



MedXM In-Home Well-Child Visit Pilot Program

Well-child visit program available for pediatric Medi-Cal members ages three–six

Health Net Community Solutions, Inc. (Health Net) is notifying participating providers of a program beginning in October 2018. Health Net is partnering with MedXM for a well-child visit program to conduct in-home health assessments for pediatric Medi-Cal members ages three through six in San Joaquin, Sacramento, San Diego, Stanislaus, and Kern counties. MedXM will reach out to pediatric members in need of a well-child visit before the end of 2018.

Parents may find it difficult to take their child to the doctor for their annual well-child visits. Transportation and scheduling may be a barrier to care. The goal of the MedXM well-child visit program is to work with providers to find additional opportunities for increasing annual well-child visits.

MEDXM WELL-CHILD VISIT PILOT PROGRAM

- Is part of an improvement project issued by the California Department of Public Health (CDPH) to increase the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) rates for the following measures:
 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.
- Includes a network of physicians, nurses and skilled practitioners who provide the assessments. These providers are not involved in the care or treatment of patients nor do they prescribe medication.
- Provides for one in-home well-child visit per measurement year to:
 - Children between ages three–six.
 - Medi-Cal covered siblings identified in the household in need of a well-child visit up to age 18.
- Includes a Modified Checklist for Autism in Toddlers (M-CHAT™) test to identify members in need of further assessments for autism. MedXM providers will communicate findings with the member's parent/guardian and primary care physician (PCP).
- Refers members with positive M-CHAT scores to MHN.

MedXM health care specialists will share health education information with the parent/guardian and encourage them to make an appointment with their child's PCP for follow-up of assessment results, recommendations of treatment or continued 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

Medi-Cal – 1-800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS

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

REFERRALS

Providers can refer a Medi-Cal member who would benefit from an in-home well-child visit assessment to the MedXM well-child visit 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. A fax cover sheet must accompany all fax transmissions of protected health information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

Parents/guardians of eligible Health Net Medi-Cal members will receive a telephone call informing them of the importance of completing a well-child visit. Members have the option of completing their well-child visit with their PCP or through the MedXM Well-Child Visit Program.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.



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 1-888-353-6442. *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: 1-888-353-6442