

Provider Newsletter California



2022 • Issue 2 • Medicare



You Make a Difference!

Think about it – you have the honor of working in health care, whether in the role of provider, medical assistant, nurse, front desk, back office or facility support. Your work matters. It touches patients, coworkers, families and ultimately, communities.

You have the privilege of making an impact on patients’ health and wellness, two areas that everyone counts among the most important things in life.

You also have our support to back your day-to-day work. Together, we can continue to improve the quality of care for members and touch lives with positive change!

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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we’re working with you and others to help our members live better, healthier lives.





Renew Your Outlook with Our Provider Resilience Sessions

JOIN OUR WEBINARS THAT ENERGIZE AND SUSTAIN THE HEALTH CARE WORKFORCE

Health care providers can face extreme stressors and unexpected transitions – especially during a pandemic. During this series of 30-minute interactive and participatory sessions, we will reflect on what sustains us in our professional and personal lives.

Resiliency sessions are held every fourth Tuesday of the month (except November and December) through 2022. A variety of times are available to accommodate schedules.

Use this Zoom link to drop into sessions.

<https://centene.zoom.us/j/96645591696?pwd=NkVCKzJyaGhiQnlLbG9zeWhwcm1Mdz09>

Password: 921210

Mark your calendar

Date	Time (PT)
June 28, 2022	8:30 a.m., noon, 3 p.m.
July 26, 2022	8:30 a.m., noon, 3 p.m.
August 23, 2022	8:30 a.m., noon, 3 p.m.
September 27, 2022	8:30 a.m., noon, 3 p.m.
October 25, 2022	8:30 a.m., noon, 3 p.m.
November 15, 2022	8:30 a.m., noon, 3 p.m.
December 13, 2022	8:30 a.m., noon, 3 p.m.

About our facilitator

Dr. Jeffrey Ring is a health psychologist, author, speaker and consultant for projects related to health equity, medical education, integrated whole-person care and medical leadership. Dr. Ring has extensive clinical experience with health practitioner resilience and vitality through teaching, consultation and retreats.



Make HEDIS[®] Performance Easy with Cozeva[®]

TOGETHER WITH COZEVA, WE CAN SUPPORT A HEALTHY COMMUNITY ONE MEMBER AT A TIME

What is Cozeva?

COZEVA[®] is a best-in-class reporting and analytics platform that displays up-to-date information on performance for clinical quality and risk adjustment measures. The user-friendly platform gathers data from multiple sources and provides insights into opportunities to address care gaps and chronic conditions for patients to improve your Healthcare Effectiveness Data and Information Set (HEDIS[®]) performance.

View a **recorded training webinar** to learn more.

Start using Cozeva now!

Through Cozeva you have access to a list of non-compliant patients across all measures. Use this data to plan measure-focused outreach with less paper reports! Cozeva also gives you the ability to “attest” to compliance for individual care gaps. You can upload proof-of-service documentation, then witness the real-time impact to measure rates and incentives.

Wellcare By Health Net is offering the Cozeva technology solution at no cost. There is no limit to the number of licenses (user accounts) that your practice can claim!



For more information on Cozeva, please contact your assigned Provider Relations representative or email HN_Provider_Relations@healthnet.com.



Medicare Billing Changes for 2022

FIND OUT ABOUT VACCINE REIMBURSEMENTS, PLACE OF SERVICE CODES FOR TELEHEALTH, NOTICE OF ADMISSION CHANGE AND SKILLED NURSING FACILITY (SNF) INTERIM BILLING

The Centers for Medicare & Medicaid Services (CMS) released several billing changes and updates **effective as of January 1, 2022**.

COVID-19 vaccination claims

Starting with January 1, 2022 dates of service, CMS will no longer directly reimburse providers for Medicare Advantage member COVID-19 vaccines including their administration. Vaccine-related claims for Medicare Advantage members should be billed like other Medicare covered vaccines, which would typically be the delegated provider group. Providers should submit claims to the correct entity based on the dates of service:

- ✓ **Prior to January 1, 2022 – Medicare fee-for-service.**
- ✓ **On or after January 1, 2022 – Delegated at-risk provider groups.**

Place of service codes for telehealth services

CMS revised the description for place of service (POS) code 02 and added a new POS code 10 for telehealth services. This applies to receiving health services, or health-related services, through telecommunication technology.

- ✓ **POS 02: Telehealth provided other than in patient's home.**
 - Patient is not located in their home when receiving telehealth services.
- ✓ **POS 10: Telehealth provided in patient's home.**
 - Patient is located in their home when receiving telehealth services. This would be a location other than a hospital or other facility where the patient receives care in a private residence.
 - The availability to use POS 10 **began on April 4, 2022**. Claims submitted before this date with POS 10 were not reimbursed. Providers needed to resubmit the claims on or after April 4. However, during the Public Health Emergency, providers need to follow CMS telehealth billing guidelines to receive reimbursement parity. Otherwise, POS 10 will reimburse the facility rate the same as POS 02. Information on this can be found on the Plan's online COVID-19 Resource Center.

For more information, visit CMS' MLN Matters release for New/Modifications to the Place of Service (POS) Codes for Telehealth at www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf.

Skilled nursing facility interim billing update

- ✓ The Plan will accept and adjudicate interim bills from SNFs.
- ✓ No final bill is required.



Improve Your Patients' Experience with Timely Access

MAKE APPOINTMENTS OR RESPOND TO PATIENTS WITHIN REGULATORY STANDARDS

Appointment wait time standards¹ must be met by primary care physicians (PCPs) or specialty care physicians (SCPs). Your patients have the right to appointments within these standards.

Appointment	Appointment standard
URGENT CARE	
Urgent care appointment with PCP	Within 48 hours of request
Urgent care appointment with SCP (prior approval needed)	Within 96 hours of request
Urgent care appointment with non-physician mental health provider	Within 48 hours of request
NON-URGENT	
Non-urgent care appointment with PCP	Within 10 business days of request
Non-urgent care appointment with SCP	Within 15 business days of request
Non-urgent care appointment with non-physician mental health provider	Within 10 business days of request
Appointment for ancillary services	Within 15 business days of request

In-office wait time for scheduled appointments must not exceed 30 minutes.

¹The Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), CMS and National Committee for Quality Assurance (NCQA) require health plans to assess and report availability by contracted providers.

Directing patients to the appropriate after-hours care can:

- ✓ **Reduce improper use** of emergency room services.
- ✓ **Improve health** outcomes.

Be sure to discuss after-hours and weekend access to care during your first visit with each patient and at least yearly.

After-hours access	Standard
Emergency care	Call 911 or go to the emergency room.
Urgent care	Call the provider's office 24 hours a day, 7 days a week. Expect a call back from a provider within 30 minutes.

(continued)

Scripts are available to make sure your patients have timely access outside of business hours. Sample scripts can be found in the Provider Library, which can be accessed using the instructions below.

Phone response	Standard
Phone answer time at provider's office	Answer calls within 60 seconds .
Phone call back during normal business hours for non-urgent issues	Call patients back within 1 business day .

Non-emergency timely access standards for behavioral health services through MHN.

Access type	Standard
Access to urgent care (that does not require prior authorization) with a behavioral health provider	Within 48 hours
Access to urgent care (that requires prior authorization) with a behavioral health provider	Within 96 hours
Access to non-urgent appointment with non-physician behavioral health care provider for routine care	Within 10 business days of request
Access to non-urgent appointment with psychiatrist for routine care	Within 15 business days of request

Check out the Provider Manual for more information. Follow these steps:

- 1** Log on to provider.healthnetcalifornia.com.
- 2** Select *Provider Library* under Quick Links.
- 3** Select your line of business > *Provider Manual* > *Provider Oversight* > *Service and Quality Requirements* > *Access to Care and Availability Standards*.



Reminder: Interpreter services must be available at the time of the appointment. To request interpreter services for members, contact 800-929-9224.



Ensure Noncontracted Providers are Paid Using the 2022 MIPS Payment Adjustment Data Files

PARTICIPATING PHYSICIAN GROUPS (PPGS) CAN CALCULATE ADJUSTMENT PAYMENTS THANKS TO PLAN'S GUIDELINES

CMS revised the 2022 Merit-based Incentive Payment System (MIPS) incentive start date to February 4, 2022. The new start date is due to a delay in the release of the 2022 MIPS data file.

February 4, 2022, was the first day of the 30-day prompt payment window for out-of-network claims. PPGs delegated for claims payment are required to pay the full amount owed to noncontracted MIPS-eligible clinicians within 30 days of the date of receipt of a clean claim for Medicare Advantage (MA) covered services. MIPS payment adjustments are applied on a per-claim basis. The maximum positive MIPS adjustments for payment year 2022 and subsequent years is nine percent (9%).

Refer to provider update 22-246 to access step-by-step instructions

Providers can refer to provider update 22-246, *Access the 2022 MIPS Payment Adjustment Data Files Online*, distributed on March 18, 2022, for detailed instructions that include:

- ✓ How to access and the MIPS data file, which is available on the secure provider portal at **provider.healthnetcalifornia.com**.
- ✓ Information on calculating MIPS payments, including approaches offered by CMS.
- ✓ An easy-to-understand example of how to calculate payments.

Have you misplaced updated 22-246? Don't worry – you can access it online at **providerlibrary.healthnetcalifornia.com**. Once on the site, follow these steps:

- 1 Select *Medicare Advantage*.
- 2 Select *Updates and Letters*.
- 3 Scroll down until you find provider update 22-246 (published online on 3/18/22).



Reminder: Opioid Prescribing Guidelines

In 2016, 11.5 million Americans reported misusing opioid drugs. In response to the ongoing opioid overdose epidemic, the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends avoiding a threshold of > 90 morphine milligram equivalents (MME)/day.

For those members with ≥ 90 MME/day, the following are helpful tips and reminders:

- 1** Baseline and ongoing assessment of pain and function [e.g., Pain Intensity and Interference, PEG (Pain, Enjoyment, General Activity) Scale].
- 2** Evaluate risk of harm or misuse.
- 3** Assess for optimization of non-opioid therapies.
- 4** Determine whether to continue, adjust, taper or discontinue opioid therapy during each visit.
- 5** Consider non-pharmacological therapeutic measures as an adjunct to opioids for long-term pain management.

Reference

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.



Find Local Resources Your Patients Need

USE HEALTH NET COMMUNITY CONNECT TO HELP PEOPLE WITH NO-COST OR LOW-COST SERVICES TO PROMOTE GOOD HEALTH.

Wellcare By Health Net created Community Connect through a partnership with findhelp (formerly known as Aunt Bertha) to offer the largest online search and referral platform in the United States.

It provides results that are customized for the communities you and your health care staff serve or in which members live. Findhelp will maintain and update the Health Net Community Connect site program listings.

(continued)

Search Health Net Community Connect in two easy steps!

Find local services and businesses, such as medical care, food, housing, transit and more – all in one place.

- 1 Go to <https://healthnet.findhelp.com>.
- 2 Enter a ZIP Code and click *Search*.

Narrow down search results by topic

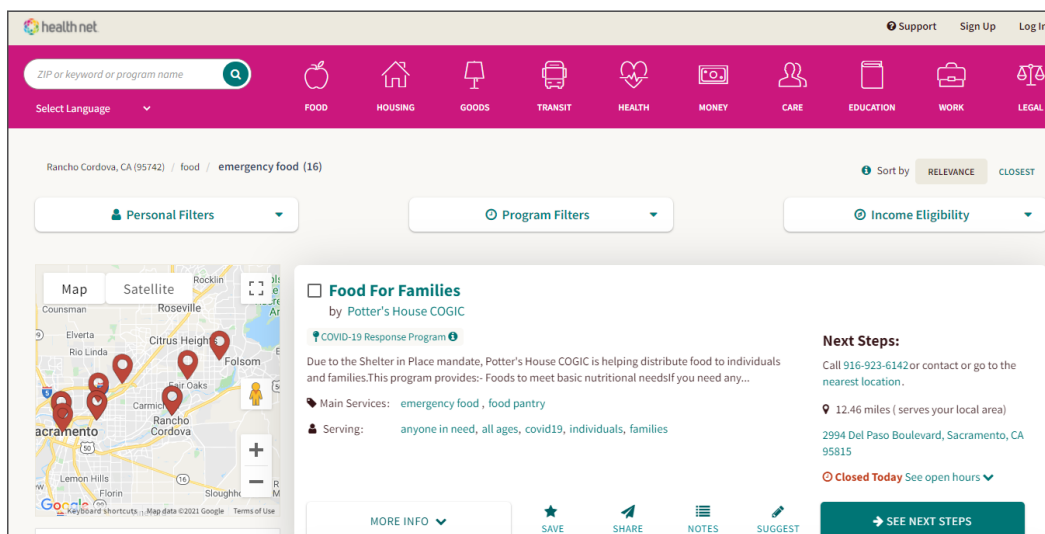
Choose one of 10 topics. Then select a subtopic which will contain a list of services that vary based on the ZIP Code entered. Plus, results can be viewed in more than 100 languages.

Check out a real example

The result below shows one out of many services available for a specific ZIP Code found under the topic **Food** and subtopic **Emergency Food**.



Currently, there are more than 20,000 unique programs available in California to connect members to needed services.



Once a subtopic is selected:

Sort by	Relevance or closest.
Define results further by	<ul style="list-style-type: none"> • Personal filters (e.g., age group, gender or urgency). • Program filters (e.g., open hours and cost). • Income eligibility based on number of people in the household and income each month.
Detailed information shows	<ul style="list-style-type: none"> • Address. • Phone number. • Business hours. • Description of services. • A map and more.
More Info	Gives a print view for the business or resource.
Share	Send an email or text message about a program.
Suggest	Let us know about incomplete or out-of-date information.



YOU, YOUR PATIENTS AND YOUR COMMUNITY HAVE OUR SUPPORT!

New San Diego “Wellness Club” for Seniors Launches

The SDSU Center for Excellence in Aging & Longevity and Wellcare By Health Net collaborate to help older adults through peer learning.

A new partnership between San Diego State University’s (SDSU’s) Center for Excellence in Aging & Longevity and Wellcare By Health Net will provide seniors with a holistic approach to navigating the current and emerging challenges faced by older adults and their families. These barriers include social determinants of health, social isolation and the need to return to a focus on general health and wellness following the pandemic.

Central to the partnership is the launch of the “Wellness Club,” an inclusive, community-based approach to inform, engage, empower and inspire older adults.



“The Wellness Club is not about talking at seniors but doing things with seniors. We believe many seniors are active and experienced people. They can help their peers in wellness and work to optimize aging and longevity together,” said Karen Johnson, Wellcare’s Medicare lead in California.

The partnership has three key objectives:

- ✓ Improve the overall well-being of older adults and caregivers.
- ✓ Identify and share useful information from trusted sources to empower older adults.
- ✓ Present innovative, community-based approaches to current and emerging issues in aging.

The Center launched in 2021 to address emerging opportunities and challenges for the surge in California’s aging population. It is funded by philanthropic, public and private partnerships, including Health Net’s.

To learn more about the partnership, read the **full news release**.



OPERATIONAL HIGHLIGHTS AND INSIGHT INTO THE LATEST NEWS!

Wellcare By Health Net Medicare Advantage Plans in California Earn 4-Star Rating in Annual CMS Star Quality Ratings

Two of Wellcare By Health Net's Medicare contracts in California received a 4-Star Rating (out of a possible five stars) from the CMS annual Star Quality Ratings.



“Our recent Star Ratings reflect our commitment to improving the health and wellbeing of our Medicare members across California,”
– Brian Ternan, plan president and CEO of Health Net and Wellcare's Medicare plan in California.

“This recognition proves again that the experience, empathy and expertise we offer our members is part of what they need to live healthier lives. At every phase of the health care journey – whether inbound or outbound – we meet our members where they are, with their unique challenges, and then work to remove their barriers to care,” added Ternan.

To learn more, read the **full press release**.

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