

NEW! HPSJ Speakers Bureau

Due to increasing demands from local, regional and national groups for HPSJ's healthcare professionals and industry experts to participate in conferences, workshops and meetings, we have created a Speakers Bureau to better accommodate each of these requests.

In addition to participation by HPSJ staff who are authorities ranging from medicine to public policy, business systems to

the intricacies of Medicaid managed care, we are fortunate to include several members of our governing Health Commission. As you may know, one of our greatest strengths is the Commission's blend of public servants, community representatives, and local physicians. Together, these HPSJ speakers are helping audiences stay current on the complex healthcare landscape.



Here are some of the trending healthcare topics we cover:

- ❖ Opioid Crisis – A rising local collaboration is providing a way forward
- ❖ Telehealth – How HPSJ is partnering to expand support for local providers & practices
- ❖ Health Care Workforce – Central Valley challenges, innovative opportunities
- ❖ GenNext – HPSJ scholarships and mentors for tomorrow's doctors, nurses & pharmacists
- ❖ Like patients, health plans need to know their numbers – How we're using data to improve care for HPSJ members
- ❖ Palliative Care Options – A pioneering HPSJ collaboration is helping local medical teams comfort some of their most critically ill patients

For more about the HPSJ Speakers Bureau, a complete list of topics, and to learn how to request a speaker for your own community group or professional association, please go to www.hpsj.com/speakers.

Biosimilars Gaining Support

While biosimilars are relatively new to the United States, they have been safely utilized in Europe and several countries worldwide since 2006, with more than 400 million patient days of clinical experience.¹ As more biosimilars become available in the US, they are expected to expand patient access to effective biologics while reducing drug costs. The United States is beginning their use, and HPSJ wants to inform our providers of their existence.

It is important to understand that studies used in the



Food and Drug Administration (FDA) approval process of biosimilars are not intended to show superiority or inferiority. Biosimilars are intended to be equivalent and that is what drives the design of the clinical studies. No differences in safety or efficacy are expected or tolerated. This requires rigorous comparative studies demonstrating biosimilarity. Heavy emphasis is placed on clinical analytical comparison of structure and function between reference product and the biosimilar as well as pharmacokinetic and pharmacodynamics data. The FDA also requires clinical trials comparing the biosimilar to the original product in patients with the indication in order to assess equivalent efficacy and comparable safety and immunogenicity.² Only when a biosimilar has met these requirements and is comparable in safety and efficacy, is it approved.

While there is concern that the act of switching from the reference product to a biosimilar may be dangerous due to biosimilars not being structurally identical to its reference product or because of the potential for development of antibodies, clinical trials and real world observational data show that biosimilars are safe and effective. Recently,

a systematic review was published by HP Cohen, PhD, evaluating whether switching from a reference product to a biosimilar could lead to altered clinical outcomes—such as enhanced immunogenicity, compromised safety, or reduced efficacy.⁴ A total of 90 studies were identified involving seven molecular entities that treated 14 disease indications, and enrolled a total of 14,225 individuals. Overall, the cumulative results of the systematic review showed no differences in immunogenicity. In addition, there were no reported increases in treatment related adverse events, or loss of efficacy related to the act of switching.

As a result of these studies, the American College of Rheumatology (ACR) has shifted its stance on the use of biosimilars. Previously, the ACR's position on biosimilars was one of caution during the initial development, evaluation, and approval of these drugs. The ACR's updated position on biosimilars states that "Healthcare providers should now incorporate biosimilars, where appropriate, into regimens to treat patients with rheumatologic diseases." As more biosimilars become available in the next several years, their increased use can expand access, improve the quality of care, and reduce costs.

Where appropriate, HPSJ wants providers to utilize biosimilars in place of the original biologic. Biosimilars are part of our formulary, including Inflectra (for Rheumatoid Arthritis, Psoriasis, etc.) and Zarxio (for low white blood cell count). These require prior authorization.

References:

- ¹ Van Den Hoven, A. Biosimilar medicines clinical use: an experience based-EU perspective. *Medicines for Europe*
- ² Bridges, L et Al. The Science behind biosimilars. Entering a new era of Biologic Therapy. American College of Rheumatology. *Arthritis & Rheumatology*
- ³ Schiestl M, Stangler T, Torella C, et al. Acceptable changes in quality attributes of glycosylated biopharmaceuticals. *Nature Biotech.* 2011;29:310–2.
- ⁴ Cohen HP, Blauvelt A, Rifkin RM, Danese S, Gokhale SB, Woollett G. Switching reference medicines to biosimilars: a systematic literature review of clinical outcomes. [Published online March 3, 2018] *Drugs.* doi: 10.1007/s40265-018-0881-y.

Frequently Asked Question (FAQs)

What are biologics?

Biologics are drugs whose active ingredients derived from proteins (such as growth hormones, insulin, antibodies and other substances), and are produced by living organisms (such as cells, yeast and bacteria).

What are biosimilars?

The FDA defines a biosimilar product as a biological product that is approved based on a showing that it is highly similar to an FDA approved biological product, known as a reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product.

Are biosimilar generics?

Biosimilars are not generic medications. Biosimilars are similar but not identical versions of their reference product. Producing a biosimilar is far more difficult due to the complex molecular structure and the unique manufacturing process required for biologic medications. Unlike chemically-synthesized small molecule drug medicines, it is impossible for biosimilars to be exact copies of the reference product.

What are the allowable differences between a biosimilar and a reference product?

The FDA states that clinically inactive components may differ, as long as the manufacturer demonstrates that there are no clinically meaningful differences between the biological product in terms of safety, purity and potency.



How are biosimilars named?

The reference product serves as the root name and a random 4 letter suffix is added. For example, biosimilars of Remicade (infliximab) are Inflectra (infliximab-dyyb), Renflexis (infliximab-abda).

HPSJ Formulary & Coverage Policies Available Online!

HPSJ's full formulary is available online for viewing and reference. Please go to www.hpsj.com/formulary. The online formulary contains:

- ❖ PA and Step therapy rule summaries and identifiers
- ❖ Specialty 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 P&T changes.



Are you a PCP with a Capitated Contract?

Increase your earning potential!



You are required to submit encounter data and billings, either as an EDI or in a completed CMS 1500 form. Failure to submit for these capitated services will result in poor HEDIS scores and non-payment of your PCP incentives.

- ❖ Too often we are finding gaps between providers' patient encounter services and external billing companies, resulting in lower incentive payments than would otherwise have been earned.
- ❖ If you use a billing company, please make sure they are submitting these capitated encounter billings.

Attention all PCPs

❖ For New HPSJ Patients

- Each month, remember to log into DRE, our secure provider portal, and pull up your HPSJ member roster. It will identify your new patients who are HPSJ members.
- Remember to contact these new members to schedule their IHA (initial health assessment). Each IHA pays a PCP incentive for completion of this service.

❖ While in DRE ...

You also will want to check your HEDIS Gap Report. Updated monthly, GAP Reports show you the members due for preventative services. These are HEDIS services for which PCPs receive incentives.



Did You Know?

HPSJ expects their PCPs to see each of their members at least once a year to ensure they're receiving wellness visits and immunizations.

How often do you see each of your patients? Is it time to review your patients' charts to see what services they are due to receive?

If they are HPSJ members, you may receive incentive payments if they fall under the HEDIS categories.

If you're unsure about HEDIS, or you want to know more, contact your Provider Services Representative:

Claudia Potosme, 209.461.2246 (cpotosme@hpsj.com)

Glenda Guzman, 209.469.8327 (gguzman@hpsj.com)

Susana Medina, 209.461.2235 (smedina@hpsj.com)

❖ Would you like to receive your payments a day or two earlier?

If you're not already receiving your payments electronically, directly deposited into your bank along with electronically delivered RAs (Remittance Advice), call Customer Services or your Provider Services Representative.

❖ REMINDER:

California's Department of Health Care Services (DHCS) requires that all managed care plan (MCP) network providers report immunization information within 14 days of administering an immunization.

Attention Pharmacists & Physicians

The following requirements apply for immunizations –

- ❖ Timely provision of immunizations in accordance with the most recent schedule and recommendations published by ACIP—regardless of a member’s age, sex or medical condition, including pregnancy.

Please note the ACIP Vaccine Recommendations and Guidelines were updated in January, 2018. To view these latest guidelines, please visit the CDC web site at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- ❖ Documentation of each patient’s need for ACIP-recommended immunizations as part of all regular health and pharmacy visits.
- ❖ Report the administration of any vaccine within 14 days to the appropriate immunization registry.



The local immunization registry for San Joaquin and Stanislaus counties is Regional Immunization Data Exchange (RIDE). For more information on RIDE, contact them at:

Help Desk Phone: 209.468.2292

Fax: 209.468.8361

Email: support@myhealthyfutures.org

Web: www.myhealthyfutures.org

Great News – HPSJ has Gone LIVE With COBA!

In accordance with the transaction and code sets adopted by the Secretary of Health & Human Services through a final rule published in 45 CFR 162, Health Plan of San Joaquin has gone LIVE with COBA!

What does this mean for you?

- ❖ You no longer have to submit your Medicare/Medi-Cal member paper claims and Coordination of Medicare Benefit’s (COMB’s) to Health Plan of San Joaquin for processing.
- ❖ Any claims submitted to Medicare by your office on or after January 01, 2018 will be received by HPSJ via an electronic submission from CMS/Medicare.

A prior authorization is no longer required for the following:

1. Cardiac Stress Test (CPT 93015-93018)
2. Holter Monitor (CPT 93224-93227)
3. Myocardial Perfusion Imaging (CPT 78451-78454)
4. Cystoscopy (CPT 52000,52001,52005,52007,52204)
5. Scanning Laser Polarimetry (CPT code 92132 to

92134)

6. Fundus photography (CPT 92250)
 7. Fluorescein angiography (CPT 92230,92235,92242)
 8. Ophthalmoscopy (CPT 92225 and 92226)
 9. Avastin (Bevacizumab) 10mg/unit (CPT J9035) when billed with Injection (CPT 67028)
- NOTE – CORRECTED CPT CODE

Reminder:

Please consult the HPSJ (DRE) provider portal for services requiring authorization.

DRE Login

Welcome provider, please sign in:

Username:

Password:

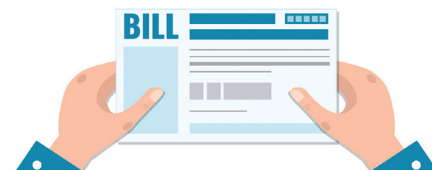
LOGIN

OR

SIGN UP

CLAIMS CORNER

A NEW Monthly Provider Bulletin from Health Plan of San Joaquin



April 2018 Highlights



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Mammogram Screening
Code Update

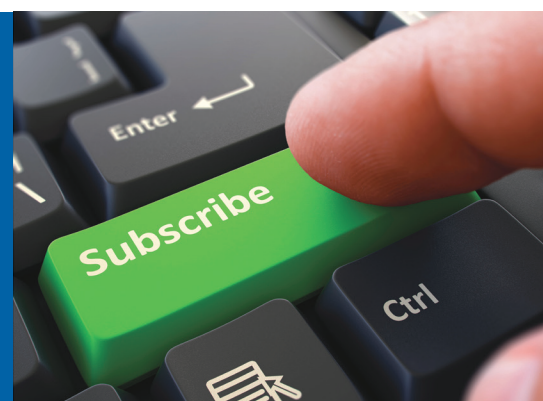


Medical Transportation
Dry Runs Update

Subscribe to MCSS Today!

The Medi-Cal Subscription Service (MCSS) is free. It keeps you up-to-date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website. This is news you need to know.

<http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp>



Update: EWC Diagnostic and Screening Mammography Benefits

A previously published Medi-Cal update that added, changed and deleted CPT-4 and CP-4 codes for the 2018 annual update (effective February 1, 2018), failed to establish that the following HCPCS codes are no longer benefits for the EWC program.



DO NOT USE these HCPCS codes:

- ❖ G0202 Screening mammography, bilateral, including CAD when performed
- ❖ G0204 Diagnostic mammography, including CAD when performed, bilateral
- ❖ G0203 Diagnostic mammography, including CAD when performed; unilateral

INSTEAD, USE the following CPT-4 codes when billing for screening or diagnostic mammography:

- ❖ 77065 Diagnostic mammography, including CAD when performed; unilateral
- ❖ 77066 Diagnostic mammography, including CAD when performed, bilateral
- ❖ 77067 Screening mammography, bilateral, including CAD when performed

Reference Medi-Cal Update: Obstetrics | March 2018 | Bulletin 525



Correction:

Hospital Name/Accepting Physician Not Needed for Medical Transportation Dry Runs



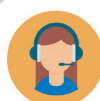
Effective for dates of service on or after April 1, 2018, when completing the emergency statement for air or ground medical transportation, providers no longer need to include the name of the hospital to which a recipient was transported or the name of the physician accepting responsibility for the recipient.

HCPCS code A0225 (ambulance service, neonatal transport, base rate, emergency transport one way) is added to the list of codes reimbursable for dry run services.

Reference Medi-Cal Update: Medical Transportation | March 2018 | Bulletin 510

This is Another Way Your HPSJ Patients Get the Care They Need When They Need It Most!

Remember to direct your patients to HealthReach, HPSJ's 24 hours a day, 7 days a week advice nurse line, so they can get assistance when you are not in office or unreachable. It's another way HPSJ ensures that your patients and our members always get the care they deserve when they need it most!



Call HealthReach
800.655.8294



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

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Health Plan



Good News for Primary Care Physicians

The PCP Selection/Change Form is available online.

If you are a PCP, you can now:

- Access the form via your secure DRE Provider Portal
- Have the HPSJ member information auto-populate on the form
- Verify online, in real time, if the form with your PCP request was approved or denied, and why

All PCP Selection Change Form requests will need to be submitted via the DRE Provider Portal. Your Provider Service Representative can provide training, if needed.

Remember, you can always call our helpful Customer Service staff at **209.942.6320**

The screenshot shows the DRE (Digital Request Entry) interface. On the left is a purple sidebar with navigation links: My Home, New Request, Search Requests (Created After Oct 1 2017), Search Requests (Created Before Oct 1 2017), Search Patients, Search Claims, Search PDRs, Search Providers, Search Formulary, Search Codes, Mail (0 new), Contact Us, PCP Assignments, Guidelines, and Help. The main content area is titled "Primary Care Physician (PCP) Change Form" and contains "Step 1: Enter the information requested and choose a new PCP for this member". The form fields include: Member ID (200 xxxxxx), Member Name (Member First and Last Name), Date of Birth (May 2, 2004), Address (1234 MAIN ST, NEWMAN, CA 95360-1319), Home Phone ((209) 999-9999), and Cell Phone. There are radio buttons for "Has member been seen by any other main doctor this month?" (Yes/No) and "Was member seen in the office today?" (Yes/No). A dropdown menu for "Reason for today's visit" is shown. Below that are radio buttons for "Patient status?" (Current Patient/New Patient). The "Current PCP" section has checkboxes for "PCP" and "MEDICAL GROUP @ PCP MEDICAL GROUP". The "New PCP Affiliation" section has a "(select one)" dropdown. At the bottom are "Submit", "Reset", and "Cancel" buttons.