



[PLEASE REVIEW BEFORE SENDING – Directions for staff sending the agreement

If PPG is not delegated for CCM or SNP, please remove entire section for Complex Case Management pg 12-14, Special Needs Program Case Management pg 15-36 and revise delegation grid header as applicable.]

If PPG does not have Medicare LOB, please delete the lines on page 7 and 8 related to Medicare-certified facilities

If PPG does not have Community Care (Exchanges) LOB, please delete “MUST UTILIZE HEALTH NET’S PRIOR AUTHORIZATION LIST FOR COMMUNITY CARE HMO MEMBERS ONLY” from pages 6, 8 and 9

<Date>

«Contact_Name»

«Contact_Title»

«Address»

«City», «State» «Zip»

Sent via «Email»:

Re: Provider Delegation Agreement
«PPG_Name» #«Commercial_PPG»

Dear «Contact_Name»:

Health Net of California, Inc., (Health Net) Delegation Oversight Committee has reviewed and accepted the documentation and findings from your annual assessment. You have met Health Net’s criteria for the delegation of Utilization Management/Complex Case Management (CCM)/Special Needs Program (SNP) in connection with your Health Net Provider Participation Agreement.

Please have an authorized representative (Medical Director or Administrator) review and sign the enclosed “Provider Delegation Agreement” and return it to Health Net by **<Date, 15 calendar days from the date of the letter>**. Please retain a copy for your files.

Attached is the delineation of delegated Utilization Management, CCM and SNP responsibilities.

Health Net will continue to oversee your delegated activities. I will work with you on an on-going basis during the upcoming year to monitor your compliance with the delegated activities and to assist you with corrective actions as appropriate. Health Net agrees to provide available member experience data related to PPG’s performance of utilization management and case management functions to the PPG on request.

If you have any questions, please call me at <insert MPM phone number> or e-mail me at <insert MPM email address>@healthnet.com. Congratulations on your successful management of delegated responsibilities and thank you for your cooperation and support.

Sincerely,

Clinical Compliance Auditor
Delegation Oversight
Health Net of California, Inc.



Attachments: Provider Delegation Agreement



Provider Delegation Agreement

In connection with its Health Net of California, Inc., ("Health Net") Provider Participation Agreement, «PPG_Name» agrees to accept responsibility for delegation of Utilization Management/CCM/SNP activities (per the attached grid).

Effective «audit or contract date», «PPG_Name» agrees to comply with the responsibilities (including the performance requirements) set forth in the Health Net / Participating Physician Group / Provider Delineation of Delegated Utilization Management/CCM/SNP Responsibilities grid. Health Net may determine that a periodic visit is indicated. In such case, Health Net will contact you to establish a time and date for the visit. At a minimum, Health Net will schedule an annual visit to evaluate the delegated activities.

In compliance with accreditation standards and regulatory requirements «PPG_Name» shall not restrict the rights and obligations of Member Physician to communicate freely with Members regarding their medical condition and treatment alternatives, including medication treatment options, regardless of benefit coverage limitations.

«PPG_Name» (if contracted to serve Medicare Advantage members) recognizes its responsibility to conform to the delegation requirements in a manner consistent with CMS regulations.

«PPG_Name» agrees to abide by mutually agreed upon corrective action plans. In the event that «PPG_Name» does not perform the delegated responsibilities as defined in the attached Health Net / Participating Physician Group / Provider Delineation of Delegated Utilization Management/CCM/SNP Responsibilities grid, and in accordance with Health Net, NCQA and regulatory standards, Health Net reserves the right, upon written notice, to revoke the delegation of some or all these responsibilities for Health Net members as set forth herein. Except in the event of risk to Members, «PPG_Name» will be provided a thirty- (30) day cure period prior to delegation being revoked.

This agreement shall remain in effect unless the «PPG_Name» is notified otherwise by Health Net.

Health Net of California, Inc.

Date: <insert DOC approval date>

Elaine Robinson-Frank

Elaine Robinson-Frank RN, MPH
Vice President Delegation Oversight

«PPG_Name» #«Commercial_PPG»

Signature

Date: _____

Please Print Signer's Name and Title Here

Please sign and return one copy of this agreement by <Date, 15 calendar days from the date of the letter> to:

**Health Net of California, Inc.
<CCA name>, Clinical Compliance Auditor
M/S: <CA-116-02-02>
<650 East Hospitality Lane**



**San Bernardino, CA 92408>
Via email: <MPM Email Address>**



Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Delegate Name: «PPG Name»

Delegation Date: «audit or contract Date»

- Commercial HMO Delegate # «Commercial_PPG»
- Seniority Plus Delegate# «Seniority_Plus_PPG»
- Medi-Cal Delegate# «Medi-Cal_PPG»
- Community Care Delegate# «Commercial_PPG»
- Sapphire Delegate #«Seniority_Plus_PPG»

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Utilization Management						
UM Program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Develop, implement and submit to Health Net a Utilization Management Plan/Program outlining program structure, accountability, scope, criteria, and process used to make determinations of benefit coverage and medical necessity. • Establish Behavioral Health aspects of the UM Program (if applicable) • Establish policies and procedures to assure that appropriately licensed professionals supervise all medical necessity decisions. • Ensure appropriate licensed practitioners make all medical necessity denial determinations. • Ensure a senior physician, with an unrestricted license, has substantial involvement in UM Program and implementation. • Ensure involvement of a designated behavioral healthcare practitioner in the implementation of the behavioral healthcare aspects of the program (if applicable). • Have written UM decision-making 	<p>Annually:</p> <ul style="list-style-type: none"> • UM Program Description • UM Program Evaluation • UM Work plan <p>Commercial and Medicare Advantage Semi-Annually:</p> <ul style="list-style-type: none"> • ICE UM Work plan/Reports <p>Medi-Cal Delegates Only:</p> <p>Quarterly:</p> <ul style="list-style-type: none"> • ICE UM Work plan/Reports 	Monitor and oversee delegated function to ensure standards are met.	<ul style="list-style-type: none"> • Initial assessment utilizing Health Net Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net Provider Delegation Assessment Tool (PDAT). 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of UM delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.



**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
		<p>criteria that are objective and based on medical evidence, criteria is reviewed annually and also the procedures for applying the criteria.</p> <ul style="list-style-type: none"> Establish policies and procedures to meet communication services for members and practitioners to include access to staff during and after business hours. Evaluate UM Program annually. 				
<p>Prospective Review Other Outpatient Services</p> <p><input checked="" type="checkbox"/> Specialty Referrals</p> <p><input checked="" type="checkbox"/> Diagnostics</p> <p><input checked="" type="checkbox"/> DME</p> <p><input checked="" type="checkbox"/> Infusion / Home Health Services</p> <p><input checked="" type="checkbox"/> Orthotic/Prosthetic</p> <p><input checked="" type="checkbox"/> Outpatient Surgeries</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Conduct pre-certification reviews following Health Net policies and members benefit package per the Health Net Participating Provider Agreement (PPA) PPA.</p> <p>Utilizes nationally recognized UM decision-making criteria that are objective and based on medical evidence</p> <p>Develop written policies and procedures for applying the criteria based on individual needs to include assessment of the local delivery system.</p> <p>MUST UTILIZE HEALTH NET'S PRIOR AUTHORIZATION LIST FOR COMMUNITY CARE HMO MEMBERS ONLY</p>	<p>Commercial and Medicare Advantage Semi-Annually:</p> <ul style="list-style-type: none"> ICE UM Work plan/Reports <p>Medi-Cal Delegates Only: Quarterly: ICE UM Work plan/Reports</p> <p>Include the number of approvals and denials generated by the delegated entity.</p> <p>Specialty Referral reports quarterly</p>	<p>Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards.</p>	<ul style="list-style-type: none"> Initial assessment utilizing Health Net PDAT. Annual assessment utilizing Health Net PDAT. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Potential revocation of UM delegation if CAP objectives are not achieved. Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Prospective Review Inpatient <input checked="" type="checkbox"/> Acute <input checked="" type="checkbox"/> Elective <input checked="" type="checkbox"/> SNF <input checked="" type="checkbox"/> Hospice (If by DoFR hospice is a carve out, delegate is responsible for services not related to hospice)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Conduct pre-certification following Health Net policies and member's benefit package and per the PPA. Utilizes nationally recognized UM decision-making criteria that are objective and based on medical evidence Develop written policies and procedures for applying the criteria based on individual needs to include assessment of the local delivery system. MUST UTILIZE HEALTH NET'S PRIOR AUTHORIZATION LIST FOR COMMUNITY CARE HMO MEMBERS ONLY	Commercial and Medicare Advantage Semi-Annually: <ul style="list-style-type: none"> • ICE UM Work plan/Reports Medi-Cal Delegates Only: Quarterly: <ul style="list-style-type: none"> • ICE UM Work plan/Reports 	<ul style="list-style-type: none"> • Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards. • Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> • Review ICE UM Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net PDAT. • Annual assessment utilizing Health Net PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of UM delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.



**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

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<p>The following procedures must be performed at Medicare-certified facilities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Carotid artery stenting <input checked="" type="checkbox"/> Lung-volume reduction surgery <input checked="" type="checkbox"/> Ventricular assist device (VAD) destination therapy 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Health Net participating providers must first confirm that the facility is participating with Health Net. Then, providers must refer to the CMS website at www.cms.gov/MedicareApprovedFacilityBSF/list.asp to ensure the facility is Medicare-certified to perform the specified procedure. Once on the CMS website, providers should consult the list in the left-hand menu bar for information on the applicable procedure.</p>				

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Concurrent Review Inpatient <input checked="" type="checkbox"/> Acute <input checked="" type="checkbox"/> SNF <input checked="" type="checkbox"/> Hospice (If by DoFR hospice is a carve out, delegate is responsible for services not related to hospice)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Conduct onsite and/or telephonic Utilization Management concurrent reviews as per the PPA. Conduct inpatient case management for high-risk and / or catastrophic cases. Identify discharge-planning needs prior to discharge and make all necessary arrangements for members. Coordinate activities with Health Net's Care managers and Ancillary Providers as requested and/or required. Utilizes nationally recognized UM decision-making criteria that are objective and based on medical evidence Develop written policies and procedures for applying the criteria based on individual needs to include assessment of the local delivery system. <p>MUST UTILIZE HEALTH NET'S PRIOR AUTHORIZATION LIST FOR COMMUNITY CARE HMO MEMBERS ONLY</p>	Weekly inpatient logs identifying denials of care to include admission and discharge date and specific reasons for denial of days and/or levels of care. Commercial and Medicare Advantage Semi-Annually: <ul style="list-style-type: none"> ICE UM Work plan/Reports Medi-Cal Delegates Only: Quarterly: <ul style="list-style-type: none"> ICE UM Work plan/Reports 	<ul style="list-style-type: none"> Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards. Monitor and oversee delegated function to ensure standards are met. Track and compare provider's performance to that of the regions, network and top performing providers. 	<ul style="list-style-type: none"> Review ICE UM Work plan/reports with written evaluation provided to Delegate. Initial assessment utilizing Health Net PDAT. Annual assessment utilizing Health Net PDAT annual audit tool. Review of Delegates based on identified over/under utilization trends as established by Health Net. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Health Net to conduct telephonic or on-site UM reviews when warranted. Potential revocation of UM delegation if CAP objectives are not achieved within agreed time frame. Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.
Retrospective Review {professional and diagnostic services} <input checked="" type="checkbox"/> ER services <input checked="" type="checkbox"/> Inpatient Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Conduct retrospective review on individual cases and aggregate decision data to identify specific issues arising from an episode of care (e.g. ER claims). Communicate identified issues to respective providers. 	Commercial and Medicare Advantage Semi-Annually: <ul style="list-style-type: none"> ICE UM Work plan/Reports Medi-Cal Delegates Only: Quarterly:	<ul style="list-style-type: none"> Monitor and oversee delegated function to ensure standards are met. Collect Delegate specific encounter data and compare to plan-wide data to identify more effective methods of managing of 	Review monthly encounter data.	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Potential revocation of UM delegation if CAP



**Participating Physician Group / Provider
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<input checked="" type="checkbox"/> Outpatient Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Submit all encounter data. • Follow prudent layperson standard as set forth by CA Health and Safety Code section 1371.4 (c) and NCQA standard UM 12A when reviewing all emergency services. <p>MUST UTILIZE HEALTH NET'S PRIOR AUTHORIZATION LIST FOR COMMUNITY CARE HMO MEMBERS ONLY</p>	<ul style="list-style-type: none"> • ICE UM Work plan/Reports 	health care resources.		<p>objectives are not achieved within agreed time frame.</p> <ul style="list-style-type: none"> • Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Case Management Ambulatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Develop process to include policies and procedures for ambulatory case management. Conduct ambulatory case management/care coordination on patient population based on need. Ensure process for applying the criteria is based on individual needs to include assessment of the local delivery system. Refer high risk/catastrophic members to Health Net for case management if applicable Ensure process reviews the member's individual needs encompassing overall health status, family support, community resources available. Coordinate activities with Health Net's Care Managers and Ancillary Providers as indicated. 	Commercial and Medicare Advantage Semi-Annually: <ul style="list-style-type: none"> ICE UM Work plan/Reports Medi-Cal Delegates Only: Quarterly: ICE UM Work plan/Reports	<ul style="list-style-type: none"> Establish, publish and distribute information to identify and manage high risk/high cost diagnoses. Provide Health Risk Assessment and other predictive indicators to the Delegate. Health Net to provide referral form and definitions for referral of complex members for case management if applicable Provide additional care management support to Delegate as requested. Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> Review of ICE UM Work plan/reports with written evaluation sent back to Delegate. 	<ul style="list-style-type: none"> Health Net may conduct review to reassess areas of non-compliance..
Denial of Service for Medical Necessity/ Benefit coverage <input checked="" type="checkbox"/> Specialty Referrals/ Outpatient diagnostics <input checked="" type="checkbox"/> Outpatient Surgeries <input checked="" type="checkbox"/> Inpatient Services <input checked="" type="checkbox"/> SNF Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Establish standards for denial of services, process of denial, notification of denial, and timeliness of denials as per the PPA and applicable Federal and State requirements, and NCQA standards. Issue first level denials on the basis of clinical data reviewed or coverage limitation. Ensure denial files include all pertinent clinical information, specific criteria cited, physician involvement in denial determinations, alternative treatment plan, how member can 	Commercial and Medicare Advantage Semi-Annually: <ul style="list-style-type: none"> ICE UM Work plan/Reports Medi-Cal Delegates Only: Quarterly: ICE UM Work plan/Reports	Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards.	<ul style="list-style-type: none"> Review of ICE UM Work plan/reports with written evaluation sent back to Delegate. Initial assessment utilizing Health Net PDAT. Annual assessment utilizing Health Net PDAT for review of denial files. Focused reviews to measure areas 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Health Net may conduct review to reassess areas of non-compliance. Health Net may put Delegate on prospective/retrospective review of all service denial letters. Potential

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

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<input checked="" type="checkbox"/> Infusion / Home Health Services <input checked="" type="checkbox"/> DME <input checked="" type="checkbox"/> Orthotic/ Prosthetic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	obtain a copy of the criterion used to make the determination and required appeal language to include the expedited external review process. <ul style="list-style-type: none"> Monitor denial activity through UM Committee. 			of noncompliance as warranted.	revocation of UM delegation if CAP objectives are not achieved within agreed time frame. <ul style="list-style-type: none"> Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.
Appeals and Grievances	<input checked="" type="checkbox"/> No Not a delegated function.	Instruct member to contact Health Net for all appeals and grievances.	N/A	Conduct all member appeals and grievances	N/A	N/A
Experimental and Investigational Procedures	<input checked="" type="checkbox"/> No Not a delegated function.	<ul style="list-style-type: none"> Immediately forward all pertinent documentation for investigational or experimental treatment to Health Net. Retain responsibility for care managing member and assisting member in obtaining routine services within network if member is in clinical trial. 	N/A	<ul style="list-style-type: none"> Review request and issue response per Health Net policy. If denied, refer for third party review. Inform member and Delegate of results of third party review. 	N/A	N/A

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
<p>Case Management – Complex Case Management</p> <p>Member Identification</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Identify high risk members who might benefit from case management services utilizing screening criteria, address members as identified by Health Net in the Operations Manual. • Establish multiple avenues for members to be considered for complex case management including active participation in Health Net member identification process (Health Risk Assessment (HRA) and other predictive modeling processes). • Assesses the characteristics and needs of its member population. • Reviews and updates the CM processes to address member needs. • Establish and utilize a case management system that: <ul style="list-style-type: none"> ➢ Uses evidence based clinical guidelines for assessment and management of members. ➢ Documents date and time of staff interventions. ➢ Have automated prompts for follow-up with members. 	<p>Case Management Files are reviewed at the time of the annual audit and as deemed necessary.</p> <p>Semi-annual reporting to Health Net on cases referred to Delegate through Health Net member identification process</p> <p>Commercial and Medicare Advantage Semi-Annually:</p> <ul style="list-style-type: none"> • ICE UM Work plan/Reports 	<ul style="list-style-type: none"> • Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards. • Provide Health Risk Questionnaire and other predictive indicators to the Delegate. • Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> • Annual assessment utilizing Health Net PDAT. • Delegate Meetings. • Ongoing feedback on identified high risk members; may include but is not limited to completing feedback grid or participating in case conferences. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Health Net provides training as warranted. • Potential revocation of CM delegation if CAP objectives are not achieved within agreed time frame. • Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
<p>Case Management – Complex Case Management</p> <p>Case Management Process</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Establish and maintain procedures that address:</p> <ul style="list-style-type: none"> • Member's rights to decline or disenroll from case management. • Documentation of clinical history including medications and condition specific issues. • Initial assessments of: <ul style="list-style-type: none"> ➢ Activities of Daily Living ➢ mental health status including cognitive functions ➢ life planning activities • Evaluation of: <ul style="list-style-type: none"> ➢ cultural and linguistic needs ➢ visual and hearing needs ➢ care giver resources and involvement ➢ available benefits within the organization and from community resources • Development of: <ul style="list-style-type: none"> ➢ A Care Management plan including prioritized goals including those of the caregivers and desired level of involvement, and barriers to meeting those goals. ➢ A schedule for regular follow up and communication with members. ➢ A plan to communicate to member a self-management plan. • Assessing member's progress against the care management plan. 	<ul style="list-style-type: none"> • Case Management Files are reviewed at the time of the annual audit and as deemed necessary. • Semi-annual reporting to Health Net on cases referred to Delegate through Health Net member identification process. <p>Commercial and Medicare Advantage Semi-Annually:</p> <ul style="list-style-type: none"> • ICE UM Work plan/Reports 	<ul style="list-style-type: none"> • Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards. • Provide Health Risk Questionnaire and other predictive indicators to the Delegate. • Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> • Annual assessment utilizing Health Net PDAT. • Delegate Meetings. • Ongoing feedback on identified high risk members; may include but is not limited to completing feedback grid or participating in case conferences. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Health Net provides training as warranted. • Potential revocation of CM delegation if CAP objectives are not achieved within agreed time frame. • Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities

Activities	Delegate Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
<p>Case Management – Complex Case Management</p> <p>Satisfaction with and Measuring Effectiveness</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Establish and maintain procedures that address:</p> <p>SATISFACTION</p> <ul style="list-style-type: none"> Obtaining feedback from members and analyzing such feedback. <p>MEASURING EFFECTIVENESS</p> <p>Measuring the effectiveness of case management program using 3 measures selected by Delegate based on the review of their case management program. For each such measure the Delegate:</p> <ul style="list-style-type: none"> Identifies relevant processes or outcomes Uses valid methods that provide quantitative results Sets performance goals Identifies clearly measure specifications Analyzes results Identifies opportunities for improvement Plans for intervention and re-measurement <p>ACTION AND REMEASUREMENT</p> <ul style="list-style-type: none"> Implementing at least one intervention to improve performance based on criteria above. Re-measuring to determine performance. 	<ul style="list-style-type: none"> Case Management Files are reviewed at the time of the annual audit and as deemed necessary. Semi-annual reporting to Health Net on cases referred to Delegate through Health Net member identification process. <p>Commercial and Medicare Advantage Semi-Annually:</p> <ul style="list-style-type: none"> ICE UM Work plan/Reports 	<ul style="list-style-type: none"> Establish, publish and distribute performance standards and guidelines to providers that are consistent with Federal and State requirements, and NCQA standards. Provide Health Risk Questionnaire and other predictive indicators to the Delegate. Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> Annual assessment utilizing Health Net PDAT. Delegate Meetings. Ongoing feedback on identified high risk members; may include but is not limited to completing feedback grid or participating in case conferences. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Health Net provides training as warranted. Potential revocation of CM delegation if CAP objectives are not achieved within agreed time frame. Continued noncompliance may lead a breach of the PPA and subsequent termination of the PPA.



Participating Physician Group / Provider Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities

Delegate Name: _____

Delegation Date: _____

- Dual Eligible (DSNP)
 Chronic Special Needs Plan (CNSP)

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Targeted Special Needs Individuals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate has a model of care to manage the delivery of specialized services and benefits for: <ul style="list-style-type: none"> • Dual-eligible special needs individuals (DSNP) • Individuals with chronic conditions (CNSP) • Meets all of the standards for Complex Case Management as set forth in NCQA PHM and SNP standards as set forth by CMS. • Delegate has written care plans on 100% of its members • Delegate has an Interdisciplinary Care Team (ICT) meeting on 100% of its members at a minimum of annually. 	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the Participating Provider Agreement (PPA) and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate has written care management P&Ps and systems to assure access to: <ul style="list-style-type: none"> • Medical services across life cycle • Mental health services • Social services • Translation and linguistic services • Coordination of care through a central point of contact • Seamless transitions across healthcare settings, care providers and health services • Preventive health services • Appropriate utilization of services in all settings where appropriate • Promote member independence and self-management • Improve member health status through improved mobility and functional status • Pain management services • Improve member's health status through improved satisfaction with health status and healthcare services • Improve member's health status by developing SMART and prioritized goals identified and stratified with member. • Identification of barriers to meeting members' goals. 	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports	<ul style="list-style-type: none"> • Establish, publish and distribute performance standards and guidelines to providers that are consistent with CMS SNP requirements. • Monitor and oversee delegated function to ensure standards are met. 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Staff Structure and Roles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has appropriate staff to perform administrative and clinical oversight duties. These staff include some or all of the following:</p> <ul style="list-style-type: none"> • Medical Director • Administrator, director or executive staff (with implementation at committee or local level as needed) <p>Delegate assures that staff effectively performs administrative and clinical oversight duties. These duties include some or all of the following:</p> <ul style="list-style-type: none"> • Review medical charts • Conduct/document performance assessments • Conduct/document and/or observe interdisciplinary team meetings 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers the performance standards and guidelines that are consistent with CMS SNP requirements • Provide staff job descriptions as needed • Monitor and oversee delegated function to ensure standards are met • Provide Benefit coordinator, account liaison, plan representative, Quality Improvement Specialist and HIPPA compliance officer as needed by Delegate 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate has appropriate staff to perform care management and coordination of services and benefits. These staff include some or all of the following: <ul style="list-style-type: none"> • Care manager or coordinator • Durable medical equipment coordinator • Utilization review coordinator • Discharge planning specialist • Nurse Manager or coordinator • Health information specialist • Training • Data analysis 	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports	<ul style="list-style-type: none"> • Maintain a call center for 24-hour telephonic care management • Maintain a website for member educational material and plan information • Facilitate translation services 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate assures that care management staff performs duties including some or all of the following: <ul style="list-style-type: none"> • Facilitates the implementation of the individualized care plan for each member • Schedules or facilitates scheduling appointments and follow-up services. • Facilitates transportation services Requests consultation and diagnostic reports from network specialists	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports	<ul style="list-style-type: none"> • Maintain a call center for 24-hour telephonic care management • Maintain a website for member educational material and plan information • Facilitate translation services 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate assigns each member to an interdisciplinary care team (ICT) composed of primary, ancillary, and specialty care providers, where appropriate. Required members of the ICT include the following: :</p> <ul style="list-style-type: none"> • Medical expert • Mental health/behavioral health expert (if member has identified BH needs) • Social services expert <p>The ICT may include some or all of the following:</p> <ul style="list-style-type: none"> • Primary care physician • Registered nurse • Restorative health specialist (physical, occupational, speech, recreation) • Board-certified physician • Dietitian, nutritionist • Caregiver/family member • Preventive health/health promotion specialist • Pharmacist • Pastoral specialist 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements, and NQAA standards. • Monitor and oversee delegated function to ensure standards are met • HN's Pharmacy Department to provide Medication Therapy Management (MTM) program. only • Provide Behavioral and/or mental health specialist psychiatrist, psychologist, drug or alcohol therapist • Review interdisciplinary care team meeting minutes and attendance including member and or caregiver attendance • Review documentation in individualized care plan. Identification of vulnerable members with special needs and how needs were met with benefits and services 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate assures that the interdisciplinary care team works together to manage member care by performing duties including some or all of the following:</p> <ul style="list-style-type: none"> • Conduct care coordination meetings on a regular schedule (these may be face to face or web-based) • If regular meetings are not held, documentation and justification for lack of meetings will be required. • Conduct case rounds on a regular schedule • Conduct conference calls among plan, providers, and members if appropriate • Use e-mail, fax, and written correspondence to communicate • Delegate analyzes data demonstrating the beneficiary/caregiver/member participation in the ICT meetings and takes action to improve deficiencies 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Call line or other mechanism for member inquiries and input • Maintain a mechanism for member complaints and grievances • Review interdisciplinary care team meeting minutes and attendance including member and/or caregiver attendance • Review documentation in individualized care plan. Identification of vulnerable members with special needs and how needs were met with benefits and services 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Provider Network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate assures that providers and facilities have specialized clinical expertise pertinent to the targeted special needs population beyond the scope of the interdisciplinary team. Specialized clinical experts' duties may include:</p> <ul style="list-style-type: none"> • Assess, diagnose, and treat in collaboration with the interdisciplinary team • Provide specialized services such as wound management services/referral to wound specialist • Conduct home visits to include home safety assessments utilizing contracted vendors • Conduct risk prevention programs such as fall prevention or wellness promotion • Provide hospital-based or urgent care facility-based emergency services • The Delegate/provider contacts beneficiaries to remind them of upcoming appointments • The Delegate/provider contacts beneficiaries to follow up on missed appointments 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • 24-hour access to a clinical consultant • Disease management programs • Provide pharmacotherapy consultation and management clinics • Provide home-based palliative or end-of-life care • Review interdisciplinary care team meeting minutes and attendance including member and or caregiver attendance • Review documentation in individualized care plan identification of vulnerable members with special needs and how needs were met with benefits and services • Annually conduct Geo access survey 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Provider Network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has a process to coordinate the delivery of standard services and benefits through a provider and facility network having clinical expertise pertinent to the targeted special needs population. The process includes some or all of the following:</p> <ul style="list-style-type: none"> • The beneficiary's interdisciplinary care team approves all referrals to the provider network prior to the delivery of services when such referrals require prior authorization • The interdisciplinary care team, determines whether beneficiaries require services outside the existing provider network and approves services prior to delivery • Communicates need for add-on benefits to HN based on issues identified in the beneficiary's individualized care plan. • The Delegate has a process to track and analyze services and benefits utilization • The Delegate disseminates the results of the utilization analysis to the interdisciplinary team. 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Contract with providers having the clinical expertise to meet the specialized needs of the targeted SNP population • Facilitate access to Specialist in narrow fields not frequently available within each Delegate network • Contract with facilities that provide diagnostic and treatment services to meet the specialized needs of the targeted SNP population • Establish and share policies and procedures that direct how the network providers and facilities will deliver services to members • Review individualized care plan for documentation of transition of care management consistent with SNP structure and process measures 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Provider Network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate assures its providers deliver evidence-based services in accordance with nationally recognized clinical protocols and guidelines when available (see the Agency for Healthcare Research and Quality's National Guideline Clearinghouse at http://www.guideline.gov)	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports	Written contract with Delegate stipulates that contracted providers deliver services in accordance with nationally recognized clinical protocols and guidelines when available	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Provider Network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has policies, procedures, and a system to coordinate the delivery of add-on benefits and services that meet the specialized needs of the most vulnerable including frail/disabled beneficiaries and beneficiaries near the end of life. The system includes:</p> <ul style="list-style-type: none"> Contracts with providers having the clinical expertise to meet the specialized needs of frail/disabled beneficiaries and beneficiaries near the end of life Contracts with facilities that provide diagnostic and treatment services to meet the specialized needs of frail/disabled beneficiaries and beneficiaries near the end of life Policies and Procedures that direct how the network providers and facilities will deliver services to the frail/disabled beneficiaries and beneficiaries near the end of life and notifies the interdisciplinary care team The Delegate administrative staff approves all referrals for frail/disabled beneficiaries and beneficiaries near the end of life to the appropriate specialized providers and notifies the ICT. The ICT approves all referrals for frail/disabled beneficiaries and beneficiaries near the end of life and notifies the providers. 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> Work with Delegate to approve add-on benefits Offer transportation to facilitate access to services for frail/disabled beneficiaries and beneficiaries near the end of life 	<ul style="list-style-type: none"> Review UM/SNP Work plan/reports with written evaluation provided to Delegate. Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). Annual assessment utilizing Health Net SNP PDAT. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Model of Care Training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has appropriate staff (employed, contracted, or non-contracted, temporary) trained on the model of care to coordinate and/or deliver all services and benefits including some or all of the following:</p> <ul style="list-style-type: none"> • All SNP employees/contractors/ temporary staff have initial and annual refresher training on the SNP model of care as evidenced by attendance lists and/or evaluations • All network providers have initial and annual refresher training on the SNP model of care as evidenced by attendance lists and/or evaluations 	<p>Annually submit evidence of required trainings i.e.: attendance list, evaluations, newsletters, website, and/or orientation or other course material at the time of the annual audit survey process</p>	<p>Establish a training strategy that uses a variety of methods including some or all of the following:</p> <ul style="list-style-type: none"> • Face-to-face training • Web-based interactive training • Self-study program (electronic media, print materials) • Distribute training material to Delegate • Monitor to ensure annual training has occurred 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Individualized Care Plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has written policies, procedures, and a system to assure that the interdisciplinary care team develops and implements a comprehensive individualized plan of care for each member. The system includes some or all of the following:</p> <ul style="list-style-type: none"> • Results from the initial health risk assessment are used to develop the individualized care plan • Member's medical history is used to develop the individualized care plan • Member's healthcare preferences are incorporated in the individualized care plan • Each member is assigned to an interdisciplinary care team that develops the individualized care plan with member involvement when feasible • Interdisciplinary team beneficiaries update the individualized care plan as member health status changes • Initial and annual assessments are analyzed to determine the need for add-on services and benefits, and these needs are incorporated into the individualized care plan for each member. 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p> <p>Monthly: SNP Case Management Engagement Report</p>	<ul style="list-style-type: none"> • Share member specific initial and annual HRA results with Delegate • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met • Establish and create documentation templates, P&P's as needed for activities • Work with Delegate regarding need for add-on benefits 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Individualized Care Plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has a written process to facilitate member/caregiver participation in care planning when feasible. The process includes any of the following:</p> <ul style="list-style-type: none"> Beneficiaries and/or caregivers participate either face-to-face or telephonically in care planning Beneficiaries and/or caregivers participate in care planning either through an exchange of written correspondence with or web-based electronic interface or virtual correspondence with their interdisciplinary team 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p> <p>Monthly: SNP Case Management Engagement Report</p>	<ul style="list-style-type: none"> Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements Monitor and oversee delegated function to ensure standards are met Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> Review UM/SNP Work plan/reports with written evaluation provided to Delegate. Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). Annual assessment utilizing Health Net SNP PDAT. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Care Transitions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate has a policy and procedure to facilitate safe transitions by either conducting or assigning to providers the following tasks and monitoring system performance:</p> <ul style="list-style-type: none"> • For planned transitions from beneficiaries usual setting of care to the hospital and transitions from the hospital to the next setting, identifying that a planned transition is going to happen • For planned and unplanned transitions sharing the sending settings care plan with the receiving setting within one business day of notification of the transition • For planned or unplanned transitions from any setting to any other setting, notifying the beneficiaries usual practitioner of the transition within a timeframe specified by the Delegate (i.e. two business days) 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met • Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Supporting Members Through Transitions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The Delegate has a policy and procedure to facilitate safe transitions by either conducting or assigning to providers the following tasks and monitoring system performance:</p> <ul style="list-style-type: none"> • For planned and unplanned transitions from any other setting, communicating with the member or responsible party about the care transition process within a timeframe specified by Delegate (i.e. 2 business days) • For planned and unplanned transitions from any setting to any other setting, communicating with the member or responsible party about changes to the member's health status and plan of care within a timeframe specified by Delegate (i.e. 2 business days) • For planned and unplanned transitions from any setting to any other setting, providing each member who experiences a transition with a consistent person or unit within the organization who is responsible for supporting the member through transitions between any points in the system within a timeframe specified by Delegate (i.e. 2 business days) 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met • Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

**Participating Physician Group / Provider
Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities**

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Reducing Transitions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The Delegate has a policy and procedure, based on the findings from the Delegate's monthly analysis of data, to identify individual members at risk of a transition, the Delegate minimizes unplanned transitions and works to maintain members in the least restrictive setting possible by:</p> <ul style="list-style-type: none"> • Coordinating services for members at high risk of having a transition. • Educating members or responsible parties about transitions and how to prevent unplanned transitions. 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met • Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

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Analyzing Transitions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The Delegate has a policy and procedure to minimize unplanned transitions and work to maintain members in the least restrictive setting possible by:</p> <ul style="list-style-type: none"> • Analyzing data at least monthly, to identify individual members at risk of transition • Analyzing rates of all member admissions to facilities and ED visits at least annually to identify areas for improvement. 	<p>Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation</p> <p>Semi-annually: ICE UM/SNP Work plan/Reports</p>	<ul style="list-style-type: none"> • Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements • Monitor and oversee delegated function to ensure standards are met • Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

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Performance and Health Outcomes Measurement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate collects data from a variety of sources including some or all of the following: <ul style="list-style-type: none"> • Claims • Encounters • Medical record reviews • Diagnostics (labs, pathology, radiography) • Utilization reports • Hospital admissions • Long term facility admissions • ED admissions 	Monthly submission of claims/encounters	HN has written policies, procedures, and a system to collect and analyze data to evaluate the effectiveness of its model of care including: <ul style="list-style-type: none"> • Member demographics • Administrative • Pharmacy • HEDIS data • HOS data • CAHPS data • Health Risk Assessments • Internal quality assurance specialists implementing a performance improvement program • Participation by plan, provider network, and beneficiaries/caregivers 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

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Performance and Health Outcomes Measurement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Delegate takes actions to improve the model of care including some or all of the following:</p> <ul style="list-style-type: none"> Changes in policies or procedures Changes in staffing patterns or personnel Changes in provider or facility network Changes in systems of operation Communication of results internally and externally Delegate collects and analyzes data that demonstrates beneficiaries have access to covered services and benefits, and acts to improve deficiencies that are identified Delegate collects and analyzes data that demonstrates beneficiaries have improved health status, and acts to improve deficiencies that are identified. Delegate collects and analyzes data on service delivery processes and outcomes, and acts to improve deficiencies that are identified. Delegate collects and analyzes data on the utilization of evidence-based guidelines by the interdisciplinary team and provider network, and acts to improve deficiencies that are identified. 	<p>Annually submits data and analysis reports to HN</p> <p>Hospice referrals, pain management referrals, ER rates and readmit rates are reported annually with at least 2 year trending of month to month data.</p> <p>These reports will be on all the SNP beneficiaries since we do not delineate one health plan from another.</p> <p>Annually, based on health outcomes, Delegate provides corrective action plan to address the following:</p> <ul style="list-style-type: none"> access, health status, service delivery <p>This will be done through geo-access survey process.</p>	<ul style="list-style-type: none"> Establish, publish and distribute to providers performance standards and guidelines that are consistent with CMS SNP requirements Monitor and oversee delegated function to ensure standards are met Establish and create documentation templates as needed for activities 	<ul style="list-style-type: none"> Review UM/SNP Work plan/reports with written evaluation provided to Delegate. Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). Annual assessment utilizing Health Net SNP PDAT. Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> Require Corrective Action Request(s) for elements of non-compliance. Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

Participating Physician Group / Provider Delineation of Delegated Utilization Management [/CCM/SNP] Responsibilities

Activities	Delegate SNP Status Delegated (Yes) or Not Delegated (No)	Delegate Responsibilities	Frequency of Reporting	Health Net's Responsibilities	Health Net's Process for Evaluating Delegate's Performance	Corrective Actions if Delegate Fails to Meet Responsibilities
Performance and Health Outcomes Measurement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate collects and analyzes data demonstrating the participation of beneficiaries and interdisciplinary care team beneficiaries in care planning, and acts to improve deficiencies that are identified. The data includes some or all of the following: <ul style="list-style-type: none"> • Written summaries of care planning meetings are included in the care plan and list attendees. • Interdisciplinary team beneficiaries maintain attendance logs for all care planning meetings • Beneficiaries are surveyed to determine the level of their own and their interdisciplinary team's participation in care planning meetings 	Annually: UM/SNP Program Description or P&Ps UM/SNP Program Evaluation Semi-annually: ICE UM/SNP Work plan/Reports Annually submits data and analysis reports to HN	HN will develop/implement audit process including tools and distribute to Delegate regarding: <ul style="list-style-type: none"> • Perpetual audits of complaint and grievance summaries a to assure beneficiaries and team beneficiaries participate in care planning • Collects and analyzes data on member utilization of communication mechanisms (e.g., call centers, complaint logs, etc.), and acts to improve deficiencies that are identified. • Collects and analyzes data related to add-on services and benefits including member utilization and/or satisfaction with such services and benefits, and acts to improve deficiencies that are identified. 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.
Performance and Health Outcomes Measurement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	N/A	HN will: Have written policies, procedures, and a system to submit required public reporting data that inform stakeholders about the plan's performance as requested by CMS. These data include some or all of the following: <ul style="list-style-type: none"> • HEDIS data • Structure and process measures data • HOS data • CAHPS data 	N/A	N/A

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Performance and Health Outcomes Measurement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Delegate has written policies, procedures, and a system to submit required reporting data that monitors performance as requested by CMS. This data include some or all of the following: <ul style="list-style-type: none"> • Community services access/utilizations rates • Facilitation of member developing advance directives/health proxy • Functional/ADLs status/deficits • Hospice referral and utilization rates • Hospital discharge outreach and follow-up rates • Pain and symptoms management effectiveness • Policies and procedures for effectiveness and staff compliance • Screening for elder/physical/sexual abuse 	Annually submits data and analysis reports to HN	HN will review/audit/publish the following: <ul style="list-style-type: none"> • Health information for accuracy and appropriateness of data • Member/caregiver education for frequency and appropriateness • Clinical outcomes • Behavioral health/psychiatric services utilization rates • Complaints, grievances, services and benefits denials • Establish and publish disease management indicators • Disease management referrals for timeliness and appropriateness • Emergency room utilization rates • Enrollment/disenrollment rates • Provide Evidence-based clinical guidelines or protocols for utilization rates • Hospital admissions/readmissions • Immunization rates • Medication compliance/utilization rates • Medication therapy management effectiveness • Preventive programs utilization rates (e.g., smoking cessation) • Preventive screening rates • Primary care visit utilization rates • 	<ul style="list-style-type: none"> • Review UM/SNP Work plan/reports with written evaluation provided to Delegate. • Initial assessment utilizing Health Net SNP Provider Delegation Assessment Tool (PDAT). • Annual assessment utilizing Health Net SNP PDAT. • Focused reviews to measure areas of noncompliance as warranted. 	<ul style="list-style-type: none"> • Require Corrective Action Request(s) for elements of non-compliance. • Potential revocation of SNP Care Management delegation if CAP objectives are not achieved. • Continued noncompliance may lead to a breach of the PPA and subsequent termination of the PPA.

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				Satisfaction surveys for beneficiaries/caregivers Satisfaction surveys for provider network <ul style="list-style-type: none"> • Screening for depression and drug/alcohol abuse • Skilled nursing facility placement/readmission rates • Skilled nursing facility level of care beneficiaries living in the community having admissions/readmissions to skilled nursing facilities • Urinary incontinence rates • Wellness program utilization rates 		