

# PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review this September 2021 issue of the MHN Practitioner Update. This issue includes our annual updates about Timely Access to Care and Language Assistance regulations.

Also included is information about billing codes, improving member perception of appointment access and availability, upcoming Provider Resilience webinars and an opportunity to help us improve our Provider Portal!

Regards,  
The MHN QI Department



## **\*\*REMINDER\*\***

**The annual Appointment Availability Survey for MHN providers in California is being administered now through the end of the year.**

**For providers in other states the survey will begin in March 2022.**

If you receive a survey via email, fax or phone call, your response is REQUIRED. **Both in-person and telehealth appointments count. Please respond to the survey with your soonest available appointment, regardless of whether it is an in-person or a telehealth appointment.**

[Last year's results can be viewed by clicking here.](#)

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## IMPROVING MEMBER PERCEPTION OF APPOINTMENT ACCESS AND AVAILABILITY

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Our Customer Experience Continuous Improvement (CXCI) Team recently studied MHN member perceptions of appointment access and availability. The review provided key insights into what drives member satisfaction and, conversely, member grievances.

Providers can increase member satisfaction and decrease the likelihood that a member or potential member will file a grievance by keeping in mind that satisfaction with appointment scheduling and wait times increases when:

- People are given **alternative options to get care** like telehealth or seeing another in-network provider in a provider group.
- People **feel like their experience is normal or typical** (e.g. for the geographic area or provider type).
- People are **made aware of other scheduling options** (like phone or online).
- People are **made aware of scheduling impediments** (like if a provider is only available certain days of the week or times of day).
- People are **treated with dignity and respect** and **feel their needs are being addressed**.
- The **time spent making the appointment is minimized**.

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## NEW! CLAIMS FAQ PAGE!

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MHN providers can now review answers to frequently asked questions about claims! You can find our Claims FAQ page by going to [our Provider Portal](#) then clicking on the 'Claim FAQs' tab from the blue navigation panel on the left hand side of the page [or by clicking here!](#) This is a new feature and more content will be added over time, **so keep checking**, the answer may already be available online.

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## HELP US IMPROVE OUR PROVIDER PORTAL!

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If you are experiencing issues with our [self-service Provider Portal](#) or have suggestions on how to enhance our provider portal capabilities, please contact our MHN Provider Services department by phone at 844-966-0298 and select option 3 or by email at [MHN.ProviderServices@healthnet.com](mailto:MHN.ProviderServices@healthnet.com). As always, we appreciate your feedback!

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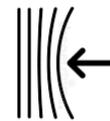
## PRACTITIONER RESILIENCE SESSIONS

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During this unprecedented year of challenges, health care practitioners have faced inordinate and unexpected stressors and transitions in health care delivery and team-based care. This series of one-hour interactive and participatory sessions will provide an opportunity for self- and group

reflection on what has and continues to sustain us in our professional and personal lives. We will weave our conversation with attention to mindfulness practices and

other strategies to take care of oneself and others, and will intentionally draw from narrative medicine practices to deepen and share self-reflections on core themes such as altruism, courage, mindfulness, loss, nature, empathy, community and others. The sessions will be facilitated by Dr. Jeffrey Ring, a health psychologist, author, speaker and consultant on projects related to health equity, medical education, integrated whole-person care and medical leadership. Dr. Ring has extensive clinical experience with health practitioner resilience and vitality through teaching, consultation and retreats.



Objectives:

1. Be able to articulate the personal impacts of providing health and mental health care during a pandemic.
2. Be able to draw from medical humanities and mindfulness-based approach in health care provision and self-care.
3. Deepen their connection with others in articulating best practices for resilience and well-being.

To accommodate as many schedules as possible, various session times are offered throughout the series. The first 2 sessions took place in July and August but **providers can drop in for one or more of the remaining sessions as needed** (clicking on the links below will open a ZOOM meeting window).

- [Thursday, September 23, 2021 at 2 pm PT](#)
- [Thursday, October 21, 2021 at 9 am PT](#)
- [Thursday, November 18, 2021 at 12 pm PT](#)
- [Thursday, December 9, 2021 at 12 pm PT](#)

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## ANNUAL REGULATIONS NOTIFICATIONS: TIMELY ACCESS TO CARE

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Health plans are required by regulators to ensure all of their network providers are offering timely access to care and treatment. This means that there are limits on how long your patients should have to wait to get behavioral health care appointments and telephone advice.

Returning Routine Member Calls and Voicemail Messages:	Timeframe:
MHN Provider Manual: MHN Provider Network Adequacy & Practitioner Availability Standards, Section 5.1.B	<b>Within 2 Business Days</b>

In-Office Appointment Wait Time:	Timeframe:
<b>In-office wait time</b> Consumer Assessment of Healthcare Providers and Systems (CAHPS) requirement	<b>Seen within 15 minutes of appointment time</b>

Appointment Type:	Timeframe:
<b>Urgent Care</b> (prior authorization not required)	<b>48 hours</b>
<b>Non-Urgent (routine) Doctor</b> Appointment with a psychiatrist	<b>15 business days</b>
<b>Non-Urgent (routine) Mental Health</b> Appointment (non-physician*)	<b>10 business days</b>

\*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.**

## ANNUAL REGULATIONS NOTIFICATIONS: LANGUAGE ASSISTANCE AND INTERPRETER SERVICES

The Health Care Language Assistance Act, effective since 2009, requires all California 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 and video remote interpretation services, written translation services, including alternate formats, 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 and video remote interpretation services and written translation services, including alternate formats.
- ♦ 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 the [MHN Appeals and Grievances web page here](#) 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 here in English, Spanish, Chinese, Korean and Vietnamese on the DMHC website.](#)



- ♦ **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 [mhn.com](http://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 website here.](#)

## **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 here](#) or [email MHN Provider Services by clicking here](#). You may also contact a Provider Relations Representative Toll Free at (844) 966-0298.

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## **REMINDER!**

[Electronic versions of our most recent Provider Newsletters can be found at any time in the 'Practitioner Newsletters' section of our Provider Newsroom page here.](#)

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## **OUTPATIENT BILLING CODES**

During the past year and a half we have all been challenged to meet the behavioral health needs of MHN members during a time of extraordinary stress. MHN is grateful for your efforts during this time. We would like to request your collaboration to ensure that behavioral health resources are used wisely on an ongoing basis.

As a reminder, there are three CPT codes available for individual psychotherapy; 90832, 90834 and 90837. A recent review of MHN claims from the past year indicates that provider billing patterns have shifted toward an increase in the use of 90837 versus 90834 for a typical 50-minute session. MHN is also seeing more telehealth claims submitted under 90837 as a percentage of claims.



As a reminder, these codes were developed to capture ranges of time spent in therapy as follows:

- **90832 - 16-37 minutes**
- **90834 - 38-52 minutes**
- **90837 - at least 53 minutes**

Billing under these codes should only be for the time spent face-to-face (either in-person or virtual) on clinical discussion and therapy, not administrative discussions such as collecting fees, scheduling, or documentation. Time spent retrieving clients from the waiting room or setting up video connections are also not billable under these codes.

**The typical 50-minute therapy session should be billed as a 90834, because less than 53 minutes are spent on clinical discussion and therapy.** If you do conduct a psychotherapy session longer than 53 minutes with an MHN member and choose to bill 90837 for that service, be sure that your documentation reflects sufficient content for an encounter of that length.

As a reminder, MHN reserves the right to conduct record audits to ensure that providers comply with these guidelines. If you have further questions, please [contact a Provider Relations Representative here](#) or call us Toll Free at (844) 966-0298.

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## ELECTRONIC FUNDS TRANSFER (EFT)

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MHN has further streamlined our business processes to improve claims procedures. In addition to Electronic Remittance Advice (ERA) already available through our clearing house Emdeon, providers can now register to receive Electronic Funds Transfer (EFT) from MHN.

EFT automates the distribution of funds into provider's accounts using Automated Clearinghouse (ACH) processing. EFT is the electronic mechanism used to instruct Depository Financial Institutions (DFIs) to move money from one account to another. Many formats are available for the actual data in the electronic message, and different formats apply at each stage. EFT is safe, secure, and efficient. Throughout the process the security and privacy of your data will be maintained.

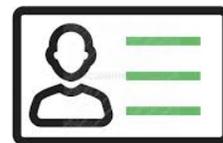
If you are not currently enrolled for EFT payments and would like to enroll for EFT payments, you may enroll by visiting [MHNs Electronic Funds Transfer enrollment page here](#). Setting up EFT is the fastest and most reliable method to receive payment.

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## REMINDER: NEW PROVIDER DIRECTORY TOOL: LEXISNEXIS®

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**The MHN Provider Relations Department is proud to introduce our contracted clinicians to VerifyHCP®, a quick and easy clinician directory verification portal developed by LexisNexis® Risk Solutions. To make attestation more efficient for you and your staff, VerifyHCP enables practices to validate or update pre-populated directory information in one place across all participating health plans.**



Updated practice information allows us to provide patients with current directory information so they can select in-network providers, choose health plans, and ultimately access care. Our goal is to make this process as easy as possible for clinicians and their practices and to receive 100% response

to outreach requests. Clinicians who do not respond to verification requests may face delayed claim reimbursements and removal from directories.

### **Clinician and practice outreach**

Outreach to confirm and update directory information began in early January. Several outreach methods are being used including email, fax, and phone, with email being the primary method. Clinicians and practices will be directed to register and log in to the Verify Health Care Portal to confirm their directory information on file is accurate. The Portal is a secure, free website for clinicians and their staff to use to confirm directory information, as required by CMS and various state laws. Contact [LexisNexis Risk Solutions Tech Support here](#) or the VerifyHCP Portal Help Desk phone number, 1-888-245-4619, if you have questions about their portal.

### **Additional information**

Providers are encouraged to access the [MHN Provider Portal](#) for real-time information, including eligibility verification, claims status and more. If you have further questions, please [email a Provider Relations Representative](#) or call us Toll Free at (844) 966-0298.

**The next Practitioner Update is scheduled for February 2022**