

PROVIDER QUALITY NEWSLETTER

JUNE 2018

MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction



The June 2018 Episource Report is Posted!

The June Episource Report is posted at <https://hedis.episource.com/Account/Login> and includes data up to 5/31/18. Please let us know if you would like to schedule a training over the phone or in person on how to use the Member Compliance and Summary reports to your advantage.

We are now half way through the year. How many gaps do you have to close before December 31, 2018? Check your report today and call your members!



Appointment Availability & After-Hours Access Survey – Changes

Please see the attached Provider Update from Health Net regarding changes in how they will administer the Provider Appointment and Availability Survey this year. Surveys will be emailed and faxed to providers with a link to an online website to complete the questions within 5 business days. If there is no response or the number is not in the system, then a phone survey will be conducted. The surveys will begin in July 2018, followed by a second wave in December 2018.



Health Net Programs

Health Net has announced that they are offering in-house health assessments through MedXM for patients with chronic diseases and for managing persistent medication usage. Please see the attached Provider Update with details.

They are also continuing the Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment (IET) Incentive Program in 2018. This program gives PCPs the opportunity to earn up to \$600 per patient through a referral or the treatment completion as described in the attached letter.

Easiest Way to Increase AWC and W34 Measures

Are you taking advantage of sick visits to perform the Adolescent Well Care (AWC) and Well Child 3-6 years (W34) visits? If not, you are missing the easiest way to increase compliance with these measures and provide quality care to your members.

In a recent training, a provider reported that she decided to turn every sick visit into a well visit and saw a 5% increase in her HEDIS score in 6 months.

Any time a child 3-6 years old or 12 to 21 years old come in for a sick visit, make it a priority to cover the following components of the well visits and the Weight Assessment and Counseling for Nutrition & Physical Activity (WCC for age 3-17) measure:

1. Health history
2. Physical development history
3. Mental development history
4. Physical exam
5. Health education/anticipatory guidance
6. BMI percentile
7. Nutrition counseling
8. Physical activity counseling

Encounters - Your Key to Increasing HEDIS Performance

Encounters are the key to increase your HEDIS performance because they reflect all the work you do that count toward HEDIS. There are still providers who do not submit encounters for some services or are still submitting them after 60 days. For best results, all visits should be submitted to MedPOINT within 30 days of the date of service to insure you get credit for all the work you are doing and to qualify for timely encounter incentives that are available through various health plans. Check with your biller to find out how often they submit encounters and make changes to your processes, if necessary.



Documentation of Previous Services Counts for HEDIS

When a patient says they received a pap smear (CCS – Cervical Cancer Screening), mammogram (BCS – Breast Cancer Screening) or colonoscopy (COL – Colorectal Cancer Screening) from a provider before they came to you, it is important to document the information completely so that the medical record will count toward these HEDIS measures. Please notate the following in the progress note or patient medical history: “member reported” with date of service (month/year), provider name and result. It is always best to obtain the proof of service from the prior provider to add to the chart. Also, don’t forget to code for exclusions like total hysterectomy and bilateral mastectomy as you come across patients with a history of having these procedures completed.



LA Care – Patient Satisfaction Survey Results

Patient satisfaction is an important component in your HEDIS score for commercial and Medi-Cal members. LA Care Health Plan recently shared the CG-CAHPS (Clinician & Group - Consumer Assessment of Healthcare Providers and Systems) Patient Satisfaction Survey results for the following main categories:

1. Overall Rating of health care
2. Doctor-Patient interactions
3. Coordination of care
4. Timely care and service
5. Office staff
6. Health Promotion

Results varied by IPA and there were many areas needing improvement. **See the attached tips to improve patient experience and satisfaction.**



Improve patient experience with provider access

Benefits	Tips	Related CAHPS survey question
Show patients you're their advocate, building trust.	<p>Suggest more than one specialist.</p> <p>Call the specialist to coordinate the soonest appointment date.</p> <p>Discuss and plan for possible appointment delays.</p>	I got an appointment to see a specialist as soon as I needed.
Provide better access to care when needed.	Consider offering early morning walk-ins, evening appointments and/or weekend appointments.	I got an appointment to see my PCP as soon as I needed.
Help your patients feel their time and satisfaction is valued.	<p>Have staff engage your patient in visit-related activities, such as weight, blood pressure and health issues.</p> <p>Offer a brief explanation for any provider delays and provide updates.</p>	I saw the person I came to see (provider) within 15 minutes of my appointment time.

Improve patient satisfaction by actively listening

Convey doctor engagement, creating confidence and compliance.	Ask questions about past care, including results and treatment.	My personal doctor seemed informed and up-to-date about care I got from specialists.
Ensure your patients feel respected.	<p>Address patient appropriately.</p> <p>Listen patiently and express understanding.</p> <p>Ask if all questions and concerns have been addressed at end of visit.</p>	My personal doctor showed respect for what I had to say.
Show patients their concerns are heard.	<p>Look at patients while they share concerns.</p> <p>Ask questions to ensure understanding and show concern.</p>	My personal doctor listened carefully to me.
Help your patients feel involved and prepared, increasing adherence to the medication plan.	<p>Review current medication list, including patient concerns, side effects, barriers, etc.</p> <p>Ensure patient understands schedule and encourage adherence.</p>	In the last six months, did a doctor or other health provider talk to you about prescription medicine?
Promote better health outcomes.	Provide education on the risks of tobacco use and resources to assist in quitting.	In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

2018 Provider Appointment Availability and After-Hours Access Survey Preparation

Health Net Community Solutions, Inc. (Health Net) is committed to improving timely access to care for its members. It can be detrimental to a member's health when he or she is unable to obtain care when needed. To measure the effectiveness of the network to meet the needs and preferences of Health Net members, Health Net conducts annual primary care physician (PCP) and specialist appointment availability and after-hours access surveys.

Failure to meet timely appointment and after-hours access standards will result in a corrective action plan (CAP) and possibly impact network participation. Providers are encouraged to work with their participating physician group (PPG), independent practice association (IPA) or Health Net if they have questions or concerns about their ability to meet these standards. Providers may contact Health Net via email at DMHC_AccessIP@healthnet.com.

CHANGES IN SURVEY METHODOLOGY FOR 2018

For 2018, the Department of Managed Health Care (DMHC) has changed the way the Provider Appointment and Availability Survey (PAAS) will be administered. Surveys will be initiated via email or fax. An email or fax invitation will be sent to providers asking them to complete the survey via an online link. Providers will have five business days to respond to the email or fax surveys. If a provider does not respond to the survey after five business days, a phone survey will be conducted. If a provider's email address or fax number is not in the system, a phone survey will be conducted.

PREPARING FOR THE SURVEYS

This year, the surveys will be conducted in two waves beginning late July 2018 through December 2018. Participating providers should verify that appointment availability and after-hours requirements are being met by calling their office to ensure the following standards and instructions are being communicated.

Based on the type of request, the following time frames must be followed:

- Non-urgent appointments with a PCP must be scheduled within 10 business days.
- Urgent care appointments with a PCP or specialist that do not require prior authorization must be scheduled within 48 hours of a request.
- Non-urgent appointments with a specialist must be scheduled within 15 business days.
- Urgent care appointments with a specialist that require prior authorization must be scheduled within 96 hours of a request.
- A well-child visit with a PCP must be scheduled within 10 business days.

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 fax 1-800-937-6086

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- A first prenatal visit with a PCP or specialist must be scheduled within 10 business days.
 - Preventive physician exams and wellness checks with a PCP must be scheduled within 30 calendar days.
 - Non-urgent appointments with an ancillary provider must be scheduled within 15 business days.
 - After-hours medical services must be available and accessible 24 hours a day, seven days a week, and PCPs are required to have appropriate back-up for absences. An answering machine or service may be used to provide members with clear and simple instructions about after-hours urgent and emergent medical care. This information is vital in case of an urgent or emergency situation, or if there is a need to contact a physician outside business hours.
 - For emergencies, the staff answering the telephone or the answering machine or service must instruct the caller to hang up and dial 911 or go to the nearest emergency room.
 - For urgently needed care, the staff answering the telephone or the answering machine or service must communicate the following:
 - Confirm that a physician or other qualified health care professional can be contacted after hours.
 - Inform Health Net members to expect a call back from the PCP's office within 30 minutes.
 - During office hours, office staff must answer the telephone within 60 seconds and return member phone calls within one business day.
 - As required for long-term services and supports (LTSS), timely access standards will be established for services when the provider travels to the member and/or community locations to deliver services. Timely access references the number of business days or calendar days from the date of request that an appointment must be available within the type of service.
 - Standards for skilled nursing facilities (SNF) and intermediate care facilities (ICF) are based on county population density as follows:
 - Rural counties: within 14 calendar days of request
 - Small counties: within 14 calendar days of request
 - Medium counties: within seven business days of request
 - Large counties: within five business days of request

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

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.

MedXM In-Home Health Assessment Program

Health Net Community Solutions, Inc. (Health Net) is contracting with MedXM to conduct in-home health assessments, including diagnostic screenings for Health Net Medi-Cal members. The MedXM in-home health assessment program offers a convenient alternative to members who have difficulty accessing needed health care. It provides medical information to the primary care physician (PCP) on a member's health condition and an indication of adherence to current medication regimens.

MedXM supports PCPs with patients who have chronic diseases and with managing patients' persistent medication usage by offering one in-home visit. This visit is performed by a health care professional, such as a medical technician, medical assistant, nurse practitioner, ophthalmologist, or medical doctor that is licensed in the state.

The MedXM health care specialists are not involved in the care or treatment of patients, nor do they prescribe medications. They will only perform needed screenings at the time of the visit. The health care specialist will encourage members to make an appointment with their PCP for follow-up with the screening results, and for recommendations on treatment and continued care.

HEALTH ASSESSMENT AND DIAGNOSTIC SCREENINGS

Health Net, in collaboration with MedXM, has developed a protocol for the in-home visit. Health Net's goal is to work with providers and MedXM to provide comprehensive health services to members. Through the in-home health assessment program, Health Net offers the following diagnostic screenings to our members:

- Blood pressure control (<140/90 mmHg)
- Diabetic retinal exam (DRE) for eye diseases
- Diabetes urine protein screening for kidney damage or disease
- Hemoglobin A1c (HbA1c) testing for diabetes screening
- Hemoglobin A1c (HbA1c) testing for poor control of diabetes (>9.0%)
- Serum creatinine testing for glomerular filtration rate (kidney function)
- Serum potassium testing for heart function and kidney disease

PROGRAM REFERRALS

Providers can refer an eligible Health Net Medi-Cal member who would benefit from an in-home visit to the MedXM in-home health assessment program by completing all fields in the attached MedXM Referral form and faxing it to 1-888-353-6442. Copies of the form can be made for office use, as needed. A sample referral form is also included for reference. Members also have the right to refuse in-home screenings even when referred by their PCP.

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

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

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 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

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provider.communications@

healthnet.com

fax 1-800-937-6086



MedXM Referral Form

Please review the referral information below. Select the corresponding option from the Referral Information section, then sign and date in the Primary Care Physician section and fax back to 888-353-6442. *All required fields are noted with an asterisk (**) for your convenience.*

Member Information			
Health Plan Name	Health Net		
Subscriber ID			
Patient Name			
Patient DOB			
Patient Address			
Patient Phone Number			
I authorize the patient above for the following service:			
<input type="checkbox"/>	Post-Partum Assessment	Patient Delivery Date	
<input type="checkbox"/>	A1c Test		
<input type="checkbox"/>	Microalbumin Test		
<input type="checkbox"/>	Serum Creatinine Test/Serum Potassium Test		
<input type="checkbox"/>	Diabetic Eye Exam		
<input type="checkbox"/>	Well Child		
<input type="checkbox"/>	Well Women		
Primary Care Physician/Referring Provider Information			
Provider Name			
Provider Address			
Provider Phone Number			
Provider Fax Number			
**Provider Signature			
**Date			

Please fax completed referral form to: 888-353-6442



MedXM Referral Form

Please review the referral information below. Select the corresponding option from the Referral Information section, then sign and date in the Primary Care Physician section and fax back to 888-353-6442. *All required fields are noted with an asterisk (**) for your convenience.*

Member Information			
Health Plan Name	Health Net		
Subscriber ID	123456789R		
Patient Name	Jane Doe		
Patient DOB	01/01/1968		
Patient Address	1234 Main Street, Anytown CA 90000		
Patient Phone Number	(555) 555-5555		
I authorize the patient above for the following service: (Please Check All Boxes that Apply to the Member)			
<input type="checkbox"/>	Post-Partum Assessment	Patient Delivery Date	
<input type="checkbox"/>	A1c Test (include for diabetic testing)		
<input type="checkbox"/>	Microalbumin Test (include for diabetic testing)		
<input type="checkbox"/>	Serum Creatinine Test/Serum Potassium Test (include for Monitoring of Persistent Medications)		
<input type="checkbox"/>	Diabetic Eye Exam (include for diabetic testing)		
<input type="checkbox"/>	Well Child		
<input type="checkbox"/>	Well Women		
Primary Care Physician/Referring Provider Information			
Provider Name	John Doe, MD		
Provider Address	1111 Main Street, Anytown CA 90000		
Provider Phone Number	(555) 555-5001		
Provider Fax Number	(555) 555-5002		
**Provider Signature	Provider's Signature is Required		
**Date	Date of Signature is Required		

Please fax completed referral form to: 888-353-6442



Health Net of California, Inc.
Health Net Community Solutions, Inc.
Health Net Life Insurance Company
21281 Burbank Boulevard
Woodland Hills, California 91367-4975

Mailing Address: Post Office Box 9103
Van Nuys, California 91409-9103
www.healthnet.com

May 3, 2018

<Entity Name>
<First name> <Last name>, <Title> *or* Administrator
<Address>
<City>, <State> <ZIP>

Health Net of California, Inc., Health Net Community Solutions Inc. and Health Net Life Insurance Company (Health Net) are continuing the Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment (IET) Incentive Program in 2018. This is a financial incentive program that recognizes and rewards participating Health Net providers for facilitating follow-up treatment and encouraging adherence to the treatment regimen. The primary goal is to improve the health outcomes of our members diagnosed with AOD disorders through initiating and engaging in treatment.

Primary care physicians (PCPs) have the opportunity to earn up to \$600, per patient, by initiating and engaging members in AOD treatment, through a referral or treatment completion bonus as follows:

Initiation Visit	Referral bonus (member is referred to a behavior health provider (BHP) with documentation of the BHP's contact information) – requires referral form ¹	\$100
	Treatment completion bonus (diagnosing provider conducts initiation visit within 14 days of diagnosis) – based on claims/encounters submitted within 15 business days ²	\$200
Engagement Visits	Referral bonus (member is referred to a BHP with documentation of the BHP's contact information) – requires referral form ¹	\$100
	Treatment completion bonus (diagnosing provider conducts two engagement visits within 30 days of initiation visit) – based on claims/encounters submitted within 15 business days ²	\$400
Maximum referral bonus, if referring the member for all IET visits		\$200
Maximum treatment bonus, if the diagnosing provider is treating the member		\$600

¹ A form is only required if the member is referred to a BHP. The form must include BHP contact information and confirmation of the appointment date. Submit the completed and signed form to Health Net within seven business days from the date of the member's diagnosis.

² Corresponding claims/encounter information for members treated in the primary care must be submitted within 15 business days of each date of service to be eligible for the bonus.

Providers can receive a treatment completion bonus of up to \$600, per patient, for initially treating and engaging the member throughout the treatment process, and submitting the corresponding claims and encounters within 15 days from the date of service for the initiation visit and the engagement visits. Claims and encounters submitted after 15 days from the date of service will not be eligible for payment.

Providers can receive a referral bonus of up to \$200, per patient, for facilitating the referral to a BHP and ensuring the member has a treatment provider for all three visits. For referrals, the Initiation and

Engagement of Alcohol and Other Drug Treatment Referral Incentive Form must be fully completed and submitted to Health Net within seven days from the date of the member's diagnosis. Forms submitted after seven days of the referral will not be eligible for payment. Noncompliant providers may be removed from the program.

Providers can provide the initial treatment and refer members to a BHP for the engagement visits, depending on the provider's preference. Providers can get assistance in finding a referral by calling the behavioral health phone number listed on the back of the member's identification (ID) card. Refer to the Frequently Asked Questions (FAQ's) for the varying types of incentives.

The AOD Treatment Incentive Program is not considered part of the base provider compensation under the Health Net *Provider Participation Agreement (PPA)* and is separate from contracting rates with Health Net's participating physician groups (PPGs). Health Net is offering this incentive program as supplemental compensation directly to providers.

Who is eligible to participate?

Participating providers may be either PCPs or PPGs. Please note that the below requirements are subject to change at any time.

- Currently contracting with Health Net or a Health Net PPG under HMO, Point of Service (POS), HSP, PPO, EPO, Medicare Advantage, or Medi-Cal plans.
- Having no licensing or credentialing restrictions, and in good standing with Health Net and their PPG.
- Accurately completing and returning the enclosed Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Form within the required time frames and the corresponding claim/encounter within the required time frames. Signatures must be included.
- Completing and faxing a W-9 form to Health Net at 1-877-783-0287, if one is not already on file.

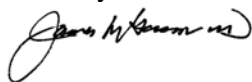
Submitting data to Health Net

The Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Form is only required if the member is referred to a BHP. The form must be faxed to Health Net at 1-877-783-0287 or emailed to cqi_dsm@healthnet.com within seven business days from the date of the member's diagnosis. The forms must be completed and signed by the diagnosing provider and filed in the member's medical record.

Providers who would like to treat the patient for the initiation or the engagement visits are required to submit the corresponding claim/encounter within 15 days from the date of service.

Thank you for your continued participation with Health Net. Enclosed are frequently asked questions about the AOD Treatment Incentive Program and the Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Form. If you have additional questions or need more information regarding the program, contact Amie Eng by telephone at (818) 676-6296 or via email to amie.x.eng@healthnet.com.

Sincerely,



James Gerson, MD
Chief Medical Officer

Enclosures



Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Incentive Program Frequently Asked Questions (FAQs)

What is required to receive the Alcohol and Other Drug (AOD) incentive payment?

For the treatment completion bonus:

- After a patient has been diagnosed with an AOD dependence diagnosis, the diagnosing physician must ensure the member receives an initiation visit within 14 days from the date of their AOD diagnosis.
- The diagnosing physician must ensure the member receives two engagement visits within 30 days of the initiation visit.
- The claim/encounter information for each visit must be submitted within 15 business days from the date of service.
- Claims and encounters submitted after 15 days from the date of service will not be eligible for payment.

For the referral bonus:

- If the diagnosing provider is not treating the member, coordination of care and referrals to a behavioral health provider (BHP) must be provided to meet the required timelines for payment eligibility. The diagnosing physician must ensure a member has a referral to a BHP for the initiation visit or the engagement visits. The diagnosing physician can call the behavioral health phone number listed on the back of the member's ID card for assistance in obtaining the BHP referral.
- The diagnosing physician must complete the Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Form.
- The referral incentive form must be completed in its entirety and signed.
- The completed form must be submitted to Health Net of California Inc., Health Net Community Solutions, Inc. or Health Net Life Insurance Company (Health Net) within seven days from the date of the member's AOD diagnosis to ensure the member can be compliant with the timelines required for the initiation visit and engagement visits.
- A referral form submitted after seven days from the date of the member's AOD diagnosis will not be eligible for payment.
- The form must include all of the required details as well as the provider's signature to be accepted. A copy of the form must also be maintained in the patient record.
- Payment will be provided for each form and patient individually. Duplicate forms for the same services will not be accepted.

W-9 form:

- Complete and submit a W-9 either by fax to 1-877-783-0287, or submit it directly to your provider relations representative. Health Net cannot submit payments without having the W-9 on file.
- Participation in the Recognition for Quality Performance (RFQP) program or the Perinatal Notification Incentive Program (PNIP) requires a current W-9 is on file with Health Net so it is not necessary to submit another W-9.

Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Incentive Program Frequently Asked Questions (FAQs)

How often should providers expect to receive a check from Health Net's AOD Treatment Incentive Program?

Health Net pays on a quarterly basis as noted below.

Quarterly reporting period (based on dates of service)	Payout month (by month end)
April to June	August
July to September	November
October to December	February

Quarterly payments are based on completed forms faxed to Health Net and claims/encounter data submitted prior to the close of the quarter. If forms or claims/encounter data are sent to Health Net within seven business days of the event after the quarter closes, those forms will be included in the subsequent quarter's payout. Submission of Q4 December visits will be accepted through January 10, 2019.

How long will this incentive program be offered to providers?

Currently, this program is being offered again for 2018. Since the program is an incentive award program, Health Net reserves the right to alter the program on an annual basis or terminate the program at any time by notifying the provider in writing of such termination.

How much can I earn under the AOD Treatment Incentive Program?

Providers have separate opportunities to receive incentive payments. First, if diagnosing providers refer members to a BHP for the initiation and engagement visits, providers can receive up to \$200 per patient. Second, if diagnosing providers decide to render the treatment services that qualify for compliant initiation and engagement visits, the provider will receive an additional \$200 for completing the compliant initiation visit and \$400 for completing the two compliant engagement visits, for a total of \$600 per patient. Total compensation each quarter is based on the number of completed, non-duplicative Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Forms and the number of patients diagnosed with AOD that complete the required initiation and two engagement visits. The table below outlines the incentive structure for the two required phases of the patient's AOD treatment.

Referral bonus	Treatment bonus
<ul style="list-style-type: none"> \$200 total reward 	<ul style="list-style-type: none"> \$600 total reward
<ul style="list-style-type: none"> Must submit a referral form 	<ul style="list-style-type: none"> Diagnosing provider delivers treatment services
<ul style="list-style-type: none"> Referring BHP contact information is required 	<ul style="list-style-type: none"> Claim/encounter data must be submitted within 15 business days of each date of service
<ul style="list-style-type: none"> If calling MHN Customer Service, date and representative name must be documented 	<ul style="list-style-type: none"> Monthly audits will be conducted to ensure visits are timely
<ul style="list-style-type: none"> Referral form must also be submitted for the engagement phase of treatment 	<ul style="list-style-type: none"> Providers can conduct the initiation visit and refer for the engagement visits (referral form required)

Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Incentive Program Frequently Asked Questions (FAQs)

How will these forms be used?

The referral forms will be used to notify Health Net that your patients diagnosed with AOD received a referral for follow-up treatment. The forms will be used to reach out to the BHP to ensure the rendering BHP will submit the necessary forms that show evidence the patient has attended the required treatment visits. The form will also help Health Net check for the corresponding claim to make sure that the visits took place and that all the necessary data is flowing to Health Net.

Does Health Net audit the forms?

Yes, every month a random set of participating providers will be selected to ensure that the corresponding claim or encounter has been submitted within 15 days from the date of service. If providers referred members to BHPs, a random set of participating providers will be selected to ensure that the referral incentive form has been submitted within seven days of the date of the member's AOD diagnosis. Providers will not be paid the additional amounts for rendering the treatment services if: 1) the corresponding claim or encounter was not submitted within 15 days from the date of service recorded on the form; and 2) the information on the corresponding claim or encounter does not match the information recorded on the form.

What are the confidentiality requirements?

AOD treatment information follows the Confidentiality of Alcohol and Other Drug Patient Records regulations (42 CFR Part 2). These rules may apply to the services you may provide to your patients for AOD treatment. Ensure your practice has current patient authorization and consent to disclose information for the services rendered at the AOD treatment visits. You will find this disclaimer on the form.

How can I get more information?

Contact Amie Eng by telephone at (818) 676-6296 or via email at amie.x.eng@healthnet.com.

Can I render the initiation treatment and refer the member out for the engagement visits?

Yes, providers are eligible for varying amounts of incentives depending on whether the provider gives treatment to the member or refers the member to a BHP.

What are different scenarios about how the payment incentive works?

Scenario 1: Diagnosing provider performs all initiation and engagement treatment (IET) visits:

Initiation phase of treatment	Engagement phase of treatment
<ul style="list-style-type: none">Provider diagnoses member	<ul style="list-style-type: none">Provider has two visits with member within 30 days of the initiation visit
<ul style="list-style-type: none">Provider has visit with member within 14 days of diagnosis	<ul style="list-style-type: none">Provider submits corresponding claim/encounter data within 15 business days for each date of service
<ul style="list-style-type: none">Provider submits corresponding claim/encounter data within 15 business days from date of service	
\$200 treatment bonus	\$400 treatment bonus (\$600 maximum bonus)

Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Incentive Program Frequently Asked Questions (FAQs)

Scenario 2: Diagnosing provider performs initiation visit and refers for the engagement visits:

Initiation phase of treatment	Engagement phase of treatment
<ul style="list-style-type: none"> Provider diagnoses member 	<ul style="list-style-type: none"> Provider refers member to a BHP for the two engagement visits
<ul style="list-style-type: none"> Provider has visit with member within 14 days of diagnosis 	<ul style="list-style-type: none"> Provider fills out referral form documenting referring BHP and confirmed appointment dates
<ul style="list-style-type: none"> Provider submits corresponding claim/encounter data within 15 business days from date of service 	<ul style="list-style-type: none"> Provider submits referral form to Health Net within 7 business days
\$200 treatment bonus	\$100 treatment bonus (\$300 maximum bonus)

Scenario 3: Diagnosing provider refers member to a BHP for all IET visits:

Initiation phase of treatment	Engagement phase of treatment
<ul style="list-style-type: none"> Provider diagnoses member 	<ul style="list-style-type: none"> Provider follows up with referring BHP or member about the engagement visits
<ul style="list-style-type: none"> Provider refers member to a BHP for the initiation visit 	<ul style="list-style-type: none"> Provider fills out referral form documenting referring BHP and confirmed appointment dates
<ul style="list-style-type: none"> Provider fills out referral form documenting referring BHP and confirmed appointment date 	
<ul style="list-style-type: none"> Provider submits referral form to Health Net within 7 business days 	<ul style="list-style-type: none"> Provider submits referral form to Health Net within 7 business days
\$100 treatment bonus	\$100 treatment bonus (\$200 maximum bonus)

Scenario 4: Diagnosing provider refers for initiation and performs engagement visits:

Initiation phase of treatment	Engagement phase of treatment
<ul style="list-style-type: none"> Provider diagnoses member 	<ul style="list-style-type: none"> Provider has two engagement visits with member within 30 days of initiation visit
<ul style="list-style-type: none"> Provider refers member to a BHP for the initiation visit 	<ul style="list-style-type: none"> Provider submits corresponding claim/encounter data within 15 business days from date of service
<ul style="list-style-type: none"> Provider fills out referral form documenting referring BHP and confirmed appointment dates 	
<ul style="list-style-type: none"> Provider submits referral form to Health Net within 7 business days 	
\$100 treatment bonus	\$400 treatment bonus (\$500 maximum bonus)



Initiation and Engagement of Alcohol and Other Drug (AOD) Treatment Referral Incentive Form

- The diagnosing provider must complete this form in its entirety when referring Health Net of California Inc., Health Net Community Solutions, Inc. or Health Net Life Insurance Company (Health Net) members to a behavioral health provider (BHP) for AOD treatment.
- Complete, sign and submit this form to Health Net within seven days of the referral.
- Verify an MHN Authorization for Disclosure of Protected Health Information (PHI) form is signed by the member and is on file authorizing communication sharing between the primary care physician (PCP) and the referring BHP.
- Document the contact information for the referring BHP.
- Once complete, a copy of this document must be placed in the member's medical record.

Fax the completed form to 1-877-783-0287 with a secure cover letter.

1. Date of member AOD diagnosis:	
2. Is this referral for the initiation visit or engagement visits?	
<input type="checkbox"/> Initiation visit (one visit)	<input type="checkbox"/> Engagement visits (two visits)
3. If needed, call MHN Customer Service (CS) at <u>1-888-935-5966</u> to find a referring behavioral health provider	
<input type="checkbox"/> Called MHN CS Date called MHN CS: _____ CS representative name: _____	
<input type="checkbox"/> Member has existing BHP	
4. Referring behavioral health provider information	
Provider name: _____	
Provider phone number: (_____) _____	
<input type="checkbox"/> MHN Authorization to Use or Disclosure of Information form is on file in the member's medical record. Member must consent to sharing information between PCP and BHP. ¹	
<i>Note: The initiation visit must occur within 14 days of the diagnosis. The corresponding claim/encounter must be submitted within 30 days from the date of service to be eligible for payment. Two engagement visits must occur within 30 days of the initiation visit. This form must be completed within seven days of the initiation visit. The corresponding claim/encounter must be submitted within 30 days for each date of service to be eligible for payment.</i>	
5. Member information	
First name:	Last name:
Member ID:	Date of birth:
6. Physician information	
Physician name:	Physician NPI:
Physician address:	Physician specialty:
City:	Office contact name:
ZIP code:	Office telephone number:
7. Physician signature	
<input type="checkbox"/> I confirm that this document is also filed in the member's legal health and outpatient record.	
Physician signature:	Date signed:

¹Confidentiality of Alcohol and Other Drug Patient Records regulations (42 CFR Part 2) may apply to rendered services. Ensure rendering provider has current patient authorization/consent to disclose information from rendered services.