

PROVIDER Update



NEWS & ANNOUNCEMENTS

OCTOBER 30, 2018

UPDATE 18-809

3 PAGES

MedXM In-Home Health Assessment Program

A convenient alternative for members to access needed health care

Health Net Community Solutions, Inc. (Health Net) and CalViva Health are contracting with MedXM to conduct in-home health assessments, including diagnostic screenings for Medi-Cal members. The MedXM in-home health assessment program offers a convenient alternative to members who have difficulty accessing needed health care. It provides medical information to the primary care physician (PCP) on a member's health condition and an indication of adherence to current medication regimens.

MedXM supports PCPs with patients who have chronic diseases and with managing patients' persistent medication usage. MedXM health care specialists are not involved in the care or treatment of patients, nor do they prescribe medications. Services include:

- One in-home visit that provides needed screenings performed by a health care professional, such as a medical technician, medical assistant, nurse practitioner, ophthalmologist, or medical doctor that is licensed in the state.
- Encouragement for members to make an appointment with their PCP for follow-up with screening results, and for recommendations on treatment and continued care.

HEALTH ASSESSMENT AND DIAGNOSTIC SCREENINGS

Health Net and Cal Viva Health, in collaboration with MedXM, have developed a protocol for the in-home visit with a goal to work with providers and MedXM to provide comprehensive health services to members. Through the in-home health assessment program, the following diagnostic screenings are being offered to members:

- Blood pressure control (<140/90 mmHg)
- Hemoglobin A1c (HbA1c) testing
- Diabetic retinal exam (DRE) for eye diseases
- Serum creatinine testing for glomerular filtration rate (kidney function)
- Diabetes urine protein screening for kidney damage or disease
- Serum potassium testing for heart function and kidney disease

PROGRAM REFERRALS

Providers can refer an eligible member who would benefit from an in-home visit to the MedXM in-home health assessment 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 in-home screenings even when referred by their PCP.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569

www.healthnet.com



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:			
<input type="checkbox"/>	Post-Partum Assessment	Patient Delivery Date	
<input type="checkbox"/>	A1c Test		
<input type="checkbox"/>	Microalbumin Test		
<input type="checkbox"/>	Serum Creatinine Test/Serum Potassium Test		
<input type="checkbox"/>	Diabetic Eye Exam		
<input type="checkbox"/>	Well Child		
<input type="checkbox"/>	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



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	123456789R
Patient Name	Jane Doe
Patient DOB	01/01/1968
Patient Address	1234 Main Street, Anytown CA 90000
Patient Phone Number	(555) 555-5555
I authorize the patient above for the following service: (Please Check All Boxes that Apply to the Member)	
<input type="checkbox"/>	Post-Partum Assessment Patient Delivery Date
<input type="checkbox"/>	A1c Test (include for diabetic testing)
<input type="checkbox"/>	Microalbumin Test (include for diabetic testing)
<input type="checkbox"/>	Serum Creatinine Test/Serum Potassium Test (include for Monitoring of Persistent Medications)
<input type="checkbox"/>	Diabetic Eye Exam (include for diabetic testing)
<input type="checkbox"/>	Well Child
<input type="checkbox"/>	Well Women
Primary Care Physician/Referring Provider Information	
Provider Name	John Doe, MD
Provider Address	1111 Main Street, Anytown CA 90000
Provider Phone Number	(555) 555-5001
Provider Fax Number	(555) 555-5002
**Provider Signature	Provider's Signature is Required
**Date	Date of Signature is Required

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