PROVIDER*Update*

Health Net®

NEWS & ANNOUNCEMENTS | SEPTEMBER 1, 2016 | UPDATE 16-551 | 4 PAGES

Quality Management Program

This communication provides an overview of the components of the Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) multifaceted quality management program, including quality improvement (QI) processes and instructions on how to obtain additional information about the program. Providers are encouraged to review the complete description of the Health Net QI program at least annually to be familiar with the programs and resources available to assist in improving members' health. For the most current and accurate information, Health Net recommends that providers regularly access the Health Net provider website at provider.healthnet.com. A complete copy of Health Net's QI program description and overall progress toward meeting QI goals is available upon request from the Health Net QI Department via email at cqi_dsm@healthnet.com.

OVERVIEW

The Health Net 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, the measurement of adherence to the standards and the implementation of actions to improve performance. The standards include, but are not limited to:

- Clinical practice guidelines.
- Utilization management processes.
- Preventive health guidelines.
- Medicare Advantage (MA) health assessments.
- Member rights and responsibilities.
- Medical record documentation standards.

CLINICAL PRACTICE GUIDELINES

Health Net's evidence-based clinical practice guidelines are updated at least every other year and when new scientific evidence or national standards are published. Health Net's Medical Advisory Council (MAC) adopts the clinical practice guidelines and tools, which are available on provider.healthnet.com under *Working with Health Net > Clinical > Medical Policies* or *Decision Power > Clinical Guidelines*. Providers who do not have access to the Internet may contact the Health Net Provider Services Center to request printed copies of these guidelines.

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

- Disease management – Decision Power® clinical guidelines and overview summaries are available for providers to quickly reference information about a number of chronic conditions, which include asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, and heart failure (HF).

THIS UPDATE APPLIES TO **ARIZONA** PROVIDERS:

- ● Physicians
- ● Medical Groups/IPAs
- ○ Hospitals
- ○ Ancillary Providers

LINES OF BUSINESS:

- ● Advantage Platinum (HMO)
- ● Advantage Platinum (PPO, POS)
- ● Medicare Advantage (HMO)

PROVIDER SERVICES

az_internetproviderinquiries@healthnet.com
HMO, PPO, POS, Medicare Advantage – 1-800-289-2818
Health Insurance Marketplace – 1-888-926-1870
www.healthnet.com

NATIONAL PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
fax 1-800-937-6086

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- The basis for these guidelines is provided by the following organizations:
  - Asthma and COPD: National Heart, Lung and Blood Institute (NHLBI).
  - Diabetes: American Diabetes Association (ADA).
  - CAD and HF: American Heart Association (AHA) and Institute for Clinical Systems Improvement (ICSI).
- Behavioral health – MHN, Health Net's behavioral health division, has compiled clinical practice guidelines on major depression, substance use and attention deficit and hyperactivity disorder (ADHD) in children based on nationally recognized sources, such as the American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP).

UTILIZATION MANAGEMENT

Health Net uses utilization management (UM) decision-making criteria that is objective and based on medical evidence to determine medical necessity, including InterQual®, Hayes Medical Technology Directory, Medicare coverage determinations, and Health Net medical policies. Health Net medical policies are available to providers on provider.healthnet.com by selecting *Working with Health Net > Regulatory > Medical Policies.* Providers may obtain copies of specific Health Net criteria upon request by contacting the Health Net Provider Services Center as listed in the right-hand column of page 1 and on the last page of this update.

When a medical necessity decision results in a denial, the denial criteria are identified in the denial letter. Each denial letter explains how to obtain a copy of the criteria, a statement on the Health Net appeal process, and the name and telephone number of the Health Net provider reviewer who is available to discuss denial decisions with the requesting practitioner or provider, as required.

Practitioners and providers participating with a Health Net delegated partner may also contact the delegated partner's UM department for the UM criteria. Health Net UM staff are available by contacting the Health Net Provider Services Center. The delegated partner UM staff can be contacted through the delegated partner.

UM decisions are based only on appropriateness of care, service and existence of coverage. Health Net does not reward practitioners, providers or other individuals for issuing denials of coverage for health care or services. There are no financial incentives for UM decision-makers to encourage decisions that result in under-utilization.

PREVENTIVE HEALTH GUIDELINES

Health Net's preventive health guidelines are standards of care developed to encourage the appropriate provision of preventive services to members, according to their age, gender and risk status. These services include screening tests, immunizations and physical examinations. Health Net bases these guidelines on recommendations from evidence-based sources, such as the United States Preventive Services Task Force (USPSTF), Advisory Committee for Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC), American Congress of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), and American Academy of Family Physicians (AAFP). These guidelines do not address the specific diagnostic testing or medical care that may be necessary as indicated by the member's medical history and physical examination. As always, the judgment of the treating provider is the final determinant of member care.

Health Net's preventive health guidelines are reviewed and approved by the Health Net MAC at least every two years or when new recommendations are published. The guidelines are available on provider.healthnet.com. Providers who do not have access to the Internet may contact the Health Net Provider Services Center to request printed copies of these guidelines.

HEALTH ASSESSMENT FOR MEDICARE ADVANTAGE MEMBERS

Health Net makes every effort to perform a telephonic health risk assessment (HRA) for new MA members within 90 days of enrollment. Health Net mails the HRA to members who cannot be reached by telephone. Health Net reports member responses to the appropriate medical groups/independent practice associations (IPAs) and PCPs to facilitate more efficient access to health care for each new MA member's medical or behavioral health concerns.

MEMBER RIGHTS AND RESPONSIBILITIES

Health Net 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, Health Net has adopted member rights and responsibilities that apply to members' relationships with Health Net, its practitioners and providers, and all other health care professionals providing care to its members. The member rights and responsibilities are available in the Provider Library on provider.healthnet.com under *Member Rights and Responsibilities* or upon request by contacting the Health Net Provider Services Center.

MEDICAL RECORD DOCUMENTATION STANDARDS

Health Net has established standards for the administration of medical records that ensure medical records conform to good professional medical practice, support health management and permit effective member care. A good medical record management system not only provides support to clinical practitioners and 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 support information in a lawsuit. It is the practitioner and provider's responsibility to ensure not only completeness and accuracy of content, but also the confidentiality of the health record. Health Net requires that the practitioner and provider adhere to the standards for maintaining member medical records and to safeguard the confidentiality of medical information.

Practitioners and providers are responsible for responding to requests for information while protecting the confidentiality interests of Health Net members. All practitioners and providers must have policies and procedures that address confidentiality and the consequences of improper disclosure of member PHI. Refer to the Medical Records Guidelines topic in the Health Net provider operations manuals (available online through provider.healthnet.com) to review specific levels of medical record security that must be addressed by practitioner and provider policies and procedures governing the confidentiality of medical records and the release of member PHI.

Health Net monitors medical record documentation compliance and implements appropriate interventions to improve medical recordkeeping. Medical record guidelines are available through provider.healthnet.com or upon request by contacting the Health Net Provider Services Center.

QUALITY OF CARE AND CONSUMER ASSESSMENT OF HEALTH CARE REPORTS AVAILABLE

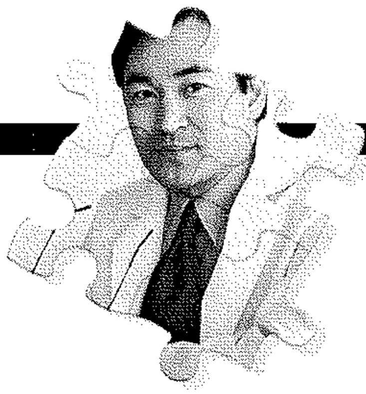
Health Net measures quality of care and services provided to members in a number of ways, including the Healthcare Effectiveness Data and Information Set (HEDIS®) for performance measures for care and service and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for annual assessment of member satisfaction. The 2016 health plan collective CAHPS reports are now available on the Health Net website under *Working with Health Net > Quality > CAHPS*. These reports provide information about Health Net rates of member satisfaction as well as strategies for improvement for all lines of business involved with National Committee for Quality Assurance (NCQA) accreditation.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's 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 Provider Services Center at:

Line of Business	Telephone Number	Email Address
HMO, PPO, POS, & MEDICARE ADVANTAGE	1-800-289-2818	AZ_InternetProviderInquiries@healthnet.com
HEALTH INSURANCE MARKETPLACE	1-888-926-1870	



Health Net®

How the ACA Impacts *Your* Practice

National webinar presented by Optum™

Please attend the upcoming national webinar to learn more about how your practice can benefit from the Affordable Care Act (ACA). The webinar will also provide a refresher on the ACA risk adjustment model, challenges of chart documentation and guidelines for correct diagnostic coding with a focus on five common health conditions.

Key topics:

- ACA and risk adjustment.
- CMS directives and HIPAA mandates.
- Conditions that may impact disease severity.
- Defaulting to the efficient rather than the accurate and complete.
- Quick-pick lists, common lists, favorites lists, and super bills.
- Basic coding guideline review.
- Documenting and coding the most common diagnoses.
- Documentation requirements and electronic medical records (EMRs).

Presenters:

Optum

American Health Information Management Association (AHIMA)-approved ICD-10-CM trainers:

- Vikii Schmidt, CPC
- Carrie Mann, Co-host

Who should attend?

MDs, NPs, PAs, office managers, billers, and coders.

This webinar training module is AAPC-accredited for one CEU for qualifying certified professional coders (CPCs).

Session date and time:

Friday, September 16, 2016

10:00 a.m. to 11:30 a.m.

Registration information:

Register online at:
https://optum.webex.com/optum/j.php?MTID=m754a53be7617d7b0bd79f400c1ad7adc

Availability is limited. Register soon!

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