## **PROVIDER***Update*



**NEWS & ANNOUNCEMENTS** 

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**UPDATE 18-358** 

2 PAGES

# MedXM: In-Home Postpartum Care Expansion

Health Net Community Solutions, Inc. (Health Net) is notifying participating providers that the MedXM postpartum care program is expanding, effective July 23, 2018, to include Health Net Medi-Cal members in Kern and San Joaquin counties who have recently given birth and have not completed their 21–56 day postpartum visit. The program also continues to be offered in Los Angeles County for 2018.

Lower compliance rates for postpartum care remains an issue for Medi-Cal members due to barriers accessing care timely. By working with providers, the goal is to find additional opportunities to increase postpartum care performance by insuring a visit within 21–56 days. The program encourages member engagement, detecting early warning signs of potential health complications, and offering early support and care.

## **OVERVIEW**

The MedXM postpartum care program provides for one in-home postpartum assessment to new mothers living in California. The assessment is performed by an obstetrician/gynecologist (OB/GYN), family practitioner, primary care physician (PCP), nurse practitioner, physician's assistant (specializing in obstetrics), or midwife who provides a physical evaluation and an emotional and psychological assessment (postpartum depression screening). Health education information is also shared with the new mother in addition to community resources for services, such as Women, Infants and Children (WIC), Black Infant Health (BIH) and behavioral health.

MedXM health care specialists are not involved in care or treatment of patients nor do they prescribe medication. They only perform needed screenings at the time of the visit. The health care specialist will help and encourage members to make an appointment with their PCP or OB/GYN for follow-up with assessment results and recommendations on treatment and continued care.

## PARTICIPANT BENEFITS AND PROGRAM REFERRALS

Eligible Health Net Medi-Cal postpartum members will receive a telephone call informing them of the importance of completing a postpartum visit. Members have the option of completing their postpartum visit with their PCP or OB/GYN provider or through the MedXM postpartum care program. Women who complete a postpartum assessment within 21–56 days may be eligible for a \$25 gift card from Health Net.

Providers can refer a Medi-Cal member who would benefit from an in-home postpartum care assessment to the MedXM postpartum care program by completing all fields in the attached MedXM Referral form and faxing it to 1-888-353-6442. Copies of the form can be made for office use, as needed. Members also have the right to refuse the in-home postpartum assessment even when referred by their PCP.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

## THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- O Hospitals
- O Ancillary Providers

#### LINES OF BUSINESS:

- O HMO/POS/HSP
- O PPO
- O EPO
- O Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - O Molina
  - O Riverside
  - O Sacramento
  - O San Bernardino
  - O San Diego
  - San Joaquin
  - O Stanislaus
  - $\ \, \cap \, \mathsf{Tulare}$

#### PROVIDER SERVICES

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

### PROVIDER COMMUNICATIONS

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



## **MedXM Referral Form**

Please review the referral information below. Select the corresponding option from the Referral Information section, then sign and date in the Primary Care Physician section and fax back to 888-353-6442. *All required fields are noted with an asterisk* (\*\*) for your convenience.

Member Information				
Health Plan Name		Health Net		
Subscriber ID				
Patient Name				
Patient DOB				
Patient Address				
Patient Phone Number				
I authorize the patient above for the following service:				
	Post-Partum Assessment		Patient Delivery Date	
	A1c Test			
	Microalbumin Test			
	Serum Creatinine Test/Serum Potassium Test			
	Diabetic Eye Exam			
Well Child				
☐ Well Women				
Primary Care Physician/Referring Provider Information				
Provider Name				
Provider Address				
Provider Phone Number				
Provider Fax Number				
**Provider Signature				
**Date				

Please fax completed referral form to: 888-353-6442