Introducing HPSJ’s Chief Medical Officer

Lakshmi Dhanvanthari, MD joined HPSJ as the new Chief Medical Officer. Dr. Dhanvanthari comes to HPSJ from Health Net where she served as the Regional Medical Director in Woodland Hills. Dr. Dhanvanthari has extensive experience in directing and coordinating utilization management, case management, health and disease management and quality improvement programs to ensure delivery of cost effective health care to the members of major, national health insurance companies. She has developed and implemented innovative award winning programs to improve the quality of care delivered to members and achieved the highest level of quality accreditation for several health plans. She has significant experience in managing the complex issues of members with state funded insurance programs such as Medicaid and SCHIP programs. She has also worked with Wellpoint Inc., University of California/Irvine, Children’s Hospital of Orange County and Sinai Medical Center. She graduated from Kilpauk Medical College in Madras, India with a Bachelor of Medicine & Surgery and a Post Graduate Physician in Pediatrics from Cook County Hospital. She is a Fellow of the American Academy of Pediatrics and a Diplomat of the American Board of Pediatrics. We look forward to her leadership for all aspects of our Medical Management Programs, including HEDIS, CAHPS, Case and Disease Management and Quality Improvement programs.

In the Race for NCQA Accreditation

Health Plan of San Joaquin (HPSJ), like many other health plans across the US, is actively pursuing NCQA accreditation. Recognizing hundreds of plans that cover more than 107 million Americans, NCQA is the most widely-recognized accreditation program in the United States. The Department of Health and Human Services (HHS) nominated NCQA as an accrediting entity for Qualified Health Plan issuers participating in the Health Insurance Exchange Marketplaces. NCQA’s Health Plan Accreditation (HPA) contains all the key elements the law requires.

What is NCQA?
The National Committee for Quality Assurance (NCQA) “is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans”, and “is governed by a Board of Directors that includes employers, consumer and labor representatives, health plans, quality experts, and representatives from organized medicine”.

What does it mean to be NCQA accredited?
Accreditation or certification means that the entity has passed a rigorous review and has the necessary processes, structure, and administration in place to promote/provide quality care and protect patient rights.
NCQA evaluates the following:
• Operational process
• Organizational structure
• Medical management procedures
• Member service practices
• Quality management and improvement activities

Our Readiness Goals
HPSJ plans to undergo NCQA qualified health plan accreditation in January of next year. In preparation for our survey, we are reviewing, revising and developing organizational charts, program descriptions, program evaluations, policies and procedures, provider and delegate contracts, marketing materials, as well as, work flows and processes. We expect that self-examination and compliance readiness review will result in improved organization planning, implementation and evaluation of all quality processes and activities. Successful accreditation serves as one of the key benchmarks for measuring the quality of an organization, along with its products and services. We’re on our way to the finish line!
Health Plan of San Joaquin Quality Improvement Program

Health Plan of San Joaquin’s Quality Management and Improvement (QMI) Program defines the framework that we will use to continuously assess, plan, implement, evaluate and improve the quality of care and services rendered by our network providers to our members.

HPSJ’s definition of quality, adopted from the Institute of Medicine (IOM) is an extension of the organization’s vision statement and supports HPSJ’s mission through the development and maintenance of a quality driven network of care for all lines of business. The QMI Program provides a clear definition of authority for the organization, its relationship to other components and departments within the organization, and its accountability to the governing body of the organization.

HPSJ defines quality
HPSJ’s quality program is comprised of IOM’s six aims, or targeted areas: Safe, Timely, Equitable, Effective, Efficient, Patient centered care (STEEEP).

The Plan defines quality as, “The degree to which health services for individuals and populations that we serve increase the likelihood of desired health outcomes that are consistent with current professional knowledge.”

Asthma and Diabetes Disease Management Programs

Health Plan of San Joaquin recently implemented new Asthma and Diabetes Disease Management Programs to improve the quality of life for members and support our network of providers in their delivery of care. The approach is to use clinical data analysis to identify members with these conditions, provide them with a combination of education, condition-specific resources and a system of care that includes a plan-provider partnership to ensure adherence to treatment plans. The goal of the redesigned programs is to reduce hospitalization and emergency room visits.

Steps to success:

- Identify and stratify members with diabetes.
- Empower members through education to expect and seek appropriate medical services.
- Promote collaborative practice among members, treating and consulting practitioners, and HPSJ to promote high quality care through the continuum.
- Promote physician education to improve adherence to the evidence-based clinical practice guidelines for the management of Asthma and Diabetes.
- Promote member education on the importance of compliance, adherence, proper medication use, and preventive measures.
- Support the primary care physician and assisting and promoting appropriate referrals to specialists.

MEMBERS WITH COMPLEX HEALTH NEEDS

Complex Case Management provides coordination of care and services to members who have experienced a critical event or are diagnosed with a chronic condition that requires the extensive use of resources. It also supports members who need help navigating the health care system to facilitate appropriate delivery of care and services.

Complex case management is distinguished from standard case management in that the degree and complexity of illness are typically severe, the level of management required to manage the complexity is typically intensive, and the amount of resources required for the member to regain optimal health or improved functionality is typically extensive. Cases are selected for case management based on criteria that address various demographics, including:

- Age
- Psycho-social and economic status
- Support systems
- Diagnoses severity of illness
- Status of treatment plan
- Ability to participate in activities of daily living
- Presence of multiple diagnoses, conditions, disabilities, and/or health care needs

To refer a patient to our Disease or Case Management Programs or for more information, please call 209.942.6352.

Don’t Forget HealthReach – 24 Hour Advice Nurse & Audio Library

HPSJ provides members with HealthReach, the 24-Hour Advice Nurse & Audio Library. This resource has been available to members since the Plan’s inception. Members can call this toll free number any time, any day. The nurses are available to answer member’s questions about their health and their family’s health concerns. Over the years, the Advice Nurse has triaged members, whose first intention may have been to go to the emergency room or urgent care, to call their doctor, make an appointment with their doctor visit or even homecare for minor symptoms and illnesses. This service saves providers and members time and money. They also have an audio library with over 1500 topics available in English and Spanish. So don’t forget to remind your HPSJ patients to call the HealthReach Advice Nurse when you’re not available at 1.800.655.8294. The phone number is also on the member’s ID card.
Health Plan of San Joaquin recently announced a decision to absorb a 10% provider rate cut in Medi-Cal rather than pass the cuts along to its primary care providers, clinics and specialists. The decision comes as California is expanding access to Medi-Cal through the Affordable Care Act.

The cuts are mandated by AB 97, a bill passed by the California legislature in 2011 that mandated a 10% provider rate cut in most categories of Medi-Cal Fee-For-Service and the actuarial equivalent in Medi-Cal Managed Care. Immediately after passage, the law was challenged in court, and a court injunction prevented the cuts from being implemented. Last summer the United States Court of Appeals, Ninth District, ruled that the cuts were lawful and could be implemented. The California Department of Health Care Services (DHCS) has started that process, and the agency also plans to retroactively recoup over-payments to providers starting from the law’s original implementation date of June 1, 2011.

Generally, payments to the following provider types are impacted by the ruling: Emergency and Non-Emergency Medical Transportation, Pharmacy, Durable Medical Equipment and Supplies, Physicians, Dental, Clinics and Distinct Part Nursing Facilities Level B. However, DHCS has made the decision that due to the differences in pharmacy between FFS and Managed Care, the rate reduction will not apply in that category to Managed Care.

Health Plan of San Joaquin will absorb the cuts targeting primary care physicians, clinics and specialists. “We decided that it was important to maintain access to services for our Medi-Cal members and continue our focus on building partnerships with the provider community,” said Chief Medical Officer Dr. Lakshmi Dhavanthari. “Absorbing the impact for primary care physicians, clinics, and specialists is our way of continuing to invest in the health of our community.”

Dr. Dhavanthari and Chief Operating Officer David Koury recently sent a letter to all HPSJ contracted providers about AB 97 and HPSJ’s decision. “Ultimately, our leadership had to analyze the cost of the reduction against the potential impact that passing it along could have on our physicians limiting the number of Medi-Cal members they will see,” explained Koury. “We decided that with the Affordable Care Act and California’s expansion of Medi-Cal, now is not the time to cut rates.”

For more information, HPSJ network providers are urged to visit the “Provider Corner” on the website at www.hpsj.com.

Get DRE on the Go!

As many plan providers are aware, the Health Plan of San Joaquin offers provider web portal called Doctor’s Referral Express, or more commonly known as DRE. DRE allows easy access to your patients’ medical, pharmacy and lab histories as well as many administrative tools like on-line authorizations, and downloadable patient rosters for primary care offices. Now you can get access to your patients’ records while on-the-go with MobileDRE since we re-engineered the site to work with smart phones and tablets.

You can access MobileDRE as easy as 1-2-3 with the following steps:

1. Enter www.hpsj.com in your smartphone or tablet web browser
2. Click on the Provider Corner link
3. Enter your DRE username and password.

Alternatively, you can use the QR code below to get to the DRE log-in page. If you do not currently have an account in DRE or need help troubleshooting call Provider Services at 209.942.6340.
Under the Affordable Care Act (ACA), Medi-Cal coverage expanded, making one to two million new people eligible who previously may have been uninsured. In California this expansion of Medi-Cal eligibility is generally referred to as the Medi-Cal Expansion. As part of the ACA, effective January 1, 2014, California expanded Medi-Cal eligibility and Medi-Cal benefits.

**Eligibility**

Eligibility expanded for certain low income individuals between the ages of 19 up to 65 (parents and adults without dependent children) with incomes up to 138% of the Federal Poverty Level (FPL) based on modified adjusted gross income. The following is a summary of the key criteria that an individual must meet to be eligible under Medi-Cal Expansion:

- Income at or below 138% FPL
- Citizenship requirements
- Not be incarcerated
- Not be entitled to Medicare

The primary populations that are impacted by the Medi-Cal Expansion are currently eligible individuals who are not yet enrolled; newly eligible individuals who were previously uninsured such as adults without children in the household. In addition, newly eligible individuals who previously carried some form of insurance coverage such as Medical Assistance Program (MAP), Medically

Indigent Adults (MIA) and Low Income Health Plan (LIHP) participants. The LIHP program ended effective December 31, 2013 but the MAP and MIA programs will continue for individuals whose income is greater than 138% of the FPL.

**Benefit Changes**

Currently, Medi-Cal covers a core set of services, including doctor visits, hospital care, pregnancy-related services, and well as nursing home care. The ACA requires all Medi-Cal Managed Care plans to offer a comprehensive package of services, known as essential health benefits. To meet ACA essential health benefit requirements, Medi-Cal eligible patients will have access to new benefits in addition to the core Medi-Cal services in place today.

**Behavioral Health Benefits for Your Patients**

All eligible Medi-Cal Managed Care patients with a mental health diagnosis and with mild or moderate impairment receive the following mental health benefits administered through HPSJ:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, supplies and supplements
- Psychiatric consultation

HPSJ has contracted with Beacon Health Strategies (“Beacon”), in partnership with College Health IPA (“CHIPA”), to administer the mental/behavioral health benefits for HPSJ effective June 1, 2014. HPSJ members requiring medically necessary outpatient mild to moderate mental health services must receive their care through Beacon.
Specialty mental health services for members with severe impairment are provided by the County Behavioral Health Department.

**Substance Use Disorder Services**

Members that need treatment for substance use disorders will continue to receive services through Medi-Cal’s Alcohol and Drug Abuse program through the County Behavioral Health Program.

Due to State regulations, HPSJ requires a screening of members for alcohol and drug use during the initial health assessment. A few questions have been added to the Staying Healthy Assessment tool related to alcohol and drug use. Members that have a positive screen are to receive a Screening and Brief Intervention (SBI)* for substance use conditions. SBI is a detailed screening and a brief intervention as recommended by USPSTF (US preventative task force). The SBI enables a PCP to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

*You can bill HPSJ for the detailed screening and the brief intervention.

**Training**

HPSJ has developed referral, authorization and other care management procedures to assist you with your Medi-Cal patients who need these services. Refer to the Behavioral Health section of HPSJ’s Provider Manual online at www.hpsj.com and through our internet portal Doctor’s Referral Express, (DRE) for more information.

Another key benefit of the Medi-Cal Expansion is that you will experience an increase in revenue for seeing Medi-Cal members in your practice. The ACA requires managed care plans to eventually reimburse PCPs and certain specialists at Medicare rates for specific services. You can find more information about the ACA Primary Care Increase by visiting our website at www.hpsj.com.

HPSJ will contact you if modification to your provider agreement related to the Medi-Cal Expansion is necessary. Although open enrollment for the exchange ended, enrollment into Medi-Cal continues on a month to month basis.

If you would like more information about the Medi-Cal Expansion, please contact our Provider Services department at 209.942.6340.

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**DID YOU KNOW?**

As of 6/1/14, HPSJ is contracted with Beacon Health Strategies, in partnership with College Health IPA, to provide certain mental health benefits to Medi-Cal and AIM Members.

**Claims billing information:**
- eServices - Beacon’s Proprietary Portal
- EDI or Clearing House
- Fax: 877-563-3480
- Mail: Beacon Health Strategies 5665 Plaza Drive, Suite 400, Cypress, CA 90630

**To contract with Beacon/CHIPA:**
- 1.800.779.3825 ext. 5672
- providerinquiry@beaconhs.com

**For credentialing questions:**
- 1.800.779.3825 ext. 0667
- network@chipa.com
Head lice (Pediculosis capitis) is a parasitic infection that most commonly affects children ages 3 to 12 in the US. Although head lice are relatively harmless and not associated with transmission of other diseases, management of the condition can be burdensome for parents and caregivers. Transmission of head lice occurs primarily through head-to-head contact and less frequently through sharing of personal items (e.g., brushes and combs). The American Academy of Pediatrics (AAP) recommends permethrin as 1st line due to low toxicity, high efficacy, and because permethrin leaves a residue on hair that kills larvae when then hatch.

Optimizing Efficacy: Manual removal of nits with a fine-toothed comb is recommended. Conditioner and additives in many shampoos can impair the adherence of permethrin to hair and reduce its efficacy. Therefore, guidelines recommend an additional treatment course to be given on day 9 after initial treatment for certain products (see above) and if live lice are visualized. Day 9 treatment is optimal based on the Pediculosis capitis life-cycle. Warn patients that residual itching can remain for up to 2 weeks, and itching may even be caused by the medication itself and not the infection. If live lice are visualized on day 9, retreatment with the same agent is recommended. Second line agents recommended by the AAP include malathion (Ovide) and benzyl alcohol 5% (Ulesfia). Use of occlusive agents such as petrolatum and mayonnaise are not recommended, due to the possibility of decreasing effectiveness of the primary treatment.

Resistance:
Resistance is highly regional and the overall prevalence is unknown. The AAP recommends that resistance be the last options considered when facing a case of treatment failure. The AAP encourages providers to rule out other explanations for the reappearance of lice before concluding resistance. The presence of nits (empty egg cases) is often mistaken as active infection. When eggs are located >1cm from the scalp, they are not considered viable. Diagnosis should be the visualization of a live louse after day 9. See Figure 1 for possible reasons for treatment failure. Reappearance of lice after >=30 days after the initial infection is considered re-infestation.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosing</th>
<th>Ages</th>
<th>HPSJ Formulary Status</th>
<th>Average Price per Rx</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permethrin (Nix)</td>
<td>Apply topically x1 dose</td>
<td>≥ 2 months</td>
<td>F, 1st line</td>
<td>$11.19</td>
<td>43-100%</td>
</tr>
<tr>
<td>Pyrethrins and piperonyl butoxide (RID)</td>
<td>Apply topically x1 dose, retreat on day 9</td>
<td>≥ 2 years</td>
<td>F, 1st line</td>
<td>$7.09</td>
<td>62-100%</td>
</tr>
<tr>
<td>Malathion (Ovide)</td>
<td>Apply topically x1 dose, retreat on day 7-9</td>
<td>≥ 6 years</td>
<td>F, ST, 2nd line</td>
<td>$154.52</td>
<td>90%</td>
</tr>
<tr>
<td>Benzyl alcohol (Ulesfia)</td>
<td>Apply topically x1 dose, retreat on day 7</td>
<td>≥ 6 months</td>
<td>F, ST, 2nd line</td>
<td>$121.76</td>
<td>76%</td>
</tr>
<tr>
<td>Ivermectin lotion (Sklice)</td>
<td>Apply topically x1 dose</td>
<td>≥ 4 years</td>
<td>F, ST, 3rd line</td>
<td>$264.69</td>
<td>71-76%</td>
</tr>
<tr>
<td>Spinosal (Natroba)</td>
<td>Apply topically x1 dose</td>
<td>≥ 6 months</td>
<td>F, ST, 3rd line</td>
<td>$210.73</td>
<td>85%</td>
</tr>
</tbody>
</table>

FIGURE 1: Causes of Treatment Failure
- Misdiagnosis
- Lack of adherence to regimen
- Misuse/poor use of product
- Re-infestation
- Lack of ovicidal or residual killing effect
- Resistance (when all other options excluded)
A new strategy to educate members about proper use of emergency care will be launched soon. HPSJ is developing materials to reinforce the role of primary care physicians by reminding members to become an established patient, to call their PCP’s before seeking care at a hospital for non-emergency illness and promoting HealthReach, HPSJ’s 24 hour advice nurse line when the member’s PCP is unavailable or to access the audio-health library that includes over 1500 topics in English and Spanish.

HPSJ is also educating members about types of illness and severity so that they can make better decisions about the type of services they seek when they are ill. In the next issue of FOCUS, HPSJ’s member newsletter, HPSJ will include, “Before you go to the emergency room,” and article that encourages members to determine if their medical issue is routine, urgent or emergent:

**Routine:**
See the doctor in the next few days.

**Urgent:**
See a doctor the same day. Call the doctor first if the problem is not life-threatening. You will get the best advice from a doctor who knows you or your child's medical history.

**Emergency:**
Get help fast. If you need help, call 911. Know when not to go to the ER.

Here are some types of problems that usually don’t need a visit to the ER.

- An earache
- Mild fever or rash
- Throwing up (once or twice)
- A mild cough or cold
- A small cut or scrape
- A sprain or strain

The article also provides examples of signs and symptoms that should be treated as emergencies:

- Hard to breathe
- Severe or constant throwing up
- Blood in stools or bloody diarrhea
- Bleeding that doesn’t stop after 15 minutes of pressure
- You or your child is sleepy, fussy, dizzy or confused
- Burns
- Stomach pain
- Stiff neck with fever or headache
- High fever

To obtain copies of the latest newsletter for your patients, call the Provider Services Department at 209.942.6340.
Get involved and stay informed!

Health Plan of San Joaquin Advisory Committees

- Health Commission Meeting (Monthly) - 4th Wednesday, 5:30 – 7:00 p.m.
- Health Education Committee (Bi-monthly) - 2nd Monday, 12:00 - 1:30 p.m.
- Quality Improvement/Utilization Management Committee (Bi-monthly) - 2nd Thursday, 7:00 – 8:30 a.m.
- Pharmacy & Therapeutics Advisory Committee (Quarterly) - 3rd Tuesday, 7:00 – 8:30 a.m.
- Peer Review/Credentialing Committee (Bi-monthly) - 3rd Thursday, 7:00 – 8:30 a.m.
- Community Affairs Committee (Bi-monthly) - 3rd Thursday, 12:30 – 2:00 p.m.
- Physician Advisory Committee (As Scheduled)

All committee meetings are held at the HPSJ office in French Camp
7751 South Manthey Road, French Camp, CA 95231

To learn more about these meetings, attending or participating on our committees, call the Provider Services Department at 209.942.6340.