

Have Your Patients with Chronic Diseases Screened at Home

MedXM specialists conduct patient health assessments and send results to you for follow-up

CalViva Health patients who have trouble accessing needed health care now have a convenient choice. MedXM conducts in-home health assessments, including diagnostic screenings for Medi-Cal members.

MedXM supports primary care physicians (PCP) with patients who have chronic diseases by offering one in-home visit. A health care professional licensed in the state performs the visits and provides you with medical information on the member's health condition and an indication of adherence to current medication regimens.

MedXM health care specialists conduct needed screenings at the visit, but are not involved in care planning and do not prescribe treatments or medications. They also encourage members to make an appointment with you for:

- Follow-up on the screening results.
- Recommendations on treatment and continued care.

Screenings help you check on patients' blood pressure and diabetes

Through the MedXM in-home health assessment program, members can get any of these diagnostic screenings:

- Blood pressure control (< 140/90 mmHg).
- Diabetic retinal exam (DRE) for diabetic patients.
- Diabetes urine protein screening for kidney disease.
- Hemoglobin A1c (HbA1c) testing for diabetes monitoring.
- Hemoglobin A1c (HbA1c) testing for poor control of diabetes (> 9.0%).

Refer members who have trouble making it to your office

You can refer an eligible Medi-Cal member to the program.¹ Complete all fields in the attached MedXM Referral form and fax it to **1-888-353-6442**. Copies of the form can be made for office use as needed.

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

¹Members have the right to refuse in-home screenings even when referred by their PCP.



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	
Subscriber ID	
Patient Name	
Patient DOB	
Patient Address	
Patient Phone Number	
I authorize the patient above for the following:	
<input type="checkbox"/>	HbA1c Test
<input type="checkbox"/>	Diabetic Eye Exam
<input type="checkbox"/>	Nephropathy Testing (Microalbumin Test)
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

A fax cover sheet must accompany all fax transmissions of protected health information.
The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."



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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	CalVia Health
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"/>	HbA1c Test (include for diabetic testing)
<input type="checkbox"/>	Diabetic Eye Exam (include for diabetic testing)
<input type="checkbox"/>	Nephropathy Testing (Microalbumin Test) (include for diabetic testing)
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

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