

AUGUST 2020

PROVIDER QUALITY NEWSLETTER

MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

To access the materials referenced in this newsletter, go to:

- > medpointmanagement.com/provider-resources
- > Click on "Quality Management Information" and then "2020 Quality Newsletters."
- > All materials are listed in one PDF document.
- > Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

Interpreta Tip – Member Look-Up

When making appointments for members, do you look to see which screenings are due? It is easy to search for a member in Interpreta by entering their last name and first name (Last Name,First Name - no space after the comma) in the "Search for members or providers" section at the top of the landing page. The member page tells you which screenings are due. You can also check the member's claim history to see the last time they came in and if they had any urgent or emergency visits.

There is no limit to the number of users that can access Interpreta. To add staff, please contact us at Interpreta@medpointmanagement.com. For questions or to schedule a training, contact us at qualitymeasures@medpointmanagement.com, (818) 702-0100, ext. 1353 or contact your HEDIS/Stars Specialist.



Spotlight on HEDIS

Blood Pressure Control Changes

The new 2020-2021 NCQA HEDIS Technical Specifications have exciting changes for the HEDIS Blood Pressure measures – Controlling Blood Pressure (CBP) (for members with hypertension) and Comprehensive Diabetes Care (CDC) Blood Pressure Control – as follows:

- Blood pressure readings taken during telephone visits, e-visits and virtual check-ins are acceptable.
- Blood pressure readings taken and/or reported by the member to a provider are now acceptable.
- Any digital device may be used by the member (remote monitoring/electronically transmitted devices are no longer required).
 - Non-digital devices are not acceptable (such as cuff and stethoscope).
- Changes to how members are included in the denominator:
 - The two diagnoses of hypertension must now be within the first six months of the measurement year or the year prior to the measurement year.

- There is no longer a restriction allowing only one of the two diagnoses to be a telehealth/virtual visit.
- Palliative care has been added as a required exclusion.

Transition of Care Measure Changes

The Medication Reconciliation Post-Discharge (MRP) measure has been retired; however, it is now part of the **Transitions of Care (TRC)** measure. We have outlined the guidelines for this measure for your information below:

The percentage of discharges for members 18 years of age and older who had each of the following.

Four rates are reported:

1. Notification of Inpatient Admission.

Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).

2. Receipt of Discharge Information.

Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

3. Patient Engagement After Inpatient Discharge.

Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

4. Medication Reconciliation Post-Discharge.

Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). Use code 1111F.

Note: Notice of admission and discharge will be assessed by chart sample.

Resources for Members:

Safe Environment for Mammograms

Please emphasize to your members that all precautions are being taken at the radiology facilities to keep them safe. Breast Cancer Screenings are important and can be done now. Please see the attached flyer from RadNet with details of how they are reducing risk at their radiology facilities through the CDC safety guidelines and share this information with members as you outreach those who are due for their screening.

DHCS – CalHope Crisis Support for Members

CalHOPE is a crisis support resource for members that are struggling with mental health issues due

to COVID-19. Please print and share the attached postcard with members who may benefit from the services.

CDC – Prediabetes Screening Test for Members

Members who wonder if they might have prediabetes can use the attached flyer to take a quick test to see if their height and weight are in the at-risk category. Please print this flyer from the Center for Disease Control (CDC) and distribute it to members or display it in the waiting room.

Statin Use in Persons with Diabetes (SUPD) – Best Practices for Providers

Please share the attached flyer from Anthem regarding statin use with your providers and staff. This is a triple-weighted Star adherence measure for patients age 40-75 who were dispensed at least two diabetes medications in the calendar year.

Other News:

Public Health Emergency Extended

As of 7/23/20, the Public Health Emergency has been extended an additional 90 days and is set to expire in late October (unless extended again). The extension allows for the continuation of several resources being used to fight the COVID-19 pandemic, including healthcare relief such as flexibilities for telehealth services and the mitigation of losses for the Medicare Shared Savings Program.

Prop 56 Rates Extended for 2019-2021

Please see the attached Provider Update from Health Net regarding the Prop 56 rates. DHCS has announced that the same rates paid in 2018-2019 will be paid in 2019-2020. This program provides supplemental payment for physicians who participate in Medi-Cal managed care (FQHCs are excluded).

United Health Plan Pharmacy News - OptumRx

If you have members with United Health Plan, please see the attached notices on prescription home delivery and the controlled e-prescribing limits.

MedPOINT
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Pointing Healthcare In The Right Direction

Contact us at (818) 702-0100, ex 1353, or
qualitymeasures@medpointmanagement.com
for assistance.

Best practices for providers: Statin Use in Persons with Diabetes



Statin Use in Persons with Diabetes (SUPD) is a Star measure that includes:

- Patients who are 40 to 75 years of age.
- Patients who were dispensed at least two diabetes medications in the calendar year.

Key points for closing the gap:

- Initiate statin therapy as appropriate for patients without contraindications.
- Any fill of a statin medication closes the gap of the measure.
- Medication trials after October 1 also eliminate any potential impacts to the triple-weighted Star adherence measure.
- Patients must use their plan ID card for statin medication fills.

Exclusions:

- End-stage renal disease
- Hospice

Best practices

Prescribe generics to eliminate cost as a barrier:

- Inform patients that atorvastatin, lovastatin, pravastatin, simvastatin and rosuvastatin medications are available for \$0 for extended-days' supply prescriptions:
 - These medications are free using the benefit, even if the patient reaches the coverage gap.
 - Encourage patients to fill their statin at a preferred pharmacy using their benefit. Discourage the use of discount cards.
 - Anthem Blue Cross can reach out to the pharmacy and/or patient regarding cost of the medication through the benefit.

Help patients understand benefits and potential side effects:

- Educate patients about the long-term cardiovascular benefits of statin therapy and potential side effects (for example, myalgia).
- Try a lower dose or different statin if there were previous statin associated side effects.
- Inform patients, if hesitant, that there is no cost for a short trial of the above-listed medications.

Implement treatment protocols based on the 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease:¹

- Statin therapy cardiovascular risk reduction benefits go beyond low density lipoprotein cholesterol (LDL-C) reduction.
- In adults 40 to 75 years of age with diabetes, regardless of cardiovascular risk, moderate-intensity statin therapy is indicated.
- Patients with an LDL-C less than 70 mg/dL should have statin therapy evaluated and individualized based on other cardiovascular risk factors.

¹ <https://healthmetrics.heart.org/wp-content/uploads/2019/04/2019-ACCAHA-Guideline-on-the-Primary-Prevention-of-Cardiovascular-Disease-2019.pdf>

<https://www.anthem.com/ca/medicareprovider>

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CDC Prediabetes Screening Test



COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	0
1	0
1	0
5	0
5	0
5	0
9	0

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

AT-RISK WEIGHT CHART

Height	Weight <i>Pounds</i>	Height	Weight <i>Pounds</i>
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221



IF YOUR SCORE IS 3 TO 8 POINTS

This means your risk is probably low for having prediabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes.

IF YOUR SCORE IS 9 OR MORE POINTS

This means your risk is high for having prediabetes now. Please make an appointment with your health care provider soon.

HOW CAN I GET TESTED FOR PREDIABETES?

Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

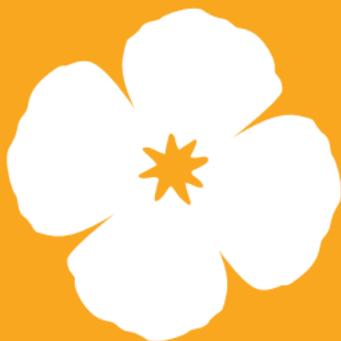
Medicaid: See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.

Medicare: See your health care provider. Medicare will pay the cost of testing if the provider has a reason for testing. If you don't have a provider, contact your local health department.

No insurance: Contact your local health department for more information about where you could be tested or call your local health clinic.



www.cdc.gov/diabetes



**Does COVID-19 have you feeling
stressed, anxious, and lonely?**

We're here for you.



California
HOPE

Hope will persevere.

California HOPE Provides:

- » **FREE resources**, including a “playbook” with tips for managing stress.
- » A call line to talk about your struggles and get emotional support from someone who has persevered through tough situations.
- » **Call (833) 317-HOPE (4673)**

Tips to Manage Stress:

- » Take a break from the news if it’s causing you to feel overwhelmed.
- » Maintain social contact by phone, text, or email with those who support you.
- » Treat your body kindly—eat healthy foods, avoid excessive alcohol, and exercise as you are able.

PROVIDER Update



Health Net®

REGULATORY | JANUARY 28, 2020 | UPDATE 20-026 | 3 PAGES

Prop 56 Rates Extended for SFY 2019–2021

Same rates used for SFY 2018–2019 will be paid

Supplemental rates for dates of service from July 1, 2019, through December 31, 2021, are the same as the state fiscal year (SFY) 2018–2019 rates. This was approved by the Department of Health Care Services (DHCS) All Plan Letter (APL) 19-015 on December 24, 2019. Attachment A shows the qualifying CPT codes and their rates.

Supplemental payments for specific physician services are in addition to:

- Base provider compensation under the *Provider Participation Agreement (PPA)*.
- Contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).

Review minimum requirements to qualify

Payment amounts in Attachment A apply to participating providers who are eligible to offer and bill claims with the listed CPT codes during the SFY period. A current W-9 must be on file.

- Submit a clean claim or encounter with one of the qualifying CPT codes.
- Ensure the PPG submits your encounters timely and accurately, if contracted through a PPG.

Supplemental payments are made within 90 days of receiving a clean claim or accepted encounter.

Excluded from Prop 56 supplemental payments

The following are not eligible for Prop 56 payments for physician services:

- Federally Qualified Health Centers
- Rural Health Clinics
- American Indian Health Programs
- Cost-based Reimbursement Clinics
- Dually eligible members with Medi-Cal and Medicare Part B

Update your W-9 form

If you have not submitted a W-9 in the past 12 months or if your information has changed, submit a new form by fax or email (see *Send in your W-9 form by email or fax* below).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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The W-9 form **must include** the physician's:

- Current address used to receive checks.
- Individual taxpayer identification number (TIN).
- National Provider Identifier (NPI) – If two NPIs are used (individual and group), include both NPIs where space is available.

Example:

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

→ Write the NPI information on the W-9 form

Add the TIN here →

Employer identification number									

Send in your W-9 form by email or fax

You can download the most current form from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

EMAIL	HNCA_W9_Submissions@CENTENE.COM (Add the words "Prop 56 W9" in the subject line.)
FAX	1-833-794-0423 (Include a cover sheet and clearly add the words "Prop 56 W9" and "PROTECTED HEALTH INFORMATION.")

How to file a grievance

Include the provider's:

- | | | |
|--------------|------------------|-------|
| • Last name | • Office address | • NPI |
| • First name | • Email address | • TIN |

Contact the Direct Pay team by email or fax with the provider's information above.

EMAIL	HNCA_W9_DirectPay@healthnet.com (Add the words "Prop 56 Grievance" in the subject line.)
FAX	1-844-929-0402 (Include a cover sheet and clearly add the words "PROTECTED HEALTH INFORMATION.")

Additional information

For additional information on these services, refer to the DHCS website at www.dhcs.ca.gov.

If you have questions about the status of your W-9, Prop 56 payments or requesting a Remittance Advice (RA), contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

Attachment A: Directed payment amounts from July 31, 2017, through December 31, 2021

CPT	Description	Supplemental rates for SFY ¹		
		2019–2021	2018–2019	2017–2018
90791	Psychiatric diagnostic evaluation	\$35	\$35	\$35
90792	Psychiatric diagnostic evaluation with medical services	\$35	\$35	\$35
90863	Pharmacologic management	\$5	\$5	\$5
99201	Office/outpatient visit new	\$18	\$18	\$10
99202	Office/outpatient visit new	\$35	\$35	\$15
99203	Office/outpatient visit new	\$43	\$43	\$25
99204	Office/outpatient visit new	\$83	\$83	\$25
99205	Office/outpatient visit new	\$107	\$107	\$50
99211	Office/outpatient visit established	\$10	\$10	\$10
99212	Office/outpatient visit established	\$23	\$23	\$15
99213	Office/outpatient visit established	\$44	\$44	\$15
99214	Office/outpatient visit established	\$62	\$62	\$25
99215	Office/outpatient visit established	\$76	\$76	\$25
99381	Initial comprehensive preventive medicine E&M ² (age < 1)	\$77	\$77	No rates for SFY 2017–2018
99382	Initial comprehensive preventive medicine E&M (ages 1–4)	\$80	\$80	
99383	Initial comprehensive preventive medicine E&M (ages 5–11)	\$77	\$77	
99384	Initial comprehensive preventive medicine E&M (ages 12–17)	\$83	\$83	
99385	Initial comprehensive preventive medicine E&M (ages 18–39)	\$30	\$30	
99391	Periodic comprehensive preventive medicine E&M (age < 1)	\$75	\$75	
99392	Periodic comprehensive preventive medicine E&M (ages 1–4)	\$79	\$79	
99393	Periodic comprehensive preventive medicine E&M (ages 5–11)	\$72	\$72	
99394	Periodic comprehensive preventive medicine E&M (ages 12–17)	\$72	\$72	
99395	Periodic comprehensive preventive medicine E&M (ages 18–39)	\$27	\$27	

¹SFY – state fiscal year

²E&M – evaluation and management

PROVIDER Update



Health Net®

NEWS & ANNOUNCEMENTS

AUGUST 5, 2020

UPDATE 20-586

1 PAGE

We Want to Hear From You – 2020 Provider Satisfaction Survey

Help us better serve you

We are committed to supporting you in delivering great care to our members. To help us reach our goal of continuous improvement, please share your feedback to determine how we can better serve you.

Starting in September 2020, randomly selected providers will receive the annual Provider Satisfaction Survey. The survey is conducted by SPH Analytics, an independent research firm.

If you receive this survey, please take a few minutes to complete and respond via mail, online or telephone.

Your responses will help us to:

- Measure how well we provide services to providers.
- Direct administrative and operational changes to the plans.
- Identify areas for improvement as well as strengths.

Additional information

If you have questions regarding the information contained in this update, contact the Health Net* Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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WE ARE HERE FOR YOU

At RadNet, the health and wellbeing of our patients and staff members remains our top priority. Our centers remain open to support you and we are working together to reduce risk to our patients and staff by following the guidelines as set forth by the Centers for Disease Control (CDC). We would like to share some of the current measures we are taking in our centers to ensure your safety.



TOGETHER WE ARE CREATING A SAFE ENVIRONMENT



Flexible Waiting Room Options:

Many of our centers offer the ability to register and check-in for your appointment outside of our facilities. This allows you to limit your time within our facility only to what's necessary.



Enhanced Cleaning & Disinfecting:

Our imaging centers are always clean, but we have increased our standard cleaning protocols. Throughout the day, we are disinfecting high-touched surfaces with EPA approved sanitizer. We are taking the time in between each exam to ensure the cleanliness of all equipment.



Knowledgeable & Prepared Staff:

Our staff has been trained extensively on infection prevention protocols which include comprehensive patient screening and utilizing personal protective equipment (PPE) when providing patient care.



Continuous Monitoring:

Our leadership team is constantly monitoring and is aware of what is transpiring during this unprecedented crisis.



Patient Screening:

If you have been diagnosed with COVID-19 and are still experiencing symptoms, please contact us.



Face Covering:

During your appointment, our staff will be wearing masks and we ask that you wear a face covering as well. If you do not have a face covering and our supply allows, we will provide you with one.



Social Distancing:

To keep all patients and our staff safe, we have rearranged our waiting room areas to support social distancing.



Limit Patient & Staff Exposure:

We ask that you only bring those who are necessary to your care and/or transportation to and from your appointment. If you rely on others for transportation, please ask that they remain outside of the imaging environment so that we may minimize the number of visitors to our waiting rooms. We understand that it may be necessary for someone to accompany you to your appointment to support your needs.



Sanitation:

We encourage you to wash your hands before and after checking into your appointment.

OptumRx is fully committed to promoting the safest use of prescription medications to achieve the best possible health outcomes for the patients we serve. To help address the misuse and abuse of opioids and other controlled substances, we implemented an e-prescription requirement for OptumRx home delivery as of **Jan. 1, 2020**. To help providers with this transition, we enacted a grace period that ran through **Feb. 29, 2020**. **In response to the COVID-19 pandemic outbreak, OptumRx further extended the grace period through June. The new implementation date for this e-prescription requirement began July 1, 2020.**

CERTIFICATION

Providers must be Electronic Prescriptions for Controlled Substances (EPCS) certified to send in e-p prescriptions for opioids and other controlled substances. We've created several resources to help providers get started:

- [EPCS Frequently Asked Questions](#): From the landing page, click on the Frequently Asked Questions link.
- [EPCS Landing Page](#): Contains information about EPCS certification, including how to check if you are already certified and how to get certified.
- [EPCS Webinar](#): The webinar is only 12 minutes long, and would be great viewing for a lunch-and-learn with your staff.

RATIONALE

E-prescribing provides our most secure, transparent means of fraud protection by reducing lost, stolen, forged and/or inappropriately altered hard-copy/faxed prescriptions. E-prescribing also helps to:

- Eliminate prescription errors due to handwriting issues/illegibility.
- Ensure OptumRx home delivery (HD) aligns with, supports and complies with current and pending State regulations that require e-prescribing for controlled substances.
- Provide physicians with real-time, point-of-care, such as controlled clinical decision support, medication reconciliation screening and monitoring of controlled medication consumption at the patient level.

PRESERVING PATIENT ACCESS

This only affects OptumRx home delivery services and not OptumRx pharmacy benefits as a whole. Patients served by our pharmacies still have access to our large retail pharmacy network if e-prescribing isn't an option for their provider.

If a provider sends in a hard-copy/faxed prescription after **July 1, 2020**, OptumRx home delivery staff will:

- Make three distinct outreaches to the provider to obtain an e-prescription or waiver, if appropriate.
- Call the patient to alert them that their provider is unable to provide an e-prescription.
- Overnight the hard-copy prescription to the patient to fill at local pharmacy, or if the prescription was faxed, ask the patient which pharmacy they'd like us to have their provider use for the redirected prescription.
- During conversation, determine if the patient qualifies for an exemption, in which case OptumRx home delivery will fill their prescription.
- Identify patients who haven't received a subsequent fill at a local pharmacy, and call them to assess the situation and provide help, as needed.

EXEMPTIONS

PROVIDER EXEMPTIONS	PATIENT EXEMPTIONS
Any provider living in Alaska, Puerto Rico, Guam or the US Virgin Islands	Any patient residing in Alaska, Puerto Rico, Guam or the US Virgin Islands
Provider practices in a state with mandatory e-prescription requirements for controls and has received an exemption/waiver in that state	Patient subject to a mandatory mail benefit plan
Remote location/internet access issues	Patient resides in a long-term care facility
Provider is approaching retirement	Patient in hospice care
Electronic Prescriptions for Controlled Substances (EPCS) certification and systems setup underway for 2020, but not live on March 1, 2020	Retail pharmacy access hardship (e.g., handicap, transportation limits, distance to local pharmacy, negative out-of-pocket financial impact)
Financial practice hardship (e.g., single practice provider with limited patient base)	
Other exceptional circumstances demonstrated by the provider	

How Providers Can Ask for Exemptions

If a provider is unable to submit e-prescriptions due to a hardship, or their patient is unable to go to their local pharmacy to pick up a prescription, they can ask for an exception by emailing the following information

to EPCSquestions@optum.com:

- A brief description of the obstacle for e-prescribing
- Your name, address and phone number
- Your National Provider Identifier (NPI) number

Someone will get back to them within one business day.

OptumRx Home Delivery Pharmacy: Automatic Refills



Setting up automatic refills is an easy and convenient way for you to get the medications you take regularly. OptumRx[®] will automatically refill and ship medications right to your door. There is no cost to participate.

What medications are eligible for automatic refills?

Certain medications are eligible for automatic refills. Check optumrx.com or call the toll-free number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).

Eligible	Not Eligible
<ul style="list-style-type: none">• Medications for long-term use such as high blood pressure, cholesterol and diabetes	<ul style="list-style-type: none">• Medications that are taken as needed• Controlled substances• Medications covered under Medicare Part B

How does it work?

To set up automatic refills:

- Visit optumrx.com and select the medication(s) for automatic refills. For Medicare Advantage members with new medications, you must wait 30 days before you can participate in automatic refills to ensure therapy is established.
- Call the toll-free number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).

When it's time to refill, OptumRx will:

- Send you a reminder 14 days and 5 days before the next refill is due
- Work with your doctor to renew medications before refills run out
- Ship your order to you through free standard shipping
- Bill the approved payment method on file

A credit card on file is not required for \$0 copay medications. Members can change or cancel automatic refills at any time.

OptumRx is here to help you! To learn more or set up automatic refills, visit optumrx.com or call the number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).

CDC Prediabetes Screening Test



COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	0
1	0
1	0
5	0
5	0
5	0
9	0

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

AT-RISK WEIGHT CHART

Height	Weight <i>Pounds</i>	Height	Weight <i>Pounds</i>
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221



IF YOUR SCORE IS 3 TO 8 POINTS

This means your risk is probably low for having prediabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes.

IF YOUR SCORE IS 9 OR MORE POINTS

This means your risk is high for having prediabetes now. Please make an appointment with your health care provider soon.

HOW CAN I GET TESTED FOR PREDIABETES?

Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

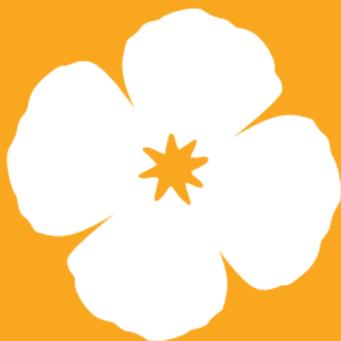
Medicaid: See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.

Medicare: See your health care provider. Medicare will pay the cost of testing if the provider has a reason for testing. If you don't have a provider, contact your local health department.

No insurance: Contact your local health department for more information about where you could be tested or call your local health clinic.



www.cdc.gov/diabetes



**Does COVID-19 have you feeling
stressed, anxious, and lonely?**

We're here for you.



California
HOPE

Hope will persevere.

California HOPE Provides:

- » **FREE resources**, including a “playbook” with tips for managing stress.
- » A call line to talk about your struggles and get emotional support from someone who has persevered through tough situations.
- » **Call (833) 317-HOPE (4673)**

Tips to Manage Stress:

- » Take a break from the news if it’s causing you to feel overwhelmed.
- » Maintain social contact by phone, text, or email with those who support you.
- » Treat your body kindly—eat healthy foods, avoid excessive alcohol, and exercise as you are able.

PROVIDER Update



Health Net®

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Prop 56 Rates Extended for SFY 2019–2021

Same rates used for SFY 2018–2019 will be paid

Supplemental rates for dates of service from July 1, 2019, through December 31, 2021, are the same as the state fiscal year (SFY) 2018–2019 rates. This was approved by the Department of Health Care Services (DHCS) All Plan Letter (APL) 19-015 on December 24, 2019. Attachment A shows the qualifying CPT codes and their rates.

Supplemental payments for specific physician services are in addition to:

- Base provider compensation under the *Provider Participation Agreement (PPA)*.
- Contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).

Review minimum requirements to qualify

Payment amounts in Attachment A apply to participating providers who are eligible to offer and bill claims with the listed CPT codes during the SFY period. A current W-9 must be on file.

- Submit a clean claim or encounter with one of the qualifying CPT codes.
- Ensure the PPG submits your encounters timely and accurately, if contracted through a PPG.

Supplemental payments are made within 90 days of receiving a clean claim or accepted encounter.

Excluded from Prop 56 supplemental payments

The following are not eligible for Prop 56 payments for physician services:

- Federally Qualified Health Centers
- Rural Health Clinics
- American Indian Health Programs
- Cost-based Reimbursement Clinics
- Dually eligible members with Medi-Cal and Medicare Part B

Update your W-9 form

If you have not submitted a W-9 in the past 12 months or if your information has changed, submit a new form by fax or email (see *Send in your W-9 form by email or fax* below).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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The W-9 form **must include** the physician's:

- Current address used to receive checks.
- Individual taxpayer identification number (TIN).
- National Provider Identifier (NPI) – If two NPIs are used (individual and group), include both NPIs where space is available.

Example:

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

→ Write the NPI information on the W-9 form

Add the TIN here →

Employer identification number									

Send in your W-9 form by email or fax

You can download the most current form from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

EMAIL	HNCA_W9_Submissions@CENTENE.COM (Add the words "Prop 56 W9" in the subject line.)
FAX	1-833-794-0423 (Include a cover sheet and clearly add the words "Prop 56 W9" and "PROTECTED HEALTH INFORMATION.")

How to file a grievance

Include the provider's:

- | | | |
|--------------|------------------|-------|
| • Last name | • Office address | • NPI |
| • First name | • Email address | • TIN |

Contact the Direct Pay team by email or fax with the provider's information above.

EMAIL	HNCA_W9_DirectPay@healthnet.com (Add the words "Prop 56 Grievance" in the subject line.)
FAX	1-844-929-0402 (Include a cover sheet and clearly add the words "PROTECTED HEALTH INFORMATION.")

Additional information

For additional information on these services, refer to the DHCS website at www.dhcs.ca.gov.

If you have questions about the status of your W-9, Prop 56 payments or requesting a Remittance Advice (RA), contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

Attachment A: Directed payment amounts from July 31, 2017, through December 31, 2021

CPT	Description	Supplemental rates for SFY ¹		
		2019–2021	2018–2019	2017–2018
90791	Psychiatric diagnostic evaluation	\$35	\$35	\$35
90792	Psychiatric diagnostic evaluation with medical services	\$35	\$35	\$35
90863	Pharmacologic management	\$5	\$5	\$5
99201	Office/outpatient visit new	\$18	\$18	\$10
99202	Office/outpatient visit new	\$35	\$35	\$15
99203	Office/outpatient visit new	\$43	\$43	\$25
99204	Office/outpatient visit new	\$83	\$83	\$25
99205	Office/outpatient visit new	\$107	\$107	\$50
99211	Office/outpatient visit established	\$10	\$10	\$10
99212	Office/outpatient visit established	\$23	\$23	\$15
99213	Office/outpatient visit established	\$44	\$44	\$15
99214	Office/outpatient visit established	\$62	\$62	\$25
99215	Office/outpatient visit established	\$76	\$76	\$25
99381	Initial comprehensive preventive medicine E&M ² (age < 1)	\$77	\$77	No rates for SFY 2017–2018
99382	Initial comprehensive preventive medicine E&M (ages 1–4)	\$80	\$80	
99383	Initial comprehensive preventive medicine E&M (ages 5–11)	\$77	\$77	
99384	Initial comprehensive preventive medicine E&M (ages 12–17)	\$83	\$83	
99385	Initial comprehensive preventive medicine E&M (ages 18–39)	\$30	\$30	
99391	Periodic comprehensive preventive medicine E&M (age < 1)	\$75	\$75	
99392	Periodic comprehensive preventive medicine E&M (ages 1–4)	\$79	\$79	
99393	Periodic comprehensive preventive medicine E&M (ages 5–11)	\$72	\$72	
99394	Periodic comprehensive preventive medicine E&M (ages 12–17)	\$72	\$72	
99395	Periodic comprehensive preventive medicine E&M (ages 18–39)	\$27	\$27	

¹SFY – state fiscal year

²E&M – evaluation and management

PROVIDER Update



Health Net®

NEWS & ANNOUNCEMENTS

AUGUST 5, 2020

UPDATE 20-586

1 PAGE

We Want to Hear From You – 2020 Provider Satisfaction Survey

Help us better serve you

We are committed to supporting you in delivering great care to our members. To help us reach our goal of continuous improvement, please share your feedback to determine how we can better serve you.

Starting in September 2020, randomly selected providers will receive the annual Provider Satisfaction Survey. The survey is conducted by SPH Analytics, an independent research firm.

If you receive this survey, please take a few minutes to complete and respond via mail, online or telephone.

Your responses will help us to:

- Measure how well we provide services to providers.
- Direct administrative and operational changes to the plans.
- Identify areas for improvement as well as strengths.

Additional information

If you have questions regarding the information contained in this update, contact the Health Net* Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
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 - Riverside
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 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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WE ARE HERE FOR YOU

At RadNet, the health and wellbeing of our patients and staff members remains our top priority. Our centers remain open to support you and we are working together to reduce risk to our patients and staff by following the guidelines as set forth by the Centers for Disease Control (CDC). We would like to share some of the current measures we are taking in our centers to ensure your safety.



TOGETHER WE ARE CREATING A SAFE ENVIRONMENT



Flexible Waiting Room Options:

Many of our centers offer the ability to register and check-in for your appointment outside of our facilities. This allows you to limit your time within our facility only to what's necessary.



Enhanced Cleaning & Disinfecting:

Our imaging centers are always clean, but we have increased our standard cleaning protocols. Throughout the day, we are disinfecting high-touched surfaces with EPA approved sanitizer. We are taking the time in between each exam to ensure the cleanliness of all equipment.



Knowledgeable & Prepared Staff:

Our staff has been trained extensively on infection prevention protocols which include comprehensive patient screening and utilizing personal protective equipment (PPE) when providing patient care.



Continuous Monitoring:

Our leadership team is constantly monitoring and is aware of what is transpiring during this unprecedented crisis.



Patient Screening:

If you have been diagnosed with COVID-19 and are still experiencing symptoms, please contact us.



Face Covering:

During your appointment, our staff will be wearing masks and we ask that you wear a face covering as well. If you do not have a face covering and our supply allows, we will provide you with one.



Social Distancing:

To keep all patients and our staff safe, we have rearranged our waiting room areas to support social distancing.



Limit Patient & Staff Exposure:

We ask that you only bring those who are necessary to your care and/or transportation to and from your appointment. If you rely on others for transportation, please ask that they remain outside of the imaging environment so that we may minimize the number of visitors to our waiting rooms. We understand that it may be necessary for someone to accompany you to your appointment to support your needs.



Sanitation:

We encourage you to wash your hands before and after checking into your appointment.

OptumRx is fully committed to promoting the safest use of prescription medications to achieve the best possible health outcomes for the patients we serve. To help address the misuse and abuse of opioids and other controlled substances, we implemented an e-prescription requirement for OptumRx home delivery as of **Jan. 1, 2020**. To help providers with this transition, we enacted a grace period that ran through **Feb. 29, 2020**. **In response to the COVID-19 pandemic outbreak, OptumRx further extended the grace period through June. The new implementation date for this e-prescription requirement began July 1, 2020.**

CERTIFICATION

Providers must be Electronic Prescriptions for Controlled Substances (EPCS) certified to send in e-p prescriptions for opioids and other controlled substances. We've created several resources to help providers get started:

- [EPCS Frequently Asked Questions](#): From the landing page, click on the Frequently Asked Questions link.
- [EPCS Landing Page](#): Contains information about EPCS certification, including how to check if you are already certified and how to get certified.
- [EPCS Webinar](#): The webinar is only 12 minutes long, and would be great viewing for a lunch-and-learn with your staff.

RATIONALE

E-prescribing provides our most secure, transparent means of fraud protection by reducing lost, stolen, forged and/or inappropriately altered hard-copy/faxed prescriptions. E-prescribing also helps to:

- Eliminate prescription errors due to handwriting issues/illegibility.
- Ensure OptumRx home delivery (HD) aligns with, supports and complies with current and pending State regulations that require e-prescribing for controlled substances.
- Provide physicians with real-time, point-of-care, such as controlled clinical decision support, medication reconciliation screening and monitoring of controlled medication consumption at the patient level.

PRESERVING PATIENT ACCESS

This only affects OptumRx home delivery services and not OptumRx pharmacy benefits as a whole. Patients served by our pharmacies still have access to our large retail pharmacy network if e-prescribing isn't an option for their provider.

If a provider sends in a hard-copy/faxed prescription after **July 1, 2020**, OptumRx home delivery staff will:

- Make three distinct outreaches to the provider to obtain an e-prescription or waiver, if appropriate.
- Call the patient to alert them that their provider is unable to provide an e-prescription.
- Overnight the hard-copy prescription to the patient to fill at local pharmacy, or if the prescription was faxed, ask the patient which pharmacy they'd like us to have their provider use for the redirected prescription.
- During conversation, determine if the patient qualifies for an exemption, in which case OptumRx home delivery will fill their prescription.
- Identify patients who haven't received a subsequent fill at a local pharmacy, and call them to assess the situation and provide help, as needed.

EXEMPTIONS

PROVIDER EXEMPTIONS	PATIENT EXEMPTIONS
Any provider living in Alaska, Puerto Rico, Guam or the US Virgin Islands	Any patient residing in Alaska, Puerto Rico, Guam or the US Virgin Islands
Provider practices in a state with mandatory e-prescription requirements for controls and has received an exemption/waiver in that state	Patient subject to a mandatory mail benefit plan
Remote location/internet access issues	Patient resides in a long-term care facility
Provider is approaching retirement	Patient in hospice care
Electronic Prescriptions for Controlled Substances (EPCS) certification and systems setup underway for 2020, but not live on March 1, 2020	Retail pharmacy access hardship (e.g., handicap, transportation limits, distance to local pharmacy, negative out-of-pocket financial impact)
Financial practice hardship (e.g., single practice provider with limited patient base)	
Other exceptional circumstances demonstrated by the provider	

How Providers Can Ask for Exemptions

If a provider is unable to submit e-prescriptions due to a hardship, or their patient is unable to go to their local pharmacy to pick up a prescription, they can ask for an exception by emailing the following information

to EPCSquestions@optum.com:

- A brief description of the obstacle for e-prescribing
- Your name, address and phone number
- Your National Provider Identifier (NPI) number

Someone will get back to them within one business day.

OptumRx Home Delivery Pharmacy: Automatic Refills



Setting up automatic refills is an easy and convenient way for you to get the medications you take regularly. OptumRx[®] will automatically refill and ship medications right to your door. There is no cost to participate.

What medications are eligible for automatic refills?

Certain medications are eligible for automatic refills. Check optumrx.com or call the toll-free number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).

Eligible	Not Eligible
<ul style="list-style-type: none">• Medications for long-term use such as high blood pressure, cholesterol and diabetes	<ul style="list-style-type: none">• Medications that are taken as needed• Controlled substances• Medications covered under Medicare Part B

How does it work?

To set up automatic refills:

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- Call the toll-free number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).

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- Work with your doctor to renew medications before refills run out
- Ship your order to you through free standard shipping
- Bill the approved payment method on file

A credit card on file is not required for \$0 copay medications. Members can change or cancel automatic refills at any time.

OptumRx is here to help you! To learn more or set up automatic refills, visit optumrx.com or call the number on the back of your member ID card (Medicare Advantage members can call **1-877-889-5802**).