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MARINE CORPS COMMUNITY SERVICES (MCCS)  
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## Notification of Change to Your Group Coverage

April 25, 2012

Dear Group Administrator;

Your group's coverage is changing as described herein. To comply with the state of California's legislation, we are adding coverage (effective on July 1, 2012) for behavioral health treatments for pervasive developmental disorder ("PDD") or autism to your Evidences of Coverage or Certificates of Insurance. Additionally, we will be revising the list of services that are subject to the Certification requirement upon your next renewal effective date that occurs on or after July 1, 2012.

### **1. Behavioral Health Treatment for Pervasive Developmental Disorder or Autism (Effective July 1, 2012)**

Prior to July 1, 2012, your coverage already includes medical and behavioral health services for the treatment of pervasive developmental disorder ("PDD") or autism. Effective July 1, 2012, coverage has been expanded to include behavioral health treatments for pervasive developmental disorder ("PDD") or autism as specified herein. This expanded coverage is subject to whatever Deductible, Copayment or Coinsurance that is required for the Severe Mental Illness outpatient consultation benefit listed for your Group Plan(s).

- Behavioral health treatment for pervasive developmental disorder ("PDD") or autism includes outpatient professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of a Member or Covered Person diagnosed with the Severe Mental Illnesses of pervasive developmental disorder or autism.
- The treatment must be prescribed by a licensed Physician or a licensed psychologist, and must be provided under a documented treatment plan prescribed, developed and approved by a Qualified Autism Service Provider. The treatment must be administered by the Qualified Autism Service Provider, or by qualified autism service professionals and paraprofessionals who are supervised and employed by the treating Qualified Autism Service Provider.
- Prior authorization or Certification is not required for these outpatient services, however, prior notification is required. Notification must include documentation that a licensed Physician or licensed psychologist has established the diagnosis of pervasive developmental disorder or autism. In addition, the Qualified Autism Service Provider must submit the initial treatment plan to Us.

- The treatment plan must have measurable goals over a specific timeline that is developed and approved by the Qualified Autism Service Provider for the specific patient being treated, and must be reviewed by the Qualified Autism Service Provider at least once every six months and modified whenever appropriate. The treatment plan must not be used for purposes of providing or for the reimbursement of respite, day care or educational services, or to reimburse a parent for participating in a treatment program.
- The Qualified Autism Service Provider must submit updated treatment plans to Us for continued behavioral health treatment beyond the initial six months and at ongoing intervals of no more than six-months thereafter. The updated treatment plan must include documented evidence that progress is being made toward the goals set forth in the initial treatment plan.
- We may deny coverage for continued treatment if the requirements above are not met or if ongoing efficacy of the treatment is not demonstrated.

**Qualified Autism Service Provider means either of the following:** (1) A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified. (2) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

Qualified Autism Service Providers employ and supervise qualified autism service professionals and paraprofessionals who provide behavioral health treatment and implement services for pervasive developmental disorder or autism pursuant to the treatment plan developed and approved by the Qualified Autism Service Provider.

- A qualified autism service professional is a behavioral service provider that has training and experience in providing services for pervasive developmental disorder or autism and is approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program as defined in Section 54342 of Title 17 of the California Code of Regulations.
- A qualified autism service paraprofessional is an unlicensed and uncertified individual who has adequate education, training, and experience as certified by the Qualified Autism Service Provider, and who meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.

## **2. Services Requiring Certification (Effective upon group renewal date that occurs on or after July 1, 2012)**

Upon your renewal on July 1, 2012 or later, the list of services requiring Certification will be modified. The following additional services or supplies will require prior Certification (treatment review before services or supplies are received) in order for full benefits to be payable. ***This change only affects products that currently require Prior Certification, including Health Net PPO, SELECT, ELECT, Flex Net, Salud EPO and Salud PPO.***

- Custom orthotics
- Bone growth stimulator and neuro or spinal cord stimulator which are covered under the Durable Medical Equipment benefit:
- Home uterine monitoring and tocolytic services which are provided under Home Health Care Services

- Intensity modulated radiation therapy (IMRT)
- Hemophilia factors
- Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)

These changes will also appear in the Evidences of Coverage or Certificates of Insurance that will be issued at your next renewal. All other terms and conditions of your Evidences of Coverage or Certificates of Insurance will continue to apply. For more information regarding this Notification of Change to Your Group Coverage, please contact your Health Net Account Representative.

***HEALTH NET OF CALIFORNIA, INC., and HEALTH NET LIFE INSURANCE COMPANY***



Steven Sell  
President

# Notice of Language Services

No Court Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or please call 800-522-0088. PPO members: for more help call the CA Dept. of Insurance at 1-800-927-4357. HMO members: call the DMHC Helpline at 1-888-HMO-2219.

English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o llame al 800-522-0088. Afiliados a PPO: para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Afiliados a HMO: llame a la Línea de Ayuda del Departamento de Atención Médica Administrada de California (DMHC, por sus siglas en inglés) al 1-888-HMO-2219.

Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽，部分文件可以翻譯成您的語言並寄送給您。如需協助，請撥您會員卡所列的電話號碼或撥 800-522-0088 與我們聯絡。PPO 會員：如需其他協助，請致電 CA 保險局，電話 1-800-927-4357。HMO 會員：請撥 DMHC 協助專線 1-888-HMO-2219。

Chinese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được cấp người đọc văn bản cho quý vị hoặc nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại trên thẻ hội viên của quý vị hoặc gọi số 800-522-0088. Hội viên chương trình PPO: Để được trợ giúp thêm, vui lòng gọi cho Sở Bảo hiểm CA tại số 1-800-927-4357. Hội viên chương trình HMO: xin gọi Đường dây trợ giúp của Sở DMHC tại 1-888-HMO-2219.

Vietnamese

무료 언어 지원 서비스. 귀하는 통역사 서비스를 받으실 수 있습니다. 본인에게 관한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 본인의 ID 카드상의 안내번호로 전화하시거나 800-522-0088 번호로 연락해 주십시오. PPO 가입자: 더 많은 도움이 필요하신 분은 캘리포니아 보험 담당국, 안내번호 1-800-927-4357 번호로 문의하십시오. HMO 가입자: DMHC 헬프라인, 안내번호 1-888-HMO-2219 번호로 문의해 주십시오.

Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento, at maaaring ipadala sa iyo ang ilan sa mga ito sa iyong wika. Para malakucha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o kaya mangyaring tumawag sa 800-522-0088. Para sa PPO members: para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Para sa HMO members: tawagan ang DMHC Helpline sa 1-888-HMO-2219.

Tagalog

Անվճար Լեզվակրիտ Մատչելիություններ: Կարող եք թարգմանիչ ստանալ: Փաստաթղթերը կարող են ձեզ համար ընթերցվել կամ ձեզ ուղարկվել ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ինքնաթղթի (ID) նամակի վրա նշված համարով կամ ինդրում էն զանգահարել 800-522-0088 համարով: PPO անդամները լրացուցիչ օգնության համար զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք (CA Dept. of Insurance) 1-800-927-4357 համարով: HMO անդամներ զանգահարեք DMHC-ի Օգնության գծին 1-888-HMO-2219 համարով:

Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть ваши документы, а также выслать вам некоторые из них на вашем языке. Для получения помощи звоните нам по номеру телефона, указанному в вашей карточке-удостоверении, или по номеру 800-522-0088. Просим участников плана PPO для получения дополнительной помощи звонить в Министерство страхования (Department of Insurance) штата Калифорния по номеру 1-800-927-4357. Участников организаций медицинского обслуживания (HMO) просим обращаться в телефонную службу помощи Департамента организованного медицинского обслуживания (DMHC) по телефону 1-888-HMO-2219.

Russian

無料の言語サービス。通訳がご利用になれば、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、IDカード記載の番号または 800-522-0088 までご連絡ください。PPO加入者: その他のお問い合わせはカリフォルニア州保険庁、1-800-927-4357 までご連絡ください。HMO加入者: DMHCヘルプライン、1-888-HMO-2219 までご連絡ください。

Japanese

خدمات بی هزینه مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شوید. می توانید بگوئید تا نوشده ما به زبان خودتان برآیدان خوانده شده و بعضی از آنها به زبان خودتان برآیدان ارسال شوند. برای دریافت کپی که به ما به شماره ای که روی کارت هویتتان ثبت شده است تلفن کنید و یا با شماره 800-522-0088 تماس بگیرید. اعضاء PPO: برای دریافت کپی بعضی یا اماره بجهه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. اعضاء HMO: با خط تلفنی کمکی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Parsi

ਤਾਜ਼ਾ ਦੀਆਂ ਮੁਫਤ ਸੇਵਾਵਾਂ ਤੁਹਾਨੂੰ ਦੁਬਾਰਾ ਮਿਲ ਸਕਦੀਆਂ ਹਨ। ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਕਿਸੇ ਵੀ ਨੰਬਰ 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ, ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 800-522-0088 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। PPO ਮੈਂਬਰ: ਹੋਰ ਸਹਾਇਤਾ ਲਈ CA ਈਮਾ ਫਿਓਰਾ ਨੂੰ 1-800-927-4357 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ। HMO ਮੈਂਬਰ: DMHC ਦੀ ਵੈੱਬਸਾਈਟ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।

Punjabi

ការបកប្រែភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចឲ្យអោយអ្នកសរសេរអ្នក និងផ្ញើឯកសារខ្លះៗ ទៅឲ្យអ្នក ជាភាសាខ្មែរបាន។ សំរាប់ជំនួយសូមទូរស័ព្ទអ្នកយើង តាមលេខដែលមានកត់នៅលើបញ្ជី ID របស់អ្នក ឬសូមទូរស័ព្ទ ទៅលេខ 800-522-0088។ សមាជិក PPO: សំរាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅក្រសួងពាណិជ្ជកម្មរដ្ឋកាលីហ្វ័រនី តាមលេខ 1-800-927-4357។ សមាជិក HMO: សូមទូរស័ព្ទទៅខ្សែជំនួយ DMHC តាមលេខ 1-888-HMO-2219។

Khmer

خدمات ترجمه بدون تکلیف. يمكنك الحصول على مترجم. يمكنك طلب ترجمة وثائق وإرسال بعضها إليك بلغتك. للحصول على المساعدة اتصل بنا على الرقم اللين على بطاقة هويتك (ID) أو رقم الاتصال 800-522-0088. اعضاء PPO: للحصول على المساعدة الإضافية بكمبيوتر الاتصال بـ CA Dept. of Insurance على الرقم 1-800-927-4357. اعضاء برنامج HMO: بكمبيوتر الاتصال بخط المساعدة الخارج لـ DMHC بواسطة الرقم 1-888-HMO-2219.

Arabic

Kev Pab Lus Tis Muaj Nqi Them. Koj txais tau tus neeg txhais lus. Koj muab tau cov ntawv nyceem rau koj thiab ib co xa txaj rau koj ua koj hom lus. Kom tau kev pab, hu rau pab ntawm tus xovtooj sau rau koj daim npav ID lossis thov hu 800-522-0088. Cov tsww cuab PPO: kom tau kev pab ntxiv hu rau lub CA Dept. of Insurance ntawm 1-800-927-4357. Cov tsww cuab HMO: hu rau lub DMHC Helpline ntawm 1-888-HMO-2219.

Hmong

Doo bqaq hiliif da haazaad bee haka'adoowo'og. Ata' halne'e ta' aka'adoow'og'gi joki'. Naaltboos binahji' ee dabozin'gi hach'ij' yifidoolth aadodoo ta' hach'ij' adoolyiji' t'aa ho haazaad k'ehji'. Aka'adoow'og biniiye, nihich'ij' bodiflinh beeah bee hane'e bimmber bee nee ho'dolzin biniiye nanitini'gi bikaa' ee doodai' koji' hodiflinh 800-522-0088. PPO atah jil'igo: t'aa naas bee shika'ana'adoow'og ninizingo koji' hodiflinh CA Dept of Insurance'ee' ee 1-800-927-4357. HMO atah jil'igo: koji' hodiflinh DMHC beeah bee hane'e' ee aka'a' ayee'dji' ee 1-888-HMO-2219.

Navajo