

HPSJ's Provider Network Credentialing Department is excited to announce
- we are going **GREEN!**

Introducing Cactus Application Manager!



What is Cactus Application Manager?

The Cactus Provider Management Platform is a robust and comprehensive software solution. It provides automated credentialing that offers cloud-based access, speeds up processes, tightens security, improves workflow, and reduces paper burden.

What are the benefits?

- ❖ **Simplify and Streamline** – Application Manager eliminates the complicated and error-prone process of gathering data from providers. Provider information will be entered in the application and will not need to be transcribed by the credentialing staff. This reduces entry errors.
- ❖ **Automated Processes** – Existing providers are notified when they are due for Recredentialing. HPSJ can set automatic reminders and receive email alerts when a provider completes an application.

More to come as we get closer to implementation, anticipated for Summer 2019.

2018 HPSJ Community Report

From Cradle to Career –

How we're getting our whole community to sustained health.

Now available online at www.hpsj.com/about-us

CEO Amy Shin on what it really takes to cultivate a healthy HPSJ membership.

Health Plan of San Joaquin is committed to high quality care for our members. But we firmly believe it takes a village to get our community to sustained health. And, we are very well on our way!

Local Health Landscape View from Amy Shin, CEO



eConsults – Powered Up, Underway

In 2018, HPSJ partnered with key providers to initiate and help fund the eConsults platform implementation. With several provider groups, we teamed up to phase in systems set-ups, conduct trainings for practice staff and physicians, test finalized integration and reporting requirements, and then create a local panel of specialists.

By the end of 2018, eConsult had proved itself a productive investment to virtually expand our provider network. Three large HPSJ network providers now have access to timely, responsive sessions with vetted specialists beyond our region. With this support now available to local providers, eConsult is already proving popular to:

- ❖ Reduce appointment wait time for patients
- ❖ Provide quicker access to care for HPSJ patients
- ❖ Increase satisfaction of HPSJ patients, as well as staff and clinicians in our provider network
- ❖ Increase productivity and reduce unnecessary referrals
- ❖ Improve patient work-ups by specialists, where referrals become necessary



CLAIMS CORNER

A monthly newsletter brought to you by Health Plan of San Joaquin.

Reminders

Check out the latest at www.hpsj.com/claims-corner



Offsets/
Recoupments



New Mailing
Address - Temporary



Online PDR
Submission



Appeals to
the State

Tobacco's New Crown JUUL – Tripping Up Vulnerable Kids and Concerning Health Care Communities

Once again demonstrating the power of marketing, within just two years of launch, JUUL is the new e-cigarette blazing the trail in the tobacco industry. Like many e-cigarette companies, JUUL insists their products are only intended for adult use as an alternative to cigarettes. Still, more and more youth are “JUULing” right under our noses, in homes and classrooms.

With its' sleek and tech-like design, the tobacco product is hard to detect under a casual eye and easy to conceal as an everyday USB drive. The device can even be charged using a computer's USB port. Additionally, there are manufacturing companies that allow JUUL users to customize their devices with designs called “skins”, making the e-cigarette device even harder to differentiate from an everyday computer gadget.

“With sleek, tech-like designs and flavors shown by studies to be attractive to kids and young adults, the increasingly ubiquitous JUUL and other e-cigs are like Trojan Horses, masking harmful nicotine,” said HPSJ Medical Director Tracy Thompson.

A study conducted by the Truth Initiative found that 63% of JUUL users between the ages of 15-24 were unaware that this product contains nicotine. Most users believed they were only vaping flavors. Not only are JUUL users at risk of developing or sustaining a lifelong addiction because of the unregulated amounts of nicotine present in the product, adolescents who JUUL are putting their

brains at risk for a developmental downfall. Studies have shown that nicotine interferes with the development of the adolescent brain. Moreover, the U.S. Surgeon General has concluded that nicotine use is dangerous to youth, pregnant women, and fetuses alike.

JUUL is already well-entrenched. Despite age restrictions for online purchases, JUUL is still available at local convenience stores, vape shops, and tobacco retailers. An unrestricted Twitter account allows JUUL the opportunity to impact youth and young adults by normalizing “JUULing” through social media.

Products like JUUL demonstrate that despite continuous attempts to regulate, tobacco companies are relentless, finding new tactics to entice youth to nicotine addiction.

Health Plan of San Joaquin, as part of our public service network of providers, community organizations, and public health agencies, believes we must continue to arm our youth and families with clear-eyed facts about the harms of nicotine products, including this latest, sleek line of e-products. For more information about JUUL, similar products, and their impact on the health of our kids and young adults, visit www.truthinitiative.org/news/what-is-juul



Women's Health A Survey of Breast Cancer Screening Awareness

If detected in the earliest stages, the five-year survival rate for breast cancer is 98%. For the past several years, Health Plan of San Joaquin has seen the number of women getting a breast cancer screening remain low.

In 2018, HPSJ decided to survey 170 women in the community including members to find out what was preventing them from going in for a screening.

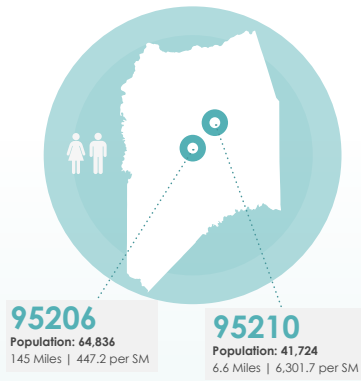
Knowing all too well that prevention is key, it was important to find out how we could support women in being screened.

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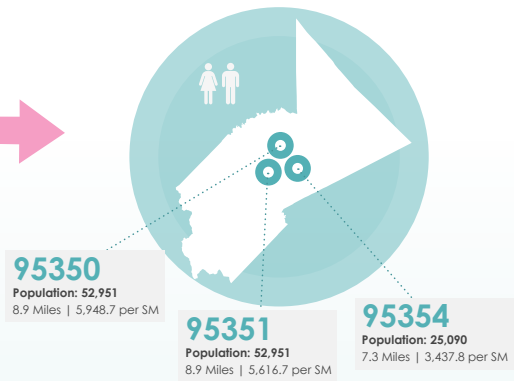
**Stockton
San Joaquin County**

**Modesto
Stanislaus County**



The survey targeted zip codes that included higher non-compliance rates.

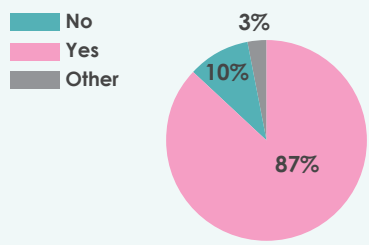
Census data: ACS 2017 5 year unless noted



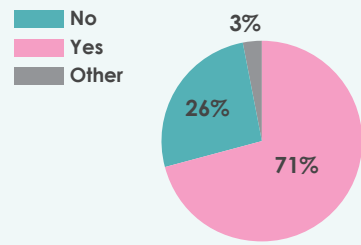
What HPSJ learned –

Below are the questions and findings we discovered after we had phone conversations with 170 female members:

1. Do you know how to schedule a mammogram?



2. Have you had your mammogram this year?



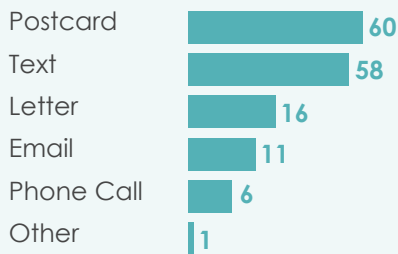
3. Where do you get your preventative health information?

The most common answer amongst the women surveyed was:

“My PCP”



4. How do you like to receive health reminders?



5. What has prevented you from getting a mammogram?

- Scared/afraid to know if something is wrong
- Refuse to get one done
- Had painful experience
- Never had one done before
- Moved out of the county
- No transportation
- No caretaker for myself or my family member
- No health insurance
- Forgot
- No PCP or PCP got changed
- No time
- PCP said "I did not need one"
- I have small breasts
- I am a chemo patient
- PCP never mentioned that I needed one
- I thought I needed it every 2 years
- No family history
- No reason why I didnt get it done
- My appointment was too far out
- I have other health issues to worry about

Breast Cancer Facts

- 30%** Routine mammograms have decreased the death rate of breast cancer by 30%.*
- 98%** When caught early, breast cancer patients have a 98% survival rate.*
- 80%** 8 out of 10 breast cancer diagnoses can be prevented.**
- 40%** Mammography has helped to reduce breast cancer deaths by 40% since 1990.***

Sources: *American Cancer Society, **Breastcancer.org, ***<https://www.mammography-saves-lives.org/Facts.aspx>

What is next?

HPSJ plans to address these disparities by launching a year-long campaign that will provide education to the community in San Joaquin and Stanislaus County about the importance of getting a mammogram. We will provide education pieces to PCP's and their clinical staff to remind their patients to get screened and to talk about the appropriate age to get a screening done.

Let's work together!

Educational handouts and promotional materials are available to encourage discussion with your HPSJ patients about important women's health screenings.

Tips to have a conversation with your patient

- ✓ Talk about early prevention
- ✓ Discuss the importance of follow-ups
- ✓ Discuss the importance to have a mammogram done on time
- ✓ Talk about what age women should have a mammogram done
- ✓ Talk about how often a mammogram is needed
- ✓ Talk about family history and the importance of getting a screening and when to get it

Opioids – Support for Providers

The opioid overdose crisis continues to plague the United States with, on average, 130 Americans dying every day from opioid overdose.¹ The Center for Disease Control and Prevention (CDC) has provided guidelines for providers prescribing opioids in an outpatient setting to patients with chronic pain. The guidelines do not include patients with active cancer treatment, palliative care, or end of life care for which National Comprehensive Cancer Network (NCCN) guidelines or others can be referred.

CDC Guidelines Summary²

Determining to Initiate or Continue Opioid Therapy	Opioid Selection, Duration, and Follow-Up	Assessing Risks and Addressing Potential Harms
<ul style="list-style-type: none">• Nonpharmacological and non-opioid options are preferred for chronic pain such as physical therapy, exercise, acetaminophen, or ibuprofen• Establish a treatment plan with patient with realistic goals for pain and function where the benefits outweigh the risks• Discuss risk and benefits of opioid therapy as well as patient and clinician responsibilities with patient before and during therapy	<ul style="list-style-type: none">• Immediate-release opioids should be prescribed over extended or long-acting opioids• Lowest effective dose of opioids should be prescribed. Reassess when increasing to doses ≥ 50 morphine milligram equivalents (MME)/day and avoid increasing ≥ 90 MME/day or give justification based on patient's benefits and risk• For acute pain, prescribe the lowest effective dose with appropriate quantity that does not exceed the expected duration of pain (usually 3 days or less is sufficient)• Evaluate patient's therapy within 1 – 4 weeks of initiation or dose escalation and then every 3 months. If risk outweighs the benefits, optimize therapy with patient to taper down and discontinue opioids	<ul style="list-style-type: none">• Evaluate risk factors for opioid related harms and incorporate plans to reduce risk such as offering naloxone to those with increased risk of opioid overdose• Review patient's history using state prescription monitoring program data when starting and periodically during therapy• Use urine drug testing prior to starting therapy and at least annually to assess for prescribed medications as well as other controlled and illicit drug use• Avoid prescribing opioids, benzodiazepines, and carisoprodol concurrently whenever possible• Offer or arrange treatment such as medication assisted treatment with behavioral therapies for patients with opioid use disorder

Federal Updates

The Food and Drug Administration (FDA) has continuously made safety updates to reduce opioid risk³:

- 2018 September – FDA approves new dosage strength of buprenorphine and naloxone sublingual film as maintenance treatment for opioid dependence to broaden access to medication assisted treatment of opioid use disorder.
- 2018 September – FDA approves Opioid Analgesic risk Evaluation and Mitigation Strategy (REMS), a program with measures that require education to patients and health care providers on the risk of opioid pain medications.
- 2018 January – All prescription cough and cold medicines containing codeine or hydrocodone are limited to adults 18 years of age and older due to risks outweighing the benefits of use.
- 2017 April – All prescription codeine and tramadol containing products become contraindicated in children less than 12 years old due to risk of respiratory sedation.
- 2016 August – To help inform patients and health care providers of the serious risks, FDA requires changes in drug labeling to warn that concomitant use of opioids with benzodiazepines or other central nervous system depressants may result in sedation, respiratory depression, coma, or death.

New California Law: Assembly Bill 27604

Effective January 2019

In California, prescribers are now required to offer a prescription for naloxone or another FDA approved opioid-reversal agent as a rescue medication when:

- Patient is receiving ≥ 90 MME/day
- Patient is prescribed opioid concurrently with benzodiazepine
- Patient has increased risk of overdose such as history of overdose, history of substance use disorder, or risk of returning to high dose of opioids for which patient is no longer tolerant

The bill also requires prescribers to provide education on overdose prevention and the use of naloxone or other similar FDA approved drug to the patient or patient's caretaker.

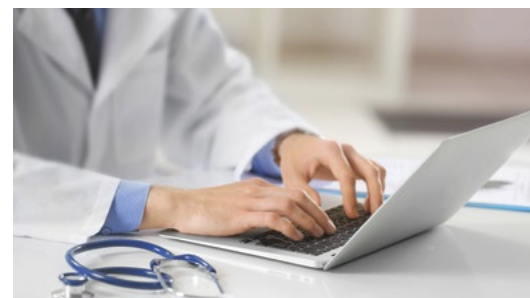


Policies Round-Up

More Safety Updates and Guidelines

HPSJ strives to keep up with new safety updates and guidelines and to apply them to our policies for our members. Though we keep you informed with timely ALERTS, this overview may be useful as you care for our HPSJ patients:

- Initial fill of any opioid prescription is limited to a seven (7) day supply
- Formulary short acting opioids are limited to a combined total of 120 units per month
- Members are limited to 1 type of long-acting opioid with quantity limits per opioid
 - Morphine ER is limited to 90 tablets per month
 - Fentanyl patches are limited to 10 patches per month with a PA required
 - Oxycodone ER is limited to 60 tablets per month with a PA required



HPSJ's PAGE TO BOOKMARK

Opioids – Patient Safety and Pain Management

Including Links & Resources

hpsj.com/opioids

- HPSJ has also added age restrictions
- Cough and cold medicines containing codeine or hydrocodone are limited to persons 18 years of age or older
- Tramadol and any non-cough and cold medicine containing codeine are limited to persons 12 years of age or older.

In July 2019, HPSJ will implement a cumulative 90-MME limit on all opioids. Prescriptions for patients titrating opioids to doses > or = 90 MME/day AND patients currently receiving > or = 90 MME/day will require authorization documenting the titration schedule.

Sources:

1. Opioid Overdose. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/epidemic/index.html>. Published December 19, 2018.
2. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>
3. Center for Drug Evaluation and Research. Timeline of Selected FDA Activities and Significant Events Addressing Opioid Misuse and Abuse. U S Food and Drug Administration Home Page. <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm338566.htm>.
4. Alert: New Naloxone Regulations Effective on January 1, 2019 -. Health Plan of San Joaquin. <https://www.hpsj.com/alert-new-naloxone-regulations-effective-on-january-1-2019/>. Published February 25, 2019.
5. HSPJ Coverage Policy – Opioids. <https://www.hpsj.com/wp-content/uploads/2018/07/Pain-Opioid-2018-05.pdf>

Important Information, Tools and Materials – Always Available at www.hpsj.com/Providers

As a valued Health Plan of San Joaquin (HPSJ) provider, we want to remind you about all of the important information, tools, and materials that you can easily access at our website, www.hpsj.com/Providers.

You can view and download information about the following topics:

- Information about HPSJ’s Quality Improvement Program including goals, processes and outcomes as related to care and service
- The process for practitioners, facility, staff, including discharge planners, to refer members to case management
- The process to refer members to disease management
- Information about disease management programs, including how to use the services and how HPSJ works with a practitioner’s patients in the program

Information about how to obtain or view copies of HPSJ’s specific adopted clinical practice guidelines and preventive health guidelines, including those for:

Clinical Practice Guidelines:

- Attention deficit hyperactivity disorder (ADHD)
- Asthma
- Chronic Obstructive Lung Disease (COPD)
- Depression
- Diabetes
- Heart Failure

Preventative Health Guidelines:

- Pediatrics (age 0-19), Preventative Pediatric Health Care
- Pediatrics (age 0-19), Immunization Recommendations
- Perinatal Care
- Adults (age 19-64), Preventative care for ages 19 years and older
- Geriatrics (age 65+), Fall precautions for ages 65-older

- Information about HPSJ’s medical necessity criteria, including how to obtain or view a copy
- Information about the availability of staff to answer questions about UM issues
- The toll-free number to contact staff regarding UM issues
- The availability of TTY/TDD 711 services for members
- Information about how members may obtain language assistance to discuss UM issues
- HPSJ’s policy prohibiting financial incentives for utilization management decision-makers
- Information about HPSJ’s pharmaceutical management procedures including:
 - ❖ HPSJ’s drug list, along with restrictions and preferences
 - ❖ How to use pharmaceutical management procedures
 - ❖ An explanation of limits and quotas
- How practitioners can provide information to support an exception request
- HPSJ’s processes for generic substitution, therapeutic interchange, and step therapy
- A description of the process to review information submitted to support a practitioner’s credentialing application, how to correct erroneous information and, upon request, how to be informed of the status of the credentialing or re-credentialing application.
- HPSJ’s member rights and responsibilities statement.

If you have any questions about accessing our website or if you would like more information, please call the Provider Relations Department at **209.942.6340**.

The most recent information about HPSJ and our services is always available on our website.

Health Plan of San Joaquin

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www.hpsj.com

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HPSJ's Affirmative Statement Regarding Utilization Management (UM) Incentives

The vision of Health Plan of San Joaquin (HPSJ) is to continuously improve the health of our community. HPSJ supports its vision through our mission statement, which is to provide health care value and advance wellness. Our affirmation statement about Utilization Management (UM) Incentives is clear and understood by all HPSJ staff involved in UM decision making as follows:

- 1. UM decision making is based only on appropriateness of care, services, and existence of coverage.**
- 2. HPSJ does not specifically reward practitioners or other individuals for issuing denials of coverage.**
- 3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.**

HPSJ Formulary & Coverage Policies – Available Online!

HPSJ's full formulary is available online for viewing and reference. Please go to 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 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.