
SECTION 5: PROVIDER SERVICES

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PROVIDER RIGHTS AND RESPONSIBILITIES

Provider Rights

Health Plan Advantage D-SNP values its relationship with Providers, and Providers have the right to know what they can expect from Health Plan Advantage D-SNP. Health Plan Advantage D-SNP does not discriminate against healthcare professionals who act within the scope of their license or certification as defined by federal and state law in regard to network participation, reimbursement, or indemnification based solely on the practitioner's license or certification.

Additionally, Health Plan Advantage D-SNP does not discriminate against healthcare professionals who serve high-risk Enrollees or specialize in treating costly conditions. However, Health Plan Advantage D-SNP may make determinations about Provider participation status based on internal criteria considered necessary or appropriate for its Provider network.

Providers' Rights include but are not limited to the following:

- **Communication with Enrollees:** The right to freely communicate with Enrollees about their treatment, including medication treatment options, regardless of benefit coverage limitations. Health Plan Advantage D-SNP does not prohibit healthcare professionals, acting within the lawful scope of practice, from advising or advocating for an Enrollee regarding:
 - The Enrollee's health status, medical care, or treatment options, including alternative treatments that can be self-administered. This includes providing sufficient information so individuals can evaluate all relevant treatment options.
 - The risks, benefits and consequences of treatment or non-treatment.
 - The opportunity for Enrollees to refuse treatment and to express preferences concerning future treatment decisions.
 - The right to information on how Health Plan Advantage D-SNP coordinates its interventions with treatment plans for individual Enrollees.
- **Review of Credentialing Information:** The right to review information Health Plan Advantage D-SNP obtained to evaluate the Provider's individual credentialing application, including attestation, credentialing verification (CV) and information obtained from any outside source (e.g., malpractice insurance carriers, State licensing boards), with the exception of references, recommendations or other peer-review protected information. Health Plan Advantage D-SNP is not required to reveal the source of information if such is not obtained to meet Health Plan Advantage D-SNP credentialing verification requirements or if disclosure is prohibited by law.
- **Correction of Credentialing Information:** The right to correct erroneous information when credentialing information obtained from other sources varies substantially from information submitted by the Provider. The correction of erroneous information submitted by another source is detailed in the Credentialing section of this Provider Manual.
- **Credentialing Updates:** The right to be informed of a Provider's credentialing application status upon request to Health Plan Advantage D-SNP.

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- **Staying Informed:** The right to receive information about Health Plan Advantage D-SNP, including but not limited to available programs and services, its staff and their respective titles, operational requirements and contractual relationships.
- **Health Plan Advantage D-SNP Support:** The right to receive support from Health Plan Advantage D-SNP in making decisions interactively with Enrollees regarding their health care.
- **Health Plan Advantage D-SNP Contact Information:** The right to receive contact information for staff responsible for managing and communicating with the Provider's Enrollees.
- **Health Plan Advantage D-SNP Communications:** The right to expect and receive communication from Health Plan Advantage D-SNP regarding complaints, issues, or concerns relating to Provider rights and responsibilities and their staff.
- **Grievance and Appeals:** The right to receive policies and procedures about the grievance and appeals process.

Provider Responsibilities

Health Plan Advantage D-SNP maintains Provider agreements that incorporate both Provider and Health Plan Advantage D-SNP responsibilities consistent with industry standards in compliance with state and federal regulations and requirements. The following requirements apply to all Health Plan Advantage D-SNP participating Providers.

Telehealth

All Providers furnishing applicable Covered Services via audio-only synchronous interactions must also offer those same services via video synchronous interactions as to preserve Enrollees choice. To preserve an Enrollee's right to access covered services in-person, a Provider furnishing services through video synchronous interaction or audio-only synchronous interaction must offer those same services via in-person and/or face-to-face contact. Providers must arrange for a referral to, and a facilitation of, in-person care that does not require an Enrollee to independently contact a different Provider to arrange for that care.

PROVIDER DIRECTORY MAINTENANCE

Health Plan Advantage D-SNP is responsible for directory maintenance; however, the Provider plays a key role. Federal guidelines encourage providers to promptly notify plans of changes such as new locations, changes in services offered, or updates to contact information.

Health Plan Advantage D-SNP adheres to provider directory accuracy and delivery, including:

- **Update Frequency:** Health Plan Advantage D-SNP will update the provider directory at least monthly. This ensures that newly contracted providers are added and terminated providers are promptly removed.

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- Verification: Health Plan Advantage D-SNP contacts providers quarterly to verify the accuracy of directory data such as ability to accept new patients, street address, phone number, name(s), location(s), contact information, specialty and any other changes that affect availability to patients.
- Accessibility: Directory will be accessible both in print and online formats. They will be easy to navigate and searchable, with accommodations for individuals with disabilities.
- Required Information: Directory will include provider name, address, telephone number, specialty, whether they are accepting new patients and languages spoken.
- Complaints and Corrections: Health Plan Advantage D-SNP will have a process for receiving complaints regarding directory inaccuracies and correcting errors within a specified timeframe.

To ensure Enrollees obtain timely and accurate information on the Providers available in Health Plan Advantage D-SNP's network, Providers must comply with Health Plan Advantage D-SNP's policies and procedures regarding Provider Directory maintenance. Health Plan Advantage D-SNP has a regulatory responsibility to publish an accurate directory of all participating Providers. This directory is maintained and updated in accordance with state and federal law, including but not limited to 42 CFR § 422.112, and the Medicare Managed Care Manual, Chapter 4, Section 110.

Providers must notify Health Plan Advantage D-SNP when any of the following changes occur, so the Provider Directory remains current and accurate:

- Provider is no longer accepting new Enrollees.
- Provider was previously not accepting new Enrollees but is now open to new Enrollees.
- Provider is no longer contracted with Health Plan Advantage D-SNP (contract termination has occurred).
- Provider has moved to a different location.
- Provider has added a location.
- Provider has changed its office hours.
- A change in languages spoken in the office.
- As a result of an error identified through an Enrollee complaint.
- Any other information affecting the accuracy of the Provider Directory.

Health Plan Advantage D-SNP will update directory information any time a change is made. All updates to the online provider directories will be completed within 30 calendar days of receiving information requiring update. Updates to hardcopy provider directories will be completed within 30 calendar days; however, hardcopy directories that include separate updates via addenda are considered up-to-date.

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Provider Demographic Information

This Provider Directory includes, but not be limited to, the following demographic information for each Provider as required by CMS:in 42 CFR 422.111(b)(3).

- Type of Provider (e.g., PCP, Specialists (types), Hospitals, Skilled Nursing Facilities, Outpatient Mental Health Providers, and Pharmacies, etc.)
- Medicare providers who accept Medi-Cal

In addition, there are specific requirements for information to be included in the Directory, based on provider type:

- For Primary Care Providers (PCP)s:
 - State, County, City, street address, Zip code, PCP Name, [If applicable: Accepting New Patients? Yes/No], Phone number, Cultural and linguistic capabilities (e.g., languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices, cultural competency training(s) completed)
- For Specialists:
 - Specialty Type, State, County, City, street address, Zip code, Specialist Name, [If applicable: Accepting New Patients? Yes/No], Phone number, Cultural and linguistic capabilities (e.g., languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices, cultural competency training(s) completed)
- For hospitals
 - State, County, City, street address, Zip code, hospital Name, Phone number, Cultural and linguistic capabilities (e.g., languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices, cultural competency training(s) completed)
- Skilled Nursing Facilities (SNFs)
 - State, County, City, street address, Zip code, SNF Name, Phone number, Cultural and linguistic capabilities (e.g., languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices, cultural competency training(s) completed)
- Outpatient Mental Health Providers
 - State, County, City, street address, Zip code, Provider Name, [If applicable: Accepting New Patients? Yes/No], Phone number, Cultural and linguistic capabilities (e.g., languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices, cultural competency training(s) completed)

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- Pharmacies
 - Type of Pharmacy (e.g., retail, mail order, home infusion, long-term care, etc.), State, County, City, street address, Zip code, Pharmacy Name, Phone number

Provider Directory Audits

Health Plan Advantage D-SNP sends a written notification to all contracted Providers at least once a year, and as frequently as every six months, to verify the accuracy of the information on file. The following timelines and process points apply:

- Providers must respond to Health Plan Advantage D-SNP within 30 business days to confirm the information is correct or provide changes needed to update the directory.
- If no response is received from a Provider within 30 business days, Health Plan Advantage D-SNP will send a second written notice.
- Provider must respond to Health Plan Advantage D-SNP within 15 business days of the second notice to confirm the accuracy of the information or provide changes needed to update the directory.
- If Health Plan Advantage D-SNP does not receive a response from the Provider by the end of the 15 business days and Health Plan Advantage D-SNP cannot verify the Provider's information, Health Plan Advantage D-SNP sends a third notice to give the Provider ten business days prior notice of removal from the directory.
- Non-responsive Providers are removed from the directory on the next required update.

Accurate directories promote patient safety, reduce delays in accessing care and lower the risk of claims denials due to network confusion. Providers benefit from reduced administrative burden and improved patient retention

Failure to respond to the notices for directory confirmation or changes may result in delayed claims payment or capitation payments pursuant to HSC §1367.27. Please refer to the Provider Payment section in this manual for more information on payment delays.

PROVIDER IDENTIFIED OVERPAYMENTS

If a Provider determines it has been overpaid by Health Plan, the Provider must send a refund check to Health Plan Advantage D-SNP at the address below within 60 calendar days of identification. In addition to the refund check, the Provider must include: a cover letter explaining the reason for the overpayment; identifying the specific Health Plan Advantage D-SNP claim number(s) (including Enrollee name, Enrollee ID and, dates of service) or invoices that were the source of the overpayment; Provider contact information for a person who can discuss the overpayment with Health Plan Advantage D-SNP if it has any questions regarding the repayment; and any supporting documentation or additional information explaining the overpayment.

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Overpayment refund checks are mailed to:

Health Plan Advantage D-SNP
7751 S. Manthey Road
French Camp, Ca. 95231
Attn: Finance Department – Overpayment Recovery

NON-DISCRIMINATION

Health Plan Advantage D-SNP follows federal civil rights laws and provides services without distinction based on race, color, national origin, age, disability, or sex. Providers must serve all Health Plan Advantage D-SNP Enrollees while complying with federal requirements such as 45 CFR § 92.101(a)(2), Title VI of the Civil Rights Act of 1975, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA) and other relevant laws. This compliance covers areas including:

- Age
- National Origin
- Race
- Color
- Disability
- Religion
- Social Status
- Veteran Status
- Marital Status
- Sex, which includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes

CULTURAL COMPETENCY

Providers are required to deliver services and treatment information in a manner that aligns with the Enrollee's capacity to comprehend the communication. Individuals from diverse racial, ethnic and religious backgrounds, as well as those with disabilities, must receive information in a comprehensive format tailored to their unique needs. If language barriers arise, Enrollees may elect to use a family member, friend, or healthcare professional proficient in their language as a translator.

Additionally, Health Plan Advantage D-SNP Customer Services and Medical Management departments offer support for non-English-speaking Enrollees through multilingual staff or by connecting Enrollees with a telephone-based language interpretation service. It is imperative that all reasonable measures are taken to ensure the Enrollee's understanding of diagnostic details and treatment choices, and that obstacles related to language, cultural differences, or disabilities do not hinder effective communication.

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PROVIDER COMMUNICATION

At Health Plan Advantage D-SNP, we value our relationship with our Provider network and believe that prompt and effective communication is critical to ensure that you are receiving the information and support you need from us. Throughout the year, Health Plan Advantage D-SNP is notified by regulators and accreditation agencies as to changes or clarifications that impact Enrollees, billing, or other administrative processes. In order to keep you up to date, we have several communications strategies that we employ:

Provider Alerts

The primary method of communication is a *Provider Alert*. Provider Alerts are typically condensed documents providing valuable updates, information and action requests. They are sent by fax and email to the contact information provided by the practice and they are provided during meetings, visits and programs. Provider Alerts often contain time sensitive information, so they should be a priority for review and response, if necessary. To ensure receipt of these important Provider Alerts on a timely basis, it is essential that Health Plan Advantage D-SNP is provided with accurate and current practice information including contact information for receipt of these notices. Current, as well as past, Provider Alerts are also available on Doctor's Referral Express (DRE) and on the website, www.hpsj-mvhp.org.

Provider Alerts generally address the following types of issues:

- Changes to Health Plan Advantage D-SNP policies, procedures and processes
- Important regulatory or legislative changes
- Upcoming meetings or events beneficial to Providers to support Enrollee
- Training opportunities and requirements
- Health Plan Advantage D-SNP company announcements
- Health Plan Advantage D-SNP initiatives requesting Provider input and/or feedback
- Changes in the Provider network that may impact the practice
- New programs and/or products in development where your input is requested
- New programs, products or Enrollee benefits

Provider Webinars

Health Plan Advantage D-SNP provides webinars to update Providers with important information. Providers will be notified in advance of upcoming webinars via Provider Alerts, through DRE and through updates on the website, www.hpsj-mvhp.org.

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Provider Newsletters

On a quarterly basis, Health Plan Advantage D-SNP publishes a Provider newsletter called *PlanScan*. As deemed appropriate, Health Plan Advantage D-SNP will include content for D-SNP. *PlanScan* is made available electronically to all Providers including contracted Facilities. Both current and back issues of *PlanScan* are available on Health Plan Advantage D-SNP's website, www.hpsj-mvhp.org. This publication can be emailed to Providers by request.

Provider Feedback

Provider Satisfaction Surveys

Health Plan Advantage D-SNP performs satisfaction surveys on an annual basis in order to gain perspective on the level of service provided to Providers and office staff and to determine the overall satisfaction of Health Plan Advantage D-SNP from the Provider perspective. Providers are encouraged to complete these satisfaction surveys since the information gathered will be used to help improve services.

Focus Groups

Health Plan Advantage D-SNP may conduct focus groups with Providers in order to gain feedback on how services can be enhanced. Providers invited to participate in a focus group will be contacted by Health Plan Advantage D-SNP's Provider Services Department. Providers that agree to participate in the focus group may be compensated for their participation.

For more information or to provide feedback as to how Health Plan Advantage D-SNP can enhance our service to Providers and improve satisfaction, please contact Health Plan Advantage D-SNP at 1-888-361-7526 (TTY: 711).

PROVIDER EDUCATION AND TRAINING

Health Plan Advantage D-SNP provides training opportunities to Providers based on operational relevance and regulatory requirements. Some training topics include:

New Provider In-Service

Providers and staff must start their initial training within ten (10) working days and complete the training within 30 working days of the effective date of the provider's agreement. This training is considered the onboarding (in-service) and may be conducted online or in-person. The training must include, but is not limited to, the following.

- Overview of Health Plan Advantage D-SNP
- Fraud, Waste & Abuse State-mandated training information and attestation
- Cultural Competency & Sensitivity State-mandated training information and attestations
 - Health Plan Advantage D-SNP

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- Cultural Competency & Diversity
- Seniors and Persons with Disabilities (SPD) Awareness and Sensitivity
- Non-Specialty Mental Health Services (NSMHS)
- Health Insurance Portability and Accountability Act (HIPAA) State-mandated training information and attestation
- Review of information contained in the Provider Manual, including timely access standards and after-hours requirements
- Explanation of Doctors Referral Express (DRE)
- Assistance in setting up DRE access
- Guidance on electronic claims submission and online authorization
- Guidance on coordinating preventive services (HEDIS) and standards, if applicable
- Enrollees' Rights and Responsibilities, including Advanced Directives, including the Enrollee Grievance and Appeals Process
- Provider Rights and Responsibilities, including the Provider Dispute Process
- Medicare D-SNP Model of Care Program (MOC)
- Risk Adjustment and Encounter Data
- Answers to any questions you may have regarding working with us

Annual Mandatory Compliance Training

- Fraud, Waste & Abuse State-mandated training information and attestation
- Cultural Competency & Sensitivity State-mandated training information and attestations
 - Health Plan Advantage D-SNP
 - Cultural Competency & Diversity
 - Seniors and Persons with Disabilities (SPD) Awareness and Sensitivity
 - Non-Specialty Mental Health Services (NSMHS)
- Health Insurance Portability and Accountability Act (HIPAA) State-mandated training information and attestation
- Medicare D-SNP Model of Care Program (MOC)

Providers will need to complete and submit the Attestation applicable to the training found on Advantage D-SNP's website or furnish documentation to Health Plan Advantage D-SNP as proof that the training was completed annually. Provider Services will send out a courtesy reminder when annual trainings are due. It is the duty of the Provider to provide proof of training completed within 30 days of becoming a new provider, and annually thereafter.

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The source of the training can be one of two options;

1. Download a pdf of Health Plan Advantage D-SNP trainings from our website at this link [Provider Trainings - HPSJ/MVHP](http://www.hpsj-mvhp.org/provider-trainings) (www.hpsj-mvhp.org/provider-trainings).
2. Other: Take the training with another Medi-Medi Managed Care Plan. If the training source is Other, an outline of the content, or a copy of the training, or a URL link to the training source must be provided with the Training Date, List of Providers in the practice with NPIs.

For each training, providers must complete an attestation with completion dates for each training completed. The attestation links can be found here [Provider Trainings - HPSJ/MVHP](http://www.hpsj-mvhp.org/provider-trainings) or (www.hpsj-mvhp.org/provider-trainings).

On-Going Provider Training and Education

Advantage D-SNP Provider Services team conducts follow-up visits as necessary in order to assess the Provider's experience working with Advantage D-SNP and to address any additional questions or concerns. Advantage D-SNP staff is also available to conduct follow-up trainings to review or address any topic necessary to support Providers in performing their duties and functions. The goal is to ensure that working with Advantage D-SNP is a positive experience for Providers, their office staff and Enrollees.

Other Training Opportunities

Health Plan Advantage D-SNP also offers Providers and office staff the opportunity to attend trainings in either in- person setting during the day, as well as evening training on various operational and quality related topics. Topics could include, but not be limited to:

- How to Successfully Pass a Facility Audit (FSR)
- How to Successfully Pass a Chart Audit
- Improving HEDIS performance

Valley Mountain Regional Center (VMRC)

There is training available through VMRC, designed to assist Providers in identifying and managing Enrollees with disabilities and behavioral health issues. VMRC serves children and adults with developmental disabilities in Alpine, El Dorado, San Joaquin, and Stanislaus, counties.

DOCTORS REFERRAL EXPRESS (DRE)

One of the most beneficial resources to help in providing efficient service to Enrollees is Doctors Referral Express (DRE). DRE is the HIPAA-compliant secure Provider portal that is available

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24/7 to Providers. DRE also has a mobile application compatible with both iPhone and Android devices. This service is provided at no cost to the Provider and will assist in managing medical care for Enrollees. Throughout this Provider Manual, there are references to DRE that indicate the use of this tool to accomplish several administrative tasks such as:

- Enrollees' eligibility verification
- Obtaining PCP Enrollee rosters
- Sending emails to Health Plan Advantage D-SNP departments
- Checking claims status
- Submitting Provider Dispute Resolution (PDR) and checking status
- Reviewing *Milliman Care Guidelines*
- Accessing HEDIS "Gap Reports"
- Accessing the Patient Benefit Dossier
- Obtaining/Status checking Authorization and referrals
- Obtaining Enrollee coverage and benefits information
- Accessing Enrollee utilization history
- Billing Code Finder (CPT, HCPCS)
- Provider Lookup Tool
- Accessing Forms and Data
- Download Remittance Advice – RA

Doctor's Referral Express (DRE) Portal Access

To receive access to Doctor's Referral Express (DRE), Providers and their authorized users must have an active contract with Health Plan Advantage D-SNP. Each Provider office user (physician, medical assistant, office employee, biller, authorization clerk, etc.) is required to have its own unique access to DRE that is approved by the Provider office administration. Sharing log-in and password information is prohibited.

For security purposes, the user will be required to validate that an online account will be set up in his/her name and will be required to attest to the online Health Plan Advantage D-SNP Confidentiality Statement. Upon receiving the application and completing the online attestation, each user will receive a confirmation e-mail from Health Plan Advantage D-SNP providing him/her the resolution of the DRE access request. All fields must be completed in the online application before DRE Provider portal access will be activated. The Practice/Clinic NPI and Tax ID# will be required during the registration process.

Once the registration is completed, the user will be able to access DRE at Health Plan's website: www.hpsj-mvhp.org. A Provider Services Representative will contact all new Provider offices connecting to DRE to schedule training. To comply with Health Plan Advantage D-SNP security standards, all DRE users must validate their account on a quarterly basis. For questions regarding DRE access and training, please call the Provider Services department at 1-888-361-7526 (TTY: 711). DRE access can be obtained by linking to Health Plan Advantage D-SNP's on-line web page www.hpsj-mvhp.org/Providers.

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PROGRAM PARTICIPATION AND COMPLIANCE

Health Plan Advantage D-SNP establishes Quality Improvement, Medical Management and other initiatives to continually enhance the delivery and outcomes of health services. Health Plan Advantage D-SNP operates under agreements with federal, state and county agencies that define its participation in Medi-Cal managed care and Medicare programs. Regulatory bodies regularly review Health Plan Advantage D-SNP operations and data reporting, including complaints, enrollment and financial records. Under their Provider agreements, participating Providers must cooperate with Health Plan Advantage D-SNP to support its regulatory obligations and adhere to internal programs designed to ensure contractual compliance. This requirement pertains both to the policies contained within this Provider Manual and to any new programs developed by Health Plan.

Providers contracted with Health Plan Advantage D-SNP are expected to uphold the Enrollee care standards outlined in the Enrollee Rights and Responsibilities document found in Section 7 of this Provider Manual. These standards address Enrollee rights regarding access to care, comprehensive treatment information, privacy and confidentiality, non-discrimination, refusal of medical treatment and other key aspects of the Enrollee's relationship with Health Plan Advantage D-SNP.

Providers inform Enrollees about necessary follow-up care, educate Enrollees on appropriate self-care practices and recommend measures to support ongoing health and wellness. Additionally, providers are required to discuss available treatment options, potential side effects and symptom management, irrespective of plan coverage.

RELEASE OF ENROLLEE INFORMATION

Medical information pertaining to Enrollees must be provided to Health Plan Advantage D-SNP upon request and in accordance with the Confidentiality Policy described in the Compliance section of this Provider Manual. Health Plan Advantage D-SNP will disclose medical information only to individuals authorized by Health Plan Advantage D-SNP for purposes related to medical management, claims processing, or quality and regulatory review. Providers are further required to comply with the appeals and expedited appeals procedures for Medicare Enrollees, which includes collecting and submitting appeal-related information to Health Plan Advantage D-SNP as needed.

Providers are also required to explain the following to Enrollees:

- The Enrollee's right to access covered services delivered via telehealth or in-person.
- That use of telehealth is voluntary and consent for the use of Telehealth can be withdrawn at any time by the Enrollees without affecting their ability to access covered services in the future.
- The availability of non-medical transportation to in-person visits.
- The potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.