

MAY 2019

PROVIDER QUALITY NEWSLETTER

MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction



Interpreta

<https://portal.interpreta.com>

MedPOINT Management's new performance measures analytics program is a valuable tool to improve your HEDIS/Stars scores in 2019.

Please review the list below to ensure you are fully utilizing the Interpreta modules:

- **When patients call you** – check Interpreta to see what preventive screenings are due and order tests on the spot.
- **Outreach** to patients by pulling a list of members who are due for screenings and call them to make appointments.
- **Research** – click on individual HEDIS measures to see how many patients are due.
- **Monitor sickest patients** – identify high-risk members based on their daily clinical risk score (score is based on the encounter history and care gaps on file).
- **Member Encounter data** – can be used to determine if your patient has been seen by a specialist or has been in the hospital and/or emergency room. The encounter data can be easily downloaded by member to view detailed history for the member.
- **Member information** - download individual member information to include in their medical record, such as their medication list, lab results and more.
- **Clinical due dates** – manage clinical due dates and deadlines which are automatically generated to prioritize member outreach

If you would like to schedule a Training (in-person or Webinar), please contact your HEDIS/Stars Specialist by email at qualitymeasures@medpointmanagement.com or call 818-702-0100, x1353.

Not signed up with Interpreta yet? To request Interpreta login(s), please email interpreta@medpointmanagement.com to receive the request link.



2019 Pediatric Reference Guide

The Pediatric Reference Guide has been updated for 2019. It includes detailed documentation requirements and codes that must be used to get credit for these measures:

- Adolescent Well-Care Visits (AWC)
- Well-Child Visits 3-6 years (W34)
- Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Chlamydia Screening in Women (CHL)

If you see children and adolescents up to age 21, this 2-page guide is a great resource.



Health Plan Incentive Programs Include Utilization and Encounter Submission

Many health plans have incentive programs for improving and meeting benchmarks for HEDIS and STARs (Medicare) measures. These programs often include attainment of benchmarks for utilization and encounters adequacy/timeliness.

To this end, it is very important to ensure that you are at least meeting the minimum performance levels for the following areas:

Utilization

1. Acute Hospital Admission Rate (AHU)
2. Plan All-Cause Readmissions (PCR)
3. Emergency Department Utilization
4. Potentially preventable admissions, readmissions

Encounter Submission

1. Encounter Timeliness – total encounter data received within 60 days of service
2. Encounter Volume – number of encounters per member per year.



IHA AMP Program for HMO Members

IHA (Integrated Healthcare Association) is a non-profit organization that manages a value-based pay-for-performance program now called Align. Measure. Perform. (AMP) program (formally Value Based Pay for Performance). IHA is responsible for data aggregation and standardized results reporting across diverse regions and multiple health plans.

Historically, this program was designed for Commercial and Medicare lines of business; the program has now been expanded to include Medi-Cal. To be specific, Blue Shield Promise Health Plan (previously Care 1st) is currently using AMP as its incentive program for Medi-Cal members, but look for other plans to join them in the future. For further information, visit <https://www.iha.org/our-work/accountability/value-based-p4p> or <http://store.ncqa.org/index.php/other-products/pay-for-performance.html>. You will be receiving more information on this program in the near future.

☆☆☆ Patient Satisfaction Tips

Communication is key to increasing patient satisfaction with wait times. There are changes you can make to help patients feel valued when

they are kept waiting for extended periods of time. LA Care has provided the attached materials with great ideas to increase communication – “10 Ways to Improve Patient Experience and Satisfaction” and “When Patients are Waiting.” Please post this for your staff and plan to implement workflows that include these improvement opportunities.



LA County Measles Outbreak - Health Alert

The Los Angeles County Department of Public Health released a health alert on April 22, 2019, confirming a measles outbreak in Los Angeles County. Please read the attached letter from LA Care that outlines actions requested and also gives websites for further information.



Provider Updates

Please review the attached Provider Updates from Health Net regarding:

1. DHCS Audit Notification
2. Prop 56 Rates for 2018-2019 – Medi-Cal supplemental payment rates.
3. Preferred Drug List Changes
4. Termination of MedXM In-Home Postpartum Care



Health Themes Coming Up

Please also mark your calendar for upcoming health themes and share the attached informational flyers with your patients:

May

Eye Prevention Month

13th - 19th National Women's Health Week

June

11th - 17th Men's Health Month and Week

3rd National Cancer Survivor's Day (June 3)

2019 HEDIS® REFERENCE GUIDE FOR PEDIATRIC PROVIDERS Children & Adolescents

HEDIS® Measure	Requirement and Documentation	Sample Codes
Adolescent Well-Care Visits (AWC) Age: 12-21 years as of 12/31/18 Code the WCC measure with this visit.	One comprehensive well-care visit with a PCP or OB/GYN in 2018 that documents the date of the visit and the following: 1) health history 2) physical developmental history 3) mental developmental history 4) physical exam 5) health education/ anticipatory guidance Best Practice: Code the WCC measure with this visit.	ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17). Z00.00 or Z00.01 for 18+. Z02.5 - Sports Physical CPT Preventive codes: 99384 - age 12-17, new patient 99394 - age 12-17, established patient 99385 - age 18+, new patient 99395 - age 18+, established patient
Well-Child Visits 3-6 Years (W34) Age: 3-6 years as of 12/31/18	One well-child visit with a PCP in 2018 that documents the date of the visit and all of the following: 1) Health History Examples: eating balanced diet; nutrition assessment; growth chart. 2) Physical Developmental History Examples: hop on 1 foot; after school sports; Tanner Stages/Scale; plays well with other children. 3) Mental Developmental History Examples: reaching; talking; understands No; tantrums; pretends play; does chores; grades in school; social interaction with peers. 4) Physical Exam Examples: BP, Height & Weight; ROS; Eye/Skin/Mouth; Tanner Stages/Scale; Lab Work; Reflexes/Gait. 5) Health Education/Anticipatory Guidance Examples: advice about safety, exercise & nutrition, discipline, hygiene, sleeping, outdoor play, car seat/seatbelt use.	ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17). Z02.5 - Sports Physical CPT Preventive codes: 99382 - age 1-4, new patient 99392 - age 1-4, established patient 99383 - age 5-11, new patient 99393 - age 5-11, established patient Best Practice: Code the WCC measure with this visit.
Immunizations for Adolescents (IMA) Age: Adolescents age 13 in 2018 who had immunizations before 13th birthday	The percentage of adolescents who had: Combo 1 - • 1 dose of meningococcal conjugate vaccine given between member's 11th and 13th birthday and • 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday Combo 2 - includes above plus the following: • At least 2 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday (with 146 days between the first and second dose).	Meningococcal Vaccine Administered CPT: 90644, 90734 Tdap Vaccine Administered CPT: 90715 HPV Vaccine Administered CPT: 90649, 90650, 90651 Exclusions - Anaphalactic reaction codes: T80.52XA, T80.52XD, T80.52XS Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org
Chlamydia Screening in Women (CHL) 16-24 years as of 12/31/2018	Women identified as sexually active who had at least one test for chlamydia during 2018. Two methods identify sexually active: pharmacy data (dispensed contraceptives during the measurement year) and claim/encounter data.	CPT: 87110, 87270, 87320, 87490 – 87492, 87810

HEDIS® Measure	Requirement and Documentation	Sample Codes
Childhood Immunization Status (CIS) Age: 0-2 years	<p>Children 2 years of age in 2018 who received these vaccines on or before their second birthday:</p> <p>Combo 3 - 4 DTaP 3 Polio (IPV) 1 MMR 3 Influenza Type B (HiB) 3 Hepatitis B 1 chicken pox (VZV) 4 Pneumococcal conjugate (PCV)</p> <p>Combo 10 - includes above plus the following: 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines</p> <p>Exclusions: Please refer to the 2019 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.</p> <p>Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org</p>	<p>DTaP CPT: 90698, 90700, 90721, 90723 HiB CPT: 90644-90648, 90698, 90721, 90748 Hep A CPT: 90633 Hep B CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010 IPV (Inactive Polio Vaccine): 90698, 90713, 90723 Influenza CPT: 90630, 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90688; HCPCS: G0008 Measles: 90705 MMR: 90707; MMR, VZV: 90710 Measles/Rubella: 90708 Mumps: 90704 PCV (pneumococcal) CPT: 90669, 90670; HCPCS: G0009 Rotavirus Rotarix CPT: 90681 RotaTeq CPT: 90680 Rubella: 90706 VZV CPT: 90710, 90716</p>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Age: 3-17 years Code this measure with Adolescent and Well Child visits.	<p>One outpatient visit* with a PCP or OB/GYN in 2018 and evidence of the following documentation:</p> <p>1. BMI Percentile (not BMI value): Height, weight and BMI percentile or BMI percentile plotted on an age-growth chart.</p> <p>2. Counseling for Nutrition (e.g. appetite or meal patterns, eating and dieting habits) A note indicating the date counseling occurred and at least one of the following: a. Discussion of current nutrition behaviors (eating habits, dieting behaviors). b. Checklist indicating nutrition was addressed. c. Counseling or referral for nutrition education. d. Educational materials on nutrition were provided during a face-to-face visit. e. Anticipatory guidance for nutrition. f. Weight/obesity counseling.</p> <p>3. Counseling for Physical Activity. (e.g. sports physical, sports participation/exercise, child rides tricycle, exercise routine) A note indicating the date counseling occurred and at least one of the following: a. Discussion of current physical activity behaviors (e.g., exercise routine, participation in or exam for sports activities). b. Checklist indicating physical activity was addressed. c. Counseling or referral for physical activity. d. Educational materials on physical activity provided during a face-to-face visit. e. Anticipatory guidance specific to the child's physical activity. f. Weight/obesity counseling.</p>	<p>BMI Percentile ICD-10: Z68.51 - Z68.54</p> <p>BMI Percentile ICD-10: Z68.51 Body mass index pediatric, less than 5th percentile for age Z68.52 Body mass index pediatric, 5th % to less than 85th % for age Z68.53 Body mass index pediatric, 85th % to less than 95th % for age Z68.54 Body mass index pediatric, greater than or equal to 95th % for age</p> <p>Counseling Nutrition ICD-10: Z71.3</p> <p>Counseling Physical Activity: ICD-10: Z71.82 ICD-10: Z02.5 - sports participation HCPCS: G0447, S9451</p> <p>Exclusion: Evidence in medical record of pregnancy diagnosis during measurement year.</p>

10 WAYS

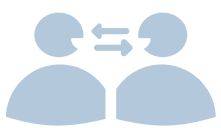
to Improve Patient Experience and Satisfaction



L.A. Care wants to help you improve patient satisfaction. Value-based payments are well underway and patient satisfaction is more important than ever. Patient satisfaction may impact your Pay-for-Performance payouts and, more importantly, improve health outcomes. Use these tips to maximize your award.

INCREASE PATIENT SATISFACTION BY IMPLEMENTING THESE IMPORTANT TIPS INTO YOUR PRACTICE.

RESPECT AND COMMUNICATION IS KEY



- Greet your patient by name and introduce yourself
- Give an accurate time expectation for waiting to be seen and how long the visit may take
- Explain procedures step-by-step, why the service is important, and how to ask additional questions
- Use the “teach back” method to ensure patients understand what you are saying
- Thank your patients for coming in to see you
- Ask your patients (formally or informally) if they were satisfied with their care

IMPROVE ACCESS TO CARE



- Hold evening and/or weekends clinics
- Block time for same-day appointments to reduce your “no-show”, rates by up to 50%

HAPPY STAFF = HAPPY PATIENTS



- Celebrate and encourage great customer service when you see it or hear it
- Offer staff training on customer service to improve self-confidence

For more tips on improving patient satisfaction, visit our website at www.lacare.org/providers/provider-resources/hedis-resources or email us at quality@lacare.org



**ELEVATING
HEALTHCARE**
IN THE CITY OF ANGELS
SINCE 1997

When Patients Are Waiting, Communication Is Key

While they may not like it, patients have come to expect that they will have to wait when visiting or calling healthcare providers. In fact, the average wait time when visiting a doctor in the U.S. is 18 minutes and 13 seconds.¹ This number is down slightly from where it was a few years ago, but despite the small improvement, patients still feel they spend too much time waiting for healthcare. A West survey of 1,036 adults and 317 healthcare providers in the U.S. revealed 83 percent of patients believe healthcare organizations are more likely than companies in other industries to run behind schedule or to keep them waiting.

Patients Say They Spend Too Much Time Waiting



83% of patients believe healthcare organizations are more likely than other companies to run late or keep them waiting.

Waiting is exasperating for a number of reasons. However, a primary frustration is that patients don't feel valued when they are kept waiting for extended periods of time. And, with the large majority (98%) of patients citing "feeling valued" as essential for creating ideal healthcare interactions, wait times pose a problem.

All this waiting negatively impacts patient satisfaction, as evidenced by more than eight in ten patients (84%) saying they feel wait times affect healthcare experiences.²

While it may not be realistic to completely eliminate waiting, healthcare teams can minimize wait times and deliver better patient experiences by improving how they communicate with patients about delays. Here are three communication strategies that are simple to implement using technology most providers already have in place:

1 Send messages to alert patients about delays and invite them to adjust their arrival times.

When providers are behind schedule, staff can send automated messages letting patients know their appointment time will be delayed. This courtesy notification allows patients to adjust their arrival time to avoid waiting. It's akin to the airline industry's strategy of sending email and text notifications to passengers when flights are delayed. Travelers who receive these notifications can adjust their schedules, make plans to compensate for their later travel time or even just make themselves more comfortable by spending the extra time waiting at home rather than at the airport. Sending patients notifications to alert them of delays is as simple as sending an appointment reminder message. Staff can easily choose which patients to send the notifications to, and then send a templated or custom message. West's survey found that 80 percent of patients would like to receive notifications from their healthcare team, like those they receive from other organizations, when providers are delayed. This is a clear area of opportunity for healthcare providers, as less than half (49%) of providers say their patients receive notifications—text messages, voice calls or emails—when there are delays that impact their appointments.

Patients Want to Know About Delays



of patients want to be notified when providers are delayed.

Less than half (49%) of providers send patients notifications such as text messages, voice calls or emails about delays that impact appointments.



2 Send reminder messages to prepare patients for appointments and keep schedules on track.

Providers aren't the only ones who run behind schedule. Patients are guilty of causing delays when they arrive late, don't have their insurance information and are unprepared to make a copayment or complete necessary paperwork. Maintaining an on-time schedule and minimizing wait times is much easier when patients are punctual and prepared for their appointments. Sending reminder messages to patients one or two days prior to appointments can help ensure they know when to arrive and what to expect at their appointments. A lot of healthcare organizations currently use automated appointment reminders. But organizations can get more impact from their appointment reminders, eliminate patient confusion and help preserve their appointment schedules if they send more detailed reminder messages. For example, in addition to stating the time and date of a patient's appointment, healthcare teams can take advantage of reminder communications to let patients know:

- They need to bring an up-to-date insurance card to their appointment.
- They will need to pay a copayment upon arrival.
- Their provider wants them to complete a health questionnaire at home prior to their appointment. If they are unable to do so at home, they can arrive 15 minutes early and complete the form in their doctor's office ahead of their appointment.
- Nearby construction is causing travel delays and they should allow 10 extra minutes for traveling to their appointment in order to be on time.
- They will be offered preventive screenings or immunizations at their appointment, and they can log in to a patient portal to get more information and find answers to questions they may have about these services in advance.

These are just a few examples of how appointment reminders can be expanded to help patients arrive prepared for appointments. Turning these common messages into more comprehensive communications requires little effort and can help ensure that appointments run more smoothly, while keeping to the schedule.

3 Give callers the option to receive a callback so they don't have to wait on hold.

Not only is it important to minimize in-office wait times, but healthcare teams need to also be conscious of the amount of time patients are spending on the phone when they call their provider. After all, waiting is no less painful for patients over the phone. West's survey revealed that more than half (53%) of patients say they have been put on hold for an extended time. Unfortunately, being put on hold gives patients the impression that their call isn't a priority. A simple solution is to communicate to patients that they have the option to receive a callback if they would prefer not to spend time waiting on hold. This strategy lets patients know that even when they can't speak with someone immediately, their time is valued.

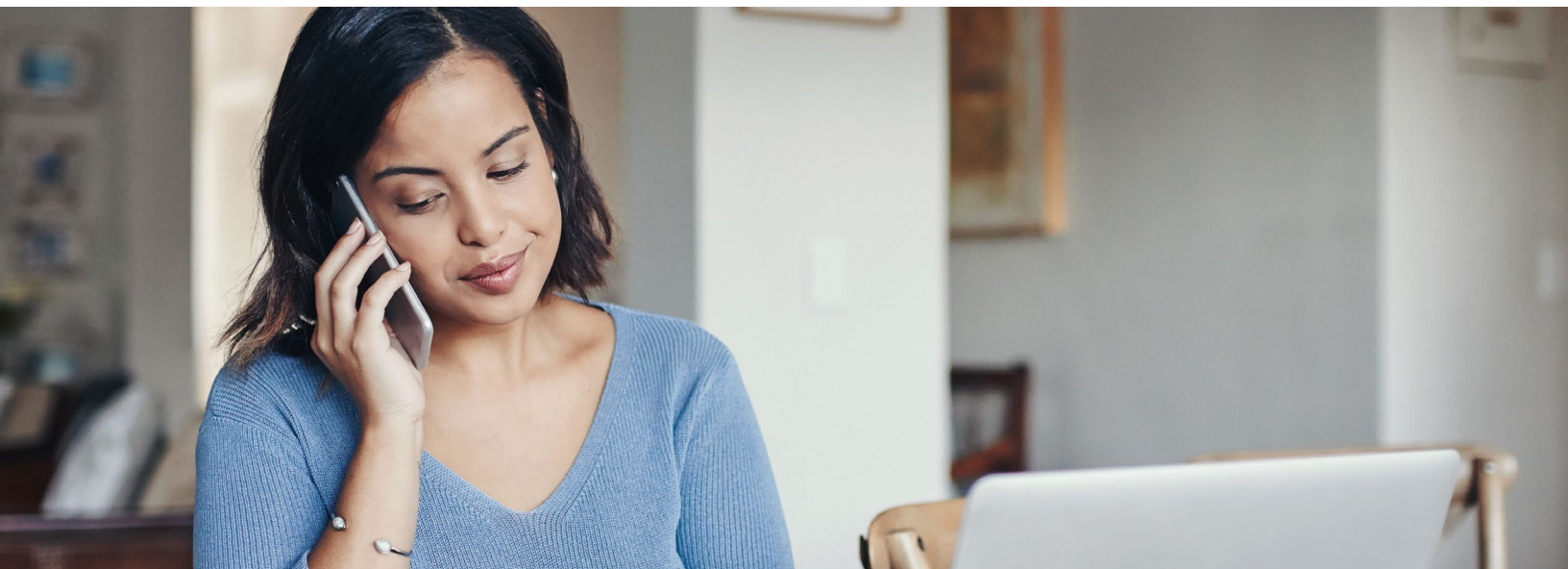
Not only do patients get frustrated when they have to wait for healthcare providers on the phone or in person, they've shown there is a limit to how much waiting they will accept. In other words, patients will take action when they're not satisfied. Nearly one in three patients (30%) have left a doctor's office because of a long wait.³ One in five patients have switched doctors in order to avoid long waits.⁴

While eliminating patient wait times may be an impossible task, improving communication with patients about delays is an attainable goal. So do it now, don't wait.

Patients Say
Long Hold Times
Are Common



More than half (53%) of patients have been put on hold for an extended period of time.



SOURCE:

1 Vitals. "9th Annual Vitals Wait Time Report Released." Vitals Press Release, March 22, 2018. <https://www.vitals.com/about/posts/press-center/press-releases/9th-annual-vitals-wait-time-report-released>. Accessed November 2018.

2 Ibid.

3 Ibid.

4 Ibid.

May 3, 2019

Re: Measles Outbreak in L.A. County



Dear L.A. Care Health Plan (L.A. Care) Provider:

The Los Angeles County Department of Public Health released a health alert on April 22, 2019 confirming a measles outbreak in Los Angeles County.

To our Contracted Providers, please see actions requested below:

1. Notify your patients not to ask them to call in, rather than walk in to your offices or facilities if they suspect they have the measles
2. Consider the diagnosis of measles among persons presenting with a febrile rash illness.
3. Screen for rash with fever at the point of entry to a healthcare facility and immediately institute respiratory and airborne precautions to prevent health care associated exposures.
4. Ask patients about recent or planned travel and review their measles immunization status.
5. Report all patients with suspected measles immediately to the Health Department. Do not wait for laboratory confirmation.
6. Remember that the best protection against measles is proper immunization practice. Use every visit as an opportunity to screen for immunization status and offering all recommended vaccines. In addition to immunizations available in their doctor's offices, L.A. Care members can get immunizations in our contracted network pharmacies.

For more information, please reference the resources below:

- L.A. Care Health Plan's "Health Advisories": <http://www.lacare.org/providers/provider-central/news/health-advisories/measles-outbreak>
- L.A. County Department of Public Health's "Measles Toolkit": http://publichealth.lacounty.gov/ip/providers_resources.htm
- For provider related questions, please call (213) 351-7800 or email: ip@ph.lacounty.gov

Thank you,

Richard Seidman, MD, MPH
Chief Medical Officer
L.A. Care Health Plan

Do not send member data via email. Please note: all emails containing member PHI MUST be securely encrypted (HIPAA 45 CFR §164.312(e)(1)).

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CONTRACTUAL | APRIL 12, 2019 | UPDATE 19-294 | 3 PAGES

Preferred Drug List Changes Moved to May 13, 2019

You have a bit more time before the Medi-Cal PDL changes go into effect

You were notified on April 1, 2019, in provider update 19-272, *Preferred Drug List Changes – May 1, 2019*, that Health Net* is making significant changes to the Medi-Cal Preferred Drug List (PDL) on May 1, 2019. These changes have been moved out to May 13, 2019. All other content in provider update 19-272 remains the same except for the effective date.

As a reminder, the changes are outlined in this update. For additional information refer to provider update 19-272 on the Health Net provider portal at provider.healthnet.com > *Working with Health Net* > *Go to the Provider Library* > *Updates and Letters*.

ADDITIONAL INFORMATION

For additional information regarding changes to the Health Net *Medi-Cal PDL*, contact the Pharmacy Service Center (Medi-Cal) at 1-800-867-6564 or the Health Net Clinical Pharmacy Line (clinical programs) at 1-800-782-2221. For all other questions, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

MED-CAL PREFERRED DRUG LIST CHANGES

Changes to the PDL Effective May 13, 2019

Medication	Status	Comments
Ambrisentan tab 10 mg	F, PA	PA added
Ambrisentan tab 5 mg	F, PA	PA added
Anagrelide hcl cap 0.5 mg	F, PA	PA added
Benralizumab subcutaneous soln prefilled syringe 30 mg/ml	F, PA	PA added

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

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

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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OTH029335EW00 (4/19)

Changes to the PDL Effective May 13, 2019

Medication	Status	Comments
Bexarotene cap 75 mg	F, PA	PA added
Cabozantinib S-Mal cap 1 X 80 mg & 1 X 20 mg (100 dose) Kit	F, PA	PA added
Cabozantinib S-Mal cap 1 X 80 mg & 3 X 20 mg (140 dose) Kit	F, PA	PA added
Cabozantinib S-Malate cap 3 X 20 mg (60 mg dose) Kit	F, PA	PA added
Celecoxib cap 100 mg	F, PA	PA added
Celecoxib cap 200 mg	F, PA	PA added
Celecoxib cap 400 mg	F, PA	PA added
Celecoxib cap 50 mg	F, PA	PA added
Cinacalcet HCl tab 30 mg (base equivalent)	F, PA	PA added
Cinacalcet HCl tab 60 mg (base equivalent)	F, PA	PA added
Cinacalcet HCl tab 90 mg (base equivalent)	F, PA	PA added
Dasatinib tab 100 mg	F, PA	PA added
Dasatinib tab 140 mg	F, PA	PA added
Dasatinib tab 20 mg	F, PA	PA added
Dasatinib tab 50 mg	F, PA	PA added
Dasatinib tab 70 mg	F, PA	PA added
Dasatinib tab 80 mg	F, PA	PA added
Gefitinib tab 250 mg	F, PA	PA added
Imatinib Mesylate tab 100 mg (base equivalent)	F, PA	PA added
Imatinib Mesylate tab 400 mg (base equivalent)	F, PA	PA added
Palbociclib cap 100 mg	F, PA	PA added
Palbociclib cap 125 mg	F, PA	PA added
Palbociclib cap 75 mg	F, PA	PA added
Paromomycin Sulfate cap 250 mg	F, PA	PA added
Pazopanib HCl tab 200 mg (base equivalent)	F, PA	PA added
Pomalidomide cap 1 mg	F, PA	PA added

Changes to the PDL Effective May 13, 2019

Medication	Status	Comments
Pomalidomide cap 2 mg	F, PA	PA added
Pomalidomide cap 3 mg	F, PA	PA added
Pomalidomide cap 4 mg	F, PA	PA added
Proparacaine HCl Ophth soln 0.5%	F, PA	PA added
Propranolol HCl Oral soln 4.28 mg/ml	F, PA	PA added
Rivastigmine Tartrate cap 1.5 mg	F, PA	PA added
Rivastigmine Tartrate cap 3 mg	F, PA	PA added
Rivastigmine Tartrate cap 4.5 mg	F, PA	PA added
Rivastigmine Tartrate cap 6 mg	F, PA	PA added
Rivastigmine TD patch 24HR 13.3 mg/24HR	F, PA	PA added
Rivastigmine TD patch 24HR 4.6 mg/24HR	F, PA	PA added
Rivastigmine TD patch 24HR 9.5 mg/24HR	F, PA	PA added
Simvastatin tab 80 mg	F, PA	PA added
Sorafenib Tosylate tab 200 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 12.5 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 25 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 37.5 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 50 mg (base equivalent)	F, PA	PA added
Tobramycin Inhal cap 28 mg	F, PA	PA added
Tobramycin Nebu soln 300 mg/5ml	F, PA	PA added
Toremifene Citrate tab 60 mg (base equivalent)	F, PA	PA added
Vandetanib tab 100 mg	F, PA	PA added
Vandetanib tab 300 mg	F, PA	PA added
Vismodegib cap 150 mg	F, PA	PA added

Prior authorization (PA) is required to verify member eligibility and that the member satisfies clinical protocols to ensure appropriate use of the medication.

F indicates formulary.

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REGULATORY | APRIL 12, 2019 | UPDATE 19-282 | 3 PAGES

Prop 56 Rates for 2018–2019

Approved rates and new codes added for specific physician services performed from July 1, 2018, through June 30, 2019

The Department of Health Care Services (DHCS) has approved new Proposition 56 (Prop 56) supplemental payment rates. The new rates apply to the state fiscal year (FY) July 1, 2018, through June 30, 2019. This affects both Medi-Cal fee-for-service (FFS) and managed care plans.

Supplemental payments are not part of the base provider compensation under the *Provider Participation Agreement (PPA)*. They are also separate from contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).

2018–2019 SUPPLEMENTAL RATES

The table below lists the FY 2017–2018 and 2018–2019 supplemental rates for existing CPT codes. Some rates did not change.

CPT code	FY 2017–2018 rate	FY 2018–2019 rate	CPT code	FY 2017–2018 rate	FY 2018–2019 rate
90791	\$35	\$35	99205	\$50	\$107
90792	\$35	\$35	99211	\$10	\$10
90863	\$5	\$5	99212	\$15	\$23
99201	\$10	\$18	99213	\$15	\$44
99202	\$15	\$35	99214	\$25	\$62
99203	\$25	\$43	99215	\$25	\$76
99204	\$25	\$83			

The table below lists the CPT codes that are new for FY 2018–2019 with their supplemental rates.

CPT code	FY 2018–2019 rate	CPT code	FY 2018–2019 rate
99381	\$77	99391	\$75
99382	\$80	99392	\$79
99383	\$77	99393	\$72
99384	\$83	99394	\$72
99385	\$30	99395	\$27

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

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

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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HOW THE SUPPLEMENTAL PAYMENT WORKS

Claims or encounters with a code listed in one of the tables on page 1 will be paid the corresponding FY 2018–2019 rate.

If the date of service is...	We will process supplemental payments for...	And payments are made...
JULY 1, 2018– SEPTEMBER 30, 2018	<ul style="list-style-type: none">• New CPT codes added for FY 2018–2019• Existing CPT codes with an updated FY 2018–2019 rate	<ul style="list-style-type: none">• Starting in March 2019• Starting in February 2019 – additional reimbursement payments for the rate difference
OCTOBER 1, 2018– NOVEMBER 30, 2018	FY 2018–2019 new codes and rates	Starting in March 2019
DECEMBER 1, 2018– JUNE 30, 2019	FY 2018–2019 new codes and rates	Starting in March 2019 and as DHCS releases funds

Supplemental payments are made based on clean claims and accepted encounters. Providers contracted through a PPG must ensure the PPG submits their encounters timely and accurately to Health Net. This will help avoid delays with processing Prop 56 payments.

ADD THE PHYSICIAN NPI WITH TIN TO W-9 FORM

If a physician has not received any Prop 56 payments, the physician needs to send in an individual W-9 form by fax or email (see *Where to send your W-9 form* below). After receiving the individual physician's W-9 form, payments will take about five weeks to process and send.

The form must include the physician's:

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

Example:

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

→ Write the NPI information on the W-9 form Add the TIN here →

Employer identification number									

WHERE TO SEND YOUR W-9 FORM

A W-9 form is included with this communication. You can also download it from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

Send in a current or updated W-9 by email or fax:

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

ADDITIONAL INFORMATION

In addition to this notice, our call center representatives will contact providers who still need to send a W-9 form.

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PROVIDERUpdate



Health Net®

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DHCS Audit Notification

Be prepared for your onsite visit from May 21, 2019, through May 31, 2019

The Department of Health Care Services (DHCS) is conducting an onsite audit of Health Net* to evaluate the plan's compliance with contractual and regulatory requirements. As part of the audit, DHCS may visit your site any time during May 21, 2019, through May 31, 2019.

AUDIT REVIEW PERIOD

The audit review period is May 1, 2018, through April 30, 2019.

DHCS NOTIFICATION VISIT

DHCS will visit select provider offices. If selected, a nurse evaluator will contact you directly to schedule an onsite visit. Cooperation with DHCS staff is required.

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.

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

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MedXM: In-Home Postpartum Care Termination

Program ended January 1, 2019, but providers should keep discussing the importance of postpartum care with members

The MedXM postpartum care program is no longer offered as of January 1, 2019. Health Net* urges providers to:

- Keep discussing the importance of postpartum care during and after pregnancy with members.
- Schedule postpartum care visits with members. This includes a comprehensive postpartum assessment after delivery.

HEDIS® REPORTING

As a reminder, the Department of Health Care Services (DHCS) requires timely postpartum care. This is also part of the Healthcare Effectiveness Data and Information Set (HEDIS®) for prenatal and postpartum care. It measures the proportion of Medi-Cal patients who delivered a baby and have a comprehensive postpartum assessment by an OB/GYN, primary care physician (PCP) or prenatal care specialist 21 to 56 days after delivery.

AVAILABLE RESOURCES

The American College of Obstetricians and Gynecologists (ACOG) is calling for a new model for postpartum care. They encourage providers to support patients in the “fourth trimester” to enable them to recover from birth and care for their infants. More information can be found in the *American College of Obstetricians and Gynecologists Postpartum Toolkit* at www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit.

The ACOG postpartum guidelines call for at least two postpartum visits:

- 1 An early postpartum visit within 21 days of delivery.
- 2 A later postpartum visit between 22-84 days after delivery.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider_services@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.

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CDC Features



National Women's Health Week starts each year on Mother's Day to encourage women to make their health a priority. Take these steps to live a safer and healthier life!

Get Recommended Screenings and Preventive Care

Protect your health by getting the care you need to prevent disease, disability, and injuries. Regular check-ups are important. Preventive care can keep disease away or detect problems early, when treatment is more effective. Talk to your health care provider to learn more about what screenings and exams you need and when.

- Many health insurance plans offer [preventive services for women](https://www.healthcare.gov/preventive-care-women/) [\(https://www.healthcare.gov/preventive-care-women/\)](https://www.healthcare.gov/preventive-care-women/) available at no cost.
- Learn [what you can do](#) before your next appointment, like review your family health history and write down any questions or issues you may have, and take it with you.

Get Moving

Get out and about and enjoy the spring and summer weather. Physical activity is one of the most important things you can do for your health and has [many benefits](#), including lowering your risk for [heart disease](#)—the leading cause of death for women.

- Adults should do at least [2 hours and 30 minutes](#) each week of aerobic physical activity that requires moderate effort. You don't have to do it all at once, but get at least 10 minutes of exercise at a time.
- Adults should do strengthening activities at least 2 days a week that include all major muscle groups.
- More than [one out of four](#) older people falls each year and [women fall more often](#) than men. Strength and balance training can help reduce falls.

Enjoy a Healthy and Balanced Diet

Nutrition is an essential part of a healthy lifestyle. Learn the basics and move toward a lifestyle of healthier eating habits.

A healthy eating plan includes fruits, vegetable, whole grains, fat free and low-fat milk and other dairy products, lean meats, and is low in salt, saturated and trans fats, and added sugars.

Women need folic acid every day for the healthy new cells the body makes daily. It is also important to help prevent major birth defects when pregnant. Women who could become pregnant need 400 micrograms (400 mcg) of folic acid every day. To easy ways you can get enough folic acid are to take vitamin that has folic acid in it or eat a bowl of breakfast cereal that has 100% of the daily value of folic acid every day. Folic acid pills and most multivitamins sold in the United States have 100% of the daily value (DV) of folic acid; check the label to be sure.

Avoid drinking too much alcohol. Excessive alcohol has immediate effects that increase the risk of many harmful health conditions and can lead to the development of chronic diseases. If you choose to drink, do so in moderation, which is up to 1 drink a day for women.

Get started with a step-by-step guide to weight loss and better health.



Centros para el Control y la Prevención de Enfermedades
CDC 24/7: Salvamos vidas. Protegemos a la gente™

Especiales de los CDC

La Semana Nacional de la Salud de la Mujer comienza cada año en el Día de la Madre con el fin de alentar a las mujeres a hacer de su salud una prioridad. ¡Tome estas medidas para tener una vida más segura y saludable!

Hágase las pruebas de detección recomendadas y obtenga la atención médica preventiva.


Proteja su salud al recibir la atención médica que necesita para prevenir enfermedades, discapacidades y lesiones. Los chequeos regulares son importantes. La atención médica

preventiva puede evitar las enfermedades o detectar los problemas de forma temprana, cuando el tratamiento es más eficaz.

Hable con su proveedor de atención médica para saber más sobre qué pruebas de detección y exámenes necesita, y cuándo se los debe hacer.

Muchos planes de seguro médico ofrecen servicios preventivos de salud para las mujeres

(<https://www.cuidadodesalud.gov/es/preventive-care-women/>) sin costo alguno.

- Sepa qué puede hacer (<https://www.cdc.gov/family/checkuplist/index.htm>)* antes de su  próxima cita, como revisar sus antecedentes médicos familiares y escribir cualquier pregunta o duda que tenga, y llévelos con usted.



Manténgase activa

Salga a pasear y disfrute el tiempo de primavera y verano. La actividad física es una de las cosas más importantes que puede hacer por su salud y tiene muchos beneficios (<https://www.cdc.gov/physicalactivity/everyone/health/index.html>)*, incluido un menor riesgo de enfermedades cardíacas, la principal causa de muerte entre las mujeres.

Los adultos deberían hacer por lo menos 2 horas y 30 minutos

(<https://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>)* de actividad física aeróbica de tipo moderado por semana. No hay que hacerlo todo de una vez, pero haga ejercicio por lo menos 10 minutos a la vez.

- Los adultos deberían hacer actividades de fortalecimiento que incluyan todos los principales grupos de músculos por lo menos 2 días por semana.
- Cada año, más de una de cada cuatro (<https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>)* personas mayores se cae y las mujeres se caen con más frecuencia (<https://www.cdc.gov/homeandrecreationalsafety/falls/adulthipfx.html>)* que los hombres. Los ejercicios de fortalecimiento y equilibrio pueden ayudar a reducir las probabilidades de tener caídas.

Disfrute de una alimentación saludable y balanceada

La nutrición es una parte esencial de un estilo de vida saludable. Aprenda la información básica y encamínese hacia un estilo de vida de hábitos alimentarios más saludables.

Un plan de alimentación saludable (<https://www.cdc.gov/healthyweight/spanish/healthyeating/index.html>) incluye frutas, verduras, granos enteros, leche y otros productos lácteos descremados o bajos en grasas y carnes magras, y a la vez tiene un contenido bajo del sal, grasas saturadas y grasas trans, y azúcares agregados.

Las mujeres necesitan ácido fólico (<https://www.cdc.gov/ncbddd/folicacid/features/folic-acid.html>)* todos los días para las nuevas células sanas que el cuerpo produce diariamente. También es importante para ayudar a prevenir los defectos de nacimientos graves durante el embarazo. Las mujeres que puedan quedar embarazadas necesitan tomar 400 microgramos (mcg) de ácido fólico al día. Dos formas fáciles de obtener suficiente ácido fólico es tomar todos los días una vitamina que lo contenga o comer todos los días un tazón de cereales de desayuno que contengan el 100 % del requerimiento diario de ácido fólico. Las pastillas de ácido fólico y la mayoría de las multivitaminas que se venden en los Estados Unidos tienen el 100 % del requerimiento nutricional diario de ácido fólico, pero, por las dudas, revise la información que aparece en la etiqueta.

Evite beber demasiado alcohol (<https://www.cdc.gov/alcohol/spanish/hojas-informativas/consumo-alcohol-salud.html>). El consumo excesivo de alcohol tiene efectos inmediatos que aumentan el riesgo de muchas afecciones dañinas y puede causar enfermedades crónicas. Si decide consumir alcohol, hágalo con moderación (<https://www.cdc.gov/alcohol/fact-sheets/moderate-drinking.htm>)*, es decir, no más de una bebida al día en el caso de las mujeres.

National Men's Health Week

National Men's Health Week is observed each year leading up to Father's Day. This week is a reminder for men to take steps to be healthier, but they don't have to do it alone! Whether it's your husband, partner, dad, brother, son, or friend you can help support the health and safety of the men in your life.

Set an Example with Healthy Habits

You can support the men in your life by having healthy habits yourself and by making healthy choices.



- Eat healthy and include a variety of fruits and vegetables (https://www.cdc.gov/healthyweight/healthy_eating/fruits_vegetables.html) every day. Fruits and vegetables have many vitamins and minerals that may help protect you from chronic diseases. Limit foods and drinks high in calories, sugar, salt, fat, and alcohol.
- Regular physical activity has many benefits (<https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm#ReduceCardiovascularDisease>). It can help control your weight, reduce your risk of heart disease and some cancers, and can improve your mental health and mood. Find fun ways to be active together. Adults need 2½ hours of physical activity each week.
- Set an example by choosing not to smoke and encourage the men in your life to quit smoking. Quitting smoking (https://www.cdc.gov/tobacco/quit_smoking/index.htm) has immediate and long-term benefits. You lower your risk for different types of cancer, and don't expose others to secondhand smoke—which causes health problems. Call your state's tobacco quitline (for English speakers, call 1-800-QUIT-NOW [1-800-784-8669]; for Spanish speakers, call 1-855-DÉJELO-YA [1-855-335-3569]).
- Help the men in your life recognize and reduce stress. Physical or emotional tension are often signs of stress. They can be reactions to a situation that causes you to feel threatened or anxious. Learn ways to manage stress (<https://www.cdc.gov/Features/HandlingStress/index.html>) including finding support, eating healthy, exercising



Semana Nacional de la Salud de los Hombres

Hombres: ¡Hagan menos para mejorar su salud!

La Semana Nacional de la Salud de los Hombres del 2015 se celebra del 15 al 21 de junio y culmina con el Día del Padre.

Durante esta semana, personas, familias, comunidades y otras entidades trabajan para promover la vida saludable entre los hombres y niños.

Las siguientes son seis maneras de hacer menos de algunas cosas o dejar de hacer otras para mejorar la salud.



1. Disminuya el consumo de alcohol.

Los hombres tienen más tendencia que las mujeres a beber en exceso. El consumo excesivo de alcohol (<http://www.cdc.gov/alcohol/fact-sheets/mens-health.htm>)* aumenta su riesgo de lesiones y de cáncer, puede interferir con la producción de hormonas masculinas y la función sexual, y puede llevar a hospitalizaciones y la muerte.

2. Deje el consumo de tabaco.

El tabaquismo afecta a casi todos los órganos del cuerpo y causa la mayoría de los casos de cáncer de pulmón. También causa otros tipos de cáncer, así como enfermedades cardíacas y respiratorias. En el 2014, el 26 % de los hombres (http://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2014/mm6325a3/highlights.htm)* consumía productos de tabaco todos los días o algunos días. Si está listo para dejar de fumar, llame al 1-800-QUIT-NOW (1-800-784-8669) o al 1-855-DÉJELO-YA (1-855-335-3569 si habla español) o visite el sitio web Quit Smoking (http://www.cdc.gov/tobacco/quit_smoking/index.htm)* para obtener recursos gratuitos que incluyen asesoría para dejar de fumar, un plan para dejar de fumar, materiales educativos y remisiones a otros recursos disponibles donde usted vive. Obtenga consejos de exfumadores (<http://www.cdc.gov/tobacco/campaign/tips/spanish/index.html>).

3. Evite manejar soñoliento.

Hasta 6000 choques mortales (<http://www.cdc.gov/Features/dsDrowsyDriving/index.html>)* cada año podrían ser causados por conductores soñolientos. Los conductores comerciales, los trabajadores de turnos, los conductores con trastornos del sueño no tratados o aquellas personas que utilizan medicamentos sedantes, así como los conductores que no duermen lo suficiente, tienen más probabilidades de manejar soñolientos. Evítelo. Duerma lo suficiente (http://www.cdc.gov/sleep/about_sleep/how_much_sleep.htm)* (7 u 8 horas cada noche)



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Cancer Prevention and Control (<http://www.cdc.gov/cancer/>)

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases. There are more than 100 kinds of cancer. For more information, visit the National Cancer Institute's [What Is Cancer?](#) [↗](#)

(<https://www.cancer.gov/about-cancer/understanding/what-is-cancer>).



Screening Tests

Getting screening tests regularly may find breast, cervical, and colorectal (colon) cancers early, when treatment is likely to work best. Lung cancer screening is recommended for some people who are at high risk.



Vaccines (Shots)

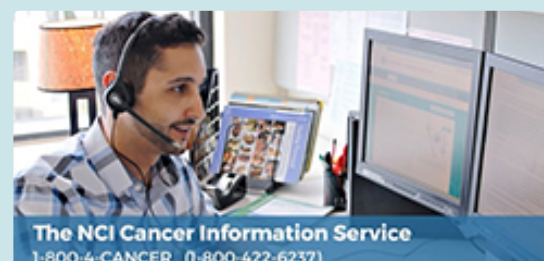
Vaccines (shots) also help lower cancer risk. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer. The hepatitis B vaccine can help lower liver cancer risk.



Healthy Choices

You can reduce your risk of getting cancer by making healthy choices like keeping a healthy weight, avoiding tobacco, limiting the amount of alcohol you drink, and protecting your skin.

Questions about cancer? The National Cancer Institute (NCI) provides clear and accurate answers to your questions about cancer and clinical trials free of charge in English and Spanish. Watch this video about NCI's Cancer Information Service.



(<http://www.cancer.gov/contact>)

Page last reviewed: May 2, 2018



Centros para el Control y la Prevención de Enfermedades
CDC 24/7: Salvamos vidas. Protegemos a la gente™

Cáncer (<http://www.cdc.gov/spanish/cancer/>)

Cáncer es el término utilizado para las enfermedades en que las células anormales se dividen sin control y son capaces de invadir otros tejidos. Las células cancerosas se pueden diseminar a otras partes del cuerpo a través de la sangre y el sistema linfático. El cáncer no es una sola enfermedad sino muchas enfermedades distintas. Existen más de 100 tipos de cáncer. Para obtener más información, visite la página [¿Qué es el cáncer?](https://www.cancer.gov/espanol/cancer/naturaleza/que-es) [\[https://www.cancer.gov/espanol/cancer/naturaleza/que-es\]](https://www.cancer.gov/espanol/cancer/naturaleza/que-es) del Instituto Nacional del Cáncer.



Pruebas de detección

Al hacerse las pruebas de detección con regularidad se puede detectar de manera temprana el cáncer de mama, de cuello uterino y colorrectal (colon), cuando el tratamiento suele ser más eficaz. Se recomienda que algunas personas con un riesgo alto de cáncer de pulmón se hagan pruebas de detección.



Vacunas (inyecciones)

Las vacunas también ayudan a reducir el riesgo de cáncer. La vacuna contra el virus del papiloma humano (VPH) ayuda a prevenir la mayoría de los cánceres de cuello uterino y algunos cánceres de vagina y de vulva. La vacuna contra la hepatitis B puede reducir el riesgo de contraer cáncer de hígado.



Decisiones saludables

Usted puede reducir su riesgo de adquirir cáncer tomando decisiones saludables como mantener un peso saludable, evitar el tabaquismo, limitar la cantidad de alcohol que consume y proteger su piel del sol.

¿Tiene preguntas sobre el cáncer? El [Instituto Nacional del Cáncer](https://www.cancer.gov/espanol/contactenos) [\[https://www.cancer.gov/espanol/contactenos\]](https://www.cancer.gov/espanol/contactenos) provee respuestas claras y precisas a sus preguntas sobre el cáncer y estudios clínicos gratuitos en español e inglés. Vea este [video sobre el Servicio de Información sobre el Cáncer](https://youtu.be/HAYbzeN5U8Q). [\[https://youtu.be/HAYbzeN5U8Q\]](https://youtu.be/HAYbzeN5U8Q)



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My Vision of the Future

What's Your Vision of the Future?

Did you know that most vision problems are preventable? It's true! Vision loss doesn't have to be a natural part of getting older. Use our everyday tips to help set yourself up for a lifetime of seeing well.

Wear sunglasses (even on cloudy days!)

Sure, sunglasses are a great fashion accessory. But more importantly, they can protect your eyes from the sun's ultraviolet (UV) rays and help keep your vision sharp.

When shopping for shades, look for a pair that blocks out at least 99% of both UVA and UVB radiation. Bonus: add a wide-brimmed hat when you're out and about for extra protection!

Eat eye-healthy foods

It's true: carrots are good for your eyes! In fact, a diet rich in a variety of fruits and vegetables — especially dark leafy greens, like spinach or kale — is important for keeping your eyes healthy.

Research also shows that fish high in omega-3 fatty acids — like salmon, tuna, and halibut — can help protect your vision.

Get plenty of physical activity

Regular physical activity comes with a lot of great benefits. It can boost your mood, reduce stress, help you stay at a healthy weight — and protect you from serious eye diseases!

Anything that gets your heart beating faster can help keep your eyes healthy — try going for a quick jog after work.

Give your eyes a rest

Do your eyes ever feel achy at the end of the day? If you spend a lot of time at the computer or staring at your phone, you may forget to blink — and that can tire out your eyes.

Try using the 20–20–20 rule throughout the day: every 20 minutes, look away from the screens and focus about 20 feet in front of you for 20 seconds. This reduces eyestrain and helps your eyes (and you!) feel better at the end of the day.

Protect your eyes — at work and at play

About 2,000 people in the United States get a serious work-related eye injury every day. And get this: people with sports-related eye injuries end up in the ER every 13 minutes!

The good news is that you can help protect your eyes from injury by wearing protective eyewear — like safety glasses, goggles, and safety shields. To make sure you have the right kind of protective eyewear and you're using it correctly, talk with your eye doctor.

Mi visión del futuro

¿Cuál es su visión del futuro?

¿Sabía usted que la mayoría de los problemas de la visión se pueden prevenir? ¡Es cierto! La pérdida de la visión no tiene por qué ser una parte natural del envejecimiento. Use nuestros consejos diarios para ayudar a fijar su meta de ver bien toda la vida.

Use gafas/anteojos de sol, aun si el día está nublado

Es cierto. Los anteojos de sol son un gran accesorio de moda. Pero lo más importante es que pueden proteger sus ojos de los rayos ultravioleta (UV) del sol y ayudar a mantener su visión aguda.

Cuando vaya a comprar anteojos de sol, busque unos que bloqueen por lo menos el 99% de la radiación UVA y UVB. Otro consejo, use un sombrero de ala ancha cuando esté afuera de casa para una mayor protección.

Coma alimentos saludables para proteger su vista

Es verdad. Las zanahorias **son** buenas para los ojos. De hecho, una dieta rica en variedad de frutas y vegetales, particularmente los de hojas verdes oscuras como la espinaca o la col rizada, es importante para mantener sus ojos sanos.

Las investigaciones también han demostrado que el pescado rico en ácidos grasos omega-3 como el salmón, atún, y el mero pueden ayudar a proteger su visión.

Realice suficiente actividad física

El ejercicio regular tiene grandes beneficios. Puede mejorar su estado de ánimo, reducir el estrés, ayudarle a mantener un peso saludable y protegerle de enfermedades graves de los ojos.

Cualquier cosa que haga que su corazón lata más rápido puede ayudar a mantener sus ojos sanos. Trate de ir a trotar después del trabajo.

Deje que sus ojos descansen

¿Le duelen sus ojos al final del día? Si pasa mucho tiempo frente a la computadora o en su teléfono, puede olvidar parpadear y eso puede causar que sus ojos se cansan.

Intente usar la regla 20-20-20 durante el día. Cada 20 minutos, enfoque su vista a 20 pies de distancia por 20 segundos. Esto reduce la fatiga visual y ayuda a usted y a sus ojos a sentirse mejor al final del día.

Proteja sus ojos cuando trabaja y cuando juega

Casi 2.000 personas en los Estados Unidos sufren una lesión grave en los ojos relacionada con el trabajo todos los días. Aprenda esto: ¡cada 13 minutos una persona termina en la sala de urgencia con lesiones en los ojos relacionadas con los deportes!