

DEPARTMENT OF HEALTH SERVICES

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ADMIN. SUPPORT SERVICES



April 13, 2000

MMCD Policy Letter 00-02
Supersedes Policy Letter 97-09

TO: [X] Geographic Managed Care
 [X] Prepaid Health Plans
 [X] Primary Care Case Management Plans
 [X] Two-Plan Model Plans

SUBJECT: HEALTH PLAN PROVIDER DIRECTORY POLICY, GUIDELINES, AND
 DELIVERY STANDARDS

BACKGROUND

Under State law the Department of Health Services is responsible for informing Medi-Cal beneficiaries about options for enrolling in Medi-Cal managed care plans. As a result, the Department sends enrollment packets to Medi-Cal beneficiaries that include a variety of informing materials about managed care enrollment. These materials include "provider directories" that each Medi-Cal managed care plan is required to furnish to each prospective and new Medi-Cal member. A revised draft of Medi-Cal Managed Care Division (MMCD) Policy Letter 97-09 was sent by facsimile to plans for review and comments and appropriate suggestions have been incorporated.

This policy letter provides instructions for the format, content and updating of Medi-Cal managed care provider directories. This letter supersedes MMCD Policy Letter 97-09, dated October 3, 1997, "Guidelines for Development of Medi-Cal Health Plan Provider Directories."

As you are aware, during implementation of the Medi-Cal Two-Plan Model managed care program, plans were required to submit updated provider directories on a quarterly basis because not all plans had completed conversion. Additionally, there was a constant turnover in provider networks making it essential to frequently provide accurate information to plan members. Now that conversion has taken place in most counties and plans have been operational for some time, the current policy requiring plans to submit updated provider directories on a quarterly basis will be changed. **Effective with the date of this letter, plans are required to submit updated provider directories on a biannual basis (please refer to Enclosure I).**

Plans should not confuse this change in policy with the current continuing requirement that plans submit quarterly impact reports to the Department that identify changes in the Plan's entire provider network. (Please refer to Article VI, SCOPE OF WORK, Section 6.6.14, Quarterly Report, for this requirement.)

GOAL

The goal of this reviewed policy is two fold: First, assure that plan provider directories contain appropriate, accurate, and complete information about the primary care providers and other physicians available to plan members that enables each member to make an informed choice of primary care provider to optimize continuity of care. Second, reduce the administrative burden on health plans and MMCD staff without compromising quality of care. This policy letter replaces MMCD Policy Letter 97-09.

POLICY

Provider Directory Format

The provider directory must include a cover page with plan name, revision date (month and year), and a plan-specific seven-digit item number indicated on the front or back of the cover.

The provider directory must also include instructions on how to use the directory. The instructions must describe and explain any acronyms and symbols used within the provider directory, information on how to use the plan services, and who to call for assistance (e.g., the plan's toll-free member services telephone number). Use of acronyms is discouraged.

The instructions and information on how to use the provider directory and plan services must be in all threshold languages specific to the county.

The provider directory may include the plan logo, plan partner affiliations, and other identifying information.

Provider Directory Content

At a minimum, the following information must be included in each Medi-Cal managed care plan provider directory. The plan's designated contract manager must approve any exception to providing this required information. With the exception of the City or

Region header, the order in which the information listed below is presented is at the plan's discretion. (Refer to Enclosures II and III for suggested page formats.)

MINIMUM INFORMATION REQUIREMENTS

- Headers to indicate city or region names (in alphabetical order).
- Specialty (example: Family Practice).
- Primary Care Physician (PCP) name (last, first - listed alphabetically). If the plan's provider network includes Physician Assistants, Certified Nurse Midwives, or Nurse Practitioners, list name of each (last, first - listed alphabetically) and identify by type of practitioner.
- PCP number (plan assigned, alpha/numeric up to 15 digits total).
- Primary Care Clinic or Medical Group/Independent Practice Association name (example: Eastside Clinic).
- Street address.
- City including zip code.
- Telephone number including area code.
- Office hours.
- Languages (other than English) spoken at provider site.

Plans should also include in the provider directories the items noted below.

- The affiliated plan partner(s) and hospital(s) with which the provider is contracted.
- Instructions advising the plan member to contact membership services to verify the availability of selected providers.

Provider Directory Changes

To ensure expeditious review and approval by the Department of provider directory changes, plan cooperation in adhering to the following instructions and timelines is paramount.

Provider directories submitted for Department review must either be marked "draft" or outlined in a separate document that clearly identifies the changes made to the provider directory. As noted above, a revision date (month and year) and a plan-specific seven-digit item number **must** be indicated on the front or back cover of the provider directory.

Monthly Insert(s) Content

If a plan's provider network changes significantly after the provider directory has been published or if significant changes occur on a monthly basis, the plan **may** produce a monthly insert(s) to its provider directory. Each monthly insert must be reviewed and approved by the Plan's contract manager. The following information **must** be included in the monthly insert(s).

- Cover page with the plan name and revision date (month and year).
- A plan-specific seven-digit item number indicated on the front or back of the cover (can be a combination of alpha and numeric or zeros can be added to make it a total of seven digits).
- Changes to the provider network.
 - Additions/deletions to the network.
 - Telephone number changes.
 - Address changes.
 - Office hour changes.

For any of the changes listed above, the same information required under "Provider Directory Content" **must** be included in the insert(s).

"Review" Copy of Provider Directory

All changes to the provider directory must be reflected in the "review" copy. The review copy is the version sent to the contract manager for review and approval **prior** to the submission of the final version. Changes can be indicated by handwriting the change directly on the review copy or outlined in a separate document. As in all other cases, all new and revised materials **must** have a revision date (month and year) and a plan-specific, seven-digit item number on the front or back of the materials.

Provider Directory and Monthly Insert(s) Printing Options

Two options are available for printing provider directories and monthly insert(s):

1. (Plans can choose to have the Department print the provider directory and monthly insert(s) from camera-ready copies provided by the plan.

2. Plans can print their provider directory and monthly insert(s) and arrange for printed materials to be delivered to the appropriate Health Care Options (HCO) Contractor site.

Option 1 – DHS-Printed Provider Directory and Monthly Insert(s)

As noted above, plans are required to submit draft copies of the provider directory or monthly insert(s) to their contract managers for approval.

General Process Description

Subsequent to approval of a provider directory or insert by the contract manager, to ensure accuracy, plans **must** enclose two camera-ready copies and four copies of the provider directory. The Department will print monthly inserts and place them into the current provider directory until the plan submits a new insert or a new biannual provider directory.

Print Format

The Department will print the provider directory and monthly insert(s) in black and white, on lightweight paper, double-sided, to minimize paper and postage costs.

Cost

Plans are responsible for the costs of concept design and layout. The Department will be responsible for the costs of printing and mailing the provider directories and insert(s) in the enrollment packages.

Specific Approval and Production Process

Step 1. Plan sends a draft provider directory or monthly insert(s) to their contract manager for approval by the specified due date indicated on the "Provider Directories Biannual Production Schedule" (Refer to Enclosure I).

Step 2. The contract manager reviews, approves, or requests revisions to the provider directory or monthly insert(s).

Step 3. Plans mail the required six copies (two camera-ready and four extra copies) of the approved provider directory or monthly insert(s) to their contract manager.

Definition of "Camera-Ready" Copy

A camera-ready copy is an original copy of the material being requested for reproduction or the copy that is printed off of the disk. If the cover of the provider directory includes a photograph or picture, the actual photograph or picture will be required. The camera-ready copy should not be stapled, wrinkled, or have any markings. Maintaining two camera-ready copies assures that if materials are lost or damaged in transit, the Department will have a back-up copy. **Materials should be packaged in such a way as to avoid potential damage to the content(s).**

Option 2 – Plan-Printed Provider Directory and Monthly Insert(s)

Plans must submit a draft copy of the provider directory or monthly insert(s) to the contract manager for approval by the specified due date indicated on the "Provider Directories Biannual Production Schedule" (Refer to Enclosure I).

The provider directory and monthly insert(s) are encouraged to use one of the suggested formats provided in Enclosures II or III but may use other formats if approved by the contract manager. When submitting the plan-produced provider directory or monthly insert(s) to the contract manager for approval, plans must list the weight of the material.

General Process Description

Each plan is required to produce a new provider directory on a biannual basis.

Format

Subject to approval by the contract manager for content and the maximum weight limitation, plans may print their provider directory and monthly insert(s) using whatever type paper, color, or materials desired.

Cost

When printing their own provider directory plans are responsible for all production costs, including the costs of concept design and layout, printing, and shipping the provider directories to the appropriate HCO Contractor site. The Department will be responsible for the costs of mailing the plan-printed provider directory and monthly insert(s).

Specific Approval and Production Process

Step 1. Plan sends a draft provider directory or monthly insert(s) to the contract manager by the specified due date indicated on the "Provider Directories Biannual Production Schedule" (Refer to Enclosure I) for approval **BEFORE** printing.

Step 2. The contract manager reviews, approves, or requests revisions to the provider directory or monthly insert(s).

Step 3. Plan provides their contract manager with a plan contact and telephone number to coordinate shipment of provider directories or monthly inserts to the HCO contractor.

Step 4. Only after obtaining written approval from the contract manager should the plans print the provider directory or monthly insert(s). In addition, plans are **NOT** to ship materials to the HCO Contractor prior to receipt of a telephone call from the HCO Contractor to arrange for shipment.

Maximum Weights

This applies to both Options 1 and 2. With the exception of Los Angeles and San Diego Counties, the maximum permissible weight of the provider directory for each Plan is based on the policy that the Department obtain the maximum cost benefit for its postal expenditures. This policy currently requires a maximum enrollment packet total weight limit of 32 ounces. The Department reserves eight ounces for Department-produced information, such as the enrollment form, enrollment form instructions, plan comparison charts, etc. There is, therefore, a maximum total of 24 ounces available in each county for the provider directories, and monthly insert(s), to be divided equitably between or among plans in each county. The maximum weight for the Los Angeles and San Diego Counties is 48 ounces.

The Department will control the weight of materials in each managed care county to ensure that the enrollment packet weight does not exceed 32 ounces. The weight allowance will be based upon the number of plans in the county and the size of the provider network.

April 13, 2000

Shipment and Handling--Plan Prints its own Materials

To ensure accurate inventory counts of materials at the HCO Contractor warehouses please review and adhere to the shipment and handling requirements below:

- All cartons within the shipment except the last carton must contain the same count.
- All cartons are to be labeled or marked with the content description, form number, county designated for use, quantity contained, and plan or client name.
- All pallets within a shipment, except the last pallet, must contain the same count.
- All pallets are marked with their content(s), form number, and quantity contained on the pallet.
- A complete and succinct Bill of Lading must be provided that fully identifies the material contained within the shipment.
- Palletizing should consist of placing cartons four high on a standard size 48" x 40" pallet (with four-way entry and conventional 2 x 4 lumber for the runners) and then wrapping the entire palletized load with plastic film.

In the event shipments arrive at the HCO Contractor warehouse with any the following problems, the shipment may be rejected.

1. Inadequate packaging causing the product to be destroyed or severely damaged during the shipment process.
2. Incorrect product delivered.
3. Mixed product in the same carton.
4. Mixed pallets of different product received.
5. Deliveries made prior to MMCD contract manager approval.

The Department has directed their HCO Contractor to notify the HCO warehouse liaisons to decline shipments with any of the foregoing deficiencies. **PLEASE NOTE: ALL DECLINED SHIPMENTS WILL BE RETURNED AT PLAN EXPENSES.**

This reminder is necessary due to the number of damaged materials and shortages of materials being received from the plans' shippers. Adherence to the above-referenced guidelines will reduce discrepancies in the delivery and receiving of inventory.

DHS Review

The Department will make every effort to provide plans with written approval (within 60 days of receipt) of the proposed provider directories/inserts pursuant to contractual requirements. Please keep in mind, Payment Systems Division (PSD) and HCO will need a minimum of thirty (30) days in advance of the date that is needed for placing an enclosure into enrollment packets. Plans should inform their contract manager as to the disposition of old materials (recycle, deplete, or return to the plan at their expense).

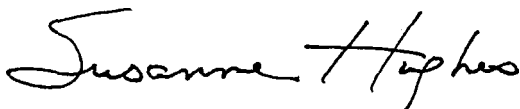
Inventory Maintenance

The Department policy now requires the HCO enrollment contractor to maintain a 70 business-day supply of plan materials. As such, requests for plan-produced materials will, most likely, be made every 30 to 45 days.

Plan Adherence to the Requirements of this Policy Letter

Because of the increased volume and detail of information being submitted, it is important that plans adhere to these guidelines. Any deviation from this policy **must** have prior written approval of the contract manager. Your cooperation in adhering to these guidelines and instructions is greatly appreciated.

If you have any questions, please contact your contract manager.



Susanne M. Hughes
Acting Chief
Medi-Cal Managed Care Division

Enclosures

Enclosure 1

PROVIDER DIRECTORIES BIANNUAL PRODUCTION SCHEDULE
PLAN DUE DATES TO SUBMIT TO MMCD

	January	February	March	April	May	June	July	August	September	October	November	December
ALAMEDA												
Alameda Alliance for Health						2 nd Fri						2 nd Fri
Blue Cross of California	1 st Wed						1 st Wed					
CONTRA COSTA												
Blue Cross of California		1 st Wed						1 st Wed				
Contra Costa Health Plan						4 th Fri						4 th Fri
EL DORADO												
Molina Medical Centers	3 rd Fri						3 rd Fri					
FRESNO												
Blue Cross of California			1 st Wed						1 st Wed			
Health Net	2 nd Wed						2 nd Wed					
KERN												
Blue Cross of California				1 st Wed						1 st Wed		
Kern Health Systems	3 rd Mon						3 rd Mon					
LOS ANGELES												
Health Net		2 nd Wed						2 nd Wed				
L.A. Care Health Plan	3 rd Wed						3 rd Wed					
MADERA												
Molina Medical Centers		3 rd Mon						3 rd Mon				
MARIN												
Kaiser Foundation Health Plan, Inc.	N/A											
RIVERSIDE												
Inland Empire Health Plan		2 nd Fri						2 nd Fri				
Molina Medical Centers			3 rd Mon						3 rd Mon			
SACRAMENTO												
Blue Cross of California					1 st Wed						1 st Wed	
Health Net			2 nd Wed						2 nd Wed			
Kaiser Foundation Health Plan, Inc.	N/A											
Maxicare			4 th Mon						4 th Mon			

**PROVIDER DIRECTORIES BIENNIAL PRODUCTION SCHEDULE
PLAN DUE DATES TO SUBMIT TO MMCD**

	January	February	March	April	May	June	July	August	September	October	November	December
Maxicare			4 th Mon						4 th Mon			
Molina				3 rd Mon						3 rd Mon		
Western Health Advantage				4 th Fri						4 th Fri		
SAN BERNARDINO												
Inland Empire Health Plan		2 nd Fri						2 nd Fri				
Molina Medical Centers			3 rd Mon						3 rd Mon			
SAN DIEGO												
Blue Cross of California						1 st Wed						1 st Wed
Community Health Group					4 th Fri						4 th Fri	
Health Net				2 nd Wed						2 nd Wed		
Kaiser Foundation Health Plan, Inc.	N/A											
Sharp Health Plan						1 st Mon						1 st Mon
UCSD Health Plan	2 nd Mon						2 nd Mon					
Universal Care		4 th Fri						4 th Fri				
SAN FRANCISCO												
Blue Cross of California				3 rd Wed						3 rd Wed		
San Francisco Health Plan				3 rd Wed						3 rd Wed		
SAN JOAQUIN												
Blue Cross of California			3 rd Wed						3 rd Wed			
Health Plan of San Joaquin					2 nd Wed						2 nd Wed	
SANTA CLARA												
Blue Cross of California		3 rd Wed						3 rd Wed				
Santa Clara Family Health Plan				4 th Mon						4 th Mon		
SONOMA												
Kaiser Foundation Health Plan, Inc.	N/A											
STANISLAUS												
Blue Cross of California					3 rd Wed						3 rd Wed	
TULARE												
Blue Cross of California						3 rd Wed						3 rd Wed
Health Net	2 nd Wed						2 nd Wed					

**PROVIDER DIRECTORIES BIANNUAL PRODUCTION SCHEDULE
PLAN DUE DATES TO SUBMIT TO MMCD**

	January	February	March	April	May	June	July	August	September	October	November	December
YOLO												
Molina Medical Centers					3 rd Mon						3 rd Mon	

Blue Cross of California:

- ✓ Alameda
- ✓ Contra Costa
- ✓ Fresno
- ✓ Kern
- ✓ Sacramento (GMC)
- ✓ San Diego (GMC)
- ✓ San Francisco
- ✓ San Joaquin
- ✓ Santa Clara
- ✓ Stanislaus
- ✓ Tulare

Health Net:

- ✓ Fresno
- ✓ L.A.
- ✓ Sacramento (GMC)
- ✓ San Diego (GMC)
- ✓ Tulare

Inland Empire Health Plan:

- ✓ Riverside
- ✓ San Bernardino

Kaiser Foundation Health Plan, Inc.:

- ✓ Marin
- ✓ Sacramento (GMC)
- ✓ San Diego (GMC)
- ✓ Sonoma

Molina Medical Centers:

- ✓ El Dorado
- ✓ Madera
- ✓ Riverside
- ✓ Sacramento
- ✓ San Bernardino
- ✓ Yolo



I. Additions as of November 1998

The following doctors are now available for selection:

Los siguientes doctores están disponibles para ser seleccionados:

Dưới đây là danh sách của các Bác Sĩ mà Quý Vị có thể lựa chọn:

ALVISO

Cynthia Clark, M.D. Provider ID#: 4630
Family Practice Board Certified: Yes
 Alviso Health Center Accepts All Ages
 1621 Gold St., Alviso, 95002 408-795-1128
 Hours: M-F (8:30-5:30)
 Hospital(s): Santa Clara Valley Medical Center
 Languages: English Spanish Tagalog Cantonese Urdu
 Russian

GILROY

Kaiser Permanente Provider ID#: 3192
Clinic Board Certified: N/A
 Kaiser Permanente Accepts All Ages
 7520 Arroyo Circle, Gilroy, 95020 408-848-4095
 Hours: M-F (8:30-5)
 Hospital(s): Kaiser Permanente
 Languages: English Spanish Vietnamese

MILPITAS

Kaiser Permanente Provider ID#: 3192
Clinic Board Certified: N/A
 Kaiser Permanente Accepts All Ages
 770 East Calaveras Blvd., Milpitas, 95035 408-848-4095
 Hours: M-F (8:30-5)
 Hospital(s): Kaiser Permanente
 Languages: English Spanish Vietnamese

MORGAN HILL

Darrin Bright, M.D. Provider ID#: 3192
Family Practice Board Certified: Yes
 Family Health Resources Accepts All Ages
 16130 Medical Center Dr. 408-779-4887
 Hours: M-F (9-7) S (9-11)
 Hospital(s): South Valley Hospital
 Languages: English Spanish

MT. VIEW

Kaiser Permanente Provider ID#: 3192
Clinic Board Certified: N/A
 Kaiser Permanente Accepts All Ages
 555 Castro St., Mt. View, 94041 408-848-4095
 Hours: M-F (8:30-5)
 Hospital(s): Kaiser Permanente
 Languages: English Spanish Vietnamese

SAN JOSE

Zehra Attari, M.D. Provider ID#: 4631
Pediatrics Board Certified: Yes
 Independent Ages: Birth to 18
 6140 Camino Verde Dr., #K 888-334-1000
 Hours: M-F (9-5)
 Hospital(s): Good Samaritan Hospital
 Languages: English Urdu Gujarti Punjabi

Stephanie Chan, M.D.

Internal Medicine Provider ID#: 4631
 Board Certified: Yes
 Valley Health Center at Moorpark Ages: 18 & over
 2400 Moorpark Ave., San Jose 95128 888-334-1000
 Hours: M-F (9-9) Su (9-5)
 Hospital(s): Santa Clara Valley Medical Center
 Languages: English Spanish Tagalog Vietnamese Cantonese
 Cambodian

Ron Jimenez, M.D.

Internal Medicine Provider ID#: 4634
 Board Certified: Yes
 Valley Health Center at Bascom Ages: 12 & over
 750 S. Bascom Ave., San Jose, 95128 888-334-1000
 Hours: M-F (8:30-8:30)
 Hospital(s): Santa Clara Valley Medical Center
 Languages: English Spanish Vietnamese
 Japanese Korean Farsi

Rosemarie Padua, M.D.

Pediatrics Provider ID#: 4629
 Board Certified: Yes
 Independent Ages: Birth to 18
 2323 Montpelier Dr., #A, San Jose 95116 408-929-5959
 Hours: M-F (9-5)
 Hospital(s): Santa Clara Valley Medical Center
 O'Connor Hospital
 Languages: English Spanish Tagalog

John Phan, M.D.

Internal Medicine Provider ID#: 916
 Board Certified: Yes
 Valley Health Center East Valley Ages: 18 & over
 1993 McKee Rd., San Jose, 95116 888-334-1000
 Hours: M-F (8-10)
 Hospital(s): Santa Clara Valley Medical Center
 Languages: English Spanish Vietnamese Portuguese
 Cantonese Hindi

Manju Goel, M.D.

Family Practice Provider ID#: 4632
 Board Certified: Yes
 Gardner Family Health Centers Accepts All Ages
 195 E. Virginia St., San Jose, 95112 408-998-2264
 Hours: M-F (8:30-5:30)
 Hospital(s): Santa Clara Valley Medical Center
 Languages: English Spanish Vietnamese Portuguese
 Cantonese Hindi

SANTA CLARA

Kaiser Permanente Provider ID#: 3192
Clinic Board Certified: N/A
 Kaiser Permanente Accepts All Ages
 900 Kiely Blvd., Santa Clara, 95051 408-848-4095
 Hours: M-F (8:30-5)
 Hospital(s): Kaiser Permanente
 Languages: English Spanish Vietnamese

PRIMARY CARE PHYSICIANS Listings by City and Group

Primary Care Physicians Changes to the Network

CLOVIS

SANTE COMMUNITY PHYSICIANS

Family Practice

Guzzetta, Richard V M.D.
License # G040600
724 Medical Center Drive E., Suite 106
Clovis, CA 93611
(209) 323-4495
Hospital(s): Fresno Community Hospital,
Clovis Community Hospital, University
Medical Center
Hours: M, F, W 8:30-5:00; Th 7:30-4:00; F
8:30-12:30
Language(s): Spanish
Change(s): hospital(s), hours

FRESNO

CHARLIE MITCHELL CHILDREN'S CLINIC

Pediatrics

Alper, Marina M.D.
License # A053855
3313 N. Hilliard
Fresno, CA 93726
(209) 243-6425
Hospital(s):
Hours: M-F 8:00-5:00
Language(s): Russian
Change(s): language(s)

Herrera, Caroline M.D.
License # A054045
3313 N. Hilliard
Fresno, CA 93726
(209) 243-6425
Hours: M-F 8:00-5:00
Language(s): Spanish
Change(s): language(s)

Lwin, Tina M.D.
License # A053369
3313 N. Hilliard
Fresno, CA 93726
(209) 243-6425
Hours: M-F 8:00-5:00
Language(s): Chinese
Change(s): language(s)

Thaxter, Jayne R M.D.
License # G057067
3313 N. Hilliard
Fresno, CA 93726
(209) 243-4325
Hours: M-F 8:00-5:00
Language(s): Korean
Change(s): language(s)

Yousefian-Tehrani, Hrair M.D.
License # A051872
3313 N. Hilliard
Fresno, CA 93726
(209) 243-6425
Hours: M-F 8:00-5:00
Language(s): Armenian
Change(s): language(s)

REEDLEY

SANTE COMMUNITY PHYSICIANS

Internal Medicine

Deutsch, Raymond M M.D.
License # A025480
1311 11th Street
Reedley, CA 93654
(209) 637-8888
Hospital(s): Community Hospitals of
Central California
Hours: M-F 8:00-5:00
Language(s): Spanish
Change(s): hours

Health Net does not and cannot guarantee the initial or continued availability of any particular Participating Provider. The current participation status of any provider can be obtained by calling Health Net's Customer Service Department at 1-800-675-6110.

Health Net no puede y no pretende garantizar la disponibilidad inicial o continua de algun Proveedor Participante en particular. El actual estado de participacion de cualquier proveedor se puede obtener llamando al Departamento de Servicios al Miembro de Health Net, al 1-800-675-6110.