

PRACTITIONER *Update*

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Dear MHN Practitioner,

The MHN Quality Improvement (QI) Department is pleased to present the next issue of the MHN Practitioner Update Newsletter.

We hope you take the time to get reacquainted with the current Timely Access to Care regulations and take note that our Provider Appeals and Disputes mailing address has recently changed.

[MHN providers in states other than California that have questions about how any of the regulations referenced apply to them can contact their assigned Professional Relations Representative here for more information.](#)

Thank you for taking the time to read this newsletter.

Regards,
The MHN QI Department



**Providers will soon be able to contact our PR
Department DIRECTLY by PHONE!**
Details coming soon...



MHN PROVIDER APPEALS AND DISPUTES MAILING ADDRESS CHANGE

Effective 08/01/2019, MHN provider appeals and disputes must be mailed to the following address:

**MHN Provider Appeals/Disputes
PO Box 419105
Rancho Cordova, CA 95741-9105**

Additional information about MHN provider appeals and disputes, including the form to use for submission, is available in the provider operations manuals or on our website at <https://www.mhn.com/providers.html>.

**If you have questions regarding the information contained in this update, contact
MHN Customer Service at 1-800-444-4281.**

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TO REACH MHN CUSTOMER SERVICE:

**CALL THE # ON THE
BACK OF THE
MEMBER'S ID CARD**

TO REACH PROFESSIONAL RELATIONS:

**[PROFESSIONAL.
RELATIONS@
HEALTHNET.COM](mailto:PROFESSIONAL.RELATIONS@HEALTHNET.COM)**

Annual Regulations Notification: TIMELY ACCESS TO CARE



Health plans are required by regulators to provide timely access to care. This means that there are limits on how long your patients should have to wait to get behavioral health care appointments and telephone advice.

Appointment Wait Times:

Appointment Type:	Timeframe:
In-office wait time <i>Consumer Assessment of Healthcare Providers and Systems (CAHPS) requirement</i>	Seen within 15 minutes of appointment time
Urgent Care (prior authorization not required)	48 hours
Non-Urgent (routine) Doctor Appointment with a psychiatrist	15 business days
Non-Urgent (routine) Mental Health Appointment (non-physician*)	10 business days

* Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers

If your patient is unable to obtain a timely referral, you may contact the patient's health plan by using the toll free number located on the back of the member's ID card or by contacting the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 for assistance.

Patients may call MHN 24-hours-a-day, 7 days a week to speak with a qualified behavioral health professional, who will complete an assessment to determine the level of urgency of their health problem



MHN expects practitioners to return telephone calls from members referred by MHN for routine referrals *within 2 business days!*

Annual Regulations Notification: LANGUAGE ASSISTANCE PROGRAM & INTERPRETER SERVICES

The Health Care Language Assistance Act, effective since 2009, requires all managed care health plans to provide language assistance and culturally sensitive services to members who are limited-English proficient (LEP).

To comply with this mandate, MHN created the Language Assistance Program (LAP) to ensure that LEP members are able to obtain language assistance while accessing mental health care services. MHN provides members with language assistance through face-to-face, telephonic interpretation services, and written translation services as well as through our diverse network of practitioners. Interpretation services are arranged by MHN prior to referral to a practitioner to

support MHN members' linguistic and cultural needs. MHN maintains ongoing administrative and financial responsibility for implementing and operating the language assistance program for members and does not delegate its obligations under language assistance regulations to its participating providers.

Should you discover that a member needs interpretation services after beginning treatment, please contact MHN immediately so that we can assist in obtaining the necessary resources. **To access these services for Managed Care members, please call the toll free number located on the back of the member's identification card. If this number is unavailable, or to access services for EAP members, please call the MHN Language Assistance Services Line at (888) 426-0023.**



Even though several elements of our LAP are required in California, **MHN offers the same, free telephonic and in-person interpreter and written translation services to members outside of California.**

LAP Overview

MHN's Language Assistance Program includes the following:

- ❖ Interpreter services for LEP MHN members are available 24 hours a day, seven days a week at all points of contact, by contacting MHN Language Assistance Services at (888) 426-0023. This assistance includes face-to-face, telephonic interpretation services and written translation services.
- ❖ MHN provides a notice of language assistance services with vital documents to all California members. MHN will provide translated documents in threshold languages (Spanish, Chinese, Korean, and Vietnamese) and provide interpretation and translation services in many more languages, upon request. This notice is also available to contracted providers for distribution to members upon request.

Provider LAP Compliance Requirements

All MHN providers are required to support the LAP by complying with the following:

- ❖ **Interpreter Services** – Use qualified interpreters for LEP members. Interpreter services are provided by MHN at no cost to the provider or the member. You may contact the MHN Language Assistance Services Line or MHN Customer Service to arrange interpretation services.
- ❖ **Member Complaint/Grievance Forms** – Members wishing to file a grievance or complaint should call the number listed on the back of their identification card, or access <https://www.mhn.com/members/behavioral-health/appeals-grievances.html> to obtain complaint/grievance forms, also available in Spanish, Chinese, Korean and Vietnamese (links to printable format also provided).



- ❖ **Independent Medical Review Application (CA only)** – Locate the DMHC's Independent Medical Review (IMR) application and provide it to members upon request. This application is available in English, Spanish, Chinese, Korean and Vietnamese on the DMHC Web site at <http://www.dmhc.ca.gov/FileaComplaint.aspx>.
- ❖ **Documentation of language preference** – Document the member's language preference and the refusal or use of interpreter services in the member's medical record. MHN strongly discourages the use of adult family or friends as interpreters, except in emergency situations. If, after being informed of the availability of interpreter services, the member prefers to use an adult family or friend as an interpreter, the provider must document this in the member's medical record. The use of a minor as an interpreter is only permitted in emergency situations.
- ❖ **Engage telephonic referral if face-to-face interpreter is late** – If a scheduled face-to-face interpreter fails to attend appointment within an acceptable timeframe, providers are encouraged to offer the patient the choice of using a telephonic interpreter. Providers can call MHN Customer Service and a customer service agent will conference in the telephone interpreter to expedite services. To access these services for Managed Care members, please call the toll free number located on the back of the member's

identification card. For EAP members, please call the MHN Language Assistance Services Line at (888) 426-0023.

- ❖ **Notify MHN of Language capability changes** – Practitioners are contractually obligated to notify MHN of any change to their practice, including changes in language abilities, 30 days prior to the effective date of such a change, by attesting to these changes via the Provider Portal at www.mhn.com. MHN does not track bilingual changes among office staff, however practitioners must notify us when there has been an addition/departure of a bilingual clinician from a group practice.

Cultural Competency Training

MHN recommends that all providers participate in a cultural competency training course as part of their continuing education. The United States Department of Health and Human Services’ Office of Minority Health (OMH) offers a computer-based training (CBT) program on cultural competency for health care providers. This program was developed to furnish providers with competencies enabling them to better treat California’s increasingly diverse population. For more information, refer to the OMH Think Cultural Health Web site at www.ThinkCulturalHealth.hhs.gov.

ADDITIONAL INFORMATION

If you have additional questions regarding translation or interpretation services available to our members, contact the MHN Service Team indicated on the back of the member identification card. If you have any other questions about your network participation, please submit a Contact Us form through MHN’s Provider Portal or email us at professional.relations@mhn.com.



Each year, California health plans are required to conduct a survey to monitor compliance with the TIMELY ACCESS TO CARE regulations stated above. As a participating MHN provider in CA, if a survey is sent to you, your response is required within 5 business days.

For more information about DMHC Timely Access Regulations, please click [here](#).

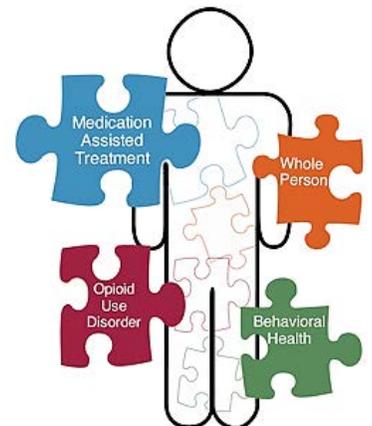
MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

Source: <http://choosemat.org/>

What is MAT?

Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (SUD), such as Opioid Use Disorder (OUD). Research shows that a combination of medication and counseling can successfully treat these disorders, and for some people struggling with addiction, help sustain recovery.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medications used in MAT operate to normalize brain chemistry, block the euphoric effects of alcohol and



opioids, relieve physiological cravings, and normalize body functions, without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs.

Common Myths about MAT:

MYTH:	FACT:
MAT just trades one addiction for another.	MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery.
MAT is only for the short term.	Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT.
My patient’s condition is not severe enough to require MAT.	MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient.
MAT increases the risk for overdose in patients.	MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression.
Providing MAT will only disrupt and hinder a patient’s recovery process.	MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.
There isn’t any proof that MAT is better than abstinence.	MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment.
Most insurance plans don’t cover MAT.	All state Medicaid programs cover at least one MAT medication and most cover all three (methadone, buprenorphine and naltrexone). In addition, the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care.

COMING SOON!

TRAINING & EDUCATION COURSE CATALOG!



A new Training and Education Course Catalog will be available in the *Provider Newsroom* section of the MHN Provider Portal later this year! The catalog will contain information about our online clinical training programs designed to enhance the knowledge, skills and performance of health professionals who empower our members to make positive health behavior changes. Many courses support continuing education for providers, enhance integrated care and expand use of best practices. Participants can receive continuing education* related to licensing requirements for some classes and will receive certificates of completion. **So remember, keep checking the *Provider Newsroom* to see if the Training and Education Course Catalog has been posted!**

* Check with your licensing board to ensure courses taken meet your licensure requirements

Current Clinical Practice Guidelines and Position Papers

MHN began the process of developing Clinical Practice Guidelines in 1997. MHN considers a number of resources in this process, including our own research on the effectiveness of elements of the guidelines, reviewing the literature about treatment of disorders and reviewing guidelines from professional organizations. The guideline is drafted and then reviewed by the MHN Quality Improvement-Utilization Management Committee (QI-UMC). The QI-UMC then submits the guideline to the Health Net Medical Affairs Committee (MAC) with a recommendation that it approve the guideline. Health Net makes the final decision to approve and adopt the guideline.

We currently have the following Clinical Practice Guidelines:

- ❖ [Attention-Deficit Hyperactivity Disorder in Children \(pdf\)*](#)
- ❖ [Substance Use Disorder Clinical Practice Guideline \(pdf\)*](#)

We currently have the following Clinical Position Papers:

- ❖ [Ketamine Use for Treatment Resistant Depression or PostTraumatic Stress Disorder \(pdf\)*](#)
- ❖ [Medication Assisted Treatment Guidelines for Substance Use Disorders \(pdf\)*](#)
- ❖ [Dialectical Behavior Therapy \(DBT\) \(pdf\)*](#)



These documents are available online via the links above. It is important to remember that the guidelines are suggestions for treatment, and elements of the guidelines may not be applicable in all cases. You must use your clinical judgment in making final decisions about application of the guidelines.

Information gleaned from the evaluation of compliance with the Clinical Practice Guidelines will be used both to improve practitioner performance and also in MHN's process to update and improve our Clinical Practice Guidelines.



[Click here to see results from the 2018 State of California Provider Appointment Availability Survey!](#)

The next Practitioner Update is scheduled for February 2020

Thank you for your time and attention!

The MHN Quality Improvement Department

