



Fee-For-Service Direct Network Onboarding

2021 Provider Webinar

September 2021

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Provider Update

Fee-For-Service Direct Network Launches in San Joaquin County!

- Providers receiving this training are participating in the Health Net Medi-Cal network based on the terms of their current Health Net direct fee-for-service (FFS) Provider Participation Agreement (PPA).
- Health Net will add directly contracting participating providers, in addition to existing providers affiliated with participating physician groups (PPGs), to provide service to Medi-Cal members in San Joaquin County, as of October 1, 2021.

How This Affects You

- Please note that this does not affect your current capitated Health Net membership through medical groups or PPGs.
- With this change, membership is available to you through capitation **and** FFS direct network.
- FFS direct network will have different common administrative processes (Claims, Authorizations, etc.) which we will review in this session.

Agenda

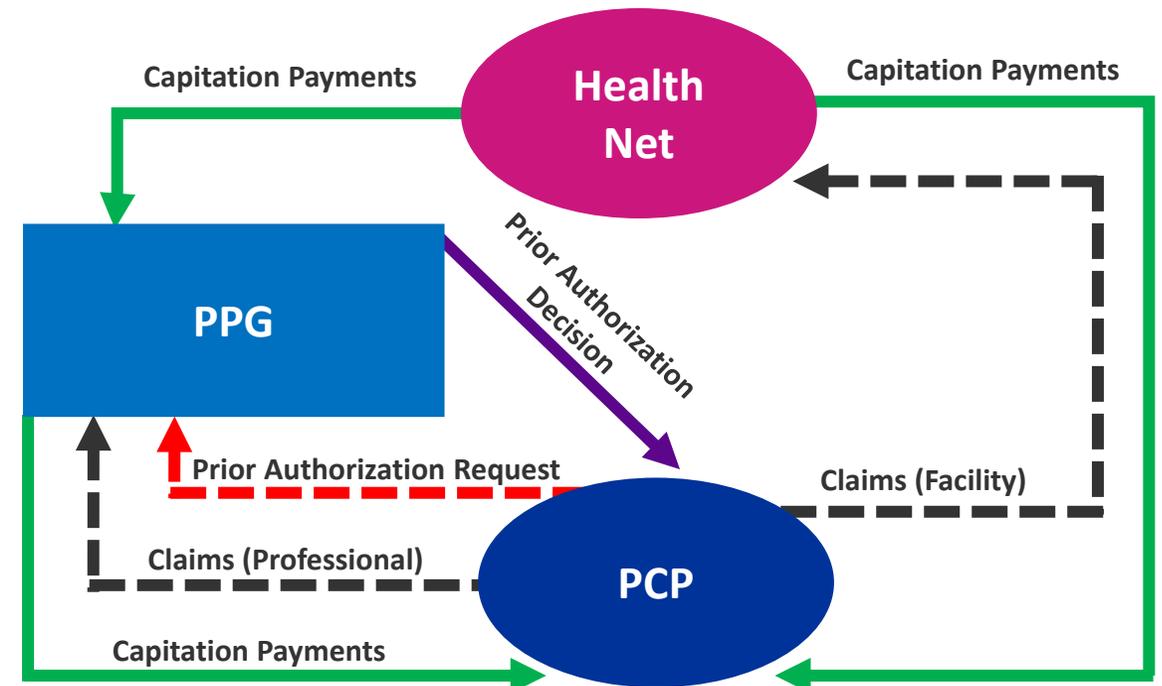
- What is a Capitated Arrangement
- Fee-For-Service Direct Network Arrangement
- Claims
- Authorizations
- Pharmacy
- Health Plan Benefits
- Health Plan Resources
- Conclusion & Questions
- Appendix



Capitated Arrangement

Capitated Arrangement

- In a capitated arrangement, the member is assigned a Primary Care Physician (PCP) who is contracted under a Participating Physician Group (PPG).
- The PPG will be responsible for reviewing the medical necessity of the requested services and arrange for the care of the member within their own network of providers.





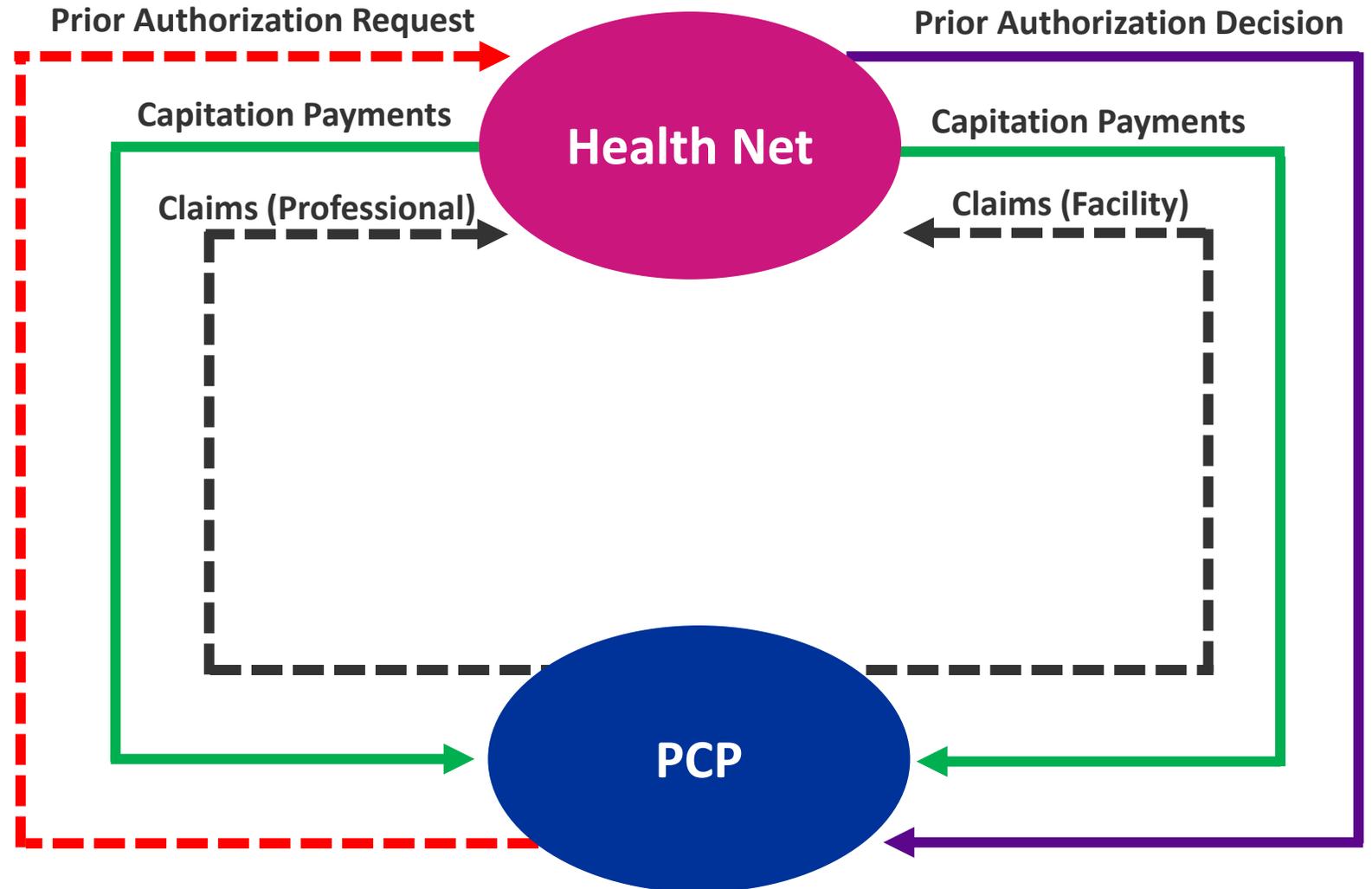
Fee-For-Service Direct Network Arrangement

Fee-For-Service Direct Network Arrangement

- A FFS Direct Network arrangement involves HN and the provider of service.
- HN will pay a fee directly to each provider for every service rendered including out of area (OOA).
- In a FFS Direct Network arrangement, the member is assigned a PCP contracted with HN directly. HN will be responsible for reviewing the medical necessity of the services requested and arrange for the care of the member within HN's network of providers.

Fee-For-Service Direct Network Arrangement

In a FFS contract, HN pays for covered services (both professional and facility charges) based upon agreed rates.



Identifying a FFS Direct Network Assigned Member

When checking eligibility on the Provider Portal, or presented with a Health Net ID card, the Physician Group and PCP will read the name of the assigned fee-for-service direct network provider/clinic only. There will be no Physician Group (PPG) listed. This is clear indication you have a Fee-For-Service Direct Network assigned member.

	
Name FIRST MI LASTNAME CIN [XXXXXXXXXX]	Issue Date MM/DD/YY Enrollment Date MM/DD/YY
Physician Group and PCP [PPG Name] [PCP or Clinic Name] Street Address [City State Zip + 4] PCP PHONE: [X-XXX-XXX-XXXX]	Health Net only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG). To change your PPG or Primary Care Provider (PCP), call Health Net Member Services at 1-800-675-6110 / TTY: 711 or visit www.healthnet.com .
Effective date with PCP: [MM/DD/YY] Office Copay: \$0	
Rx BIN 004336 Rx PCN "HNMC" CVS CareMark HPC XXX	

Health Net Member Services is available 24 hours a day, 7 days a week	
Member Services & Mental Health Benefits Nurse Advice Line Member Portal 24/7 Video Doctor Appointment	1-800-675-6110 (TTY: 711) 1-800-675-6110 (TTY: 711) www.healthnet.com [<www.babylonhealth.com/us/hnmca>]
If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room routine health care.	
Providers Call for Eligibility and authorization: 1-800-675-6110. Pharmacy Help Line: 1-800-600-0180 To report, or request approval for, inpatient admits, call: 1-800-995-7890 Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-Health Net providers are reimbursable by Health Net without prior authorization. This card is for identification only. It does not verify eligibility. Mail all claims to: Health Net of California – Medicaid, PO Box 9020, Farmington, MO 63640-9020.	

Claims

- Fee-For-Service Direct Network Medi-Cal Claims Submission
- Verifying the Status of Claims

Fee-For-Service Direct Network Medi-Cal Claims Submission

Paper claims submission address

PO Box 9020, Farmington, MO 63640-9020

Appeals submission address

P.O. Box 989881 West Sacramento CA 95798-9881

Electronic claims submission information

Electronic Data Interchange (EDI) [1-800-977-3568](tel:1-800-977-3568)

Clearinghouse: **TransUnion Healthcare**

- Claims must be submitted within 180 days from date of service
- Claims processed within 30-45 days
- Providers have 1 year from date of payment/denial to appeal, contest or resubmit a corrected claim

Billing Questions

Provider Services

[1-800-675-6110](tel:1-800-675-6110)

[Health Net Provider Portal](#)

[Medi-Cal Provider Home Page](#)

How to Check Status of Claims

To check the status of claims that have been submitted

- log in to the [Health Net Provider Portal](#)

or

- Call Health Net Provider Services at [1-800-675-6110](tel:1-800-675-6110)

Authorizations

- Sending Medical Authorizations
 - Vendors and Processes
-

Sending Authorizations Directly to Health Net

- In a Fee-For-Service arrangement, most authorizations are sent directly to Health Net.
- Check the [Prior Authorization List](#) to see if an authorization is needed for the member's service.

Health Net Utilization Management Prior Authorization	
Phone Number	1-800-421-8578
Fax Number Routine/Urgent	1-800-743-1655
Turnaround Timelines	
Routine	5 business days
Urgent	Within 72 Hours

Types of Fee-For-Service Direct Network Authorizations

- Most authorizations are sent directly to Health Net for review
- Health Net uses outside vendors for certain types of Fee-For-Service authorizations.

Health Net's Vendors

**National
Imaging
Associates**

eviCore

TurningPoint

Types of Fee-For-Service Direct Network Authorizations

eviCore

- Responsible for **sleep studies and radiation therapy**

National Imaging Associates (NIA)

- Responsible for **non-emergent outpatient advanced imaging services and cardiac imaging.**

TurningPoint

- Responsible for **musculoskeletal inpatient and outpatient surgical procedures.**

Next, let's take a closer look at Health Nets' Authorization process for each of the vendors

eviCore Authorization Process

eviCore Healthcare is contracted with Health Net to provide authorization for **sleep studies and radiation therapy** for FFS members.

Prior authorization requests are to be submitted to eviCore online or by telephone as follows:

eviCore

- **Sleep studies and radiation therapy** for FFS members

- Online at [Med Solution Online](#) for outpatient diagnostic requests and [Care Core National](#) for radiation therapy requests.
- Telephone, available Monday through Friday, from 5:00 a.m. to 6:00 p.m. at: [1-888-693-3211](tel:1-888-693-3211). Voicemails left outside of these hours will receive a return call the next business day.

Note: eviCore does not accept fax submissions.

To check status of authorization

- call [1-888-693-3211](tel:1-888-693-3211)
- visit [Care Core National](#)

National Imaging Associates (NIA) Authorization Process

National Imaging Associates (NIA)

- **Non-emergent outpatient advanced imaging services and cardiac imaging** for FFS members.

Health Net has contracted with National Imaging Associates (NIA) to provide authorization management for **non-emergent outpatient advanced imaging services and cardiac imaging** for FFS members.

Prior authorization requests are to be submitted to NIA online or by telephone as follows:

- Online – Log in at [Rad MD](#), 24 hours a day, seven days a week, except when maintenance is performed once every other week after business hours.
- Telephone, available Monday through Friday, from 8:00 a.m. to 8:00 p.m. at: [1-800-424-4809](tel:1-800-424-4809)

Note: NIA does not accept fax submissions.

To check status of authorization

- call [1-800-424-4809](tel:1-800-424-4809)
- visit the [Rad MD](#) home page

National Imaging Associates (NIA) Authorization Process

SERVICES THAT REQUIRE PRIOR AUTHORIZATION THROUGH NIA

Advanced Imaging

- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Positron Emission Tomography (PET) scan

Cardiac Imaging

- Coronary Computed Tomography Angiography (CCTA)
- Myocardial Perfusion Imaging (MPI)
- Multigated Acquisition (MUGA) scan
- Stress Echocardiography
- Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)

National Imaging Associates (NIA) Authorization Process

SERVICES THAT DO NOT NEED PRIOR AUTHORIZATION THROUGH NIA

- Inpatient imaging procedures performed during acute inpatient hospitalization are included under the inpatient prior authorization from Health Net
- Emergency Room (ER) services or procedures in emergency situations
- Observation setting
- Cardiac catheterization procedures will not require prior authorization effective January 1, 2018

TurningPoint Authorization Process

TurningPoint

- Musculoskeletal inpatient and outpatient surgical procedures

Health Net has contracted with TurningPoint to authorization certain **musculoskeletal inpatient and outpatient surgical procedures**.

This applies to FFS Medi-Cal members 21 and older.

Prior Authorization requests can be sent to TurningPoint by

- Phone [1-855-332-5898](tel:1-855-332-5898) (Mon-Fri 8am-5pm)
- Fax [1-949-774-2254](tel:1-949-774-2254)
- [TurningPoint Home Page](#)
- Email centenecaum@turningpoint-healthcare.com

TurningPoint Authorization Process

Orthopedic Surgical Procedures Requiring Prior Authorization	
Acromioplasty and rotator cuff repair	Knee arthroplasty
Ankle arthroplasty	Knee arthroscopy
Ankle fusion	Knee replacement for unicompartmental or bicompartamental
Anterior cruciate ligament repair	Osteochondral defect repair
Elbow arthroplasty	Meniscal repair
Femoroacetabular arthroscopy	Shoulder arthroplasty
Hip arthroplasty	Shoulder fusion
Hip arthroscopy	Wrist arthroplasty
Hip resurfacing	Wrist fusion
Spinal Surgical Procedures Requiring Prior Authorization	
Disc replacement	Spinal cord neurostimulator
Implantable pain pumps	Spinal decompression
Kyphoplasty or vertebroplasty	
Laminectomy/discectomy	

Note: This would not apply to emergency-related procedures

To check status of authorization call [1-855-332-5898](tel:1-855-332-5898) or visit the [TurningPoint Home Page](#)

Pharmacy

- Sending Pharmacy Authorizations
- Vendors and Processes

Sending Pharmacy Authorizations

- Health Net has contracted with a third party administrator to oversee the processing of the pharmacy benefit for all of our members: **CVS Caremark®**.
- There is a recommended drug list that is available for your use in the Provider Portal.
- If a medication is not listed on the Rational Drug List (RDL), it does not mean the medication is not covered. It simply means a prior authorization (PA) will be needed before the medication can be dispensed.

Assistance	Telephone/ Fax
Prior Authorization	1-800-867-6564 Option 1
Prior Authorization Fax	1-800-977-8226

Vendors and Processes Used by Health Net

For certain pharmacy needs Health Net's vendors are:

AcariaHealth

**J&B Medical Supply
Company, Inc.**

AcariaHealth

- AcariaHealth is HN's preferred vendor in providing specialty prescription medications for Medi-Cal members.
- AcariaHealth provides high-quality medications and services via mail order for chronic and complex conditions, such as Hepatitis C, Hemophilia, Multiple Sclerosis, and other conditions that require special handling or training.

Authorizations are sent to Health Net Pharmacy Services for review

Assistance	Telephone/ Fax
Prior Authorization	1-800-867-6564 Option 1
Prior Authorization Fax	1-800-977-8226

J&B Medical Supply Company, Inc.

- J&B Medical Supply is Health Net's preferred provider for disposable medical supplies.
- J&B Medical Supply will provide diabetic testing supplies, insulin pumps and supplies, including Omnipod[®] and continuous glucose monitors.

Contact J&B Medical Supply

- Telephone at [1-800-737-0045](tel:1-800-737-0045)
- Fax at [1-800-737-0012](tel:1-800-737-0012)
- Website at [J&B Medical Supply](http://www.jnbmedical.com)



Health Plan Benefits

Common Benefit Offerings

Consult the Provider [Operations Manual](#) for More Information

Medical Services Offered by Health Net	
Care Management Services	Interpreter Services
Dental Services (limited to certain counties)	Maternity and Newborn Care
DME	Mental Health Services
Emergency Ambulance	Podiatry Services
Emergency Care	Routine Adult and Pediatric Examinations
Family Planning, incl. therapeutic and elective pregnancy termination	Skilled Nursing Facility
Gender Alignment	Specialist Consultations
Health Education Material/Education	Transportation, Non-medical, Authorized
Home Health Care/Hospice	Vision Services
Hospitalization	

Common Benefit Offerings

Consult the Provider Operations Manual for More Information

Behavioral Health Services
Managed Health Network (MHN) is responsible for Mild to Moderate Services. Call MHN 1-800-289-2040 for more details
<ul style="list-style-type: none">• Attention Deficient Disorder and Autism testing• Individual/group evaluations and treatment (psychotherapy)• Outpatient services (labs, medication and supplies)• Outpatient services to monitor medication therapy• Psychiatric services• Psychological testing
Services Provided by County Agencies
CCS-eligible conditions
Specialty Mental Health Services for Severe Mental Illnesses/Severe Emotional Disturbances
Services provided at Regional Health Centers
Prescription/over the counter drugs
Non-Covered Services
Cosmetic Surgery
Routine Circumcisions
Services to reverse surgically-induced infertility
Services provided outside of the United States, except for emergency services requiring hospitalization in Canada or Mexico

Behavioral Health

- Services for mental health and substance abuse disorders are handled separately from general benefits.
- Health Net members receive mental health benefits through Managed Health Network (MHN) 24 hours/7 days a week [1-800-950-4777](tel:1-800-950-4777)
- Psychiatric evaluations or psychiatric testing for pre-surgical clearance for medical procedures are covered through the medical health plan, not MHN.
- Health Net is responsible for authorizations and payment of these services for Fee-For-Service Direct Network arrangements.

Health Net's Utilization Management Prior Authorization Department	
Phone Number	1-800-421-8578
Fax Number Routine or Urgent	1-800-743-1655
Turnaround Timelines	
Routine	5 business days
Urgent	Within 72 Hours

Behavioral Health Treatment - Referring Patients

 Please keep in mind the following when referring a patient to MHN

- **Discuss** with the patient what behavioral health services the patient is interested in receiving
- Refer the patient to MHN if the **patient is open** to those behavioral health services
- Patients in **active treatment** with behavioral health providers and they like their provider, **do not need** an MHN referral
- Patients **not aware of the PCP referral** generally will **not answer or return calls** from MHN. Those types of “cold calls” do not result in a successful linkage to services
- **Please refer** patients to MHN if they feel that their current behavioral health treatment isn't working, they want to change providers, add another service (e.g., a psychiatrist referral and they have a therapist)

Health Education and Cultural and Linguistic Services

HEALTH EDUCATION

Health Education Department has free programs, services and resources for members and providers.

- Free health education classes to provider groups, schools, hospitals and community based organizations
- Free health screenings at health fairs
- Member Newsletter
- Pregnancy Matters Program
- Preventative Screening Guidelines
- Quit for Life Program
- Fit Families for Life - Be in Charge
- My Strength Program - Online Mental Wellness
- 2TX - Health texting reminders for teens and young adults

Health Education and Cultural and Linguistic Services

CULTURAL AND LINGUISTIC SERVICES

Helps ensure that materials and interpreter services are available in member's language.

Interpreter Services

- Free health education material in threshold languages
- Request interpreter service [1-800-675-6110](tel:1-800-675-6110)
- 24-hour access at no cost
- 72-hour notice for in-person interpreter service request
- Qualified interpreters trained on health care terminology

Order forms for education materials are available on the [Health Net Provider Portal](#) or by calling the Cultural & Linguistic Services Department [1-800-977-6750](tel:1-800-977-6750)

Free Transportation for Health Net Members

Health Net provides transportation services for members using a vendor called [ModivCare](#) to help members get to their health care visits, which include:

- Medical
- Dental
- Substance Abuse
- Pharmacies to pick up medicine
- Ongoing care such as dialysis

To reserve a ride

- Call [1-855-253-6863](tel:1-855-253-6863)
- At least 5 days in advance
- Provide member ID#, name, address, appointment date/time and pick-up time/place
- Requests can be made by providers and members

Health Net Offers Support for Your Complex or Challenging Patients

Care Management Services

- Any provider as well as a member or caregiver can request assistance.
- Our Care Management team can assist with specific health conditions as well as provide resources for support, such as:
 - Pre-natal education and service directories
 - Member education: disease specific, prescription compliance, etc.
 - Referrals for housing, food or other needs
 - Assistance to coordinate referrals, transportation, ancillary support services (such as DME or Home Health)
 - Coordinate needs for frequent Inpatient or Emergency Department patients

Care Management Referral Form



DIRECTIONS: To refer a Health Net Community Solutions Member to any of our care management programs or services (case management or disease management), please fax this completed form to 1-866-581-0540 or email the completed form to CASHP.ACM.CMA@healthnet.com. If you have questions about how to complete this form, please call the Health Net State Health Program's Care Management Department at **1-866-801-6294**.

Member Diagnosis/
Health Condition:
(Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Back pain	<input type="checkbox"/> Obesity-weight management
<input type="checkbox"/> Behavioral health	<input type="checkbox"/> High-risk pregnancy
<input type="checkbox"/> Depression	<input type="checkbox"/> Prematurity and/or developmental delays
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Autism	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Transplant
<input type="checkbox"/> COPD	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Hemophilia	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Hypertension	

Providers submit referrals via

- FAX CCM Referrals to 1-866-581-0450
- email CASHP.ACM.CMA@healthnet.com

Members can request assistance

- [1-800-675-6110](tel:1-800-675-6110)



Health Plan Resources

Healthcare Effectiveness Data and Information Set (HEDIS®) Incentive Programs

We offer incentive payments to qualifying primary care providers in recognition for their efforts to improve quality of care for Health Net Medi-Cal members.

HEDIS® Incentive Program (HIP)*

- Individual PCPs or non-safety net clinic
- PCPs are awarded for care gaps closed in 17 different HEDIS® measures.
- Incentive payout by closing care gaps per measure.

HEDIS® Clinic Improvement Program (C-HIP)*

- FQHCs, RHCs, and IHSs-safety net clinics
- FQHC/RHC/IHS providers are awarded for meeting the minimum performance level (MPL) and having a certain % of improvement in 17 different HEDIS® measures.
- Incentive payout by Per Member Per Month (PMPM)

For additional information please email

- HN_Provider_Relations@healthnet.com

2021 HEDIS® Incentive Crosswalk

- [Click to download](#)

** Program eligibility requirements apply. A list of all 17 incentivized measures available in the appendix.*

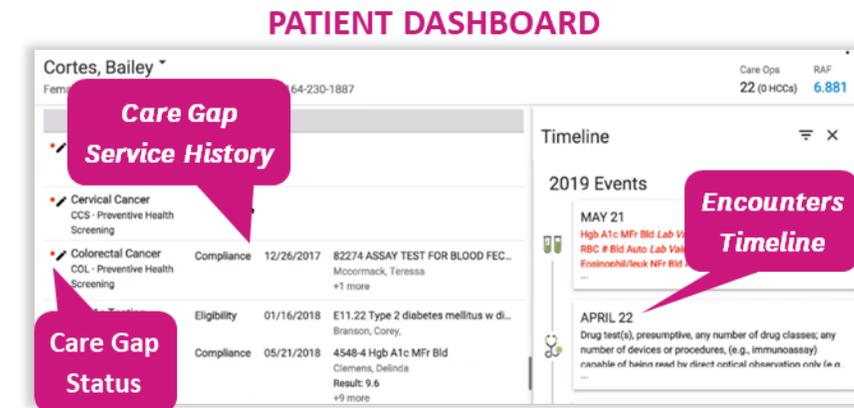
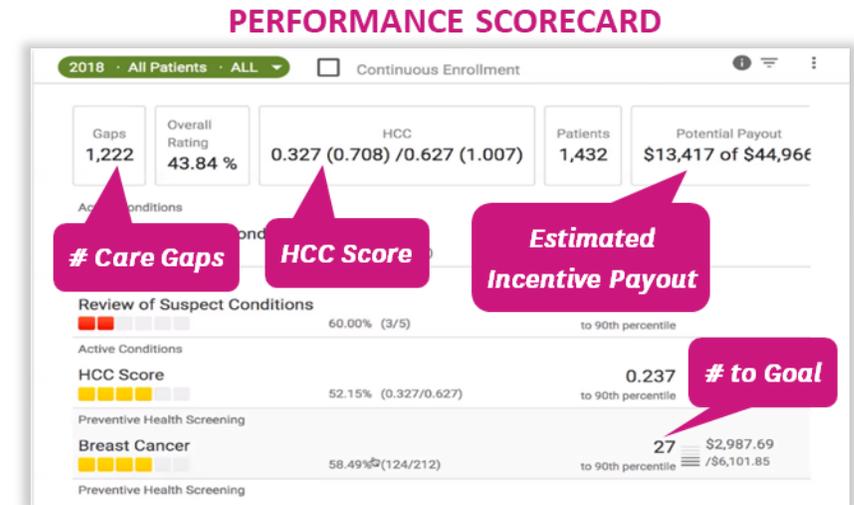
COZEVA®

A free reporting and analytics tool designed to gather data from multiple sources and provide insight into performance improvement.

- Track measure rates
- View patient-level detail on gaps in care, benchmarks and # to goal by measure
- Track potential incentive payments
- Print face sheets to facilitate pre-visit planning
- Close data gaps instantly by uploading records
- More frequent incentives (quarterly vs. semiannual)

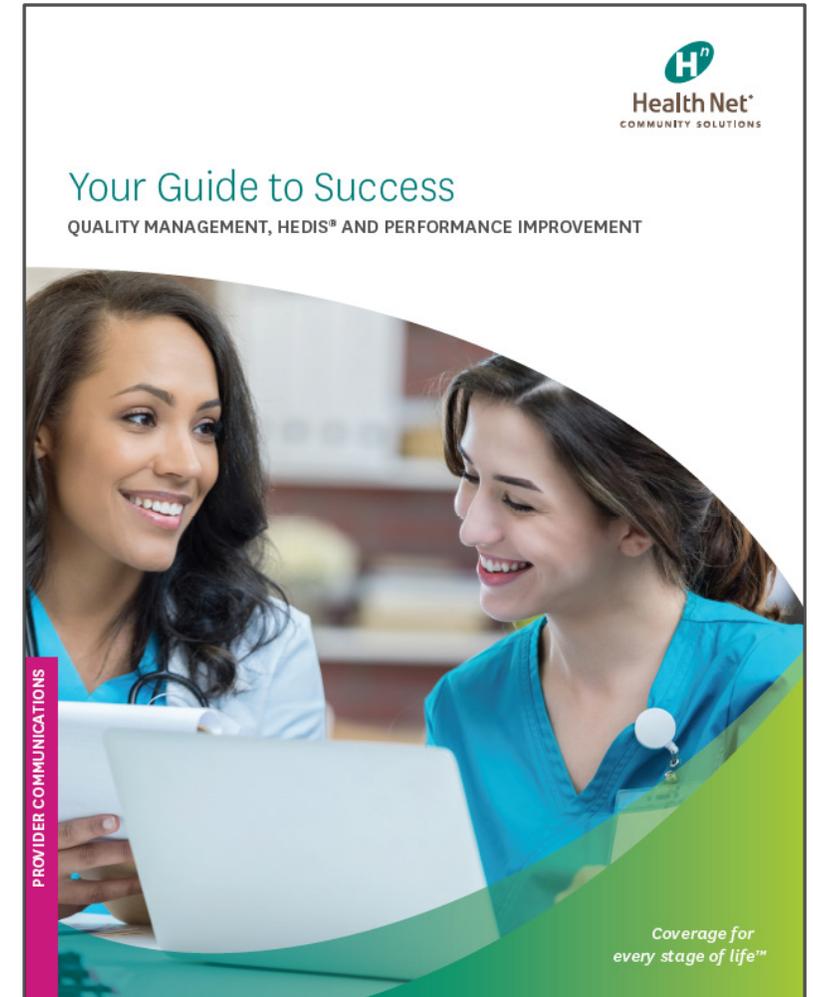
Learn More

- Contact your assigned Health Net representative or email Cozeva@HealthNet.com for more details and to sign up your practice for COZEVA®



Office Manager Guide

- Overview of Quality Management
- Performance improvement and continuous improvement
- Detailed explanation about HEDIS® and the Managed Care Accountability Set (MCAS) measures
- [Click here for your copy of the Guide](#)



California Department of Health Care Services (DHCS) Staying Healthy Assessments

- New members should receive an IHA (Initial Health Assessment) within 120 days of enrollment in Medi-Cal or upon assignment to your practice.
- DHCS requires that Medi-Cal providers use the applicable Age-Group specific Staying Health Assessment (SHA) form (including senior members) to document annual visit assessments.
- IHA and SHA forms can be downloaded on [DHCS Website - Staying Healthy Assessment Forms](#)
- All forms must be placed in the member's medical record.
- For any members with mild to moderate substance use disorders, the provider should also complete an SBIRT (Screening, Brief Intervention for Alcohol and Referral for Treatment) to address specific conditions and future treatment recommendations.

State of California – Health and Human Services Agency Department of Health Care Services

Staying Healthy Assessment

0 – 6 Months

Child's Name (first & last)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	In Child/Day Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Completing Form			<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian	Need Help with Form? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Other (Specify)

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Clinic Use Only:</i>					
1	Do you breastfeed your baby?	Yes	No	Skip	Nutrition
2	Are you concerned about your baby's weight?	No	Yes	Skip	Physical Activity
3	Does your baby watch any TV?	No	Yes	Skip	
4	Does your home have a working smoke detector?	Yes	No	Skip	Safety
5	Have you turned your water temperature down to low-warm (less than 120 degrees)?	Yes	No	Skip	
6	If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?	Yes	No	Skip	
7	Does your home have cleaning supplies, medicines, and matches locked away?	Yes	No	Skip	
8	Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?	Yes	No	Skip	
9	Do you always put your baby to sleep on her/his back?	Yes	No	Skip	
10	Do you always stay with your baby when she/he is in the bathtub?	Yes	No	Skip	

DHCS 7098 A (Rev 12/14) SHA (0 – 6 Months) Page 1 of 2

PCP Change Form

Members have the right to change PCP's every 30 days. If a PCP is affiliated with a participating provider group (PPG), then the PCP should follow the PPG policies as well.

Have the member complete a Request Form to be re-assigned to your practice. Members must complete and sign PCP/PPG Change Form. If the member has received services by another provider, then the PCP change may not become effective until the following month.

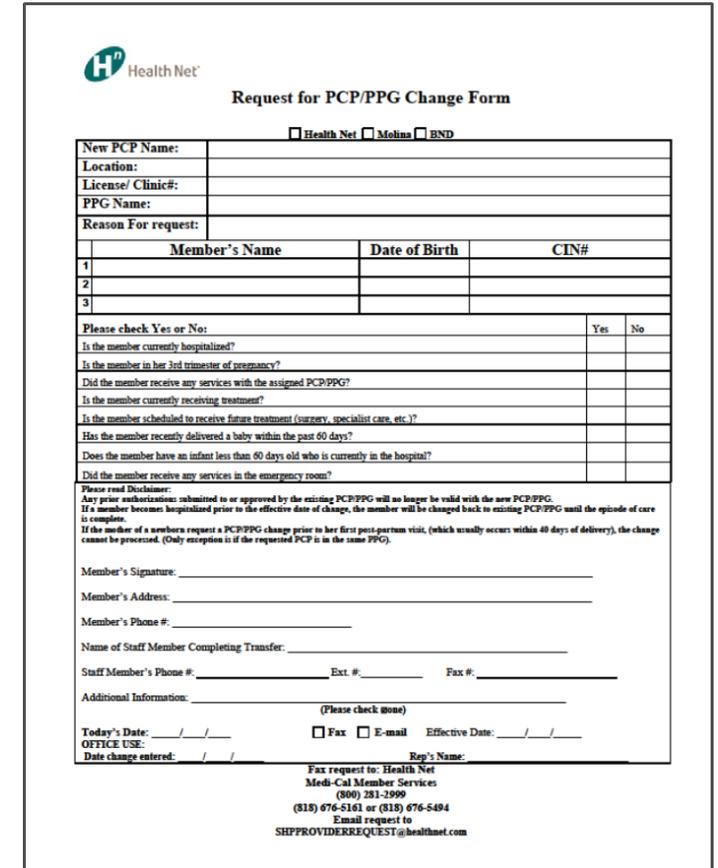
Request for PCP Change Form

If faxed on Date of Service

- Requires Member Signature
- Requires Member ID#
- Member must answer NO to all questions regarding prior services rendered
- Takes up to six days to update in the Health Net system

Members can request PCP change prior to their visit by calling

- Health Net Member Services [1-800-675-6110](tel:1-800-675-6110)



Health Net
Request for PCP/PPG Change Form

Health Net Molina BND

New PCP Name: _____
 Location: _____
 License/ Clinic#: _____
 PPG Name: _____
 Reason For request: _____

	Member's Name	Date of Birth	CIN#
1			
2			
3			

Please check Yes or No: Yes No

Is the member currently hospitalized? Yes No

Is the member in her 3rd trimester of pregnancy? Yes No

Did the member receive any services with the assigned PCP/PPG? Yes No

Is the member currently receiving treatment? Yes No

Is the member scheduled to receive future treatment (surgery, specialist care, etc.)? Yes No

Has the member recently delivered a baby within the past 60 days? Yes No

Does the member have an infant less than 60 days old who is currently in the hospital? Yes No

Did the member receive any services in the emergency room? Yes No

Please read Disclaimer:
 Any prior authorizations submitted to or approved by the existing PCP/PPG will no longer be valid with the new PCP/PPG.
 If a member becomes hospitalized prior to the effective date of change, the member will be changed back to existing PCP/PPG until the episode of care is complete.
 If the member of a newborn request a PCP/PPG change prior to her first post-partum visit, (which usually occurs within 40 days of delivery), the change cannot be processed. (Only exception is if the requested PCP is in the same PPG).

Member's Signature: _____
 Member's Address: _____
 Member's Phone #: _____
 Name of Staff Member Completing Transfer: _____
 Staff Member's Phone #: _____ Ext. #: _____ Fax #: _____

Additional Information: _____
(Please check those)

Today's Date: ____/____/____ Fax E-mail Effective Date: ____/____/____
 OFFICE USE:
 Date change entered: ____/____/____ Rep's Name: _____

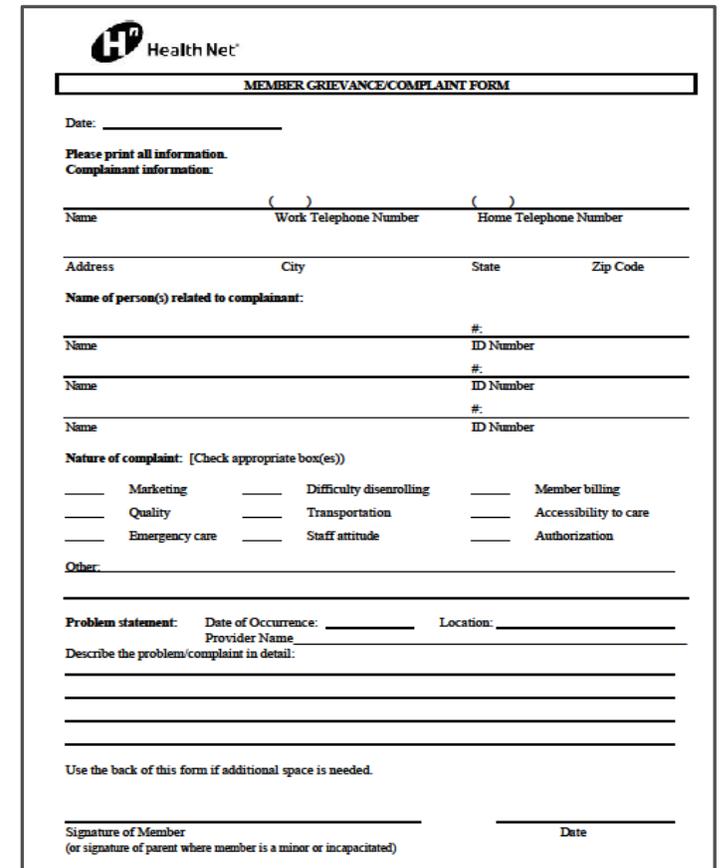
Fax request to: Health Net
 Medi-Cal Member Services
 (800) 281-2999
 (818) 676-5161 or (818) 676-5494
 Email request to
 SHPPROVIDERREQUEST@healthnet.com

Member Grievances

In the event a member has a complaint and wishes to take action, members can:

- Ask to complete a Grievance Complaint Form while in your office. Providers must have these forms readily available
- Call Member Services and file a verbal grievance at [1-800-675-6110](tel:1-800-675-6110)
- Call the California Department of Social Services- Fair Hearing Department [1-800-952-5253](tel:1-800-952-5253) or [1-800-952-8349](tel:1-800-952-8349) TDD
- Contact the Ombudsman Program [1-888-452-8609](tel:1-888-452-8609)

Health Net has 30 calendar days from the receipt of the grievance to investigate and respond to the member.



The image shows a "MEMBER GRIEVANCE/COMPLAINT FORM" from Health Net. The form includes fields for Date, Complainant information (Name, Work Telephone Number, Home Telephone Number), Address (City, State, Zip Code), and Name of person(s) related to complainant (Name, ID Number). It also has a section for Nature of complaint with checkboxes for Marketing, Quality, Emergency care, Difficulty disenrolling, Transportation, Staff attitude, Member billing, Accessibility to care, and Authorization. There is an "Other:" field, a "Problem statement:" field, and fields for Date of Occurrence, Location, and Provider Name. A section for "Describe the problem/complaint in detail:" has three lines for text. At the bottom, there are fields for Signature of Member (or signature of parent where member is a minor or incapacitated) and Date. A note at the bottom says "Use the back of this form if additional space is needed."

Provider and Member Services

MEMBER SERVICES

Customer Service Center

- [1-800-675-6110](tel:1-800-675-6110)
- Available 24 hours per day, 7 days a week
- Providers and Members can call



PROVIDER SERVICES

Register on [Health Net's Provider Portal](#)

Most operational needs can be handled online

- Verify eligibility
- Check claims status
- Access the Medi-Cal Recommended Drug List
- Access the Provider Library:
 - Provider Operations Manual
 - Provider Updates
 - Training Materials

Contacts, Tools and Resources

- Provider Web Support [1-866-458-1047](tel:1-866-458-1047)

Support from Health Net's Provider Relations Team

Our goal is to deliver personalized and effective training, tools and other support to assist you in providing care to members in the most efficient and satisfying manner possible.

A vital part of our Provider Relations service philosophy centers on direct personal communication with Providers and we welcome your feedback.

Products we support: Medi-Cal, Medicare, Commercial (On and Off Exchange)

Services we offer

- In-person Support
- Operational Support to resolve process or other issues
- Training and Education – In-person or webinar
- Reference Materials and Tools

Thank you for allowing us the opportunity to assist in making your experience with Health Net a positive one. For additional information please email HN_Provider_Relations@healthnet.com

Online Resources Demonstration

[Health Net Provider Search](#)

[Health Net Provider Portal](#)

[Health Net Provider Library](#)

Key Takeaways

- 1. Effective October 1, 2021, members of the FFS Direct Network will be automatically enrolled**
2. Register for and access the [Provider Portal](#)
3. Prepare forms that need to be readily available for FFS Direct Network members which can be found in the [Provider Library](#)
 - [Authorization forms](#)
 - [Grievance forms](#)
 - [PCP change form & other forms](#)
4. If you need assistance or support, please contact your Provider Relations Representative
 - If you do not know who your representative is please email: HN_Provider_Relations@healthnet.com

Conclusion



Resources – Additional resources are available in the Appendix



Post Webinar – You will receive an email with the following resources:

- A recording of the webinar
- Copy of the material presented



Appendix

HEDIS® Measures Incentivized in Both HIP and C-HIP

Measure Abbreviation	Measure Description
AMM – Acute	Antidepressant Medication Management – Effective Acute Phase Treatment
AMM – Cont	Antidepressant Medication Management – Effective Continuation Phase Treatment
BCS	Breast Cancer Screening
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC – H9	Comprehensive Diabetes Care – HbA1c poor control (> 9.0%)
CDC – HT	Comprehensive Diabetes Care – HbA1c testing
CHL	Chlamydia Screening in Women
CIS – 10	Childhood Immunization Status – Combo 10
IMA – 2	Immunizations for Adolescents – Combo 2
PPC – Pst	Postpartum Care
PPC – Pre	Timeliness of Prenatal Care
W30	Well-Child Visits in the First 30 Months of Life
WCV	Child and Adolescent Well-Care Visits
WCC – BMI	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: BMI assessment
WCC – N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Nutrition
WCC – PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Physical activity

Improving quality positively impacts our members' health status and...

- Provides value when the plan negotiated rates with DHCS, which impacts revenue available for providers
- Potentially increases the plan's "default rate," which drives more membership to the plan and auto assignments to providers with high quality scores.
- National Committee for Quality Assurance (NCQA) criteria to determine performance for all measures derived from the Managed Care Accountability set as established by Department of Health Care Services (DHCS)

Provider Health Plan Resources and Population Health Management (PHM) Programs

Member Programs		
Programs	Description	Contact Information
Babylon Telehealth Vendor	<ul style="list-style-type: none"> Babylon gives the members 24/7 access to medical and behavioral health doctors from their phone through the Babylon telehealth app, and includes COVID-19 resources. Members can download this app on their phone and/or access Babylon using the link provided. 	<p>Web Link: Babylon Health</p>
Health Education	<ul style="list-style-type: none"> There are wellness programs available for members to join at no cost to them for weight management, diabetes prevention, tobacco cessation, healthy pregnancy, behavioral health, and heart health. Medi-Cal providers may also order Staying Healthy Assessment forms in threshold languages and health education materials in various health topics. Members can call the Health Education Department to obtain more information on available wellness programs. 	<p>Phone: 1-800-804-6074 (TTY:711)</p> <p>Email: HealthEducationDept@healthnet.com</p>
Krames Staywell Health Library	<ul style="list-style-type: none"> The Krames Staywell Health library provides you with access to over 4,000 health tip sheets to assist in member education. There is a link available to search for various topics. Members can access the Krames Library with the link provided. 	<p>Web Link: Krames Online</p>
Cultural and Linguistic Services	<ul style="list-style-type: none"> The Cultural and Linguistic (C&L) Services Department promotes access to care for members who speak a primary language other than English or have limited hearing and vision abilities. For C&L resources, trainings and/or materials, send an email request form or contact the department. 	<p>C&L Toll Free Phone: 1-800-977-6750</p> <p>Email: Cultural.and.Linguistic.Services@healthnet.com</p>
Babylon Telehealth Vendor	<ul style="list-style-type: none"> Babylon gives the members 24/7 access to medical and behavioral health doctors from their phone through the Babylon telehealth app, and includes COVID-19 resources. Members can download this app on their phone and/or access Babylon using the link provided. 	<p>Web Link: Babylon Health</p>

Provider Health Plan Resources and PHM Programs

Member Programs		
Programs	Description	Contact Information
Modivcare (Logisticare)	<ul style="list-style-type: none"> Modivcare provides convenient, safe and reliable transportation to members at no cost. Transportation services are for non-urgent and urgent transportation, including wheelchair and services for homebound patients. Members can arrange for transportation by calling 1-877-658-0305. 	<p>Phone: 1-877-658-0305</p> <p>Health Net staff requesting on behalf of the member: 1-866-529-2128</p> <p>Monday through Friday, 8:00 a.m. to 6:00 p.m.</p>
TurningPoint Musculoskeletal Procedures	<ul style="list-style-type: none"> This utilization management web-based tool provides surgical and Implantable device utilization management solutions to improve member care and reduce costs. Providers can access this tool by calling the phone number provided. <p>Note: If your clinic is contracted with a preferred provider group (PPG), please confirm with the PPG that you are eligible for this program.</p>	<p>Phone: 1-855-332-5898</p> <p>Email: centenecaum@turningpoint-healthcare.com</p> <p>Website: TurningPoint</p>
Opioid Overutilization and Fraud, Waste and Abuse (FWA) Poly-Pharmacy	<ul style="list-style-type: none"> This program enables the health plan to detect and prevent opioid drug fraud, waste and abuse by calling doctors and giving them advice to stop certain drugs, and dangerous combinations of drugs. No action is required by the Provider. 	<p>Email: CAClinicalPharmacy@centene.com</p>
DRIVE Flu Toolkits	<ul style="list-style-type: none"> The DRIVE Toolkit focuses on improving flu vaccination rates in underserved communities. In the future, DRIVE will include additional Toolkits for other disease types and needed screenings. Providers can access the toolkit by using the link provided. 	<p>Web Link: DRIVE website link</p>

Provider Health Plan Resources and PHM Programs

Member Programs		
Programs	Description	Contact Information
Provider Services	<ul style="list-style-type: none"> The Provider Services Department handles phone and written inquiries from providers regarding claims, benefits, and provider grievances and appeals. 	Phone: 1-877-658-0305
Enrollment Services	<ul style="list-style-type: none"> The enrollment services department checks member's eligibility and help your patient or their family member enroll in our health plan, and answer any questions they may have. 	Phone: 1-800-327-0502 , TTY (711)
Provider Library	<ul style="list-style-type: none"> Provider Library contains materials developed for providers, by provider type and line of business. The library includes provider operations manuals, HEDIS® tips sheets/guides, archives of communications, update letters, forms, contacts, and more. Providers can access the library by using the link provided. 	Web Link: Provider Library
Provider Engagement	<ul style="list-style-type: none"> The California Health and Wellness Medi-Cal Provider Relations Department provides support, education and training to the California Health and Wellness provider network. 	Email: HN_Provider_Relations@healthnet.com

Provider Health Plan Resources and PHM Programs

Member Programs		
Programs	Description	Contact Information
Web Portal Support	<ul style="list-style-type: none"> The web portal support team provides website technical or navigation assistance, password resets, locked accounts, or other site functionality. 	Phone: 1-866-458-1047
Interpreter Services	<ul style="list-style-type: none"> Interpreting services are available 24/7 to members in over 150 languages and American sign language. The services include: <ul style="list-style-type: none"> - Telephonic - Face-to-face or by in-person interpreters - Video remote calls. 	Phone: 1-877-658-0305 , TTY (711)
Community Connect (Aunt Bertha)	<ul style="list-style-type: none"> Aunt Bertha is the largest online community search tool to connect members to: food, housing, goods, transit, health, money, care, education, work, and legal. Providers can access Aunt Bertha by using the link provided. 	Web Link: Aunt Bertha