

NEW from HPSJ – Provider Incentive Program

Health Plan of San Joaquin (HPSJ) is in the process of rolling out the **2020 Provider Incentive Program for Quality Preventive Care**.

Program Design – This unique incentive program will pay providers an incentive for Health Care Effectiveness Data Information Set (HEDIS) and Managed Care Accountability Sets (MCAS), with emphasis on preventive quality measures performed in the primary care office setting.

Avoiding duplication with other incentive reimbursements

– OBGYNs and PCPs have an opportunity to receive incentives through the Department of Health Care Services (DHCS) Value Based Payment Program for select measures and these are not included in the physician incentive program (Proposition 56, see page 2).

First look at how this will work

To participate in the provider incentive program the following administrative qualifiers must be met:

1. Have a minimum enrollment average of 500 HPSJ members per provider
2. Be open to new membership assignment
3. Improve the percentage of members seen from calendar year 2019.
4. Increase encounters received over the previous year
5. Be consistent in monthly claims encounter submission

HPSJ narrowed the incentive program's focus by selecting clinical measures which are more likely to meet DHCS's minimum performance level, namely the 50% NCQA percentile. Importantly, we've made these

measures uncomplicated for participating clinics so elements can be readily tracked through the online Care Gap Finder within the secure DRE provider portal. HPSJ is dedicated to working with provider offices to meet the targets.

We will assist by instructing clinic staff on how to monitor their progress and have ongoing communication with providers to improve meeting the HEDIS/MCAS measure performance.

More details to come...

To participate in the incentive program, contact HPSJ's Provider Services Team at 209.942.6340.

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WHAT Prop 56 MEANS FOR YOUR PRACTICE – Value Based Payment Program Details

The state has launched a Value Based Program where the state pays an additional incentive amount for specific services when complete and accurate data are submitted. The state pays for these services based on the encounters received by DHCS. To receive the additional payment, you need to submit claims/encounters to HPSJ. HPSJ then sends these to the state. There is an additional payment for these services for members with a diagnosis of serious mental illness, substance use disorder diagnosis or if they are homeless.

DHCS will distribute the VBP incentive program funds through HPSJ based on the encounter data received by DHCS. Payments are retrospective beginning July 1, 2019. **EXCLUSIONS:** Beneficiaries with Medicare Part B, and encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics, and Cost Based Reimbursement Clinics will be excluded from payment.

References:

1. Provider Alert, including a reference guide for selected services and the code and additional payment for the services, October 2, 2019 Value Based Payment Program - https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx
2. <https://stateofreform.com/featured/2019/06/updates-on-the-value-based-payment-program>

Only encounter data provided to Medi-Cal counts for VBP payments!

No chart review and no unmentioned supplemental data source is considered for reimbursement.

- Medi-Cal administrative data reported through Managed Care Plans encounter data.
- Medi-Cal administrative data reported in the Medi-Cal Eligibility Data System.
- For immunization measures, the expectation is that immunizations reported through the CDPH California Immunization Registry (CAIR) 2.0 will be used as a supplemental data source.
- For the Blood Lead Screening measure, the expectation is that the blood test results will be reported through the CDPH Blood Lead Registry.



Flu Season: Not over 'til it's over!

With flu season extending into 2020, it's late – but not too late! – to get a flu shot.

- All flu vaccines are covered on the HPSJ pharmacy benefit.
- For patients under 19 years of age the flu vaccine is covered under the Vaccines for Children (VFC) program — We encourage members under 19 to visit their doctor's office.

24/7 Support for your HPSJ patients, and your practice operations - We know flu season can be tough for families and the clinics that serve them. HPSJ is committed to ensuring that all our members have access to reliable health information whenever they have a need. **HPSJ's HealthReach Nurse Advice Line includes 24/7 phone support and now includes a telephone live physician service.** HPSJ members can call 800.655.8294, or find the number on the back of their member ID card.



Childhood Blood Lead Screenings - CPT 83655

Federal Requirements / Quality Measure Requirements

REQUIRED: All children enrolled in Medicaid must receive appropriate blood lead screening tests at:

- **12 months** of age and **24 months** of age
- Or, any child between 24 and 72 months with no record of a previous blood lead screening

California Required Reporting – Blood Lead Test Results

The Medicaid requirement is met only when the two blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted. Completion of a risk assessment questionnaire does **not** meet the Medicaid requirement.

**California Department of Public Health
Childhood Lead Poisoning Prevention Branch**
850 Marina Bay Parkway, Bldg P, 3rd Floor
Richmond, CA 94804 / Phone: 510-620-5600



For tips to partnering with parents, government regulators, and community organizations, HPSJ Provider Service Representatives are available with information and support. Just like you, we are concerned and are here to help!

Resources: www.aap.org, www.cdc.gov, www.dhcs.ca.gov, www.medicare.gov



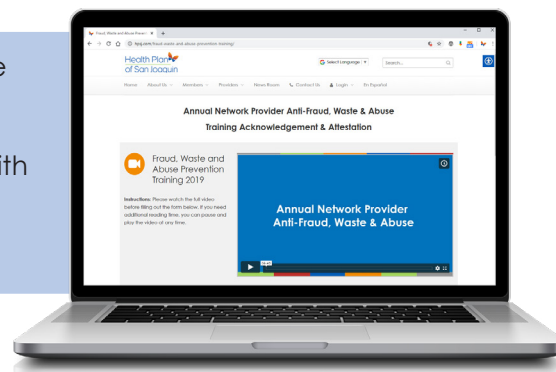
Compliance Corner

REQUIRED: Annual Cultural Sensitivity Training & Attestation

Cultural Competency Training is mandated for all Medi-Cal providers. It must be completed on a yearly basis. Health Plan of San Joaquin offers the approved training via the HPSJ provider website along with a required attestation form. Providers are required to attest to receipt of the training materials, confirm the materials have been reviewed, and acknowledge the provider has taken part in the training. The following subjects are covered in the online training:

- Quality Healthcare for Lesbian, Gay, Bisexual, and Transgender people
- A Physician's Practical Guide to Culturally Competent Care
- Cultural Competency Training for Healthcare Providers: Connecting with your patients
- Cultural Awareness and Sensitivity in Women's Health Care

To schedule a training or to receive more information, contact HPSJ's Provider Services at 209.942.6340 or visit <https://www.hpsj.com/provider-alert-cl-cultural-competency-provider-training-october-2017/>.



REQUIRED: ANNUAL Fraud Waste & Abuse Training & Attestation

Medi-Cal providers are required to either complete the FWA training offered on the HPSJ website and send HPSJ a signed attestation, or attest that they have completed another, acceptable FWA training.

Training Resources Available for You

To help you meet the annual FWA training requirement, Health Plan of San Joaquin provides this training online, at www.hpsj.com/fraud-waste-and-abuse-prevention-training, or you may contact our Provider Services at 209.942.6340 to schedule an on-site training.

Fluoride Varnish Application – QUICK, SAFE, PAIN FREE, and REIMBURSABLE!

We offer in-office training and free fluoride varnish supplies. For information, claims coding, supplies requests – and to schedule a practice staff training, call our Provider Services Department at 209.942.6340.

Setting our kids on the path to good oral health & better lives

As soon as the first tooth comes in, fluoride varnish can be applied at the pediatrician's office. Fluoride varnish is for children under six (6) years of age. Recommended for strengthening healthy enamel, it also fights bacteria causing tooth decay.

HPSJ reimburses each application, up to four (4) times annually and the applications can be done by any trained person in the physician's office.



Opioid Prescription Interventions



7-Day Initial Fill Limit. A new prescription for an acute condition is limited to a 7-day supply for a patient with no opioid fills in the prior 90 days.

Max 120 Tablets/Capsules per 30 days. Short-acting opioids are limited to a cumulative quantity of 120 per 30 days.

Morphine Milligram Equivalents. The combined dosage of all opioids prescribed are limited to a maximum 90 MME/day.

Opiates and Benzodiazepines. Concurrent use of opiates and benzodiazepines is restricted. OPIOID RESOURCE CENTRAL to bookmark: www.hpsj.com/opioids/

CAIR2 – Use this timely, interactive tool to manage immunizations

Free, secure web-based system
Managed by California Public Health Department



The California Immunization Registry (CAIR2) is a central location for providers to store and access patients' complete immunization and TB history.

- Helps your practice stay current with many Quality measures, from HEDIS to MCAS
- In real time, let's you access the web portal and edit/add patient information and immunizations
- Forecasts immunizations that are due, based on state recommendations
- Generates patient/student immunization documentation (e.g., Yellow Card, Blue Card)
- Assists providers to manage their vaccine inventory, generate practice-level immunization reports and conduct reminder/recall activities

Value for your practice – CAIR2 reduces missed opportunities to immunize and reduces duplicate immunizations, including for new patients.

SIGN UP FOR CAIR2 in San Joaquin and Stanislaus counties at <http://cairweb.org/>.

Join Other Local Providers Increasingly Turning to HPSJ's Innovative Adult and Pediatric Palliative Care Services

Palliative Care is not Hospice Care. For HPSJ members, Palliative Services provide compassionate care, education, support, and practical assistance to patients and families facing the chronic or life limiting diagnoses of end stage Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Advanced Cancer, and Liver Disease. **Call your referral into a Palliative Care partner.**

Stanislaus County:

Community Care Choices

- (209) 578-6354
- (209) 541-3289 Fax

San Joaquin County:

Pacific Palliative Care

- (209) 922-0263
- (209) 922-0321 Fax

While we survey members (February – April), here's what your practice can do

CAHPS (The Consumer Assessment of Healthcare Providers and Systems) is a standardized survey tool used nationwide to collect member experience information about health plans and their services. The results are used to re-calculate our Health Plan Accreditation award each year. CAHPS also helps us identify opportunities to improve.

For this year, HPSJ is partnering with a certified national survey vendor to field the CAHPS survey from February through April 2020.



Provider & Practice Tips – Best practices we've learned through our provider partnerships.

IMPROVING THE MEMBER EXPERIENCE:

- ✓ The front desk provides a first impression: smile, greet patient, assist patient to access care
- ✓ Keep the office clean and organized
- ✓ If there is a delay, communicate to patient
- ✓ Always collect a BMI, as well as smoking status, at each visit – refer patient to programs that can help with smoking cessation and/or give strategies on improving weight control
- ✓ Ask to schedule the next follow-up before the member leaves
- ✓ Assist patient with calling HPSJ's customer service to access transportation or language assistance services if needed
- ✓ Ask for current contact information/ phone number for reminder calls
- ✓ Slow down and face the patient/care giver when they speak to you
- ✓ Talk to the patient, not the language interpreter
- ✓ If possible, sit down when listening (gives the appearance of not rushing the patient)
- ✓ Provide health guidance, let patient know the risk and benefit of recommended treatment
- ✓ Ask the patient if they have any questions



Timely Access Standards 2020 – Time to Review & Post

Access standards are established by both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) – except for in-office wait times, set by and monitored by the Managed Care Plans (MCPs) like HPSJ. **Please review and post this table** as a reminder for your practice scheduling staff and/or include the table in your clinic workflow.

Appointment Access Standards for Medi-Cal	
TYPES OF SERVICES	STANDARD
• Access to non-urgent appointments or primary care – regular and routine care (with a PCP)	Within 10 business days of request
• Access to non-urgent appointments for mental health (non-physician) ¹	Within 10 business days of request
• Access to urgent care services that do not require prior authorization	Wait time not to exceed 48 hours of request
• Access to urgent care (specialist and other) services that require prior authorization	Wait time not to exceed 96 hours of request
• Access to non-urgent appointments with a specialist	Within 15 business days of request
• Access to after-hours care (with a PCP)	Ability to contact on-call physician after hours within 30 minutes for urgent issues
• Access to preventive health services Within 30 business days of request	Access to preventive health services within 30 business days of request
• Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of request
• In-office wait time for scheduled appointments (PCP)	Not to exceed 45 minutes
• In-office wait time for scheduled appointments (specialist)	Not to exceed 60 minutes

If you have questions, contact our Provider Services Department at 209.942.6340.

¹Per DMHC, non-physician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers (https://www.dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf). WWW.HPSJ.COM

Join the partnership that's increasing Breast Cancer Screenings – Help save our patients' lives

Detected in the earliest stages, the five-year survival rate for breast cancer is 98%.

However ...

For the past several years, HPSJ has seen the number of women getting a breast cancer screening remain alarmingly low.

To find out what was preventing them from going in for a screening, in 2018, HPSJ surveyed 169 women in the community, including HPSJ members. Knowing all too well that prevention is key, it was important to find out how HPSJ could support women in being screened.

We have begun to provide Community Advisory Committee-tested education pieces to PCPs and their clinical staff to help remind their patients to get screened and pinpoint appropriate ages for these screenings. In addition we make outreach calls to members with gaps in screening and encourage them and or assist them to make an appointment.

Learn More: www.hpsj.com/iChooseMe



(HPSJ's print materials)

WHAT WE KNOW: HEDIS/MCAS Quality Measures

The Evolving Quality Measures Landscape

HPSJ is continuing to receive updates and shares them with our Provider Network.

One certainty: Our Providers can look for financial incentives based on measured performance from HPSJ and the California Department of Health Care Services (DHCS).

Current Quality Measures

- DHCS has informed California Managed Care Plans (MCPs) that the current External Accountability Set (EAS) quality measures have been selected as the standard for full-scope Medi-Cal Managed Care Plans.
- The new Managed Care Accountability Set (MCAS) quality measures will be reported on an annual basis by both MCPs and DHCS.
- MCAS includes NCQA HEDIS measures and non-HEDIS measures that are part of the CMS (Centers for Medicare and Medicaid Services) Adult and Child Core Sets.
- MCAS measures are effective in Measurement Year (MY)2019 and recorded in Reporting Year (RY)2020.
 - In calendar year 2018 MCPs were required to perform at least as well as 25% of Medicaid plans in the US.
 - In calendar year 2019 and 2020, DHCS will require us to perform at least as well as 50% of Medicaid plans in the US.
 - MCPs will be held to the Minimum Performance Level (MPL) of 50th percentile of the National Medicaid NCQA rate.

WHAT WE'RE TRACKING:

DHCS Measures:

https://www.dhcs.ca.gov/Documents/MCAS_Reporting_Year_2020.pdf

Resources for the CMS core sets:

2020 Adult Core Set: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-core-set.pdf>

2020 Child Core Set: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-core-set.pdf>

Take these steps to boost your HEDIS Body Mass Index rates

- **Avoid missed opportunities –**
 - At sick contacts, collect patient's height, weight, and BMI numbers.
 - Make BMI assessment part of the vital sign assessment at every visit.
- **Update EMR templates to automatically calculate a BMI, if on an EMR.**
 - Height and weight alone do not count.
 - If using paper records, calculate the BMI.
- **Children under 20** – BMI percentile documentation or BMI percentile plotted on age-growth chart (height, weight, and BMI percentile) must be documented.
- **PROVIDER TIP SHEET, your go-to for recommended code(s)** – Accurately capture BMI Assessment through claims.
- The Good News: This decreases the need for us to request medical records for HEDIS.

Use the most recent version of the HEDIS Tip Sheet posted on HPSJ's secure DRE provider portal and the website.

Measure Hypertension in HEDIS-wise ways

If your patient's blood pressure (BP) is abnormal, make sure your staff takes the BP a second or even a third time during the office visit. When there are multiple blood pressure readings on the same date of service:

- Use the lowest systolic and lowest diastolic BP as the representative BP. This will allow you to use the best readings when filing your claim
- For example, BP readings on 5/30/19 were 140/80, 138/90, 130/87 – use 130/80
- HPSJ's HEDIS staff will use this same method to calculate BP readings



Billing Reference	
Description	CPT II Codes
Systolic BP	<130 3074F; 130-139 3075F; >= 140 3077F
Diastolic BP	< 80 3078F; 80-89 3079F; >/- 90 3080F



In the Spotlight - A New PlanScan Feature



(Left) Dr. Soma Krishnamoorthi
(Right) Dr. Krishnamoorthi

Who: Krishnamoorthi MD Inc. Primary Care Provider Office.

Where: Waterford, Escalon, and Modesto

How long in practice: Almost 15 years

HPSJ members: About 2,000 are being served in this Stanislaus County practice, including many in the most rural areas

Quality Measures Distinction – Among HPSJ's top performing providers for HEDIS and MCAS measures, as of November 2019, the practice has exceeded the minimum performance level in (8) HEDIS measures. They continue to improve their delivery of preventive health services.

One Key to Their Success – As a founding member of HPSJ's Provider Partnership program, they have a strong proactive approach to members' health care needs. They communicate their issues to HPSJ and work with us to make sure issues are resolved. They ensure that the patient quality programs are initiated by the office team, and bring high quality healthcare to their HPSJ patients.

Patients are saying – HPSJ is a witness to this practice's superior work ethic. Online reviews show that their patients love the attention and care they receive.

Health Plan of San Joaquin


7751 S. Manthey Road, French Camp, CA 95231
1025 J Street Modesto, CA 95354
Provider Services Department
209.942.6340 or TTY/TDD (711)
www.hpsj.com



Proud to be an
NCQA Accredited
Health Plan

HPSJ has a new mailing address for initial and corrected paper claim(s) submissions.

Effective October 1, 2019 all paper claim submissions
should be mailed to:



**Health Plan of San Joaquin (HPSJ)
Paper Processing Facility**
P.O. Box 211395
Eagan, MN 55121-2195



Reminder: All claims should be submitted
electronically, unless required documentation is
needed to process claims.

Find our EDI vendor information through one of the
following:

1. **Office Ally** Payer ID: HPSJ1
866-575-4120
2. **Change Healthcare (EMDEON)**
Payer ID: 68035 - 877-469-3263

If you have questions, contact our Customer Service
Department at 209-942-6320.

HPSJ Formulary & Coverage Policies - Available Online

HPSJ's full formulary is available online for viewing and
reference. Visit www.HPSJ.com/formulary.

The online formulary contains:

- Prior Authorization and Step Therapy rule
summaries and identifiers
- Speciality pharmacy restrictions
- Generic alternatives
- Formulary changes

Full coverage policies are also
available at www.hpsj.com/pharmacy



Coverage policies explain in greater detail what is
covered, why it is covered, and the clinical justification
behind it. These are available online and are updated
quarterly with Pharmacy and Therapeutic (P&T) changes.