HPSJ Logo & Look Catch Up to the Substance and Service of our Growing Organization

Health care is changing and more people than ever have access to coverage. Although sometimes challenging, this is an exciting time. As the community health plan for Stanislaus and San Joaquin counties, we are proud to introduce you to our new logo and updated look.

These visuals reflect the transformations that have been taking place since January 1, 2014, when the Affordable Care Act was launched and our membership grew from 199,000 to over 320,000 today.

Our new colors and brand platform now better represent the diversity and rich culture of our valley, the members we serve, and the strong provider network with which we are so proud to partner.

What remains is our butterfly – an enduring symbol of HPSJ’s path to a vastly larger membership, matched by our organizational growth. Next year will be HPSJ’s 20th anniversary. For now: different look, same commitment, and ongoing quest to constantly improve as a member-friendly, provider-friendly health plan.
ICD-10 is Coming
Health Plan of San Joaquin is here to help, but your practice must take steps to be ready for the change from ICD-9 to ICD-10 on Thursday, October 1, 2015.

CMS Information and Guidance
In response to questions from the health care community, Centers for Medicare and Medicaid Services (CMS) has developed a Frequently Asked Questions (FAQ) document that provides clarification on the most commonly asked questions related to the joint CMS/AMA announcement. FAQs are available on the website at www.cms.gov.

Prepare your Billing Service and/or Staff
Government regulations do not allow us to correct billing code errors or provide specific codes. HPSJ staff can only refer to the Medi-Cal website.

For any claim submitted with incorrect code
A clean claim should be submitted. Do not submit a provider dispute or a corrected claim.

Clarification
Media reports about delay of ICD-10’s October 1, 2015 start do not apply to provider practices.

Helpful tip
Use dates below to find the ICD code version to use. If the date of service is before 10/1/2015, use ICD-9. If on or after 10/1/2015, use ICD-10.

<table>
<thead>
<tr>
<th>Claim</th>
<th>Type</th>
<th>Claims Date Field to be used to Determine ICD Code Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pharmacy</td>
<td>Date of service</td>
</tr>
<tr>
<td>2</td>
<td>Long Term Care</td>
<td>Through date</td>
</tr>
<tr>
<td>3</td>
<td>Inpatient</td>
<td>Through date</td>
</tr>
<tr>
<td>4</td>
<td>Outpatient</td>
<td>From date</td>
</tr>
<tr>
<td>5</td>
<td>Medical</td>
<td>From date</td>
</tr>
</tbody>
</table>

Stay Tuned: New Linguistic Capabilities Assessment Coming Soon
As required by the California Department of Health Care Services (DHCS), Health Plan of San Joaquin will soon implement a new Linguistic Capabilities assessment. The assessment will provide HPSJ with valuable information regarding languages that are spoken, written, and read in your office. This information helps members with Limited English Proficiency choose a provider that best fits their language needs. This is something we are already doing currently, but have updated the assessment and the requirements. Please stay tuned for more information and anytime you have staff that leave or come on board please contact Provider Services to update your linguistic capabilities.
HEDIS: A measure of quality

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by 90 percent of America’s health insurance companies to measure performance on patient care and service.

Why is it important?

HEDIS measures care across five domains of care. This allows health insurance companies and their customers to compare the quality of care received by their patients.

How is the information collected?

The information used to determine HEDIS results is based upon claims data, encounter data, and chart review. The aspects of the claims and encounter data that are used usually depend on diagnosis and procedure codes.

Because of this, it is very important to ensure correct and timely submission of both claims and encounter data.

This year correct submission is even more important as ICD-10 will be required for patient visits on or after 10/1/2015.

How are HEDIS results determined?

HEDIS results are calculated from a statistically validated sample of patients across HPSJ’s patient population.

For more information contact HPSJ’s Provider Services Department 209.942.6340

Topical Focus Areas for 2015:

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Provider Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Well-child Visits (3-6 years of age)</td>
<td>Perform at least one well-child visit per calendar year. Include a health history, physical and mental developmental history, physical exam, and health education/anticipatory guidance.</td>
</tr>
<tr>
<td>4. Medication Management for People with Asthma</td>
<td>Encourage your patients to refill their asthma medications regularly and take them. Emphasize controller medications over rescue medications.</td>
</tr>
<tr>
<td>5. Hemoglobin A1c Testing</td>
<td>Encourage your diabetic patients to have their HbA1c tested before the end of 2015. Give them a lab slip order.</td>
</tr>
<tr>
<td>6. Diabetic Retinal Eye Exam</td>
<td>Encourage your diabetic patients to have a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) by the end of 2015. Have them call VSP at 800.877.7195.</td>
</tr>
<tr>
<td>7. Cervical Cancer Screening</td>
<td>Encourage your female patients between 21 to 64 years of age to have cervical cytology performed every 3 years.</td>
</tr>
<tr>
<td>8. Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs</td>
<td>Encourage your patients who are taking an ACE Inhibitor (e.g., Lisinopril, Ramipril, etc) and your patients who are taking an ARB (e.g., Losartan, Irbesartan, etc) to have their Serum Potassium and Serum Creatinine tested by the end of the year. Give them a lab slip order.</td>
</tr>
<tr>
<td>9. Monitoring for Patients on Persistent Medications - Diuretics</td>
<td></td>
</tr>
<tr>
<td>10. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>When a patient presents with acute bronchitis and has no other co-morbidities, promote symptomatic treatments while delaying antibiotics. Research shows antibiotics have minimal benefit in acute bronchitis. Reducing antibiotic use, where appropriate, will also help combat antibiotic resistance in our community.</td>
</tr>
</tbody>
</table>
New systems coming for fraud, waste and abuse capture, as well as claims editing

As part of its ongoing oversight efforts, state and federal regulators have mandated that health plans, including HPSJ, adapt new state-of-the-art systems regarding fraud, waste and abuse capture and claims editing. The purpose behind both systems, operating in tandem, is to ensure the most efficient plan operations related to claims, without intruding on operations of provider practices.

These systems will be in place by the end of 2015.

There is nothing providers need to do, beyond what your practice is already undertaking for regulatory and legal compliance.

In the coming months we will keep you posted, including, for example, any new messaging you may see once our new internal systems are on line.

Submit Your Provider Disputes Online

Providers now have the ability to submit Provider Dispute Resolution forms (PDR) electronically through HPSJ’s online provider portal, Doctors Referral Express (DRE). You will be able to attach and upload necessary documents for the appeal submission. Previously, PDRs could only be sent by fax or mail, with attachments, to the HPSJ Claims Department for reconsideration. This online submission service is meant to help streamline business operations within provider practices.

HPSJ Supports your practice with WebMD

As part of our ongoing commitment to “continuously improve the health of our community,” HPSJ members now have access to WebMD. WebMD provides your HPSJ patients with a personal health record that allows them to securely gather, store, manage and share their health information. More importantly, members have access to a Health Risk Assessment (HRA), which scores their health status, calculates risk levels, and provides recommendations for health improvement and behavior change. Once the HRA is completed, information is sent to HPSJ’s Medical Management team for further evaluation. The goal is to increase care coordination between the member, provider and HPSJ Medical Management team.

Other added benefits:

- Health tests that give members a full report
- Health assistance to help members reach their health and wellness goals
- Tips about diabetes, asthma, prenatal care, and more
- Over 20 WebMD tools to:
  - help members create nutrition plans
  - stay active
  - keep blood pressure under control

Encourage your HPSJ patients to sign up for their MyHPSJ account, at www.hpsj.com, where they can gain access to WebMD services. MyHPSJ online account is easy to use and can also give them access to other important information such as: requesting a replacement or new ID card, help finding their Evidence of Coverage (EOC), and much more.
When your patients miss an appointment, we know it is far more than a minor inconvenience for your practice. Further, missed appointments can delay the patient’s access to the quality health care we all work so hard to make available, possibly affecting their health and long-term well-being.

For those reasons we are working to support HPSJ members in keeping their appointments. If something unexpected does come up and they just cannot make the appointment – or be there in a reasonable amount of time – we are communicating the need to inform their provider as soon as possible.

There may be a variety of reasons for patients who miss appointments, sometimes multiple times. Perhaps transportation is an issue. Perhaps they are worried about not understanding their doctor and the staff who are there to help them. Some members who are new to having a health plan and regular medical health care, may simply not understand the importance of appearing for their appointment, and doing so on time. It could be that a member is not sure when they should see a doctor and when they can try at-home remedies.

To help remove these barriers, HPSJ members can access:

- **Interpreters** – telephonic and face-to-face available 24/7. To schedule, members need to call HPSJ’s Customer Service Department at **888.936.PLAN (7526)** or (TTY/TDD) **800.735.2929** for hearing impaired members.

- **Bus tickets to get members to appointments** – Members are eligible for two FREE tickets per visit (no transfers). Bus tickets should be requested ten business days before scheduled appointment.

- **Advice Nurse Line** – registered nurses are available 24/7. Members can call the Advice Nurse Line for FREE at **800.655.8294** or (TTY/TDD) **1.800.735.2929** for hearing impaired members.

HPSJ is continuing to send out multiple messages about the importance – for everyone – of keeping arranged appointments. We also are reminding members about the services we can provide to help them arrive for their scheduled appointments.

We suggest that providers and practice staff reinforce these messages at the time appointments are made, and during any follow up communications.
Find it quickly online!

We know your time is valuable. That’s why, based on your feedback, we continue to enhance our website and make the information you need available in seconds.

Featured updates:

• One-click access to forms, HPSJ’s formulary and Provider Search from the main page

• Avoid clicking through pages. Hover over a main menu topic and a list of important and frequently searched items is revealed

• New and improved search bar that suggests key words as you type

Have a suggestion? Visit hpsj.com for more information and click FEEDBACK to share your ideas.

NCQA

We did it!

In June Health Plan of San Joaquin was awarded a Three-Year Health Plan Accreditation for its Medicaid/HMO line of business.

This accreditation from NCQA is especially gratifying in that it acknowledges both the quality of care that HPSJ offers to members through our network, as well as the hard work by all providers, together with HPSJ staff, to attain this level of unique national recognition.

HPSJ is one of only 11 California health plans to achieve NCQA Accreditation for its Medi-Cal/HMO line of business. Thank you for your continued partnership in improving the health of the community we serve!