



September 2022

# PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review this September 2022 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 MHN case management services, ongoing efforts to improve member perception of appointment access and availability and a reminder about keeping your practice information current and up to date.

Regards,  
The MHN Quality Improvement 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 2023.**

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.](#)

## **IN THIS ISSUE:**

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## **ANNUAL REGULATIONS**

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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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## LEXISNEXIS: COMPLIANCE WITH REQUESTS FOR PROVIDER DEMOGRAPHIC UPDATES

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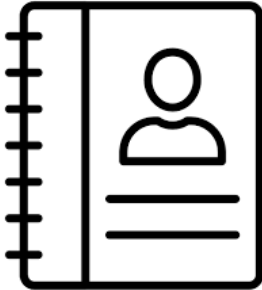
MHN Participating Providers (including individual practitioners, groups, and facilities) must cooperate with MHN's efforts to keep current and up-to-date provider directories. Providers must supply information within the timelines requested by MHN, and, for providers in California, as specified by Senate Bill SB 137. LexisNexis actively outreaches to individual network providers, individual practitioners, practice groups and facilities quarterly. This outreach includes verification of the following:

- Provider name
- Provider address (mailing, billing, and practice)
- Confirmation of contracted networks (i.e.: products/lines of businesses)
- Group affiliations (if applicable)
- Admitting privileges (MD's only)
- Specialties
- NPI Number
- CA license number
- Board Certification (MDs only)
- Languages spoken by the provider
- Phone number(s)
- Fax number



- Email address
- Whether they are accepting new patients
- Office hours
- Handicap accessibility (handicap accessibility includes parking, exterior building, interior building, and restroom)

Outreach methods used by LexisNexis includes Email, Fax, and Phone. Providers are advised that continued participation in the network is conditioned upon their timely response to outreach attempts.



1. Providers who have still NOT confirmed within 10 business days that their directory information is accurate will be placed on no referral and suppressed from the directory. A final notice will be mailed out by MHN indicating that they have been placed on no referral status for not responding.
2. When the provider responds the Provider Services Call Center staff will remove the no-referral status and that will place the provider back in the directory.

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## MHN PROVIDER SERVICES CALL CENTER HOLIDAY CLOSURES

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Please note that the MHN Provider Services call center will be closed for the holidays on the following dates: 11/24/22, 11/25/22, 12/23/22, 12/26/22 and 12/30/22.

**As a reminder the provider portal is available 24/7.**

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## MATERNAL MENTAL HEALTH HOTLINE LAUNCHES!

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On May 8<sup>th</sup>, the U.S. Department of Health and Human Services [launched](#) a new toll-free maternal mental health hotline for expecting and new mothers experiencing mental health challenges. The hotline offers an array of support, such as interventions from trained counselors who are culturally and trauma informed. Additionally, the hotline will partner with community-based and telehealth providers as needed. **Mothers can call or text 1-833-9-HELP4MOMS (1-833-943-5746) and connect with a counselor at no charge with a language preference option.**

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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 and through our diverse network of practitioners. A member, MHN associate or contracted provider may request interpreter services (at no cost) in order to promote communication between member, associate, and provider. 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 format.
- 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 an 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](http://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' 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 or email us at [mhn.providerservices@healthnet.com](mailto:mhn.providerservices@healthnet.com). You may also contact a Provider Relations Representative Toll Free at (844) 966-0298.

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## **REMINDER!**

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[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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## **CASE MANAGEMENT SERVICES**

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Behavioral Health Case Management (BHCM) is formal case management services provided by certain specialized teams within MHN, HealthNet and/or California Health & Wellness for specific populations. The BHCM service is currently available to Autism Center members, Cal MediConnect (CMC) and most Special Needs Program (SNP) members, Medi-Cal members and Health Net California Commercial & Medicare members.

Member populations eligible for BHCM include members who need Applied Behavioral Analysis; members who have co-morbid behavioral health and medical conditions; members with insufficient community support or resources and members with a history of frequent emergency or higher level of care services. MHN can help get your patient referred and assessed for BHCM.



Complex Case Management, a longer-term option, is available for CMC & SNP enrollees. Members are eligible if they have one of the following diagnoses: Major Depressive Disorder, Bipolar Disorder, Schizoaffective Disorder, Schizophrenia, or Substance Use Disorder, and/or if a significant need is identified on a Health Risk Assessment. Case managers track members long-term through episodes of care and offer interdisciplinary care coordination with medical and behavioral health providers; support through crisis and transitions of care; linkage to LTSS services; assistance with accessing County-based social services; food, housing, transportation resources and referrals to medical case management as needed.

Members and providers can call the MHN Access number located on the back of the member's health ID card to determine eligibility for Complex Case Management. MHN Service Team representatives will refer to Complex CM team for immediate outreach as appropriate.

**The next Practitioner Update is scheduled for February 2023**