



Your Pediatric Patients Can Get Well-Child Visits at Home

The MedXM program can help increase annual well-child visits

Parents of your patients may find it hard to take their child to the doctor for their annual well-child visits. Transportation and scheduling can be a barrier to care.

Starting June 27, 2019, Health Net* Medi-Cal members ages 3–6 can receive assessments at their home. Health Net is partnering with MedXM for this program. MedXM will outreach to members in need of a well-child visit before the end of 2019.

Our goal is the same – keep patients healthy with annual wellness checks

The goal of the MedXM well-child visit program is to work with providers to increase annual well-child visits. The program:

- Is intended 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.
- Provides for one in-home well-child visit per measurement year to:
 - Children between ages 3–6.
 - Medi-Cal covered siblings identified in the household in need of a well-child visit up to age 18.
- Utilizes a Modified Checklist for Autism in Toddlers (MCHAT) 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 MCHAT scores to MHN behavioral health services.

MedXM has a network of physicians, nurses and other skilled practitioners to provide the assessments. These health care specialists are not involved in the care or treatment of patients nor do they prescribe medication.

MedXM health care specialists share health education information with the parent/guardian. They also encourage them to make an appointment with the child's PCP for:

- Follow-up on assessment results.

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

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- Treatment recommendations.
 - Continued care.

Refer members who may have trouble making it to your office

To refer a Medi-Cal member to the program, 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. 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 Medi-Cal members will receive a telephone call informing them of the importance of completing a well-child visit. Members have the choice 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

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