PROVIDER *Update*

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Medi-Cal Quality Management Program for CalViva Health Members

This update provides an overview of the components of the CalViva Health and Health Net Community Solutions, Inc. (Health Net) multifaceted Medi-Cal quality management program, including its quality improvement (QI) processes and instructions on how to obtain additional information from the provider website at provider.healthnet.com.

QUALITY IMPROVEMENT PROGRAM SCOPE

The QI program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis. The QI program includes the development and implementation of standards for clinical care and service, measurement of conformance to the standards, and implementation of actions to improve performance. The scope of the program includes:

- Quality improvement projects.
- Quality measures and surveys.
- Wellness and disease management.
- Integrated care management.
- Clinical practice and preventive health guidelines.
- Initial health assessments.
- Access to care.
- Medical record documentation standards.
- Medical record, facility site and physical accessibility reviews.
- Utilization management processes.
- Pharmaceutical management.
- Rights and responsibilities.
- Member appeals.
- Privacy and confidentiality.
- Interpreter services.

OPEN CLINICAL DIALOGUE

CalViva Health and Health Net's Medi-Cal *Provider Participation Agreement (PPA)* includes a statement that participating providers can communicate freely with members regarding their medical conditions and treatment alternatives, including medication treatment options, regardless of coverage limitations.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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QUALITY PERFORMANCE IMPROVEMENT PROJECTS

CalViva Health conducts performance improvement projects (PIPs) targeting specific health care issues that impact a significant number of members. PIPs may also address utilization of health services to enhance health outcomes and include testing small-scale changes at the provider-, member- and health plan-level to ultimately improve the quality of members' health care and outcomes. In 2017, CalViva Health completed two PIPs focusing on postpartum care and diabetes care, with final reports submitted and approved by the Department of Health Care Services (DHCS). In the fourth quarter of 2017, CalViva Health proposed two new PIPs for Fresno County that focus on improving health disparities in postpartum care and improving childhood immunization status for infants, birth to two years. CalViva Health will work with a different high volume, low compliance clinic for each PIP, complete a process map, a failure modes effects analysis, intervention development, and monthly progress monitoring throughout 2018 and into 2019.

HEDIS® Improvement Plans

CalViva Health participates in Healthcare Effectiveness Data and Information Set (HEDIS®) data measurements and reporting to evaluate plan performance on key quality of care metrics by county. Plan Do Study Act (PDSA) reports must be developed and submitted to DHCS when metrics do not meet the established minimum performance level (MPL). In the third quarter of 2017, two quarterly PDSA reports were implemented in the following areas:

- Annual monitoring for patients on persistent medications (MPM).
- Use of imaging studies for low back pain (LBP).

These quarterly assessments, using a rapid cycle improvement methodology, are performed to monitor and report progress toward goals. The overall success of interventions is evaluated on an annual basis through HEDIS data remeasurement, and projects may close or continue as indicated.

QUALITY MEASURES AND SURVEYS

Quality of care and services provided to members are measured in a number of ways, including HEDIS performance measures for care and service, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for member satisfaction, member appeals and grievances, and access and availability surveys. In addition, on behalf of CalViva Health, Health Net conducts an annual provider satisfaction survey to identify opportunities to better serve its participating providers.

DHCS uses a performance-based auto-assignment algorithm for managed care plans in Two-Plan Managed Care counties. Distribution of Medi-Cal default enrollment is determined based in part on comparative plan performance on six HEDIS measures. The following six key preventive measures support CalViva Health's interest in providing quality care and services for CalViva Health members and meet DHCS requirements:

- Well-child visits for members ages three to six (annually), per the American Academy of Pediatrics (AAP) guidelines.
- Childhood immunizations, including four diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), three inactivated poliovirus vaccine (IPV), one measles, mumps and rubella (MMR), three *haemophilus influenzae* type b (HIB), three hepatitis B (Hep B), one varicella zoster virus (VZV), and four pneumococcal vaccines by the child's second birthday.
- Prenatal care visits (first visit is within the first trimester).
- Cervical cancer screening for females ages 21 to 64 (Pap test performed at least every one to three years).
- Comprehensive diabetes care for hemoglobin A1c testing.
- Controlling blood pressure (BP) less than 140/90 for ages 18 to 50 and ages 60 to 85 with diabetes, and when BP is less than 150/90 for ages 60 to 85 without diabetes.

Appropriate timeliness of services, outreach to members, clinical documentation, correct coding, as well as timely and complete encounter submissions, are important elements of meeting preventive care guidelines. Provider office training materials, member outreach calls, member newsletters, and an online provider newsletter are all designed to help providers and members accomplish these preventive measures.

BE IN CHARGE!℠ DISEASE MANAGEMENT PROGRAM

The *Be in Charge!* Disease Management program provides disease-specific management for members with asthma, diabetes and heart failure (HF). The goal of the *Be in Charge!* Disease Management program is to improve member knowledge and self-management of these diseases leading to improved quality of life, better functional status and decreased absenteeism. Additionally, the program aims to empower members to manage their diseases in accordance with national, peer-reviewed published guidelines and to ensure that members receive necessary screenings and monitoring services.

CalViva Health mails educational materials, action plans, information about the program, and contact numbers for the CalViva Health nurse advice line to members enrolled in the program. CalViva Health conducts outbound telephonic interventions and makes referrals to integrated care management for members identified as being at high risk for hospitalizations or poor outcomes, or in need of assistance with psychosocial issues. Health Net, on behalf of CalViva Health, sends lists to primary care physicians (PCPs) of their CalViva Health members enrolled in the disease management program and each member's risk category.

Providers should contact the Health Education Department at 1-800-804-6074 to refer CalViva Health members who have asthma, diabetes or HF, and who are not currently enrolled in the *Be in Charge!* Disease Management program. Members may also self-refer into the program or may opt out of this program at any time by contacting the Health Education Department at 1-800-804-6074. More information about the *Be in Charge!* Disease Management program, such as member identification and enrollment in the program, interventions, and member and provider outreach activities and resources, is available in the provider operations manuals on provider.healthnet.com. Select *Provider Library* > *Operations Manuals* > *Quality Improvement* > *Disease Management Programs*.

FIT FAMILIES FOR LIFE – *BE IN CHARGE!* WEIGHT CONTROL PROGRAMS

Providers should complete and fax a copy of the Fit Families for Life – *Be in Charge!* Program Referral form to the Health Education Department at 1-800-628-2704 to refer members to these weight control programs, or to request program materials and resources. To request a copy of the Fit Families for Life program referral form, providers should contact the Health Education Department at 1-800-804-6074. Members interested in these programs may also contact the Health Education Department.

Fit Families for Life – Home Edition

The Home Edition program is one of a number of member-based offerings under the Fit Families for Life – *Be in Charge!* program. It is a five-week, home-based family intervention program that promotes healthier lifestyles. Through goal-setting strategies, participants receive guidance on making better food choices and increasing physical activity. A program workbook covers topics, such as how to read a nutritional facts label, tips for adding fruits and vegetables to everyday meals, family involvement in the kitchen, tips for eating out, and aerobic exercise options. A healthy recipes cookbook, exercise band and DVD accompany the workbook. Available in English, Spanish, sign language, and closed captioning, the DVD provides multiple easy-to-follow exercise segments designed to accommodate various levels of physical ability, including a strength training demonstration. Program materials are available in English and Spanish, which providers can request for CalViva Health members (regardless of weight status) by contacting the Health Education Department or by using the referral form. The program is also available to members and the community through a community classroom format, whereby trained classroom facilitators educate participants about how to incorporate healthy eating and active living strategies into their family lifestyle.

Fit Families for Life – Telephonic Coaching Program

In addition to the Home Edition materials described above, members ages 6 to 20 years who have a body mass index (BMI) in the 95th percentile or greater are eligible for the Fit Families for Life telephonic coaching program. This program provides eligible members with personalized telephonic coaching support from a nutrition support nurse or registered dietitian to address nutritional concerns and help members recognize and change negative behaviors and triggers.

Members earn $10 toward a reloadable gift card for each successful coaching call. With a maximum of five calls, members can earn up to $50 after successful completion of the entire program. Members can earn an additional $20 for a follow-up visit to their provider six months after program completion.

To enroll members in the telephonic coaching program, providers must fill out the referral form completely, noting the member's height, weight, BMI value, BMI percentile, and pre-existing conditions. A physician and parent signature, if the member is under age 18, are required for participation.

Fit Families for Life – Breastfeeding and Nutrition Support Line

The Breastfeeding and Nutrition Support Line offers telephone access to personalized counseling on breastfeeding, nutrition and weight management topics. A registered nurse is on call to answer nutrition-related questions. Members have the option to speak with a registered dietitian upon request. Members interested in the Breastfeeding and Nutrition Support Line should contact the Health Education Department at 1-800-804-6074.

PEDIATRIC AND ADOLESCENT OVERWEIGHT ASSESSMENT AND MANAGEMENT GUIDELINES

In an effort to support busy providers with resources to care for children and adolescents at risk for being overweight and for obesity, the Pediatric and Adolescent Overweight Assessment and Management Guidelines flip chart is available. This chart gives providers practical, point-of-care guidance on the prevention and treatment of overweight and obese patients. Adapted from the Child and Adolescent Obesity Provider Toolkit, produced by the California Medical Association (CMA) Foundation and an expert panel of health care professionals, this flip chart was created to offer the latest tools and practice recommendations for providers in addressing excess weight and obesity in their patients, including:

- Identification and management of body weight with a routine calculation of BMI.
- Assessment, monitoring and management of at-risk children and adolescents, including brief education and counseling tools, targeted laboratory screenings and appropriate specialty referrals.
- Cultural sensitivity considerations during the patient-provider experience.
- Resource information for nutrition, physical fitness and life-skill support education, national guidelines, and weight management programs.

To review the electronic version of the complete Child and Adolescent Obesity Provider Toolkit, visit the CMA Foundation website at www.thecmafoundation.org/programs/obesity.

FIT PROVIDERS FOR LIFE

Fit Providers for Life is a worksite wellness program for providers and their staff. Recognizing that a healthy provider and staff is more motivated, energetic and happy, contributing to a favorable and productive workday. Provider offices interested in this program receive a program toolkit to develop their own worksite wellness activities. Additionally, all staff receives a nutrition and physical activity tip sheet and Fit Families for Life DVD.

RETHINK YOUR DRINK AND *MY PLATE* PROVIDER TOOL

Consumption of sugar-sweetened beverages and unhealthy foods continues to be an escalating trend in many households. To assist medical providers in the campaign to reduce the consumption of sodas, energy drinks and unhealthy meals, the two-sided poster/table-top piece, *Rethink Your Drink* and *My Plate*, is a clinic-based tool for office visits with adolescents and parents. Available in English and Spanish, this tool was developed in partnership with the Los Angeles Collaborative for Healthy Active Children. To request a copy, providers may contact the Health Education Department at 1-800-804-6074.

TOBACCO CESSATION PROGRAM

The California Smokers' Helpline tobacco cessation program is available to CalViva Health members. The program offers free telephone counseling, self-help materials and online help in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese) to help members quit smoking and stay tobacco-free. CalViva Health members can enroll in the telephonic tobacco cessation program by calling the California Smokers' Helpline at 1-800-662-8887 or 1-800-NO-BUTTS or online at www.nobutts.org. Members may request a referral to group counseling by calling the Health Education Department at 1-800-804-6074.

The program provides additional support through texting. Members receive customized daily texts during the first important weeks of quitting and staying tobacco-free. Members may enroll at nobutts.org/ and select the Texting Program.

ELECTRONIC HEALTH EDUCATION PROGRAMS

T2X is a Web and mobile technology platform that educates and motivates individuals to adopt healthier lifestyles by addressing topics, such as nutrition, fitness, smoking cessation, depression, vaccination, anti-bullying, and sexual health. The goal of T2X is to increase participants' capacity to access and appropriately use their health coverage, become more engaged in their health care and health behavior decisions, and develop pro-health attitudes. Individuals ages 13 and older, regardless of health coverage status, can join for free online at www.t2x.me.

INTEGRATED CARE MANAGEMENT PROGRAM

Integrated care management is available to eligible CalViva Health members. The goal of integrated care management is to address the holistic needs of each member through their individual continuum of health care. Integrated care management is comprised of two components, complex care management and care coordination.

Complex care management focuses on members identified as having multiple comorbidities, being at high risk for hospitalizations or poor outcomes, or in need of extensive use of resources related to catastrophic illness or injury, (such as transplants, HIV/AIDS, cancer, serious motor vehicle accidents) and high-risk pregnancy. This criteria is not all inclusive;

clinical judgment is used to determine a member's appropriateness for each level of case management, considering such factors as stability of the condition(s), available support system, and current place of residence. The program utilizes a member-focused, goal-directed, evidence-based approach to develop, implement and monitor a care plan. Trained nurse care managers and licensed clinical social workers, in collaboration with a multidisciplinary team, provide coordination, education and support to the member in achieving optimal health, enhancing quality of life, and accessing appropriate services.

Care coordination is designed to assist members with primarily psychosocial issues, such as housing, financial, lack of family or social support, with need for referrals to community resources, or assistance with accessing health care services. Care coordination typically involves non-clinical activities performed by non-clinical staff. Clinical staff may provide assistance if minor medical or behavioral health concerns arise.

Program Components

This program supports CalViva Health members, families and caregivers by coordinating care and facilitating communication between health care providers. Once a member is selected to participate in the program, a care manager contacts the member's PCP to coordinate care. This helps to facilitate an appropriate personalized level of care for members, which may include:

- Telephonic and face-to-face (as needed) interactions. Comprehensive assessment of medical, psychosocial, cognitive, medication adherence, and DME needs.
- Development of an individual care treatment plan in collaboration with the member and the health care team that reflects the member's ongoing health care needs, abilities and preferences.
- Consolidation of treatment plans from multiple providers into a single plan of care to avoid fragmented or duplicative care.
- Coordination of treatment plans, including emotional and social support, for acute or chronic illness.
- Coordination of resources to promote the member's optimal health or improved functionality with referrals to other team members or programs, as appropriate.
- Education and information about medical conditions and self-management skills, compliance with the medical plan of care, and other available services to reduce readmissions and inappropriate utilization of services.
- Communication to the provider and medical home.

Referrals

Providers can refer a member by email to cashp.acm.cma@healthnet.com or via fax at 1-866-581-0540. The Case Management Referral Form is available at provider.healthnet.com in the Provider Library under *Forms*. Members may self-refer to the program by calling the CalViva Health Member Service Department's 24-hour toll-free number printed on the back of their member identification card.

CLINICAL PRACTICE GUIDELINES

Evidence-based clinical practice guidelines are from nationally recognized sources and form the foundation for these disease management programs. All guidelines are reviewed and updated at least biannually and when new scientific evidence or national standards are published. The clinical practice guidelines and tools are available on the provider website at provider.healthnet.com under *Working with Health Net > Clinical > Medical Policies > Clinical Guidelines*.

Guidelines sources include, but are not limited to, the following:

- Disease management – Clinical guidelines and overview summaries are available for providers to quickly reference information about chronic conditions, which include asthma, diabetes and HF. Sources are found within the guidelines.
- Behavioral health – Clinical guidelines are available for such disorders as attention deficit hyperactivity disorder (ADHD) and substance use disorder.

PREVENTIVE HEALTH GUIDELINES

CalViva Health and Health Net recommend that participating providers follow the preventive guidelines adopted from the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC), American Congress of Obstetrics and Gynecology (ACOG), American Cancer Society (ACS), and American Academy of Family Physicians (AAFP) in the treatment of adult, senior, prenatal, and postpartum CalViva Health members. The guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee for Immunization Practices (ACIP) are recommended for the preventive care and treatment of infants, children and adolescents. A CalViva Health member's medical history and physical

examination may indicate that further medical tests are needed. As always, the judgment of the treating physician is the final determinant of member care.

Current recommended guidelines of the specialty boards, academies and organizations used in the development of the health plan's preventive health guidelines are available on the following websites:

- USPSTF – www.uspreventiveservicestaskforce.org
- CDC – www.cdc.gov
- ACOG – www.acog.org
- ACS – www.cancer.org
- AAP – www.aap.org
- AAFP – www.aafp.org

Preventive health guidelines are available through provider.healthnet.com and selecting *Working with Health Net > Clinical Preventive Guidelines*. All information offered on the provider website is available to participating providers in print copy upon request.

INITIAL HEALTH ASSESSMENTS

New CalViva Health members must receive an initial health assessment (IHA), which includes an age-appropriate history, physical examination and Individual Health Education Behavioral Assessment (IHEBA), within 120 days after the date of enrollment. In addition to assessing the member's health, this examination should be used to determine health practices, values, behaviors, knowledge, attitudes, cultural practices, beliefs, literacy levels, and health education needs.

Members under age 18 months require a health assessment within periodicity timelines established by the AAP for ages two and younger, whichever is less. All new pediatric plan members will receive preventive services in accordance with the AAP Periodicity Table for Wellness Examination. Newly enrolled adult plan members will receive preventive services in accordance with the latest edition of the Clinical Preventive Services published by the USPSTF.

DHCS's approved IHEBA is the Staying Healthy Assessment (SHA). The SHA is the established assessment tool that enables PCPs to assess Medi-Cal members' current acute, chronic and preventive health needs. The SHA includes standardized questions to assist PCPs in:

- Identifying and tracking high-risk behaviors of individual Medi-Cal members.
- Assigning priority to individual health education needs related to lifestyle, behavior, environment, culture, and language.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referrals, and follow-up care.

All SHA questionnaires must include the PCP's name, signature and date. The SHA should be completed at age-related intervals, as appropriate. If a member refuses to complete the SHA, the PCP must make note of the refusal in the member's medical record.

Providers can access SHA training and download or print electronic versions of the SHA directly from the DHCS website at www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx, where it is available in nine threshold languages. The SHA is also available in English, Spanish, Arabic, Farsi, and Khmer on provider.healthnet.com in the Provider Library under *Forms*. Providers are encouraged to contact the Health Education Department at 1-800-804-6074 to request more information about SHA.

NOTICE OF ACCESS STANDARDS

CalViva Health strives to ensure compliance with all applicable state, federal, regulatory, and accreditation requirements, and that members have a comprehensive provider network and timely access to care. CalViva Health and Health Net continually monitor the network and evaluate whether members have sufficient access to practitioners and providers who meet their care needs. CalViva Health notifies all applicable providers of CalViva Health's established appointment access standards, network adequacy requirements, and access and availability monitoring processes. The standards include, but are not limited to, appointment waiting times for routine, urgent and preventive care; requirements for after-hours access to care; and other requirements and guidelines for access to medical care as mandated by the applicable regulatory body for the line of business.

Provider Office Wait Times

DHCS requires CalViva Health to monitor provider office wait times. In-office wait times for scheduled appointments must not exceed 30 minutes. To demonstrate compliance with this requirement, CalViva Health requests that providers submit completed in-office wait time logs every first Tuesday of the month via fax to (559) 446-1998. In 2017, all CalViva Health counties were within the 30 minutes wait time threshold for both mean and median metrics.

The complete set of access standards and after-hours scripts is available on provider.healthnet.com in the Quality Improvement Corner under *Working with Health Net* > *Quality* > *Patient Experience Provider Toolkit* > *Improving Access to Care References*. Providers who do not have access to the Internet may contact CalViva Health at 1-888-893-1569 to request printed copies of these standards and after-hours scripts.

MEDICAL RECORDS DOCUMENTATION STANDARDS

CalViva Health and Health Net have established standards for the administration of medical records to ensure medical records conform to good professional medical practice, support health management and permit effective member care. A good medical records management system not only provides support to clinical participating providers in the form of efficient data retrieval but also makes data available for statistical and quality of care analyses.

The medical record serves as a detailed analysis of the member's history, a means of communication to assist the multidisciplinary health care team in providing quality medical care, a resource for statistical analysis, and a potential source of defense to support information in a lawsuit. It is the participating provider's responsibility to ensure not only completeness and accuracy of content but also the confidentiality of the health record. Providers are required to adhere to the standards for maintaining member medical records and to safeguard the confidentiality of medical information.

Participating providers are responsible for responding to demands for information while protecting the confidentiality interests of CalViva Health members. All participating providers must have policies and procedures that address confidentiality and the consequences of improper disclosure of protected health information (PHI). Providers should refer to provider.healthnet.com under *Provider Library* > *Operations Manuals* > *Medical Records* > *Confidentiality of Medical Records* > *Procedure* to review specific levels of security of medical records that must be addressed by the participating provider's policies and procedures governing the confidentiality of medical records and the release of members' PHI.

CalViva Health and Health Net monitor medical record documentation compliance and implement appropriate interventions to improve medical recordkeeping. Medical record guidelines are available through provider.healthnet.com or upon request.

MEDICAL RECORD AND FACILITY SITE REVIEWS

The Facility Site Review Compliance Department conducts periodic medical record reviews (MRRs) and facility site reviews (FSRs) to measure PCP compliance with current DHCS medical record documentation and facility standards. These reviews are initially conducted prior to assignment of CalViva Health members and then periodically every three years thereafter in accordance with DHCS requirements, or as needed based for monitoring, evaluation or corrective action plan (CAP) issues. In an effort to decrease duplicative MRRs and FSRs, and minimize the disruption of patient care at participating provider offices, CalViva Health and Health Net and all other Medi-Cal managed care plans are required to collaborate in conducting FSRs and MRRs. On a county-by-county basis, the plans cooperatively determine which plan is responsible for performing a single audit of a PCP and administering a corrective action plan (CAP) when necessary. The responsible plan shares the audit results and CAP with the other participating health plans to avoid redundancy.

DHCS reviews the results of site reviews and may also audit a random sample of provider offices to ensure they meet DHCS standards. Detailed information about audit criteria, compliance standards, scoring, and CAPs is available on provider.healthnet.com.

PHYSICAL ACCESSIBILITY REVIEW SURVEYS

A component of the FSR is the Physical Accessibility Review Survey (PARS). PARS is conducted for participating PCPs, high-volume specialists, ancillary providers, community-based adult services (CBAS) providers, and hospitals. All PCP sites must undergo PARS. Based on the outcome of PARS, each PCP, high-volume specialist, ancillary, CBAS, or hospital provider site is designated as having basic or limited access along with the six specific accessibility indicator designations for parking, exterior building, interior building, restrooms, examination rooms, and medical equipment (accessible weight scales and adjustable examination tables).

Basic access demonstrates facility site access for members with disabilities to parking, building access, elevator, physician's office, examination rooms, and restrooms.

Limited access demonstrates facility site access for members with disabilities as missing or incomplete in one or more features for parking, building access, elevator, physician's office, examination rooms, and restrooms.

Results of the PARS are made available in the provider directory, health plan website and to CalViva Health's Member Services Department to assist members with selecting a PCP who can best serve their health care needs.

UTILIZATION MANAGEMENT

The Utilization Management (UM) Department determines medical appropriateness using recognized guidelines and criteria sets that are clearly documented, based on sound clinical evidence and includes procedures for applying criteria based on the needs of individual CalViva Health members and characteristics of the local delivery systems. For the Medi-Cal program, the following criteria are used:

- Title 22 of the California Code of Regulations (CCR).
- Medi-Cal Managed Care Division (MMCD) policy letters.
- DHCS Manual of Criteria for Medi-Cal Authorization.
- DHCS Medi-Cal Provider Manual.
- Hayes Medical Technology Directory.
- InterQual® Care Planning Criteria.
- CalViva Health and Health Net medical policies.

When a decision results in a denial, the criteria used to arrive at the determination are identified in the denial letter. Each denial letter explains the health plan's appeal process. A physician reviewer is available to discuss denial decisions. Copies of specific health plan criteria are available on request by contacting CalViva Health at 1-888-893-1569.

Under California Health & Safety Code Section 1367(g), medical decisions regarding the nature and level of care to be provided to members, including the decision of who renders the service (for example, PCP instead of specialist, or in-network provider instead of out-of-network provider), must be made by qualified medical providers, unhindered by fiscal or administrative concerns.

UM decisions are based only on appropriateness of care, service and existence of coverage. CalViva Health and Health Net do not specifically reward participating providers or other individuals for issuing denials of coverage for care or service. There are no financial incentives for UM decision-makers to encourage decisions that result in underutilization.

PHARMACEUTICAL MANAGEMENT

Pharmacy management includes the *CalViva Health Formulary* (previously called the Recommended Drug List) and prior authorization criteria. This information is available to members and participating providers. The *formulary* serves as a reference for physicians to use when prescribing pharmaceutical products for CalViva Health members. It provides a comprehensive selection across therapeutic classes. Unlike the state Medi-Cal list of contract medications, the *formulary* does not limit prescriptions to six per month. In addition, select over-the-counter (OTC) medications comparable to those approved by DHCS are covered on the *formulary*, and generic medications are not limited to selected manufacturers. Providers can access the *formulary* online at provider.healthnet.com under *Provider Library* > *Operations Manuals* > *Prescription Drug Program* > *Medi-Cal Recommended Drug List* or calvivahealth.org.

The Pharmacy & Therapeutics (P&T) Committee maintains the *formulary*. The P&T Committee, which consists of actively practicing pharmacists and practitioners, evaluates the safety profile, effectiveness and affordability of the medications. The medications listed are approved by the U.S. Food and Drug Administration (FDA) and are reviewed by the P&T Committee. The *formulary* is continually reviewed and revised in response to recommendations from participating providers and as new clinical data and medication products become available.

RIGHTS AND RESPONSIBILITIES

CalViva Health is committed to treating members in a manner that respects their rights, recognizes their specific needs and maintains a mutually respectful relationship. In order to communicate this commitment, CalViva Health has adopted member rights and responsibilities, which apply to members' relationships with CalViva Health, its practitioners and providers, and all other health care professionals providing care to its members. The member rights and responsibilities are available at provider.healthnet.com under *Provider Library* > *Operations Manuals* > *Member Rights and Responsibilities*, or upon request by contacting CalViva Health.

MEMBER APPEALS

A member or a member representative who believes that a determination or application of coverage is incorrect has the right to file an appeal. CalViva Health responds to standard appeals within 30 calendar days. A 72-hour appeal resolution is available if waiting could seriously harm the member's health.

Additionally, a CalViva Health member may request a state hearing from the California Department of Social Services (DSS) at any time during the appeal process by calling the Public Inquiry and Response Unit at 1-800-952-5253 (TDD: 1-800-952-8349) or in writing via mail or secure fax to:

California Department of Social Services
State Hearings Division
PO Box 944243
Mail Station 19-17-37
Sacramento, CA 94244-2430
Fax: (916) 651-5210 or (916) 651-2789

In addition to the appeal process described above, members may contact the California Department of Managed Health Care (DMHC). DMHC is responsible for regulating health care service plans. DMHC receives complaints and inquiries about health plans via a toll-free number at 1-888-466-2219 or (TDD: 1-877-688-9891). DMHC's website has complaint forms and instructions online at www.hmohelp.ca.gov.

All grievances and appeals should be forwarded immediately to the Medi-Cal Member Services Department.

PRIVACY AND CONFIDENTIALITY

CalViva Health members' PHI, whether it is written, oral or electronic, is protected at all times and in all settings. Practitioners and providers can only release PHI without authorization when:

- Needed for payment.
- Necessary for treatment or coordination of care.
- Used for health care operations (including, but not limited to, HEDIS reporting, appeals and grievances, utilization management, quality improvement, and disease or care management programs).
- Where permitted or required by law.

Any other disclosure of a CalViva Health member's PHI must have a prior, written member authorization.

Particular care must be taken, as confidential PHI may be disclosed intentionally or unintentionally through many means, such as conversation, computer screen data, faxes, or forms. Participating providers must maintain the confidentiality of member information pertaining to the member's access to these services. CalViva Health and Health Net require PPGs to obtain Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreements from people or organizations with which the PPG contracts to provide clinical and administrative services to members.

Special authorization is required for uses and disclosures involving sensitive conditions, such as psychotherapy notes, AIDS or substance abuse. To release a member's PHI regarding sensitive conditions, participating providers must obtain prior, written authorization from the member (or authorized representative) that states information specific to the sensitive condition may be disclosed.

INTERPRETER SERVICES

Interpreter services are available at no cost to CalViva Health members and providers without unreasonable delay at all medical points of contact. The member has the right to file a complaint or grievance if linguistic needs are not met.

Provider Guidelines

- Providers may not request or require an individual with limited English proficiency (LEP) to provide his or her own interpreter.
- Providers may not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP.
- Providers may not rely on an adult or minor child accompanying an individual with LEP to interpret or facilitate communication.

- A minor child or an adult accompanying the patient may be used as an interpreter in an emergency involving an imminent threat to the safety or welfare of the individual or the public where there is no qualified interpreter for the individual with LEP immediately available.
- An accompanying adult may be used to interpret or facilitate communication when the individual with LEP specifically requests that the accompanying adult interpret, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
- Providers are encouraged to document in the member's medical record the circumstances that resulted in the use of a minor or accompanying adult as an interpreter.

To obtain interpreter services, members and providers can contact CalViva Health at 1-888-893-1569.

ADDITIONAL INFORMATION

More extensive information about all the programs described in this update is available on the provider website at provider.healthnet.com.

A complete copy of the QI program description is available on request by email at cqi_dsm@healthnet.com. Providers who do not have access to the Internet may request print copies of provider materials by contacting the Provider Communications Department via fax at 1-800-937-6086 or via email at provider.communications@healthnet.com.

If you have questions regarding the information contained in this update, or the information or instructions on how to use the services described in this update, contact CalViva Health at 1-888-893-1569.