

FEBRUARY 2019

PROVIDER QUALITY NEWSLETTER



MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

The January 2019 Episource Report is Posted!

The January Episource Report is posted at <https://hedis.episource.com/Account/Login> and includes data up to 12/31/18. This is the last Episource report for 2018. We are transitioning to our new quality tool called Interpreta. Pull your reports now as they will not be available after 3/1/2019!

Introducing Interpreta!

MedPOINT Management is very excited to officially roll out our new robust quality platform, Interpreta Data Analyzer, as of 2/1/19. Interpreta is replacing Episource, which has been our HEDIS® quality tool since 2015.

Interpreta's new performance metric modules provide continuous updates on open gaps in HEDIS® measures for all lines of business. The web based program provides an instant live view of performance on every measure at an IPA, clinic and provider level. This should provide a proactive approach to managing this care and subsequent gap closure.

Interpreta is ready to use. Each user will have their own login and password. To request login(s), email interpreta@medpointmanagement.com and provide the following information:

- User Name(s)
- Email Address(es)
- Provider Name and NPI
- IPA

Stay tuned for future announcements about group level webinars and individual trainings! We will send updates as information becomes available.

Cancer Screening Webinar – February 13, 2019

LA Care is offering a webinar on “Increasing Cancer Screening in the Primary Care Setting: Focus on Breast, Cervical and Colorectal” on Wednesday, February 13, 2019, at 12:00 – 1:00 p.m. Please see attached flyer for details.

Molina 2019 Pay for Performance and CHDP Wellness Incentives

Molina has released their new 2019 Pay-For-Performance/HEDIS Performance Bonus Program for Medi-Cal and Marketplace members. The program is based on encounters for the following incentivized measures: Breast Cancer Screening, Comprehensive Diabetes Care (eye, HbA1c, blood pressure control), Annual Monitoring for Patients on Persistent Medications, Prenatal and Postpartum care, Childhood Immunization Status (Combo 3) and Well Child Visits age 3-6.

Please see the attached notice from Molina for more details. Molina's Medi-Cal CHDP Wellness Incentive has also been updated and is attached.



Patient Opioid Use Resources

Please see the attached updates from Health Net regarding four HEDIS® (Healthcare Effectiveness Data and Information Set) quality measures that pertain to initiation and engagement of alcohol and other drug treatment, use of opioids at high dosage, use of opioids from multiple providers and pharmacies, and the risk of continued opioid use. This information is a high priority and affects Medi-Cal, Commercial, Medicare and Cal MediConnect members. Please share this with your staff.



Cultural Competency Updates

Please review and share the cultural competency and interpreter standards:

1. Language Proficiency Assessment Resources
2. Interpreter Quality Standards Requirement on the Use of Bilingual/Multilingual Staff as Interpreters
3. Interpreter Services for Health Plans in California
4. Health Net's Language Assistance Provider Update



WCC Measure Tips

To receive credit for the Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) HEDIS measure for children and adolescents (age 3-17), each of the 3 components must be coded correctly. Components include (1) Physical Activity Counseling (Z71.82), (2) Nutrition Counseling (Z71.3) and (3) BMI Percentile. Please share these Tips with your staff:

- The best time to capture this information is during the Wellness visit for adolescents (age 12-21) or children (age 3-6).
- Dates of service for each component can be on different days but it is best to do all 3 together.

- If the member comes in for a sick visit, counsel them and submit the codes. Don't miss out on the opportunity!
- Check your EMR or paper chart template to make sure it includes all 3 components and the word "counseling" or "discussion/discussed" are used for nutrition and physical activity. Educational materials, such as the "Growing Up Healthy" brochure (<https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx>), are also compliant for both components.
- Use the Staying Health Assessment (SHA) form during the visit as this counts toward the measure (<https://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthyassessmentquestionnaires.aspx>). If sending medical records as supplemental data, include the SHA.
- Speak to your billers to make sure components are being billed correctly.
- Submit encounters regularly with the correct codes to avoid having to submit supplemental data later!



February is American Heart Month

February is Heart Health Month and controlling blood pressure is an important component to good heart health. The attached flyer can help to educate patients on why checking their blood pressure regularly is so important. High blood pressure is often the first domino in a chain or "domino effect" leading to heart disease, stroke, vision loss, kidney failure and sexual dysfunction.

Increasing Cancer Screening in the Primary Care Setting: Focus on Breast, Cervical and Colorectal Webinar



L.A. Care
HEALTH PLAN®

For All of L.A.

Earn 1 CME/CE Credit!*

February 13, 2019 12:00 p.m. – 1:00 p.m.

Presenter: Durado Brooks, MD, MPH

Vice President of Cancer Control Initiatives, *American Cancer Society*

Learn:

This one-hour training is designed to **review** the recommendations for cancer screenings and learn methods to address common barriers to screening.

Registration:

[Register here](#) or email quality@lacare.org for additional information.

CME/CE credit available to MDs, DOs, PAs, PsyDs, PharmDs, NPs, & RNs*

** To receive educational credits, you **MUST** be logged on from 12:00 pm to 1:00 pm
AND complete the evaluation at the end of the session.*

L.A. Care Health Plan (L.A. Care) is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designated this online educational activity for a maximum of **1 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

L.A. Care is an approved Continuing Education Provider by the California Board of Registered Nursing (CEP13731). This program is approved for **1 CE credit**.

L.A. Care takes responsibility for the content, quality, and scientific integrity of this CME/CE activity.

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- ☐ Imperial
- ☐ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☐ Sacramento
- ☐ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☒ Molina Marketplace (Covered CA)

PROVIDER TYPES:

- ☐ **Medical Group/ IPA/MSO**
 - Primary Care**
 - ☒ IPA/MSO
 - ☒ Directs
- Specialists**
- ☐ Directs
- ☐ IPA
- ☐ **Hospitals**
 - Ancillary**
 - ☐ CBAS
 - ☐ SNF/LTC
 - ☐ DME
 - ☐ Home Health
 - ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113	X123017
X127657	X120104

Riverside/San Bernardino Counties

X127684	X128010
X120618	

Sacramento County

X126232	X121360
---------	---------

San Diego County

X121805	X121401
X127709	X121413
X123006	X120630

Imperial County

X125682	X125666
---------	---------

PAY-FOR-PERFORMANCE/HEDIS[®] PERFORMANCE BONUS PROGRAM

This is an advisory notification to inform our Molina Healthcare of California (MHC) network providers of updates to the Medi-Cal Pay-For-Performance/ HEDIS[®] Performance Bonus Program (P4P Program).

MHC is pleased to announce its updated P4P Program, effective **January 1, 2019**. The P4P Program is intended to recognize high performing physicians within a provider practice committed to ensuring delivery of appropriate, high-quality healthcare to MHC Medi-Cal and Marketplace Members.

QUALIFICATIONS

Medi-Cal HEDIS[®] Performance Bonus: Qualifying providers must provide one of the following to be eligible:

- Submit clean encounters and/or claims with appropriate ICD-10 or successor codes per current HEDIS guidelines
- Submission of compliant EMR supplemental data

MHC retains the right to modify any component of this program at any time. Participation in this program, as well as acceptance of the bonus payments, does not in any way modify or supersede any terms or conditions of any other agreement you have in place with MHC.

WHAT'S NEW FOR 2019?

Cervical Cancer Screening (CCS), Immunizations for Adolescents (IMA), and Comprehensive Diabetes Care (CDC) HbA1c Testing are no longer part of the P4P Program starting on 1/1/2019.

Comprehensive Diabetes Care (CDC) Blood Pressure Control and Annual Monitoring for Patients on Persistent Medications (MPM) ACE/ARB and Diuretic screenings have been added to the P4P Program starting on 1/1/2019.

Comprehensive Diabetes Care (CDC) HbA1c Control payment has been increased from \$50 to \$75 per HbA1c Control test result less than 8.0, one-time payment in Q4 per member, per year starting on 1/1/2019.

Please review the updated Medi-Cal and Marketplace HEDIS Metrics and Bonus Amounts on the following page:

Los Angeles	
Measure	Bonus
Breast Cancer Screening	\$25 per procedure /up to one screening per member per year
Comprehensive Diabetes Care: <ul style="list-style-type: none"> • Retinal Eye Exam • HbA1C Control • Blood Pressure Control 	\$25 per procedure (retinal eye exam) /up to one payment per member per year \$75 per HbA1c control test result less than 8.0 /one-time payment in Q4 per member per year \$25 per last controlled Blood Pressure (BP) reading of the year less than 140/90 /one-time payment in Q4 per member per year
Annual Monitoring for Patients on Persistent Medications <ul style="list-style-type: none"> • ACE/ARB • Diuretic 	\$25 per Basic Metabolic Panel (BMP) test result /up to one payment per member per year or \$25 per Comprehensive Metabolic Panel (CMP) test result /up to one payment per member per year
Timeliness of Prenatal Care-First Trimester Visit	\$200 per visit /up to one payment per member per year
Timeliness of Post-Partum Care (21-56 days post- delivery)	\$150 per visit /up to one payment per member per year
Childhood Immunization Status – Combination 3 Includes: 4 DTap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	\$100 for the completion of combination 3 immunizations before two years of age
Well Child Visits 3/4	\$50 per visit /up to one payment per member per year for children ages 3-6 years old

Marketplace HEDIS® Metrics and Bonus Amounts	
Measure	Bonus
Comprehensive Diabetes Care (CDC – A1c <8.0%)	\$25.00
Comprehensive Diabetes Care – Eye Exam	\$25.00

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☒ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

- ☒ **Medical Group/ IPA/MSO**

Primary Care

- ☒ IPA/MSO
- ☒ Directs

Specialists

- ☐ Directs
- ☐ IPA

☐ **Hospitals****Ancillary**

- ☐ CBAS
- ☐ SNF/LTC
- ☐ DME
- ☐ Home Health
- ☐ Other

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113	X123017
X127657	X120104

Riverside/San Bernardino Counties

X127684	X128010
X120618	

Sacramento County

X126232	X121360
---------	---------

San Diego County

X121805	X121401
X127709	X121413
X123006	X120630

Imperial County

X125682	X125666
---------	---------

MEDI-CAL CHDP WELLNESS INCENTIVE UPDATE

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding an update to MHC's Medi-Cal Child Health and Disability Prevention Program (CHDP) incentive.

Update

MHC will be adding 4 additional service codes to Molina's CHDP incentive program effective for service dates 1/1/2018 and forward. Molina will be re-assessing the 2018 submissions to determine if any additional CHDP incentive payments are required.

New CHDP Service Codes

90648, 90685, 90688, 90686

CHDP Incentive Requirements

Providers must meet the below requirements in order to participate in MHC's

Medi-Cal CHDP program:

1. Providers must be contracted and credentialed with Molina
2. Submit completed and legible Provider P4P Acknowledgement Form
3. Submit completed W-9 form
4. Submit completed P4P Participating Provider Sites
5. Submit copy of DHCS CHDP Certification * (required for LA County Providers serving LA County Medicaid members. CHDP Certification must be dated within the last 3 years)
6. Maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members (required for LA County Providers serving LA County Medicaid members)
7. Required P4P documents must be submitted and approved to participate
8. Submit CHDP Wellness Services on through standard claim and/or encounter submissions
9. Receipt of clean, complete and accurate Wellness Services submitted on a claim and/or encounter must be submitted to Molina within sixty (60) calendar days from the date of service
10. Pay To & Rendering service locations must match the approved locations reported on Participating P4P Provider Site form

CHDP Submissions

If a PCP is contracted with an IPA/Medical Group, the PCP should follow their respective IPA/Medical Group's data submission guidelines. All providers should submit timely claims and/or encounter data through normal and current reporting channels to ensure the receipt of incentive payouts by MHC.

TIPS FOR SUCCESSFUL SUBMISSION

- Rendering Provider NPI must be submitted with all Wellness Services
- Report with the current and valid ICD10, CPT and HCPCS codes with appropriate modifiers, EPSDT qualifiers and NDCs
- A Post Office Box address cannot be used for the billing Provider. Valid and complete address must be used.
- MHC recommends scheduled/ frequent submissions of Wellness Services to ensure timely submission.
- All Wellness Services must be submitted timely and meet the specified guideline requirements.
 - *Note: The method of transmission, connectivity and submission of electronic capitated encounters differ from FFS claims.*
- Contact the respective Provider Service Representative for detailed information on the appropriate method of submission and requirements

Please refer below for eligible CHDP services and bonus amounts:

Visit Type, Lab & Vaccines Description	Age Description	Series	CPT Code	VFC Modifier	LA	Inland, SAC, SD, Imperial
New/Extended History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99381		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30 months and 3 & 4 years	99382		\$35.00	\$35.00
	5-11 years, 11 months	Yearly	99383		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99384		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99385		\$35.00	\$35.00
Routine History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99391		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30	99392		\$35.00	\$35.00

To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.

Please leave provider name and fax number and you will be removed within 30 days.

		months and 3 & 4 years				
	5-11 years, 11 months	Yearly	99393		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99394		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99395		\$35.00	\$35.00
Lead: Blood Lead	Determined by Provider	Periodicity schedule	83655		\$20.00	\$20.00
Haemophilus influenzae type b vaccine	2 months thru 4 years, 11 months	2	90648		\$7.50	\$9.00
Influenza virus 0.25 mL dosage, preservative free	6 months thru 18 years, 11 months	2	90685		\$7.50	\$9.00
Influenza virus 0.5 mL dosage, for intramuscular use	6 months thru 18 years, 11 months	2	90688		\$7.50	\$9.00
Influenza virus 0.5 mL dosage, preservative free	6 months thru 18 years, 11 months	2	90686		\$7.50	\$9.00
9-Valent Human Papillomavirus (HPV9)	9 years thru 18 years, 11 months	3	90651	SL	\$7.50	\$9.00
Bivalent Human Papillomavirus (HPV2), VFC	9 years thru 18 years, 11 months	3	90650	SL	\$7.50	\$9.00
Chlamydia Culture + Urine	Determined by Provider	Periodicity schedule	87110		\$5.00	\$5.00
DT Pediatric, Non-VFC	2 months thru 6 years, 11 months	6	90702		\$7.50	\$9.00
DTaP	2 months thru 6 years, 11 months	6	90700	SL	\$7.50	\$9.00
DTaP-HepB-IPV Vaccine	2 months thru 6 years, 11 months	3	90723	SL	\$7.50	\$9.00

To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.
Please leave provider name and fax number and you will be removed within 30 days.

DTaP-Hib-IPV	2 months thru 4 years, 11 months	4	90698	SL	\$7.50	\$9.00
DTaP-IPV	4 years thru 6 years, 11 months	1	90696	SL	\$7.50	\$9.00
FluMist	2 years thru 18 years, 11 months	3	90660	SL	\$7.50	\$9.00
Hepatitis A, Adult, VFC	19-20 years, 11 months	2	90632	SL	\$7.50	\$9.00
Hepatitis A, VFC	1 year thru 18 years, 11 months	2	90633	SL	\$7.50	\$9.00
Hepatitis B Higher Dose (Adult)	11 years thru 15 years, 11 months	4	90743	SL	\$7.50	\$9.00
Hepatitis B, Low-Risk	Birth thru 18 years, 11 months	3	90744	SL	\$7.50	\$9.00
Influenza Preservative 3 Non-VFC	6 months thru 35 months	2	90655		\$7.50	\$9.00
Influenza, Non-VFC	36 months thru 20 years, 11 months	2	90674		\$7.50	\$9.00
Influenza, VFC	6 months thru 18 years, 11 months	2	90674	SL	\$7.50	\$9.00
Measles/Mumps/Rubella (MMR)	12 months thru 18 years, 11 months	3	90707	SL	\$7.50	\$9.00
Meningococcal B (Bexsero) Recombinant Protein	10 years thru 18 years, 11 months	2	90620	SL	\$7.50	\$9.00
Meningococcal B (Trumenba) Recombinant Lipoprotein	10 years thru 18 years, 11 months	3	90621	SL	\$7.50	\$9.00
Meningococcal Conjugate Vaccine (MCV4)	2 years thru 18 years, 11 months	2	90734	SL	\$7.50	\$9.00

To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.
Please leave provider name and fax number and you will be removed within 30 days.

Meningococcal/Hib (MenHibrix)	6 weeks through 18 months	4	90644	SL	\$7.50	\$9.00
MMRV VFC	12 months thru 18 years, 11 months	2	90710	SL	\$7.50	\$9.00
Pap Smear	Determined by Provider	Periodicity schedule	88150		\$5.00	\$5.00
Pneumococcal 13-Valent (PCV13) - (Prenar 13TM)	6 weeks thru 18 years, 11 months	5	90670	SL	\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 20 years, 11 months	4	90732		\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 18 years, 11 months	2	90732	SL	\$7.50	\$9.00
Polio-Inactivated	2 months thru 18 years, 11 months	5	90713	SL	\$7.50	\$9.00
Quadrivalent Human Papillomavirus (HPV), VFC	9 years thru 18 years, 11 months	3	90649	SL	\$7.50	\$9.00
Rotavirus, 2 doses, oral	6 weeks thru 32 weeks	2	90681	SL	\$7.50	\$9.00
Rotavirus, 3 doses, oral	6 weeks thru 32 weeks	3	90680	SL	\$7.50	\$9.00
TB Mantoux (Birth thru 20 years 11 months)	Determined by Provider	Periodicity schedule	86580		\$7.50	\$9.00
Td Adult 3	7 years thru 20 years, 11 months	6	90714	SL	\$7.50	\$9.00
Tdap Booster	7 years thru 18 years, 11 months	1	90715	SL	\$7.50	\$9.00
Varicella, VFC	12 months thru 18 years, 11 months	3	90716	SL	\$7.50	\$9.00

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.
Please leave provider name and fax number and you will be removed within 30 days.



Quality Measures for Patient Opioid Use



A variety of administrative data measures assess problematic opioid medication use. Health Net* uses Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures to monitor patient risk pertaining to opioid use. Although Health Net formally reports results for only the first measure at this time, all of the measures below are helpful tools for providers who want to monitor their patient population's opioid use.

Together we can successfully combat alcohol, other drug and opioid misuse.

➔ Initiation and Engagement of Alcohol and Other Drug Treatment (IET)

Measures the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following (measurement period is January 1–November 14 of the calendar year):

- **Initiation of AOD treatment:** Percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.
- **Engagement of AOD treatment:** The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 30 days of the initiation visit.

Two age stratifications and a total rate are reported: ages 13–17, ages 18 and over, and total. The IET quality measure also reports the following diagnosis cohorts for each age stratification and the total rate: alcohol abuse or dependence, opioid abuse or dependence, other drug abuse or dependence, and total.

➔ Use of Opioids¹ at High Dosage (UOD)

Measures the proportion of members ages 18 and older receiving prescription opioids for ≥15 days during the measurement year (calendar year) at a high dosage (average milligram morphine equivalent [MME] >120 mg). Refer to the following links for information about calculating total daily dosages and opioid oral MME conversion factors:



(continued)

¹Excluded:

- Members diagnosed with cancer or sickle cell disease.
- The UOD opioid medication list excludes injectables; opioid cough and cold products; and single-agent and combination buprenorphine products used to treat opioid use disorder for medication assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products), and Ionsys® (fentanyl transdermal patch; for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy [REMS]).

*Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. Confidentiality Note for Fax Transmission: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

- www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
- www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-vFeb-2018.pdf

➡ Use of Opioids from Multiple Providers (UOP) and Pharmacies

Measures the proportion of members ages 18 and older receiving prescription opioids for ≥15 days during the measurement year (calendar year) and who received opioids from multiple providers and pharmacies. Three rates are reported:

1. **Multiple prescribers:**

The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.



2. **Multiple pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

3. **Multiple prescribers and multiple pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (the proportion of members who are numerator-compliant for both the multiple prescribers and multiple pharmacies rates).

➡ Risk of Continued Opioid Use (COU)

Measures the percentage of members ages 18 and older who have a new episode of opioid use that puts them at risk for continued opioid use (measurement period is from November 1 of the prior calendar year through October 31 of the current calendar year). Two rates are reported:

1. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period.
2. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.

The measure includes two reported age stratifications and a total rate: ages 18–64, ages 65 and older, and total.

For further information, email the Health Net Quality Improvement Department at **cqi_dsm@healthnet.com**.

References:

Sample of code descriptions taken from the HEDIS 2019 Value Set.
NCQA's HEDIS 2019 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2018.

Language Proficiency Assessment Resources

The following resources offer a variety of language proficiency assessment services that can assist your practice in identifying, preparing, and training bi/multi-lingual staff to support language services offered in your practice.

Language Proficiency Assessment Resources						
		Description & Types of Services				
Organization	Website / Contact Information	# of Offered Languages	Custom to Medical Specialty	Assessments	Certification &/or Experience	Cost
Berkeley Language Institute (BLI) Supports the client's efforts to adhere to Federal, Department of Health & Human Services Standards for CLAS, and State laws and regulations (DMC and Joint Commission).	http://www.berkeleylanguageinstitute.com/index.html 1-510-655-9469 Marci Valdivieso marci@berkeleylanguageinstitute.com	8 languages offered: Arabic, Chinese (Mandarin, Cantonese, and Taishanese/ Toisan), French, Korean, Russian, Spanish, Tagalog, Vietnamese	Yes	<ul style="list-style-type: none"> Professional language assessments for interpreters, translators, & bilingual speakers Language Proficiency Oral Assessment – ideal for current & pre-employment bilingual employees Language Proficiency Written Assessment Medical Staff Oral Assessment Healthcare Interpreter Assessments 	Evaluators are experienced linguists that have: <ul style="list-style-type: none"> At least five years interpreter & translator experience Have shown an aptitude to be language evaluators. They are generally certified by/with the National Board or CCHI if the language pair is an option, or They are otherwise assessed and trained prior to being given evaluation assignments 	Cost will vary depending on language pair and type of assessment \$115 - \$190/ person
Culture Advantage Designed by a culturally-diverse team of healthcare professionals & certified medical interpreters.	https://cultureadvantage.org/ 1-316-217-0198 Marlene Obermeyer, MA, RN director@cultureadvantage.org	10 languages offered: Arabic, Chinese, Mandarin, Japanese, Farsi, Korean, Portuguese, Russian, Spanish, Tagalog, Vietnamese	Yes All medical specialties offered in the professional program	<ul style="list-style-type: none"> Bilingual Staff Medical Interpreting Skills Assessment (MISA) Specialty-specific Medical Interpreting Skills Assessment 	<ul style="list-style-type: none"> Evaluators are healthcare professionals who speak the language pair & have received a Professional Clinical Interpreter Certificate; Evaluators may partner with a CMI/CHI who speaks the language pair 	Cost will vary \$200 /MISA \$250 - \$950 for Online Courses
ISI Language Solutions ITAP helps healthcare facilities meet the linguistic and cultural requirements of Title VI of the Civil Rights Act, HIPAA, Medicare, Medicaid, Healthcare Reform, JCAHO and state regulations.	https://isilanguagesolutions.com/industries/healthcare/ 1-818-753-9181 John Lopez john@isitrans.com Christina Xu Christina@isitrans.com	22 languages offered: Arabic, Armenian, Bengali, Chinese (Cantonese & Mandarin), Farsi, French, Georgian, Gujarati, Hebrew, Hindi, Hmong, Japanese, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog, Thai, Vietnamese	No	<ul style="list-style-type: none"> Interpreter Training Assessment Program (ITAP) – 4 modules implemented individually or as a whole <ul style="list-style-type: none"> Language Proficiency Assessment Building Cultural Competency Workshop Medical Terminology Workshop Medical Interpreting Ethics and Protocol Workshop 	Professional Linguists <ul style="list-style-type: none"> Certification or Accreditation from American Translators Association (ATA) or equivalent organization Degree in Translation or foreign equivalent Subject-Matter expertise in the field of Life Sciences Extensive experience in translation and linguistics 	Must contact for costs Cost example: <ul style="list-style-type: none"> Flat rate/ test - \$80

Language Proficiency Assessment Resources						
		Description & Types of Services				
Organization	Website / Contact Information	# of Offered Languages	Custom to Medical Specialty	Assessments	Certification &/or Experience	Cost
Language Line Academy (LLA) Our professional testing and training ensures the qualifications and skills of bilingual and interpreter staff for effective communication and documented proof for compliance with laws and regulations.	https://www.langualeline.com/ 1-844-552-8378 Ana Catalina Arguedas Fernández lla@languageline.com	1 language offered: Spanish	Yes Pediatrics Mental Health OB/Gyn Ophthalmology Gastroenterology Oncology Cardiology Pharmacy	<ul style="list-style-type: none"> Healthcare Bilingual Fluency assessment for clinicians and medical staff Certificate of Competency in Medical Interpreting – test takes 45 minutes to one hour Interpreter Readiness Assessment Interpreter Skills Test 	LLA testers have a variety of qualifications, including: <ul style="list-style-type: none"> M.A., Translation & Interpretation Years of medical interpreting experience External interpreter certification credentials 	Cost will vary \$145 - \$160/ test Volume discounts available
Language Testing International (LTI) In partnership with the American Council on the Teaching of Foreign Languages (ACTFL), we proudly offer our corporate clients valid and reliable reading, writing, speaking, and listening tests.	https://www.languagetesting.com/ 1-800-486-8444 Marketing/ Scheduling Team Diane ext. 123 Dina ext. 127 info@languagetesting.com	100+ languages offered, most popular: Arabic, French, German, Italian, Korean, Mandarin, Pashto, Persian Farsi, Portuguese, Russian, Spanish View complete list of languages online	Offers general testing/ proficiency assessments Does not specifically assess proficiency for healthcare interpretation or translation services	<ul style="list-style-type: none"> Oral Proficiency Interview 15 – 30 minute telephonic interview Oral Proficiency Interview – Computer 20 – 40 minute on-demand, internet or phone-delivered proficiency test Writing Proficiency Test via the web 20 – 80 minutes Listening Proficiency Test 50 – 125 minutes Reading Proficiency Test 50 – 125 minutes 	LTI strictly uses <ul style="list-style-type: none"> Certified ACTFL testers and raters Ensuring quality and validity of tests	Contact for costs Package options available for some languages Cost examples: <ul style="list-style-type: none"> \$100 - \$200/ person for phone survey \$159 for web based proctoring
MasterWord For professionals working in healthcare organizations, we aid in ensuring compliance with The Joint Commission, CLAS, as well as Section 1557 of the ACA standards with our impactful cultural competency training.	https://www.masterword.com/ 1-866-716-4999 masterword@masterword.com	250+ languages offered for interpreting and translation Contact for languages offered for proficiency assessments	Not specified Offers On Demand training & Webinars for Healthcare, includes: <ul style="list-style-type: none"> Maternal Fetal Medicine Cardiology Mental Health Oncology Emergency 	<ul style="list-style-type: none"> Language Proficiency Assessment: 60 minutes Contact for languages Health Care Interpreter Assessment (HCIA[®]): 32 min. / 45 min. –oral / written Currently the full assessment is available in Spanish, Arabic, Vietnamese, Chinese Mandarin, and Burmese. Other languages are also assessed by professional evaluators using a modified version of this assessment. 	Assessments based on formats of CCHI & NBCMI national certification exams	On Demand Assessments: \$105 - \$155

Guidance to Comply with New Interpreter Quality Standards Requirements on the use of Bilingual/Multilingual Staff as Interpreters

<u>Summary of Requirements and Documentation</u>		
Requirement	Potential Evidence	Provider Office to Note Documentation of Qualification
Office has a documented policy to offer interpreter support to LEP patients	<input type="checkbox"/> Local office written policy; or <input type="checkbox"/> Local office policy that defers and adheres to the policy distributed by medical group Note: Policy includes documentation of patient language needs in medical record	Written policy available for viewing by an auditor Policy title:
Adheres to generally accepted interpreter ethics principles, including client confidentiality	Signed attestation of understanding of interpreter ethics and patient confidentiality. Must include a review of National Code of Ethics for Interpreters in Health Care published at: http://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf	Signed attestations are available. <input type="checkbox"/> Yes <input type="checkbox"/> No
Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language	<input type="checkbox"/> Formal assessment of proficiency; or <input type="checkbox"/> Annual job performance evaluations that document proficiency in speaking and communicating in English and one other language	<input type="checkbox"/> Yes, assessment results are available for viewing; or <input type="checkbox"/> Yes, documentation from an annual job performance evaluation for proficiency in speaking and communicating in English and one other language is available
Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary terminology and phraseology	<input type="checkbox"/> Formal assessment of proficiency; or Annual performance evaluations document <input type="checkbox"/> Ability to interpret effectively, <input type="checkbox"/> Ability to interpret accurately, <input type="checkbox"/> Ability to interpret impartially, <input type="checkbox"/> Ability to interpret receptively and expressly, <input type="checkbox"/> Ability to interpret to and from English and another language using any <u>necessary specialized vocabulary terminology and phraseology</u> Note: see NCIHC Interpreter Code of Ethics for description of above.	<input type="checkbox"/> Yes, assessment results are available for viewing; or <input type="checkbox"/> Yes, documentation from an annual job performance evaluation for proficiency in speaking and communicating in English and one other language is available
<p>For more information on Interpreter Quality Standards, please see the Industry Collaboration Effort (ICE) Better Communication, Better Care: Provider Tools to Care for Diverse Populations, Section D.</p> <p>http://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf</p>		

Interpreter Services for Health Plans in California

This is a tool to connect providers with interpreter services, provided by health plans.

This document is for provider offices – do not distribute to members.

Submit updated information or obtain the newest version by e-mailing:

Diana Carr Diana.M.Carr@Healthnet.com

Valencia Walker ValenciaDenise.Walker@Cigna.com

Developed by the Industry Collaboration Effort (ICE), Cultural & Linguistics Team, 2017

Version 2.3 – Updated March 2018

Click on a Health Plan below to view the plan information within the document.

[Aetna](#)

[Alameda Alliance for Health](#)

[Anthem Blue Cross](#)

[California Health & Wellness](#)

[CalViva Health](#)

[CareMore](#)

[Central California Alliance for Health](#)

[Cigna Healthcare](#)

[Community Health Group](#)

[Gold Coast Health Plan](#)

[Health Plan of San Joaquin Authority](#)

[Health Plan of San Mateo](#)

[Health Net of California](#)

[Inland Empire Health Plan \(IEHP\)](#)

[Kern Health Systems](#)

[L.A. Care](#)

[Molina Healthcare of California](#)

[Partnership Health Plan of California](#)

[Positive Healthcare](#)

[Scripps Health Plan](#)

[San Francisco Health Plan](#)

[Santa Clara Family Health Plan](#)

[SCAN Health Plan](#)

[Sharp Health Plan](#)

[United Healthcare](#)

[Universal Care](#)

[Western Health Advantage](#)

This document is for provider use only – do not distribute to members.

Aetna



Medi-Cal/Medi-Care/Commerical

Interpreter Services:
(800) 525-3148

Additional Resources

www.aetna.com

Alameda Alliance for Health



Health care you can count on.
Service you can trust.

Medi-Cal/Group Care (In-Home Supportive Services/IHSS)

Face-to-Face Interpreter Services:

Toll-Free: (877) 932-2738

Local: (510) 747-4567

Fax: (855) 891-7172

Telephonic Interpreter Services:

(866) 948-4149

Additional Resources

www.alamedaalliance.org

Anthem Blue Cross



Medi-Cal

Interpreter Services:

(800) 407-4627 (outside Los Angeles County)

(888) 285-7801 (inside Los Angeles County)

After business hours, call the 24/7 NurseLine at (800) 224-0336

Additional Resources

<https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx>

California Health and Wellness



Medi-Cal

Interpreter Services:

(877) 658-0305

Additional Resources

www.cahealthwellness.com

www.cahealthwellness.com/Language-Assistance.html

www.cahealthwellness.com/non-discrimination-notice.html

CalViva Health



Medi-Cal

Interpreter Services:
(888) 893-1569

Additional Resources

www.calvivahealth.org

CareMore



Cal Medi-Connect

Interpreter Services:
(888) 350-3447

Medicare Advantage

Interpreter Services:
(800) 499-2793

Additional Resources

www.caremore.com

InterpreterSpecialist@CareMore.com

Please schedule at least 3-5 days before appointment. Please cancel, at least, 2 days before appointment.

Central California Alliance for Health (CDAH)



Medi-Cal, Medi-Cal Access Program (MCAP), In-Home Supportive Services (IHSS)

Telephonic Interpreter Services:
(855) 469-5222

Telephonic Indigenous Interpreting:
(855) 662-5300

Face-to-Face Interpreting Services:
(800) 700-3874 ext. 5580

Additional Resources

www.ccah-alliance.org

Point of Contact:

Health Education Coordinator III, Alliance Health Education Line (800) 700-3874, ext. 5580

Provider Information:

Cultural and Linguistic Services Program: www.ccah-alliance.org/cultural_linguistic.html

Member Information:

Language Assistance: www.ccah-alliance.org/languages.html

Asistencia de Lenguaje (Spanish): www.ccah-alliance.org/otraslinguas.html

Kev Pab Txhais Lus (Hmong): www.ccah-alliance.org/languagesHM.html

Cigna Healthcare



Commercial/HMO/POS/EPO/PPO

Interpreter Services:

(800) 806-2059

Additional Resources

www.cigna.com

[Cigna California Language Assistance Program](https://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/claim-policies-procedures-and-guidelines/)

<https://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/claim-policies-procedures-and-guidelines/>

Community Health Group



Medi-Cal

Interpreter Services:

(800) 224-7766 (24 hours a day/7 days a week)

Cal Medi-Connect

Interpreter Services:

(888) 244-4430 (24 hours a day/7 days a week)

Additional Resources

www.chgsd.com

Gold Coast Health Plan



Medi-Cal

Interpreter Services:

(888) 301-1228

TTY: (888) 310-7347

Please submit requests at least 5 to 7 days in advance to:

CulturalLinguistics@goldchp.org or via eFax at 1-805-248-7481. To cancel a request, please notify 25 hours in advance.

Additional Resources

www.goldcoasthealthplan.org

Point of Contact:

Veronica Estrada, Cultural and Linguistics Specialist

(805) 437-5603

vestrada@goldchp.org

Health Plan of San Joaquin



Medi-Cal

Interpreter Services:

(888) 896-PLAN (7526)

Limited English Proficient: Please request at least 5 days before appointment

Deaf/Hard of Hearing: Please request at least 10 day before appointment

Additional Resources

www.hpsj.com

Language assessment form can be faxed to Provider Services at (209) 461-2565

Health Plan of San Mateo



Medi-Cal

Interpreter Services:

Member Line: (800) 750-4776

Provider Line: (650) 616-2165

Medi-Cal Care Advantage

Interpreter Services:

Toll-Free: (866) 880-0606

Local: (650) 616-2174

Additional Resources

www.hpsm.org

Health Net of California



Health Net®

Medi-Cal

Interpreter Services:

(800) 675-6110 (24 hours a day/7 days a week)

Cal Medi-Connect – Los Angeles

Interpreter Services:

(855) 464-3571 (24 hours a day/7 days a week)

Cal Medi-Connect – San Diego

Interpreter Services:

(855) 464-3572 (24 hours a day/7 days a week)

Commercial

IFP On Exchange Interpreter Services:

(888) 926-2164 (M-F 8AM – 6PM)

IFP Off Exchange Interpreter Services:
(877) 857-0701 (M-F 8AM – 6PM)

Small Group On Exchange Interpreter Services:
(888) 926-5133 (M-F 8AM – 6PM)

Small Group Off Exchange Interpreter Services:
(800) 361-3366 (M-F 8AM – 6PM)

Large Group Interpreter Services:
(800) 641-7761 (M-F 8AM – 6PM)

All CA Commercial after Hours, weekends and holidays:
(800) 546-4570

Medicare Advantage

Interpreter Services:
(800) 929-9224 (M-F 8AM – 5PM, telephonic interpreters only)

Additional Resources

www.Healthnet.com

Inland Empire Health Plan



Inland Empire Health Plan

Medi-Cal

Interpreter Services:
(800) 440-IEHP (4347)
TTY: 800-718-IEHP (4347)

Additional Resources

www.iehp.org

Email: MemberServices@iehp.org

Please schedule 5 days before appointment. Please cancel, at least, 2 days before appointment.

This document is for provider use only – do not distribute to members.

Kern Health Systems – Kern Family Health Care



Medi-Cal

Interpreter Services:

(661) 632-1590 (Bakersfield)

(800) 391-2000 (Outside of Bakersfield)

Additional Resources

www.kernfamilyhealthcare.com

L.A. Care



L.A. Care
HEALTH PLAN®

All Product Lines

Telephonic Interpreter Services:

(855) 322-4034

Medi-Cal

Face-to-Face Interpreter Services:

(888) 839-9909

Cal Medi-Connect

Face-to-Face Interpreter Services:

(888) 522-1298

L.A. Care Covered

Face-to-Face Interpreter Services:
(855) 270-2327

PASC-SEIU

Face-to-Face Interpreter Services:
(844) 854-7272

Additional Resources

www.lacare.org

<https://external.lacare.org/HealthForm/>

Molina Healthcare of California**Medi-Cal**

Interpreter Services:
(888) 665-4621

Additional Resources

www.molinahealthcare.com

Partnership Health Plan of California



Medi-Cal

Interpreter Services:

(707) 863-4120

(800) 863-4155

Additional Resources

www.partnershipphp.org

Positive Healthcare



Medi-Cal/Medi-Care

Interpreter Services:

Contact Language Line at (866) 874-3972

Provide Language Line your 6-digit designated access code and department code as provided by Positive Healthcare.

Additional Resources

www.positivehealthcare.net/california

San Francisco Health Plan

**SAN FRANCISCO
HEALTH PLAN**



Medi-Cal

Interpreter Services:

Varies by the member's provider medical group affiliation

Additional Resources

www.sfhp.org

For questions, please contact healtheducation@sfhp.org or call SFHP's Customer Service at (800) 288-5555.

SFHP contracts with its provider groups for the provision of interpreter services. Provider offices can contact their affiliated medical group for interpreter services dial-in information.

Santa Clara Family Health Plan



Santa Clara
Family Health Plan

Medi-Cal & Healthy Kids Members

Interpreter Services:

(800) 260-2055

TTY: 800-735-2929

CallCenterManagement@scfhp.com

Cal Medi-Connect

Interpreter Services:

(800) 723-4795

Additional Resources

www.scfhp.com

Point of Contact:

Andres Aguirre, Quality Improvement Manager, aaguirre@scfhp.com (408) 874-1910

SCAN Health Plan



Medi-Cal/Medi-Care

Interpreter Services:

(800) 559-3500

TTY: 711

8AM to 8PM, seven days a week from October 1 to February 14

8AM to 8PM Monday through Friday from February 15 to September 30

Additional Resources

<https://www.scanhealthplan.com/-/media/scan/documents/misc/multilanugageca.pdf>

Scripps Health Plan



Commerical

Interpreter Services:

(844) 337-3700 (Monday – Friday, 9AM – 5PM PST)

TDD: (888) 515-4065

CustomerService@ScrippsHealth.org

To schedule in-person interpretation, please contact Customer Service at least five (5) business days in advance of the appointment or visit.

During after hours, you may leave a message and a representative will contact you on the next business day.

Additional Resources

<https://www.scrippshealthplan.com/language-and-hearing-assistance>

<https://www.scrippshealthplan.com/provider-information>

Scripps' Provider Manual includes more resources for Providers. Select "Forms & Disputes" on the Provider page to access the Provider Manual.

Sharp Health Plan



make life better.®

HMO/POS

Interpreter Services:

(800) 359-2002 (M-F 8AM – 6PM)

Medicare Advantage

Individual (Sharp Advantage Select and Select Plus)

Interpreter Services:

(855) 562-8853

October 1 – February 14, 7 days a week 8AM-8PM

February 15 – September 30, M-F 8AM-8PM

Calling after hours will direct you to the voicemail system and a Customer Care representative will return your call the next business day.

Employer-sponsored

Interpreter Services:

(855) 820-2112

M-F 8 AM-6PM

Additional Resources

HMO/POS: www.sharphealthplan.com

Medicare Advantage: www.sharpmedicareadvantage.com

United Healthcare



Medi-Cal

Interpreter Services:

Member Services (866) 270-8785

This document is for provider use only – do not distribute to members.

TTY: 711

Monday – Friday 7:00am – 7:00pm

If calling after hours, the call will be answered by voicemail. A representative will call back in one business day.

Provider Services (866) 270-5785

TTY: 711

Monday – Friday 7:00am – 7:00pm

After hours, you may contact (877) 261-6608 and enter your assigned Client ID, as provided by United Healthcare.

Western Health Advantage



Commercial

Interpreter Services:

(916) 563-2250

(888) 563-2250

Refer to your Provider Guide and Manual for more information

For relay assistance services, call California Relay Service:

(800) 877-8793 (Voice/TTY/ASCII)

(800) 855-4000 (Sprint TTY Operator Services)

Additional Resources

www.westernhealth.com

Member Services: (916) 563-2250

Toll-free: (888) 563-2250

Cultural & Linguistics Point of Contact:

Carla Williams

c.williams@westernhealth.com or languageassistance@westernhealth.com

(916) 900-7159

PROVIDERUpdate



Health Net®

CONTRACTUAL | DECEMBER 6, 2018 | UPDATE 18-898 | 2 PAGES

Updates to Language Assistance Program and Notification of Cultural Competency Training

Clarification to Medi-Cal oral interpretation services and certificate of completion for cultural competency training

Health Net Community Solutions, Inc. (Health Net) is clarifying information in the Language Assistance Program (LAP).

These updates have been made in accordance with Senate Bill (SB) 1423, Section 1, which amends the Welfare and Institutions Code, Section 14029.91 as follows:

- Oral interpreters must demonstrate proficiency in speaking and understanding both spoken English and the language spoken by the limited-English proficient (LEP) beneficiary.
- The minimum qualification requirement for oral interpreters now reads: "The ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the LEP beneficiary and English, using any necessary specialized vocabulary, terminology, and phraseology."

LANGUAGE ASSISTANCE PROGRAM OVERVIEW

Health Net's LAP includes the following:

- Oral interpretation services shall be provided in any language on a 24-hour basis at key points of contact.
- Translation services in the threshold languages identified by the Department of Health Care Services (DHCS).
- A written notice of the availability of free language assistance services shall be provided in English and in the top 16 languages spoken by LEP individuals in California, as determined by DHCS, and consistent with the requirements identified in 45 CFR 92, Appendix B.
- Standards to monitor the quality and effectiveness of the LAP.

Members have the right to file a grievance with Health Net and the ability to file a discrimination complaint with the Office of Civil Rights if their language needs are not met.

INTERPRETER SERVICES

To obtain interpreter services, contact Health Net Member Services at the telephone number on the member's identification (ID) card or the toll-free numbers listed on the Health Net provider website at provider.healthnet.com.

Oral interpretation services shall be provided by an interpreter that, at a minimum, meets all of the following qualifications:

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@](mailto:provider.communications@healthnet.com)

healthnet.com

fax 1-800-937-6086

-
- Demonstrated proficiency in speaking and understanding both spoken English and the language spoken by the LEP beneficiary by:
 - interpreting effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the LEP beneficiary and English.
 - using any necessary specialized vocabulary, terminology, and phraseology.
 - Adherence to generally accepted interpreter ethics principles, including client confidentiality.

PROVIDER RESPONSIBILITIES

Participating providers may use Health Net's interpreter services to provide interpreters to members who require or request them.

Providers are prohibited from:

- Using bilingual staff to interpret if the bilingual staff does not meet the requirements above.
- Requiring an LEP member to arrange or provide their own interpreter.
- Requesting or relying on a minor child accompanying the LEP member to interpret or facilitate communication except when specific emergency conditions exist.
- Relying on an adult accompanying the LEP member to interpret or facilitate communication except under either of the following circumstances:
 - In an emergency, as defined by DHCS, and an interpreter who meets the qualifications described is not immediately available for the LEP member. The emergency must be noted in the member's medical record.
 - If the LEP individual specifically requests that the accompanying adult interpret or facilitate communication, that accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances. Providers are encouraged to document in the member's medical record the circumstances that resulted in the use of an accompanying adult as an interpreter.

CULTURAL COMPETENCY TRAINING CERTIFICATE SUBMISSION

Practitioners are required to complete cultural competency training. Health Net posts in the provider directory a "Y" if the provider has completed two hours of cultural competency training within the last 24 months or an "N" if no documentation of training completion has been received from the practitioner.

Practitioners should notify Health Net after completing this training by sending an email to PSOps@healthnet.com. Include the practitioner's name, a certificate of completion for the training, the National Provider Identifier (NPI), and a statement indicating that they have completed the training.

ADDITIONAL INFORMATION

For more information about interpreter services, cross-cultural communication, and health literacy, or to schedule training, contact the C&L Services Department via email at cultural.and.linguistic.services@healthnet.com or by telephone at 1-800-977-6750.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

CONSEQUENCES

of High Blood Pressure



Check.
Change.
Control.

High blood pressure is often the first domino in a chain or “**domino effect**” leading to devastating consequences, like:



STROKE

HBP can cause blood vessels in the brain to burst or clog more easily.



VISION LOSS

HBP can strain the vessels in the eyes.



HEART FAILURE

HBP can cause the heart to enlarge and fail to supply blood to the body.



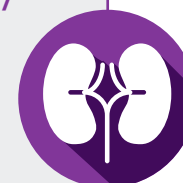
HEART ATTACK

HBP damages arteries that can become blocked.



SEXUAL DYSFUNCTION

This can be erectile dysfunction in men or lower libido in women.



KIDNEY DISEASE/ FAILURE

HBP can damage the arteries around the kidneys and interfere with their ability to effectively filter blood.

A simple **blood pressure check** is the first step to preventing the “domino effect.”

Learn more at heart.org/hbp.

CONSECUENCIAS

de la presión arterial alta

La presión arterial alta es muchas veces la primera ficha del “**efecto dominó**” que tiene consecuencias devastadoras, como:



Un sencillo chequeo de la **presión arterial** es el primer paso para prevenir el “efecto dominó”.

Más información en heart.org/hbp.