAS) providers, and hospitals. All PCP sites must undergo PARS. Based on the outcome of PARS, each PCP, high-volume specialist, ancillary, CBAS, or hospital provider site is designated as having basic or limited access along with the six specific accessibility indicator designations for parking, exterior building, interior building, restrooms, examination rooms, and medical equipment (accessible weight scales and adjustable examination tables).

Basic access demonstrates facility site access for members with disabilities to parking, building access, elevator, physician's office, examination rooms, and restrooms. Limited access demonstrates facility site access for members with disabilities as missing or incomplete in one or more features for parking, building access, elevator, physician's office, examination rooms, and restrooms.

Results of PARS are made available in the provider directory, health plan website and to Health Net's Medi-Cal Member Services Department to assist members with selecting a PCP who can best serve their health care needs.

UTILIZATION MANAGEMENT

To determine medical appropriateness, Health Net uses recognized guidelines and criteria sets that are clearly documented, based on sound clinical evidence and include procedures for applying criteria based on the needs of individual Health Net members and characteristics of the local delivery systems. For the Medi-Cal program, Health Net uses the following criteria:

- Title 22 of the California Code of Regulations (CCR).
- Medi-Cal Managed Care Division (MMCD) policy letters.
- DHCS Manual of Criteria for Medi-Cal Authorization.
- DHCS Medi-Cal Provider Manuals.
- Hayes Medical Technology Directory.
- InterQual® Care Planning Criteria.
- Centene clinical policies and Health Net medical policies.
- Health Net's Medi-Cal contract with DHCS.

When a decision results in a denial, the criteria used to arrive at the determination are identified in the denial letter. Each denial letter explains Health Net's appeal process. A Health Net physician reviewer is available to discuss denial decisions. Copies of specific Health Net criteria are available on request by contacting the Health Net Medi-Cal Provider Services Center at 1-800-675-6110. Participating providers contracting with a Health Net-delegated PPG may also contact the PPG's utilization management (UM) department for the UM criteria.

Under California Health & Safety Code Section 1367(g), medical decisions regarding the nature and level of care to be provided to members, including the decision of who renders the service (for example, PCP instead of specialist, or in-network provider instead of out-of-network provider), must be made by qualified medical providers, unhindered by fiscal or administrative concerns.

Providers may contact Health Net's UM staff through the Health Net Medi-Cal Provider Services Center at 1-800-675-6110. Providers must contact PPG UM staff through the PPG.

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

PHARMACY MANAGEMENT

Health Net pharmaceutical management includes the Health Net *Medi-Cal Recommended Drug List (RDL)* and prior authorization criteria. This information is available to members and participating providers. The Health Net *Medi-Cal RDL* serves as a reference for physicians to use when prescribing pharmaceutical products for Health Net Medi-Cal members. It provides a comprehensive selection across therapeutic classes. Unlike the state Medi-Cal list of contract medications, the Health Net *Medi-Cal RDL* does not limit prescriptions to six per month. In addition, select over-the-counter (OTC) medications comparable to those approved by DHCS are covered on the Health Net *Medi-Cal RDL*, and generic medications are not limited to selected manufacturers. Providers can access the Health Net *Medi-Cal RDL* at provider.healthnet.com under *Provider Library* > *Operations Manuals* > *Prescription Drug Program* > *Medi-Cal Recommended Drug List*.

The Health Net Pharmacy & Therapeutics (P&T) Committee maintains the Health Net *Medi-Cal RDL*. The P&T Committee, which consists of actively practicing pharmacists and practitioners, evaluates the safety profile, effectiveness and affordability of the medications. The medications listed are approved by the U.S. Food and Drug Administration (FDA) and are reviewed by the P&T Committee. The Health Net *Medi-Cal RDL* is continually reviewed and revised in response to recommendations from participating providers and as new clinical data and medication products become available.

In Los Angeles County, providers affiliated with Molina Healthcare, a subcontracting health plan, must use Molina Healthcare's medication formulary when prescribing medications to Health Net members linked to Molina Healthcare PCPs.

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 at provider.healthnet.com under *Provider Library* > *Operations Manuals* > *Member Rights and Responsibilities*, or upon request by contacting the Health Net Provider Services Center.

MEMBER APPEALS

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

Additionally, a Medi-Cal member may request a state hearing from the California Department of Social Services (DSS) at any time during the appeal process by calling the Public Inquiry and Response Unit at 1-800-952-5253 (TTY: 1-800-952-8349) or in writing via mail or secure fax to:

California Department of Social Services
State Hearings Division
Mail Station 19-17-37
PO Box 944243
Sacramento, CA 94244-2430
Fax: (916) 229-4110

In addition to the appeal process described above, members may contact the California Department of Managed Health Care (DMHC). DMHC is responsible for regulating health care service plans. DMHC receives complaints and inquiries about health plans via a toll-free number at 1-888-466-2219 (TTY: 1-877-688-9891). DMHC's website has complaint forms and instructions online at www.hmohelp.ca.gov.

Health Net does not delegate member grievances or appeals. All grievances and appeals should be forwarded immediately to the Health Net Medi-Cal Member Services Department.

PRIVACY AND CONFIDENTIALITY

Health Net members' 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, utilization management, quality improvement, 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.

Particular care must be taken, as confidential PHI may be disclosed intentionally or unintentionally through many means, such as conversation, computer screen data, faxes, or forms. Participating providers must maintain the confidentiality of member information pertaining to the member's access to these services. Health Net requires PPGs to obtain Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreements from people or organizations with which the PPG contracts 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 participating providers must obtain prior, written authorization from the member (or authorized representative) that states information specific to the sensitive condition 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 the Customer Contact Center at the telephone number located on the member's ID card.

ADDITIONAL INFORMATION

More extensive information about all the programs described in this update is available on the Health Net provider website at provider.healthnet.com.

A complete copy of Health Net's QI program description is available on request by email at cqi_dsm@healthnet.com. Providers who do not have access to the Internet may request print copies of provider materials by contacting the Health Net Medi-Cal Provider Services Center at 1-800-675-6110, or the Health Net Provider Communications Department via fax at 1-800-937-6086 or via email at provider.communications@healthnet.com.

If you have questions regarding the information contained in this update, or the information or instructions on how to use the services described in this update, contact the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

PROVIDER *Update*

Health Net®

NEWS & ANNOUNCEMENTS | MAY 4, 2018 | UPDATE 18-270sum | 1 PAGE

Summary Update: Medi-Cal Quality Management Program

The Health Net Community Solutions, Inc. (Health Net) Medi-Cal quality management program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis. The program includes the development and implementation of standards for clinical care and service, measurement of conformance to the standards, and implementation of actions to improve performance. The scope of the program includes:

- Quality improvement projects.
- Quality measures and surveys.
- Wellness and disease management.
- Integrated care management.
- Clinical practice and preventive health guidelines.
- Initial health assessments.
- Access to care.
- Medical record documentation standards.
- Medical record, facility site and physical accessibility reviews.
- Utilization management processes.
- Pharmaceutical management.
- Rights and responsibilities.
- Member appeals.
- Privacy and confidentiality.
- Interpreter services.

To obtain a complete description of Health Net's quality management program, providers may access the Health Net provider website at provider.healthnet.com and select *Provider Library* > *Updates and Letters* > *2018*, and search for provider update 18-270, *Medi-Cal Quality Management Program*. A user name and password are required to use the provider website. On the site, select the Register tab at the top of the home page and select *I'm a Provider*. Each provider office can designate a delegated administrator (usually an information technology, office or security manager) who is responsible for opening accounts and monitoring employee-level access to the provider information on the site.

Providers who do not have access to the Internet may request a print copy of provider update 18-270, *Medi-Cal Quality Management Program*, by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com. A complete copy of Health Net's quality improvement (QI) program description is available on request by email at cqi_dsm@healthnet.com.

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

1-800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
fax 1-800-937-6086

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. Confidentiality Note for Fax Transmission: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments. OTH018699EH00 (5/18)