

PROVIDER Update



Health Net®
COMMUNITY SOLUTIONS

REGULATORY | OCTOBER 17, 2018 | UPDATE 18-752 | 1 PAGE

Independent Medical Review (IMR)

Cal MediConnect members' IDN and NDP must include the IMR Application/Complaint Form starting January 1, 2019

Based on the Centers for Medicare & Medicaid Services (CMS) integrated denial notice (IDN) model for 2019, effective January 1, 2019, the IDN and Notice of Denial of Payment (NDP) sent to Cal MediConnect Plan (Medicare-Medicaid Plan) members must include the IMR form with an envelope addressed to the Department of Managed Health Care (DMHC). DMHC released All Plan Letter (APL) 18-013, which provided an updated IMR form.

Effective January 1, 2019, Health Net Community Solutions, Inc. (Health Net) requires delegated participating physician groups (PPGs) to include the updated IMR form with an envelope addressed to DMHC when mailing IDN and NDP to Health Net Cal MediConnect members.

FORMS ONLINE

The forms are available on the DMHC website at www.dmhc.ca.gov/ located under *File a Complaint* and are six pages in length. DMHC has revised and translated the form into 15 languages as below (English and Spanish are also available), to comply with notification and language requirements in accordance with Health & Safety Code (HSC) Section 1367.04 and Title 28, California Code of Regulations (CCR), Section 1300.67.04. Include the applicable member's threshold language IMR as described in the IDN model for 2019 and NDP.

- Arabic
- Khmer/Cambodian
- Vietnamese
- Armenian
- Korean
- Japanese
- Chinese
- Lao
- Punjabi
- Farsi
- Russian
- Thai
- Hmong
- Tagalog
- Hindi

ADDITIONAL INFORMATION

Starting January 1, 2019, the IDN templates for Cal MediConnect will be available with specific utilization management (UM) English and translated letter templates on the Industry Collaboration Effort (ICE) website at www.iceforhealth.org/library.asp in the ICE Library located under *Approved ICE Documents > UM Templates & Tools (Cal MediConnect)-Health Plan-Specific Templates*.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center as listed in the right-hand column.

THIS UPDATE APPLIES TO
CAL MEDICONNECT
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com
Los Angeles County – 1-855-464-3571
San Diego County – 1-855-464-3572
www.healthnet.com

PROVIDER COMMUNICATIONS

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