

## California's new governor & team focus on the health of Californians, especially children.

Governor Gavin Newsom has urged the healthcare sector to improve the quality of care for children with emphasis on the improvement of preventative services. One of the efforts that HPSJ, physicians and other network providers can collaborate on is to provide timely EPSDT (Early and Periodic Screening Diagnostic and Treatment) services that thoroughly address preventative care and other health issues identified during an EPSDT visit.

### Important to know

EPSDT services are for children <21. EPSDT services – A Well-Child visit qualifies for an EPSDT visit and for an Initial Health Examination (IHA) if this is a new member.

### We can collaborate to improve care

HPSJ encourages all new members to schedule an IHA/Well-Child visit within 120 days of their enrollment. We offer provider incentives for certain critical age groups for well visits, including ages 3-6 years, and for CAP measures for ages 12 - 24 months and 7 -19 years.

### What physicians and other practitioners can do

1. Welcome and reminder outreach to members to schedule and bring children to well visits.
2. During the well visit, any health issue identified needs to be addressed within 60 days.

## Key facts about Well-Child Visits

- The proportion of children under age 6 who received a well-child checkup in the previous year increased from 84 percent in 2000 to 90 percent in 2017.
- Children without health insurance coverage are less likely than children with coverage to have received a well-child checkup in the previous year (66 versus 91 percent, respectively, in 2017), although this gap has been shrinking since 2007.
- In 2017, children with a parent who had obtained a bachelor's degree or higher were most likely to have received a well-child checkup in the previous year (95 percent), compared with children whose parents had received less than a high school degree (82 percent).
- In 2017, the difference between the proportions of children under age 2 and children ages 4 to 5 receiving a well-child checkup was negligible (90 and 88 percent, respectively); this represents a shift from 2000, when 89 percent of children under age 2 received a checkup, compared with 81 percent children ages 4 to 5.<sup>2</sup>

*Children's Assessments, Continued on page 2*

## In this issue:

3

Comprehensive Diabetic Care

4

Control High Blood Pressure

5

Screen for Adult BMI

6

Antidepressant Meds: Work with Patients

## Children's Well-Child Visits (W15, W34, AWC, WCC- BMI)

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. **Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.** Children's Well-Care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.<sup>1</sup>



### Providers, it is critical for you to do all of these.

**Well-Child Visits in the First 15 Months of Life (W15):** Assesses children who turned 15 months old during the measurement year and had up to 6 well-child visits with a primary care physician (PCP) during their first 15 months of life.

**Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34):** Assess children 3-6 years of age who received one or more well-child visits with a PCP during the measurement year.

**Adolescent Well-Child Visits (AWC):** Assesses adolescents and young adults 12-21 years of age who had at least one comprehensive well-child visit with a PCP or an OB/GYN practitioner during the measurement year.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BMI):** Assess children 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.<sup>1</sup>

1. Child and Adolescent Well-Care Visits, [www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/](http://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/)

2. Child Trends. 2012. "Well-Child Visits." [www.childtrends.org/?indicators=well-child-visits](http://www.childtrends.org/?indicators=well-child-visits)

## Now available on a single sheet! – Vaccination Schedule for Children

**Well-Child check-ups, shots, and more!  
For children from birth to 17 years old.**

This fact sheet has been created - with parent and provider input - to be a clear, concise, all-in-one place where our members (and every local parent) can map the route to their children's best health. It's even been created as a fun tool for kids to start helping out with their own good health practices as they grow.

Get printed sheets from HPSJ's Provider Services Representatives during their extensive schedule of office, clinic, and facilities visits.





**30.3 Million**  
Americans are living  
with diabetes

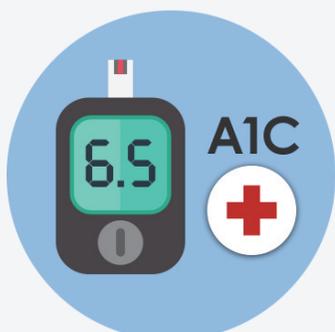
The prevalence and complications of diabetes is high in the Central Valley. To address this epidemic, HPSJ now provides a diabetes prevention program for members, enrolling members with high risk in HPSJ Care Management programs and providing educational materials for all diabetics.

One key component of diabetes care is to screen for diabetes and monitor diabetics by measuring HbA1c. Important screening measures include priority HbA1c testing (1 or more tests performed during the year as needed for diabetic members). **Please note: this measure is included in HPSJ's physician incentive program and you receive additional payments from the state through the Value-Based Program.** Ensuring good control of diabetes prevents or slows down complications and end organ damage. HbA1c monitoring to ensure control is essential to controlling diabetes.

### Select HEDIS/MCAS Quality Measures -

**HbA1c Testing** performed during the measurement year, as identified by claim/ encounter or automated laboratory data.

**HbA1c Poor Control >9%** One important indicator of diabetes control!



**84.1 Million**  
People have  
prediabetes

**Talking points for education** Some people are at higher risk of type 2 diabetes because they:

- Are overweight or have obesity
- Are age 45 or older
- Have a family member with type 2 diabetes
- Are physically active less than 3 times a week
- Had gestational diabetes
- (diabetes during pregnancy) or gave birth to a baby who weighed more than 9 pounds
- Are African American, Hispanic, Latino, American Indian, Alaska Native, Pacific Islander, or Asian American

### Risk factors

1. **Prediabetes** A serious health condition in which blood sugar levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. More than 84 million US adults—1 in 3—have prediabetes, and 90% of them don't know they have it.
2. **Overweight and Lack of Physical Activity** In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the US population has aged and become more overweight. Not getting enough physical activity can raise the risk of type 2 diabetes. That's because physical activity helps control blood sugar, weight, and blood pressure, as well as raise "good" cholesterol and lower "bad" cholesterol. However, only 1 in 4 US adults and 1 in 5 high school students get enough physical activity.
3. **Smoking** The risk of developing type 2 diabetes is 30% to 40% higher for current smokers than nonsmokers. The more cigarettes a person smokes, the higher their risk of developing type 2 diabetes. People with diabetes who smoke also have higher risks of serious complications, such as heart disease, kidney disease, and poor blood flow in the legs and feet that can lead to infections, ulcers, and amputations.



**\$237 Million**  
is spent annually on  
diabetes-related  
health care



## HEDIS/MCAS CBP - Controlling High Blood Pressure

This measure looks at **Members 18–85 years of age** who had two visits on different dates of service with a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

- If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure reading on that same date of service.
- When in doubt, measure twice.

### Identifying hypertension

Accurate blood pressure measurement is critical for establishing the diagnosis.

Once a patient has been identified as hypertensive, clinicians should:

- Assess lifestyle and co-morbid risk factors
- Evaluate if these factors could be elevating blood pressure, possibly including possible organ damage

### Choosing an anti-hypertensive drug class

Multiple drug classes can effectively lower blood pressure. Patient characteristics should guide the initial choice. Visit [www.hpsj.com/formulary](http://www.hpsj.com/formulary) to see the preferred drug list for up-to-date formulary medications.

#### What type of medical record is acceptable for this HEDIS measure?

- Health Maintenance Form
- Encounter Form
- Hospital H&P or discharge summary
- Problem List
- Progress notes (BP Reading)
- SOAP note (BP Reading)

#### Talking points for patient's lifestyle changes

- Eat less salt
- Read labels
- Eat the right foods to lower your blood pressure: Berries, Bananas, Beets, Kiwis, Watermelon, Oats, Leafy Green Vegetables, etc.
- Exercise or go for a walk
- Loose weight; as little as 10 pounds could lower your blood pressure
- Relieve stress with daily meditation or deep breathing sessions

**To Treat HBP - Check the Blood Pressure of your HPSJ patients, and provide diet and physical activity counseling, along with medications.**



## Adult BMI Screening – HEDIS MCAS To-Do List

- **Measure BMI annually:** HEDIS evaluates BMI screening for adults, ages 18-74, who had an outpatient visit with BMI screening in the measurement year or year prior.
- **Implement BMI assessment for all adult members.**

### Tips to discuss with patients – The importance of maintaining a healthy weight.

- This is a powerful way to help your patient prevent and control many diseases and conditions.
- If your patient is overweight or obese, they are at a higher risk of developing serious health problems, including heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers.

### Discuss factors that contribute to optimal weight, including:

- Environmental
- Genetic
- Physiological
- Metabolic
- Behavioral
- Psychological factors that can effect obesity

Sources: National Heart, Lung, and Blood Institute, National Center for Health Statistics (NCHS), under authorization by the World Health Organization, World Health Organization–copyright holder. HEDIS 2019 Technical Specifications for Health Plans (National Committee for Quality Assurance 2018)

## Give Flu Shots to all 6 months & older - Especially seniors, pregnant women, and those vulnerable to serious flu complications!

We want to help your HPSJ patients get the preventive care they need. Sometimes it can be as simple as a reminder, or fliers posted in examination rooms, or starting the conversation at check in. In need of marketing materials to post in your office? The CDC is a great resource for printable materials. They also have widgets and other promotional services that can get the word out to those you serve. See what's available online at [www.cdc.gov/flu](http://www.cdc.gov/flu) under Communication Resources. You can

search for materials by demographic, to ensure that your patients get the message you want to send about flu vaccines. **All flu vaccines are covered on the HPSJ pharmacy benefit.**

**NOTE:** For patients under 19 years of age the flu vaccine is covered under the VFC program. We encourage HPSJ members under age 19 to visit their doctor's office.

**24/7 Support** We know flu season can be tough for families and the clinics that serve them. HPSJ is committed to

ensuring that all of our members have access to reliable health information 24 hours a day, whenever they need it.

**HPSJ's HealthReach Nurse Advice Line includes 24/7 support and now includes the possibility of a telephone-live physician service.** HPSJ members can call HealthReach Nurse Advice Line at 800.655.8294 or locate the number on the back of their member ID Card. Visit [HPSJ.com](http://HPSJ.com) for more information.

## Women's Health HPSJ Breast Cancer Campaign New Provider Materials Available

*I Choose Me*



HPSJ's "I Choose Me" Breast Cancer Campaign is a focused Women's Health program that includes mammograms as an essential part of every women's healthy lifestyle. As part of our HPSJ-provider partnership for women and families, physicians and specialists can find the most current Clinical Practice Guidelines at [www.hpsj.com/womens-health](http://www.hpsj.com/womens-health). Facts, figures and ways to support families and women's health, are now available for all providers on the Women's Health page, at [www.hpsj.com/wp-content/uploads/2019/06/PCP-web.pdf](http://www.hpsj.com/wp-content/uploads/2019/06/PCP-web.pdf). Hard copies are also available from HPSJ Provider Services Representatives during their extensive schedule of office, clinic, and facilities visits.

One of the many new "I Choose Me" flyers created for our Provider Network to help educate patients is reproduced here – "Myth vs Facts: Get the Facts About Breast Cancer." Copies are available in English and Spanish, via HPSJ Provider Reps, or by calling Customer Service at 209.942.6340.

# Antidepressant Medications - Partnering for HPSJ Patients

Prevalence of Depression and Anxiety has increased over the last several years. HPSJ has stepped up efforts to increase referrals to Behavioral Health (BH) care and has successfully increased the utilization of BH services by partnering with our network physicians and by expanding our BH network. We also collaborate with Beacon, our BH partner. **The compliance with antidepressant medications is critical to ensuring long-term improvement in these HPSJ members who are your patients.** There are critical quality measures that help monitor medication compliance among members on medication for depression. These include:

County	Measure	Current Rate	Goal
San Joaquin	AMM-Acute Phase Treatment	49.81%	52.33%
Stanislaus	AMM-Acute Phase Treatment	51.36%	52.33%
San Joaquin	AMM-Continuation Phase Treatment	30.58%	36.51%
Stanislaus	AMM-Acute Phase Treatment	32.88%	36.51%

Providers, please work with your patients to improve compliance with antidepressant meds.

## Use these tips to keep the conversation going with patients:



### What are Antidepressant Medications?

Antidepressants are medicines for depression that can:

- Help you feel better and more able to do everyday tasks
- Reduce the symptoms of depression
- Relieve anxiety

### How do they work?

Each of the antidepressants works in a different way. But in general, they all change the chemistry of the brain.

### How long should I expect to be on antidepressants?

Most antidepressants start to help within 2 weeks of when you start taking them. But it usually takes 4 to 6 weeks before you get the full effect. If you do not feel any better after 2 to 4 weeks, ask your doctor or nurse what you can do. He or she might increase your dose, prescribe a second medicine, or offer another solution. Most people stay on antidepressants for at least 6 to 9 months. If you have severe depression, it might make sense to stay on your antidepressant for a year or more. People with severe depression who recover and then go off their medicines often get depressed again. If and when you do go off your medicine, do it with the help of your doctor or nurse. You will need to slowly decrease your dose over a few weeks. Stopping most antidepressants all of a sudden can make you feel ill.

### What do I do if I have questions or concerns?

Talk to your doctor or mental health provider about any side effects you are having. Rarely, antidepressants can cause serious side effects that need to be treated right away. If side effects seem intolerable, you may be tempted to stop taking an antidepressant or to reduce your dose on your own. Don't do it! Your symptoms may return, and stopping your antidepressant suddenly may cause withdrawal-like symptoms. It's best to talk with your doctor to help identify the best options for your specific needs. Note: HPSJ members are also encouraged to contact our helpful Customer Service team, and they can call our BH partner Beacon at: 1.888.581.7526.

## HPSJ welcomes Compliance & Privacy Officer – Sunny T. Cooper, MHS, CHIE

Health Plan of San Joaquin (HPSJ) has announced that Sunny T. Cooper, MHS, CHIE, has joined HPSJ as Compliance and Privacy Officer. Cooper, who comes to HPSJ with extensive senior executive experience in Medicaid (known as Medi-Cal in California), as well as Medicare and commercial health insurance, is a widely respected leader in establishing internal controls to ensure health plan operations are compliant with HIPAA (Health Insurance Portability and Accountability Act) and regulatory requirements. HPSJ CEO Amy Shin said: *“Through her experiences and career-long values that perfectly match up with many of our HPSJ values – including accountability, integrity, and stewardship – Sunny Cooper is leading our Compliance team to improve our program of regulatory compliance. She has already had success improving HPSJ processes and systems thereby creating efficiencies and workflow clarities.”* She added that *“Sunny’s many years of broad experience as a seasoned leader in Medi-Cal managed care, at both San Francisco Health Plan and L.A. Care Health Plan, make her an ideal person to join our leadership team.”*



Cooper said, “Compliance and safeguarding PHI (Protected Health Information) ultimately are everyone’s responsibility.” She has underlined to employees that at HPSJ: “It is part of everyone’s job to commit fully to compliance and to be ever vigilant in the detection, prevention, and correction of fraud, waste and abuse while administering benefits and services for our members.” Cooper, in her first few months at HPSJ, has already ensured that existing and new staff receive comprehensive on-going training regarding federal and state compliance standards – an essential building block for a successful, sustainable compliance function. Most recently, as chief information officer at San Francisco Health Plan (SFHP), Cooper’s many accomplishments included leading the team that built strong IT infrastructure, and secure data and business systems – a team that continues to protect San Francisco Health Plan members and providers.

## Electronic Signature Attestation Option added to the State-Required Fraud, Waste, and Abuse Training – All Now on the HPSJ website

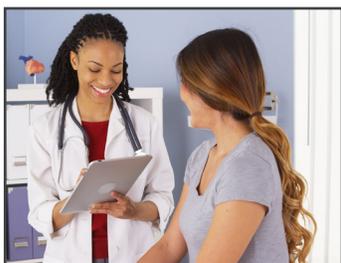
Many HPSJ Provider Network members have now completed their annual requirement for Fraud, Waste, and Abuse Training. Installing online tools at [www.hpsj.com](http://www.hpsj.com) for providers to more quickly and efficiently experience FWA training and then attest via electronic signature, is one way we are working to streamline such requirements. We hope that you found these improvements helpful for this year, and will find them so in years to come. **For future reference, you can bookmark the training site at [www.hpsj.com/fraud-waste-and-abuse-prevention-training](http://www.hpsj.com/fraud-waste-and-abuse-prevention-training).**

## Northern California Local Medi-Cal Health Plans Joint Audit Auditor Training

HPSJ’s Compliance team pools resources with sister California public health plans offering Medi-Cal to better serve the needs of state regulators and our provider network. The most recent training experience was a day-long session with Northern California plans.

## **Claims Corner** A (mostly) monthly newsletter brought to you by HPSJ

**Reminders** | Check out the latest at [www.hpsj.com/claims-corner](http://www.hpsj.com/claims-corner)



**Go447 - New Hedis Tip Sheet**



**Cactus Application Manager**



**Fraud Waste and Abuse Training eSignature Now Featured**



**NDC Required per DHCS**

# 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](http://www.hpsj.com)



## 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, please 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. Please go to [www.HPSJ.com/formulary](http://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](http://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.