PROVIDER*Update*

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Health Net®

Medi-Cal Expands Pediatric Palliative Care Benefits

Members under age 21 can receive palliative care and hospice services concurrently with curative care

The Department of Health Care Services (DHCS) released All Plan Letter (APL) 18-020, *Palliative Care*, on December 7, 2018. It expands palliative care for managed care plan members under age 21 starting January 1, 2019. Pediatric palliative care and hospice services can be used at the same time as curative care. Certain requirements must be met (see the referral process in this update).

Palliative care services include advanced care planning, palliative care assessment and consultation, plan of care, palliative care team, care coordination, and pain and symptom management.

ELIGIBILITY

Members of all ages can receive palliative care services. There are eligibility requirements. Complete information on eligibility is on Health Net's* provider portal at provider.healthnet.com in the *Provider Library > Operations Manual > Utilization Management > Care Management > Palliative Care Services.*

APL 18-020 adds the requirements listed below for members under age 21:

- The family and/or legal guardian agree to the provision of pediatric palliative care services.
- There is documentation of a life-threatening diagnosis. This can include, but is not limited to:

Conditions…	Such as…
Where curative treatment is possible, but may fail	Advanced or progressive cancer, or complex and severe congenital or acquired heart disease
Requiring intensive long-term treatment aimed at maintaining quality of life	Human immunodeficiency virus infection, cystic fibrosis or muscular dystrophy
Are progressive and treatment is exclusively palliative after diagnosis	Progressive metabolic disorders or severe forms of osteogenesis imperfecta
Involving severe, non-progressive disability, or causing extreme vulnerability to health complications	Extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms

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

Members may access palliative care and curative care services until the condition improves, stabilizes or leads to death. Palliative care stops when it is no longer medically needed or no longer reasonable.

CCS-ELIGIBLE CONDITIONS

For members who have an approved California Children's Services (CCS)-eligible condition –

- CCS remains responsible for medical treatment for the CCS-eligible condition.
- Health Net is responsible for providing palliative care services that relate to the CCS-eligible condition.

Note: Palliative care services may be authorized by CCS if they are part of a plan of care of a CCS special care center (SCC). In this case, CCS is financially responsible for the palliative care services and not the health plan.

REFERRAL PROCESS

To refer an eligible Medi-Cal member to the palliative care program, complete the attached Palliative Care Referral Form and send it to the palliative care team by email or fax. The referral form is also in the Provider Library at provider.healthnet.com under *Forms.*

EMAIL	Palliative care team: Cindy.Tatu@healthnet.com, Stephanie.M.Espinoza@centene.com and Gabriele.Pierce@healthnet.com
FAX	1-800-677-4156 (Include a cover sheet and clearly add the words "PROTECTED HEALTH INFORMATION.")

After receiving a referral form, the palliative care team will –

- ✓ Screen the form for member eligibility and enrollment criteria.
- ✓ Connect members to contracted palliative care providers.
- ✓ Coordinate services with the member's current medical health care team.
- ✓ Offer a list of contracted vendors upon request. Members must use only Health Net contracted providers.

ADDITIONAL INFORMATION

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

Providers are encouraged to access Health Net's 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 at 1-800-675-6110.

Palliative Care Referral Form

Demographics	Patient name:_____ Date of birth:_____ Address:_____ Alt. contact name:_____ City, state, ZIP:_____ Alt. contact number:_____ Phone:_____ Relationship:_____ Language/ethnicity:_____ ☐ M ☐ F PCP/attending physician:_____ Phone: _____
Insurance	Member ID#: _____ LOB: ☐Medicare ☐Medi-Cal ☐Commercial ☐PPO PPG:_____ PPG contact number:_____
Evaluate and treat as indicated	**Reason for referral:** **Related diagnoses:** ☐ Pain management ☐ Cancer (specify):_____ ☐ Disease management ☐ COPD ☐ Functional decline ☐ Heart/CHF(specify): _____ ☐Behavioral health ☐ Liver disease ☐ Emotional support ☐Renal (specify):_____ ☐ Socio-economic support ☐GI (specify):_____ ☐Spiritual support ☐ AIDS ☐ Other:_____ ☐ Other (specify):_____ Would you be surprised if the member expired within 12 months? ☐ Yes ☐ No Has the member had more than two emergency room visits in the last six months? ☐ Yes ☐ No Has the member had more than two inpatient admissions in the last six months? ☐ Yes ☐ No Additional history:_____
Current location	Home ☐ ☐ Hospital:_____ Room #: _____ Est D/C date: _____ Skilled ☐Yes ☐No ☐SNF/B+C/ALF: _____ Room #: _____
Send completed form to:	cindy.tatu@healthnet.com, stephanie.m.espinoza@centene.com and gabriele.pierce@healthnet.com Phone for questions: (949)677-9154 Fax#: (800)677-4156
For internal use only:	Referral source:_____ Phone #:_____ ☐ PCP ☐Vendor ☐ P P G ☐ C M ☐ Other: _____ Assigned vendor:_____