

PROVIDERUpdate

REGULATORY | DECEMBER 17, 2019 | UPDATE 19-995 | 3 PAGES

Revisions to Service Delivery Requirements as of October 1, 2019

Check out the changes

On October 1, 2019, Health Net Federal Services, LLC (HNFS) extended its contract with the California Department of Corrections and Rehabilitation (CDCR) to continue providing CDCR a network of community-based specialty health care providers.

Under the terms of the contract, CDCR has made some revisions to service delivery requirements in the provider contract. The requirements below are effective October 1, 2019.

Performance standards

Participating providers must follow these performance standards:

- Appointments for routine and outpatient specialty care must not exceed a 90 calendar day period from the California Correctional Health Care Services (CCHCS) appointment request.
- Appointments for medium priority specialty care must not exceed a 45 calendar day period from the CCHCS appointment request.
- Appointments for urgent care shall not exceed 14 calendar days following the CCHCS appointment request.
- Providers must provide all clinical documentation to CCHCS within 48 hours of the visit. It should also be sufficient to support continuity of care within the institution, and any other required reports, including, but not limited to:
 - Brief operative notes
 - Clinical notes
 - Discharge summaries
 - Laboratory test results
 - Prescriptions
- Providers who fail to provide clinical documentation within 48 hours may be subject to delay in payment or denial, until documentation is received.
- Providers must communicate all laboratory results for CDCR patients¹ that are indicative of reportable communicable diseases to the local public health department and/or the California Department of Public Health within the timelines required by Title 17, California Code of Regulations, Sections 2500 and 2505.
 - Results must also be communicated to the institution CEO/CSE or Physician and Surgeon (P&S) or the Department of Juvenile Justice (DJJ) CMO within two business days, or as required by disease or condition.

Interpreter services

All hospital network providers are required to have primary language and/or language interpreter services available.

THIS UPDATE APPLIES TO:

- Physicians
- Hospitals
- Ancillary Providers

LINE OF BUSINESS:

- Prison Health Care Provider Network

PROVIDER SERVICES

prisonnetworksupport@healthnet.com
1-877-899-0561
www.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Prior written authorization

Providers must provide medical services at the request of the CDCR institutions' CEO/CME or CCHCS utilization management (UM) and must obtain prior written authorization as required, excluding emergencies.

CCHCS reserves the right to require providers in the network be directed to obtain prior written authorization as required, excluding emergencies from the headquarter (HQ) UM Regional Physician Advisor or Nursing Consultant Program Review (NCPR UM) case manager. In these instances an email address will be sent to the provider with instructions on the process. The written authorization for treatment will be communicated via CCHCS HQ UM by email within 24 hours of the request.

Network providers must:

- Complete and return all forms regarding treatment of CDCR patients.¹
- Obtain authorization from CCHCS before performing non-emergency treatment, including consults by specialty physicians; diagnostic procedures not stated in the CCHCS prior authorization form; or any excluded conditions listed in the California Code of Regulations (CCR), Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3350.1.

Per Title 15, which establishes the limits of the medical care that may be provided by CDCR to their patients,¹ prior authorization must be issued to provide medical services that are medically necessary and supported by outcomes data as effective medical care.

Definition of medically necessary

As defined in Title 15 CCR, Division 3, Chapter 2, Article 1, § 3999.98, "Medically Necessary" means health care services that are determined by the attending or primary medical, mental health, or dental care provider (s) to be needed to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data or clinical evidence as being an effective health care service for the purpose intended or, in the absence of available health outcome data, is judged to be necessary, and is supported by diagnostic information or specialty consultation.

Notification about emergent care

Hospital emergency rooms do not need to seek authorization prior to performing emergency evaluation and stabilization of the CCHCS patient.¹ Providers must notify CCHCS HQ UM via its email address to request approval authorization for additional treatment or services.

Need approval for out-of-network providers

Network providers must not refer patients¹ to out-of-network providers without approval from CCHCS UM.

Notification to providers about changes

If CDCR/CCHCS adopts another objective standard for UM review to screen CDCR patients¹ regarding prior authorization, inpatient admissions, and other types of UM review, the Deputy Medical Executive (DME) for UM must notify the provider or other parties of the new standards no less than 30 calendar days before the new standard is implemented.

CCHCS Formulary

Providers should prescribe and recommend medication therapy available on the CCHCS Formulary. Refer to the CCHCS formulary at cchcs.ca.gov/wp-content/uploads/sites/60/MS/CCHCS-CDCR-Formulary.pdf. Providers must consult with the referring CDCR primary care team² to assure that whenever possible the provider will prescribe only those medications which are on this formulary unless the Institution CEO/CME and/or the DJJ CMO grants prior authorization for deviation.

If there is no acceptable CCHCS Formulary medication or the patient¹ circumstances warrant the use of a medication not on the CCHCS Formulary, the provider must document the reason alternatives were unacceptable and consult with the referring CDCR primary care team² prior to discussing with the CDCR patient.¹

Providers prescribing non-formulary medications should follow the CCHCS non-formulary approval process. If no justification for the use of a non-formulary drug is provided, it will be assumed that a formulary alternative is acceptable. Providers practicing onsite must follow the CCHCS Formulary.

Hospital services

Providers performing hospital services must issue a written discharge summary and/or transfer summary, for a hospital discharge of a CDCR patient¹ back to the appropriate CDCR institution, skilled nursing facility (SNF), or DJJ facility.

The discharge or transfer summary precedes or accompanies the CDCR patient¹ when discharged. The discharge and transfer summary must be signed by a physician and include the following essential information:

- Diagnosis
- Medications
- Wound care
- Known allergies
- Lab tests ordered
- Imaging studies ordered
- Dietary requirements
- Needed follow-up appointments
- Rehabilitation potential
- Referrals for additional care
- Recommended activities

CCHCS may request hospital providers to use a standardized discharge summary form, created by CCHCS. A sample discharge summary form can be found in the operations manual. In the event labs or other test results are pending when discharge summaries are issued, providers must provide an updated report within 24 hours of receipt for labs or test results. Upon request, network hospitals must grant CCHCS clinical staff access to hospital medical records systems, if feasible.

Providers must give the Institution CEO/CME or the DJJ CMO a full, dictated or written formal discharge summary within three days of the CDCR patient¹ discharge in all cases. The discharge and/or transfer summary should include the staff physician's recommendations for continuance of care for the CDCR patient.¹

Offsite medical imaging facilities

Network providers who perform imaging services must issue a final, signed interpretive report within two business days. Providers who fail to provide documentation by the stated time frame may be subject to delay in payment or denial, until documentation is received.

Onsite specialty care providers

Network onsite providers may not dispense durable medical equipment to CDCR patients.¹

Network onsite providers must review, sign and return the Self-Certification Form to Health Net before providing services onsite. Refer to the Handbook and Self-Certification Form on the Internet at cchcs.ca.gov/wp-content/uploads/sites/60/DCCS/HC-OSCO-Handbook.pdf.

Pathology services

A "wet read" of a preliminary cancer, melanoma and significant diagnosis should be provided to the ordering clinicians within 24 hours turn-around-time (TAT) from specimens received time at testing institutions.

Online resources

Use the CCHCS Formulary to prescribe and recommend medication therapy. Refer to the CCHCS formulary at cchcs.ca.gov/wp-content/uploads/sites/60/MS/CCHCS-CDCR-Formulary.pdf.

Refer to the Handbook and Self-Certification Form on the Internet at cchcs.ca.gov/wp-content/uploads/sites/60/DCCS/HC-OSCO-Handbook.pdf to access the Self-Certification Form to sign and return it to Health Net before providing services onsite.

To access the Prison Health Care Provider Network (PHCPN) Provider Operations Manual, log in to the Health Net provider website at provider.healthnet.com and select Provider Library. Select Forms to find the sample discharge form.

Additional information

If you have questions regarding the information contained in this update, contact the PHCPN Provider Services Center by email at prisonnetworksupport@healthnet.com within 60 days or by telephone at 1-877-899-0561.

¹ CDCR patient includes DJJ youth.

² CDCR primary care team includes the Institutional Chief P&S and/or the Institutional CME.