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## SECTION 7: PROVIDER–ENROLLEE RELATIONSHIP

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An effective Provider-Enrollee relationship is fundamental to the delivery of high-quality health care. When established on trust, clear communication and mutual respect, this collaboration enables the Enrollee to feel acknowledged and understood, while Providers are able to respond attentively to each individual's needs. Joint participation fosters shared decision-making, empowers Enrollees to engage actively in their health management, and facilitates the provision of compassionate, tailored care by Providers. Strengthening these relationships not only enhances enrollee satisfaction but also promotes adherence to treatment recommendations and upholds the dignity and privacy of all parties.

### ENROLLEE RIGHTS AND RESPONSIBILITIES

Enrollees need to understand their rights and responsibilities as outlined in their Evidence of Coverage for the appropriate year. CMS regulation 42 CFR § 422.128 requires Health Plan Advantage D-SNP to give clear, accessible information about what Enrollees are entitled to and what is expected of them. This ensures Enrollees can make informed decisions about their healthcare.

The Enrollee's relationship with Health Plan Advantage D-SNP guarantees a number of basic rights, including entitlement to high-quality, accessible, responsive, and responsible health care; respectful and confidential treatment; and avenues to express dissatisfaction or receive assistance. In return, Enrollees are responsible for taking charge of their health care needs, using services appropriately, complying with Health Plan Advantage D-SNP Evidence of Coverage, and requesting assistance from Health Plan Advantage D-SNP to ensure they are utilizing and receiving services appropriately.

Health Plan Advantage D-SNP Enrollees' rights and responsibilities are outlined below. This information is provided to all new Enrollees as part of their welcome package. Providers participating with Health Plan Advantage D-SNP are expected to make every effort to support Enrollees' rights.

#### Enrollee Rights

- Obtain all services, both clinical and non-clinical, in a culturally competent manner and are accessible to all Enrollees, including those with limited English proficiency, limited reading skills, hearing incapacity or those with diverse cultural and ethnic backgrounds.
- Obtain free interpreter services to answer questions from non-English speaking Enrollees. See Interpreter section below.
- Obtain information in braille, large print or other alternate formats at no cost if Enrollees need it. Health Plan Advantage D-SNP is required to provide Enrollee information about Health Plan Advantage D-SNP benefits in a format that is accessible and appropriate. See Alternative Format below.
- Access to a women's health specialist within the network for routine and preventive health care services.

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- Be treated with respect, giving due consideration to the Enrollee’s right to privacy and the need to maintain confidentiality of Protected Health Information (PHI) and Private Information (PI).
- Receive information about Health Plan Advantage D-SNP, its practitioners and Providers, all services available to Enrollees, and Enrollee rights and responsibilities.
- Choose a Primary Care Provider (PCP) within Health Plan Advantage D-SNP’s network unless the PCP is unavailable or not accepting new patients.
- Participate in decision-making with Providers regarding their own health care, including the right to refuse treatment.
- Discuss appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Submit grievances, verbally or in writing, about Health Plan Advantage D-SNP, Providers, care received or any other expression of dissatisfaction not related to an adverse benefit determination.
- Request reconsideration of a decision made by Health Plan Advantage D-SNP.
- Request all pertinent information regarding Advance Directives and confirm the validity of the Advance Directive with the Provider.
- Disenroll from Health Plan Advantage D-SNP and change to another health plan in the county, upon request, during a valid CMS enrollment period or special election.
- Remain free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Access and obtain copies of their medical records and request that they be amended or corrected, as specified in 45 CFR sections §164.524 and 164.526.
- Recommend changes regarding these Enrollee rights and responsibilities.
- Exercise these Enrollee rights freely without retaliation or any adverse conduct by Health Plan Advantage D-SNP, Providers, or the state.

### Enrollee Responsibilities:

- Be familiar with covered services and the rules to follow to obtain covered services.
- Notify Health Plan Advantage D-SNP of other health coverage or prescription drug coverage in addition to the D-SNP plan.
- Inform Provider and other health care professionals of specific Health Plan Advantage D-SNP enrollment.
- Provide their Health Plan Advantage D-SNP membership card and any other insurance information when receiving medical care or Part D prescription drugs.
- Inform Providers by giving them information, asking questions, and following through on care.
  - Tell Providers about their health problems.
  - Follow the treatment plans and instructions agreed upon with Providers.

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- Ensure Providers are aware of all medications they take, including over-the-counter drugs, vitamins, and supplements.
- Follow the rules and procedures outlined in the Enrollee Handbook, Summary of Benefits, or Evidence of Coverage (EOC).
- Ask questions related to their medical needs and seek answers they can understand.
- Treat Health Plan Advantage D-SNP staff and Providers with courtesy and consideration. Enrollees are expected to respect the rights of other patients and to act in a way that supports the smooth operation of Provider offices, hospitals, and other facilities.
- Pay required costs, if applicable, including:
  - Medicare premiums, to remain enrolled.
  - Cost-sharing amounts (such as copayments or coinsurance) when receiving services or drugs.
  - Any additional Part D premium amounts required due to income, paid directly to the government.
- Notify Health Plan Advantage D-SNP if they move.
  - If they move within Health Plan Advantage D-SNP's service area, they must provide an updated address.
  - If they move outside the service area, they cannot remain enrolled in Health Plan Advantage D-SNP.
  - They must also notify Social Security (or the Railroad Retirement Board).
- Meet with their PCP and get a baseline physical exam.
- Receive all covered health care services through their PCP, except in emergencies, self-referral services (such as OB/GYN), or as otherwise described in their Health Plan Advantage D-SNP EOC.
- Enrollees are expected to follow recommended treatment. Comply with the care plan created by the Enrollee's Health Plan Advantage D-SNP Care Manager.
- Use the emergency room if the Enrollee has symptoms a prudent layperson would expect to indicate an emergency medical condition as defined in 42 CFR 438.114(a)
- Provide information, to the extent possible, that Health Plan Advantage D-SNP and its Providers need to deliver care.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals and a care plan, to the degree possible.
- Keep scheduled appointments or cancel in advance if unable to attend.
- Contact Health Plan Advantage D-SNP's Customer Services Department for information or questions about the benefits, rules, or procedures described in the Member Handbook.

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### ROLE OF PRIMARY CARE PROVIDERS (PCPs)

The PCP is the central relationship that all Enrollees are encouraged to develop to ensure personal attention, quality care and efficient services. When Health Plan Advantage D-SNP assigns an Enrollee to a selected PCP, it is with the expectation that the PCP provides most of the covered services. It is the PCP's responsibility to coordinate the services of specialists and ancillary Providers, or to coordinate with Health Plan Advantage D-SNP if out-of-network services are required.

Participating PCPs are contracted to either perform a number of key activities, including but not limited to:

- Provide appropriate medical care within their scope of practice for Enrollees, including preventive care, acute care and care for chronic conditions.
- Coordinate necessary health assessments as required by Health Plan Advantage D-SNP or other regulatory agencies.
- Provide referrals to other Providers for covered services outside of the PCP scope of practice and follow Health Plan Advantage D-SNP guidelines for out-of-network services.
- Maintain continuity of Enrollee's care through coordination and follow up with other Providers as well as Health Plan Advantage D-SNP when appropriate.
- Ensure care is provided in a safe, culturally responsive and timely manner.
- Provide Enrollees with educational information on maintaining healthy lifestyles and preventing serious illness.
- Provide screenings, health assessments and other activities in accordance with CMS, Health Plan Advantage D-SNP policies, DHCS requirements and other public health initiatives.
- Conduct behavioral health screenings based upon a Provider's assessment to determine whether an Enrollee requires behavioral health or substance abuse services and refer for services, if needed (for more information, please see Section 9: Care Coordination).
- Meet and maintain the access standards as outlined in this section under "Timely Access to Care".
- Cooperate with Health Plan Advantage D-SNP's case management and quality programs.
- Maintain complete and accurate medical records for Enrollees in a confidential manner, including documentation of all services and referrals provided to Enrollees by the PCP, specialists, and any ancillary Providers.
- Establish new patient relationships via telehealth visits.

Note: Starting October 1, 2025, Enrollees must be in an office or medical facility located in a rural area (in the U.S.) for most telehealth services. If Enrollee is not in a rural health care setting, Enrollee can still get certain Medicare telehealth services on or after October 1, including:

- Monthly End-Stage Renal Disease (ESRD) visits for home dialysis
- Services for diagnosis, evaluation, or treatment of symptoms of an acute stroke wherever you are, including in a mobile stroke unit
- Services for the diagnosis, evaluation, or treatment of a mental and/or behavioral health disorder (including a substance use disorder) in the home

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### ROLE OF NON-PHYSICIAN MEDICAL PRACTITIONERS (NPMPs)

NPMPs provide a wide variety of medical care depending on their licensure, certification, and experience. This category includes physician assistants (PAs), nurse practitioners (NPs), and certified nurse midwives (CNMs). To provide covered services to Enrollees, these Providers must be credentialed by Health Plan Advantage D-SNP.

Consistent with Health Plan Advantage D-SNP and Medicare guidelines, NPMPs must perform services under the general supervision of a Provider. The supervising Providers must be available to the NPMP either in person or through electronic means to provide:

- Supervision as required by State professional licensing laws
- Necessary instruction in patient management
- Consultation
- Referral to specialists or other licensed professionals

### Supervision Limits of NPMPs

In accordance with state regulations, an individual physician may not supervise more than four PAs (full-time equivalents). While there is no limit on the number of NPs or CNMs that a single physician may supervise, if the NPs or CNMs order drugs or devices, a single physician cannot supervise more than four. Supervising Providers are required to develop and document a system of collaboration and supervision with each NPMP they supervise. This document must be kept on file at the Provider's office and available for review by Health Plan Advantage D-SNP.

### Enrollee Awareness of Care from NPMPs

Providers who employ or use the services of NPMPs must ensure Enrollees are clearly informed that their services may be provided by NPMPs.

### ROLE OF SPECIALISTS

While the PCP provides the central relationship with the Enrollees, the role of the specialist is also important to ensure appropriate care is provided for any given medical need. For this reason, it is important that Health Plan Advantage D-SNP specialists communicate frequently with PCPs to coordinate care and maintain adequate documentation of services provided.

Specifically, specialists should:

- Provide all appropriate services within their scope of practice.
- Follow Health Plan Advantage D-SNP referral and authorization guidelines in coordinating services with other Providers.
- Provide the PCP with consultation reports and other appropriate records.
- Be available for, or provide, on-call coverage through another source 24 hours a day for the management of Enrollee care.
- Maintain the confidentiality of medical information
- Cooperate with Health Plan Advantage D-SNP's case management and quality programs.
- Meet and maintain the access standards as outlined in this section under "Timely Access to Care".

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- Maintain complete and accurate medical records for Enrollees in a confidential manner, including documentation of all services and referrals provided to the Enrollee.

### NETWORK ADEQUACY

The Centers for Medicare & Medicaid Services (CMS) regulations at 42 C.F.R. 417.414, 42 C.F.R. 417.416, 42 C.F.R. 422.112(a)(1)(i), and 42 C.F.R. 422.114(a)(3)(ii) require that Health Plan Advantage D-SNP maintain a provider network that is adequate to offer access to covered services for Enrollees. Health Plan Advantage D-SNP will deliver health care services to enrollees through a contracted network of providers, consistent with the standard community practices of health care delivery in the network service area as reflected in 42 C.F.R. 422.112(a)(10)). This includes required number of providers and specialists within time and distance standards to provide access to care.

CMS requires Health Plans to comply with 42 C.F.R. 422.116(3) by continuously monitoring their contracted networks during each contract year to ensure they meet current network adequacy standards. These standards specify provider and facility specialties that must be available according to CMS number, time, and distance requirements. CMS will routinely audit Health Plan Advantage D-SNP to validate compliance with requirements.

### TIME AND DISTANCE ACCESS TO CARE

As outlined in CMS regulations, specifically 42 C.F.R. 422.112(a)(1)(i), Health Plan Advantage D-SNP is required to ensure that timely access to covered services is available to all Enrollees. This regulation mandates that enrollees have reasonable access to appointments with both primary care and specialty providers, establishing clear expectations for prompt care delivery. Compliance with these standards is essential for maintaining network adequacy and safeguarding Enrollee health.

Contracted Providers or Enrollees can contact Health Plan Advantage D-SNP to obtain assistance if they are unable to obtain a timely referral to appropriate Providers by calling the Customer Services Department at 1-888-361-7526 (TTY: 711).

If Health Plan Advantage D-SNP is unable to help with a timely referral, the Provider or Enrollee may file a complaint. See additional information at [www.hpsj-mvhp.org/grievances-appeals](http://www.hpsj-mvhp.org/grievances-appeals).

Timely access standards apply to all counties. Time and distance standards vary depending on county size and designation.

#### CMS County Designation

- Alpine County – CEAC (County with Extreme Access Considerations)
- El Dorado County – Metro
- San Joaquin County – Metro
- Stanislaus County – Metro



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Alpine County	
PROVIDER TYPE	TIME or DISTANCE
Primary Care	60 miles or 70 minutes
Obstetrics/Gynecology (OB/GYN) - acting as a PCP Specialty	125 miles or 110 minutes
Cardiology General Surgery Ophthalmology Orthopedic Surgery	95 miles or 85 minutes
Endocrinology Infectious Disease	145 miles or 130 minutes
Gastroenterology Neurology Psychology Podiatry Pulmonology	110 miles or 100 minutes
Hospital	110 miles or 100 minutes

El Dorado County	
PROVIDER TYPE	TIME or DISTANCE
Primary Care	25 miles or 15 minutes
Specialty General Surgery Orthopedic Surgery Gastroenterology Pulmonology	55 miles or 35 minutes
Obstetrics/Gynecology (OB/GYN) - acting as a PCP	45 miles or 30 minutes
Cardiology Ophthalmology	30 miles or 20 minutes
Endocrinology Infectious Disease	60 miles or 40 minutes
Neurology Psychology Podiatry	45 miles or 30 minutes
Hospital	45 miles or 30 minutes



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San Joaquin County	
PROVIDER TYPE	TIME or DISTANCE
Primary Care	15 miles or 10 minutes
Obstetrics/Gynecology (OB/GYN) - acting as a PCP Specialty	45 miles or 30 minutes
Cardiology General Surgery Ophthalmology Orthopedic Surgery	30 miles or 20 minutes
Endocrinology Infectious Disease	60 miles or 40 minutes
Gastroenterology Neurology Psychology Podiatry Pulmonology	45 miles or 30 minutes
Hospital	45 miles or 30 minutes

Stanislaus County	
PROVIDER TYPE	TIME or DISTANCE
Primary Care	15 miles or 10 minutes
Obstetrics/Gynecology (OB/GYN) - acting as a PCP Specialty	45 miles or 30 minutes
Cardiology General Surgery Ophthalmology Orthopedic Surgery	30 miles or 20 minutes
Endocrinology Infectious Disease	60 miles or 40 minutes
Gastroenterology Neurology Psychology Podiatry Pulmonology	45 miles or 30 minutes
Hospital	45 miles or 30 minutes

- For provider types not listed, please contact Health Plan Advantage D-SNP Provider Services for more information.

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### WAIT TIMES FOR CARE AND SERVICES

According to (CMS) regulations, timely access to primary care appointments is required under 42 C.F.R. 422.112(a)(1)(i). This regulation states that Health Plan Advantage D-SNP must ensure that all Enrollees have reasonable access to appointments with both primary care, specialty providers and other services.

**Below are the required minimum standards for appointment wait times:**

Type of Service	Minimum appointment wait standard
Urgently needed services or emergency	Immediately
Services that are not an emergency or urgently needed, but the Enrollee requires medical attention	Within 7 business days
Routine and preventive care	Within 30 business day

### ASSESSING URGENCY OF NEED OF CARE

#### Triage or Screen Enrollees to Assess Urgency of Need of Care

Appropriately licensed personnel for triaging the health concerns of a Health Plan Advantage D-SNP Enrollee includes:

1. Licensed Physician,
2. Registered Nurse (RN),
3. Certified Nurse Midwife (CNM),
4. Nurse Practitioner (NP),
5. Physician Assistant (PA), and
6. Other licensed personnel acting within their scope of practice to screen Enrollees.

#### Unlicensed Personnel Are Not Eligible to Triage or Screen Medical Patients

Unlicensed personnel who process patient phone calls or unscheduled office visits may ask questions on behalf of appropriately licensed health care personnel for the purpose of determining a patient's condition. However, unlicensed personnel shall not use a patient's responses to assess, evaluate, or determine the urgency of the patient's need for care.

### PROVIDER PANEL CAPACITY

All Health Plan Advantage D-SNP Providers are considered open to serve new and established Enrollees unless written notice of panel capacity limitations is on file. Since the goal is to maintain maximum access for Enrollees, capacity limitations and restrictions are discouraged unless necessary.

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Health Plan Advantage D-SNP monitors PCP availability and capacity annually as required by DHCS and State regulations. Availability ratio standards for PCPs and Non-Physician Medical Practitioners (Ns) are defined below:

- PCPs 1:2,000 Enrollees
- NPMP's 1:1,000 Enrollees

PCPs have an enrollment limit of 2,000 Enrollees. Health Plan Advantage D-SNP's policies follow these standards. All participating PCPs are encouraged to accept a minimum potential enrollment of 200 Enrollees.

If there is a change in panel capacity, Providers must notify the Provider Services Department in writing by fax at 1-209-461-2565 or by mail at 7751 S. Manthey Road, French Camp, CA 95231-9802.

### OPEN AND CLOSED PANEL STATUS

PCPs must maintain an “open” status for Health Plan Advantage D-SNP Enrollees consistent with their availability to patients of other health care plans and programs. PCPs must notify Health Plan Advantage D-SNP within five (5) business days of closing their practice(s) to new Enrollees. The five (5) business day notice also applies to reopening a practice that has been previously closed.

If a Provider is contacted by an Enrollee or potential Enrollee and the Provider is officially “closed” to new Enrollees, the Enrollee or potential Enrollee must be directed to contact Health Plan Advantage D-SNP for assistance in obtaining another Provider and, if necessary, to correct any errors in the Provider Directory.

### PROVIDER REQUEST FOR ENROLLEE REASSIGNMENT OR DISMISSAL

Providers may file a grievance regarding a Health Plan Advantage D-SNP Enrollee and request reassignment or dismissal. PCPs must submit reassignment requests in writing and include the reason(s). The Provider Services Department forwards all requests for PCP reassignment to Customer Services for Enrollee outreach.

Health Plan Advantage D-SNP Providers have the right to request an Enrollee reassignment or dismissal. To assist with this process, follow these best practices to ensure timely processing:

1. Mail a dismissal or reassignment letter to the Enrollee at least 30 days prior to the effective date via United States Postal Service. The letter must include the following:
  - a. Date
  - b. Dismissal/Reassignment effective date
  - c. Enrollee Name
  - d. Health Plan Advantage D-SNP ID Number

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- e. Reason for dismissal/reassignment such as:
  - i. Disruptive behavior
  - ii. Inability of the office to continue providing care due to breakdown in the Provider–Enrollee relationship
  - iii. Non-compliance with office policies regarding multiple missed appointments
2. Ensure the letter is addressed directly to the Enrollee. If the Enrollee is a minor, address the letter to the parent/legal guardian
3. Send a copy of the dismissal letter to Health Plan Advantage D-SNP by fax or email at [providerservices@hpsj.com](mailto:providerservices@hpsj.com)
4. Submit a separate dismissal letter for each Enrollee.
5. Providers are required to continue seeing the Enrollee for up to 30 days, or until the effective date of dismissal (whichever is longer), after requesting reassignment or dismissal.

Note: A dismissal may be granted with less than 30 days' notice if the Enrollee poses a danger to the Provider or practice.

## OTHER ENROLLEE SUPPORTING SERVICES

### Self- Care

Providing quality health care to Enrollees includes supporting them not only in following their medication and treatment protocols, but also in making important changes in their health behaviors. This includes providing information and education to prevent disease and illness.

PCPs are expected to engage frequently with Enrollees to encourage preventive strategies such as improving diet, exercising, taking medications appropriately, and actively managing complex health conditions. Providers ensure that clinicians and staff communicate with Enrollees about health choices and preventive actions.

### Health Education Services

Health education services are covered at no cost to Enrollees. These services support Providers in promoting self-management and healthy behaviors for Enrollees.

The Health Education Department, part of Health Plan Advantage D-SNP's Medical Management Department, focuses on promoting and empowering healthy lifestyles. The goal is to help Enrollees stay engaged and informed so they can actively participate in their own care and in the care of their children.

Many of the services provided below are offered in English, Spanish and Chinese (the threshold languages for Health Plan Advantage D-SNP).

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Health Plan Advantage D-SNP's Health Education Department:

1. Ensures that the health education services are provided directly by Health Plan Advantage D-SNP or through subcontracts or formal agreements with other Providers specializing in health education.
2. Conducts targeted outreach to promote program use and participation by Enrollees, ensuring these programs are available and accessible through self-referral or referral by contracted medical Providers. All programs are available to Enrollees at no charge.
3. Distributes health education information through, but not limited to:
  - a. FOCUS YOUR HEALTH, the Enrollee newsletter (quarterly)
  - b. Special mailings
  - c. Provider offices
  - d. Community outreach activities
4. Provides Enrollees access to an audio library through the Advice Nurse/Physician Line
5. Implements a multidisciplinary health education program that includes intervention such as:
  - a. Self-care techniques publications
  - b. Public service announcements (PSAs) reinforcing healthy behaviors
  - c. Billboards (outdoor advertising) promoting awareness of health risks and healthy behaviors
  - d. Development and distribution of health education materials
  - e. Advice Nurse information and audio library promotions
  - f. Participation in community organizations promoting healthy behaviors
  - g. Community health education program development and referral
  - h. Outreach to target populations using community-based organizations, faith communities, neighborhood groups, etc.
  - i. Trainings and seminars for Provider staff to support their work with Enrollees
  - j. Nutrition consultation when medical necessity
6. Promotes health through activities such as:
  - a. Participating in community coalitions and meetings to understand the needs of Enrollees in community settings.
  - b. Planning, facilitating, and participating in community events (e.g., health fairs, annual Black Family Day, Health Plan Advantage D-SNP Walks for Health, etc.)

### Health Education Materials

Health Plan Advantage D-SNP provides health education materials at no cost to Providers and Enrollees.

Topics include, but are not limited to:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Parenting
- Colds & flu
- Chronic disease or health conditions
- Prevention of sexually transmitted diseases

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- Alcohol and drug use
- Comprehensive tobacco cessation
- Nutrition
- Physical activity
- Congestive heart failure

New materials are developed as needed. Health Plan Advantage D-SNP welcomes suggestions for additional health education materials. Please contact the Provider Services Department at 1-209-942-6340.

### Other Educational Resources

Health education services are also provided to Enrollees through:

- **Carenet** – 24-Hour Advice Nurse/Physician Line. In addition to Advice Nurse services, the Advice Nurse can connect Enrollee with a physician.
- **Your Health Matters**, a quarterly newsletter that is mailed to Enrollees that includes health education and local resources.
- **Community Events & Health Fairs** – Health Plan Advantage D-SNP participates in health fairs and community events to promote health awareness and preventive health care to Enrollees and the community.

### SOCIAL SERVICES SUPPORT FOR ENROLLEES

Health Plan Advantage D-SNP's Social Work Services team conducts Enrollee needs assessments to help Enrollees obtain necessary services that positively impact their overall health care. Based on the assessment findings, the team coordinates necessary services. These services include, but are not limited to:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| • Payee Information                  | • Housing and Shelter Resources   |
| • Food Resources (i.e., food banks)  | • In-Home Support Services (IHSS) |
| • Mental Health Resources            | • Substance Abuse Resources       |
| • Support Group Information          |                                   |
| • Transportation (i.e., Dial-A-Ride) |                                   |

For questions or information about care management, disease management, social services, or community resources, please call 1-209-942-6320 or 1-800-822-6226.

### PARTICIPATING IN COMMUNITY INITIATIVES

Health Plan Advantage D-SNP participates in a variety of workgroups and coalitions that identify and develop health education interventions on important health issues.

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### INTERPRETER SERVICES

Health Plan Advantage D-SNP offers qualified interpreter services 24/7 to assist Providers and staff in communicating with Enrollees. These services are available in person, over the phone, or via video remote interpreting. During regular business hours, bilingual Customer Service Representatives are available by phone, in person, or through a TTY/TDD line for the deaf and hard-of-hearing Enrollees.

#### In-Person Interpreter Services

To schedule an in-person interpreter for medical appointments, contact the Customer Services Department at 1-888-361-7526(TTY: 711). This service must be scheduled at least five (5) business days prior to the scheduled appointment for spoken languages, and ten (10) business days prior for sign language or captioning services.

#### Remote Interpreter Services

When an in-person interpreter is unavailable or not required, Remote Interpreting Services are available at no cost through over-the-phone interpretation (OPI) and video remote interpreting (VRI). Health Plan Advantage D-SNP's Cultural and Linguistic Services department assists Providers in establishing these services in their clinics or units as needed.

For Providers without dedicated remote interpreting service, over-the-phone interpreters may be accessed by calling 1-877-959-6462. For interpreter services after 5:00 p.m. and on weekends, Providers should contact Health Plan Advantage D-SNP's 24/7 Nurse Advice Line at 1-800-655-8294. The call will be handled in a three-way conversation through the over-the-phone service.

Video interpreting devices may also be available in your clinic or unit for 24/7, on-demand spoken and sign language interpreting. Providers interested in acquiring these services may contact Provider Relations, who will connect them with Health Plan Advantage D-SNP's Cultural and Linguistic Services department for consultation.

#### Alternative Format Selection

Alternative format selection (AFS) is a way of communicating with Enrollees who are visually impaired. Health Plan Advantage D-SNP provides alternative formats such as Braille, audio CD, large print, and electronic format at no cost. Enrollees have the right to request informing materials in an alternative format.

If an Enrollee selects an electronic format, such as an audio or data CD, the information is provided encrypted (password protected). However, the Enrollee can request to receive the information unencrypted (not password protected). Unencrypted materials may increase the risk of loss or misuse. If the Enrollee chooses unencrypted materials, they must complete an informed consent before Health Plan Advantage D-SNP can mail the materials.



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Providers can call the Customer Services Department at 1-888-361-7526 (TTY: 711) for alternative format requests or requests for auxiliary aids.

### Requirements for Providers

Health Plan Advantage D-SNP Contracted Providers are required to determine the needs of their patients and enter AFS at the time of the Enrollee's request. AFS requirements can be reported online at <https://afs.dhcs.ca.gov/>, or by calling the AFS Helpline at 1-833-284-0040.

Health Plan Advantage D-SNP also maintains AFS preferences reported by Enrollees or received from DHCS. Health Plan Advantage D-SNP uses this data to provide the alternative format requested by the Enrollee. Additionally, Health Plan Advantage D-SNP shares AFS data with subcontractors and network Providers as appropriate.

### CARENET 24-HOUR NURSE/PHYSICIAN ADVICE LINE

Health Plan Advantage D-SNP provides a 24/7 advice nurse and physician consult service through Carenet.

This service is available to all Enrollees at no cost. Enrollees may call and speak to a registered nurse or access the audio health library for recorded messages on hundreds of health topics. If the advice nurse concludes a physician contact is needed, the nurse connects the Enrollees. Contact Carenet at 1-800-655-8294.

### TRANSPORTATION SERVICES

Health Plan Advantage D-SNP arranges medical transportation for Enrollees who qualify. Non-medical transportation (NMT) is available upon request for medically necessary visits.

Call the Customer Services Department at **1-888-361-7526 (TTY: 711)** to determine eligibility and schedule service.

## NEW ENROLLEE OUTREACH AND ORIENTATION

Upon enrollment, all new Enrollees are contacted by the Customer Services Department. They receive an outreach call and an introduction to their assigned Case Manager. These calls reinforce and supplement information provided during Health Plan Advantage D-SNP marketing presentations, with a focus on guiding new Enrollees through the enrollment process and explaining their benefits, rights, and responsibilities.

Outreach activities include presentations regarding covered benefits and services, clarification of the role of the Primary Care Provider (PCP).

Each Enrollee receives a quick-start guide. The guide informs Enrollees about materials that are available to them on Health Plan Advantage D-SNP's website, including the Member Handbook, Provider Directory and Formulary. Enrollees are also informed of how to request printed materials

and how to access information and materials in their preferred language. Enrollees also receive a

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newsletter annually and health education materials on a regular basis based on the programs they are enrolled in.

As part of the D-SNP program, Health Plan Advantage D-SNP distributes a mandatory Health Risk Assessment questionnaire to new Enrollees, and annually to all existing D-SNP Enrollees. These self-reported tools enable Health Plan Advantage D-SNP to assess each Enrollee's health status, lifestyle, and potential needs for wellness or specialized services. Enrollees are encouraged to promptly schedule visits with their PCPs to access necessary services. Additionally, Care Coordinators reach out to Enrollees with complex medical conditions to ensure they receive appropriate and timely care.

### Enrollee Services and Education

The Customer Services Department offers a comprehensive range of customer service initiatives, outreach efforts, orientation sessions, and educational programs. Translation services are available free of charge to support speakers of all languages.

## ELIGIBILITY VERIFICATION

An Enrollee's eligibility and benefits must be verified prior to initiating non-emergent services. You may verify an Enrollee's eligibility as described below.

**Please note:** Eligibility verification at the time of service does not guarantee payment by Health Plan Advantage D-SNP. Enrollees may lose eligibility after services are provided and claims are submitted. In certain cases, the loss of eligibility may be retroactive to the date of service.

### View the Enrollee ID Card

Each Enrollee is issued an identification card that includes the Enrollee's Name, assigned PCP, pharmacy benefit, and other identification and informational items.

### Verify Online

The online search tool allows you to check Enrollee eligibility, coverage dates, and plan details in one central location. It also includes important information such as an Enrollee's recertification date, whether an Enrollee is eligible for another health plan, and additional benefits, as applicable.

### Call Customer Services

Providers may call Customer Services to verify Enrollee eligibility and for other inquiries.

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### ADVANCE DIRECTIVES

Health Plan Advantage D-SNP recognizes the Enrollee’s rights to formulate Advance Directives, including the right to be informed of State law regarding Advance Directives and to receive information about any changes to that law.

Health Plan Advantage D-SNP notifies Enrollees of their right to formulate an Advance Directive at the time of initial enrollment and annually thereafter through the Combined Evidence of Coverage and Disclosure Form. PCPs and Specialists providing care should assist Enrollees in receiving additional information and understanding their right to execute Advance Directives.

Below are key actions that should be taken to assist Enrollees:

- At the Enrollee’s first PCP visit, office staff should ask if an Advance Directive has been executed, and the Enrollee’s response should be documented in the medical record.
- If the Enrollee has executed an Advance Directive, a copy should be included in the medical record.
- Providers should discuss the potential medical situations with the Enrollee and any designees named in the Advance Directive. This discussion should be documented in the medical record.
- If possible, a copy of the Advance Directive should be placed in the Enrollee’s chart.