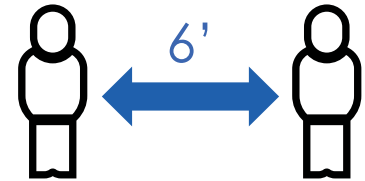
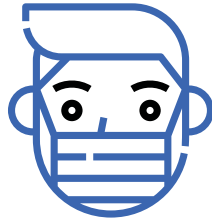




Step up!

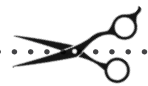


Help restore our community.

An HPSJ Outreach Campaign, at www.hpsj.com/stepup

Timely Access to Care 2020

The annual Provider Appointment Availability Survey (PAAS) is launching in October 2020. Please be sure that your scheduling team is aware of the appointment access requirements. Offering Telehealth appointments as an option to improve patient access is acceptable and encouraged. **Please review and post the table below** as a reminder for your scheduling team and include the table in your clinic workflow.



Types of Services	Standard
Access to non-urgent appointments or primary care – regular and routine care (with a PCP)	Within 10 business days of request
Access to non-urgent appointments for mental health (nonphysician ¹)	Within 10 business days of request
Access to urgent care services that do not require prior authorization	Wait time not to exceed 48 hours of request
Access to urgent care (specialist and other) services that require prior authorization	Wait time not to exceed 96 hours of request
Access to non-urgent appointments with a specialist	Within 15 business days of request
Access to after-hours care (with a PCP)	Ability to contact on-call physician after hours within 30 minutes for urgent issues
Access to preventive health services	Within 30 business days of request
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of request

Access standards are established by both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) – except for in-office wait times, set by and monitored by the Managed Care Plans (MCPs) like HPSJ. **If you have questions, contact Provider Services at 209.942.6320.**

¹Per DMHC, non-physician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers (https://www.dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf).

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Opioids – Support for Providers

HPSJ strives to keep up with new safety updates and guidelines, in order to apply them to our policies for our members. These include the following:

- Initial fill of any opioid prescription is limited to a seven (7) day supply
- All opioids are limited to a combined total daily dose of < 90 morphine milligram equivalents (MME) per day
- 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
- Methadone is limited to 40 mg per day
- 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 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

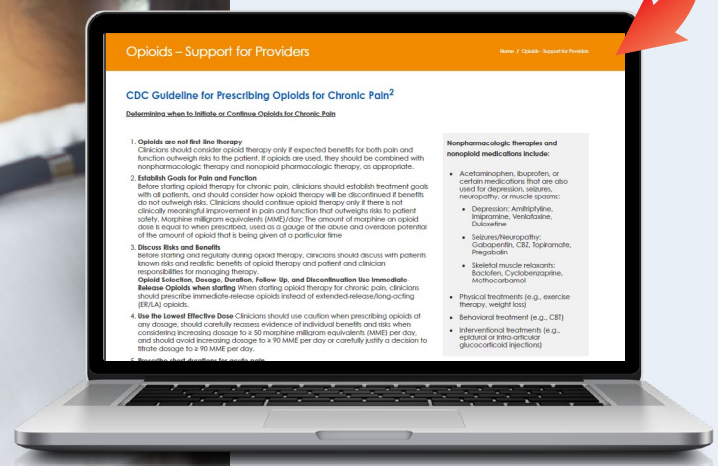


Please refer to the full [PAIN MANAGEMENT WITH OPIOID COVERAGE POLICY](http://www.hpsj.com/medication-coverage-policies/) at www.hpsj.com/medication-coverage-policies/, for more details including quantity limits, coverage of short- or long-term opioid products, and evaluation criteria for approval and exemptions¹.



View the CDC's Guidelines for prescribing Opioids for Chronic Pain on our website:

www.hpsj.com/opioids-support-for-providers/



Opioids – Support for Providers

Home / Opioids – Support for Providers

CDC Guideline for Prescribing Opioids for Chronic Pain²

Determining when to Initiate or Continue Opioids for Chronic Pain

1. **Opioids are not first-line therapy.** Clinicians should consider opioid therapy only if expected benefits for both pain and function outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
2. **Establish Goals for Pain and Function.** Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is not clinically meaningful improvement in pain and function that outweighs risks to patient safety. Morphine milligram equivalents (MME) is the amount of morphine an opioid dose is equal to when prescribed, used as a gauge of the cause and overdose potential of the amount of opioid that is being given at a particular time.
3. **Discuss Risks and Benefits** before starting and regularly during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy. **Opioid Education, Overage, Benefits, Follow-Up, and Discontinuation Use Immediate Release Opioids when Starting.** When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/acting (ER/LA) opioids.
4. **Use the Lowest Effective Dose.** Clinicians should use caution when prescribing opioids of any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to > 90 morphine milligram equivalents (MME) per day, and should avoid increasing dosage to > 90 MME per day or carefully justify a decision to titrate dosage to > 90 MME per day.

- Nonpharmacologic therapies and nonopioid medications include:**
- Acupuncture, cupping, massage, or certain medications that are also used for depression, anxiety, neuropathy, or muscle spasm;
 - Depression: Amitriptyline, Doxepin, Venlafaxine, Duloxetine
 - Sedation/Neurolepsy: Gabapentin, CBZ, Topiramate, Pregabalin
 - Skeletal muscle relaxants: Baclofen, Cyclobenzaprine, Methocarbamol
 - Physical therapies (e.g., exercise therapy, weight loss)
 - Behavioral treatment (e.g., CBT)
 - Interventional treatments (e.g., epidural or intra-articular glucocorticoid injections)

Provider Satisfaction Survey

Provider Satisfaction Survey Results 2019

82% Overall Satisfaction (vs. 55% for our local competitor's Medi-Cal plan)

96% Would recommend Health Plan of San Joaquin

While we are pleased with the upward trend of our providers' reactions, we continue to better ourselves when it comes to partnering with each of our practices, clinics, providers who work with such dedication to serve HPSJ members, and our community.

The next opportunity for providers to weigh in will be the 2020 Satisfaction Survey. The survey is scheduled to begin October 2020 and will include a new set of questions regarding Telehealth implementation. HPSJ values the day-to-day connection that gives us on the ground snapshots of how we are doing, and – more important – how we might do better.

After-Hours Access Survey: Questions

Medi-Cal health plans are required to conduct a yearly After-Hours Access Survey with a sampling of our contracted provider offices. The survey is conducted during the evening and on weekends, when the provider offices are usually scheduled to be closed. It is designed to help determine the level of access our Medi-Cal members have for urgent/emergent after-hours care throughout the network by testing the messaging content that provider offices use via answering service or through voicemail/messaging equipment and software.

The last survey was conducted in December 2019 and here is an overview.

- To pass the survey, all (4) questions listed in the After-Hours Access table needed to be answered with a “Y”.
- Those provider offices that received at least one “N,” received a “non-passing” score and are required to adjust their messaging process and messaging content to be fully compliant.
- Notification letters were sent out informing the provider office of the question areas that the survey revealed need correction.
- Sites that were identified with non-passing scores will be resurveyed in 2020 to verify that their after-hours messaging meets all Medi-Cal compliance points required.
- To become compliant, HPSJ Provider Services Representatives can assist these offices with their messaging.

After-Hours Access Survey Questions	Y/N
1) Is the practitioner's answering system for after-hours urgent care/emergent physician coverage available 24 hours, 7 days a week?	
2) Does the answering service or voice mail state the length of when a return call can be expected from the provider?	
3) Are after-hours emergency instructions provided via answering machine and/or direct communication via answering service?	
4) Does the answering service or voice message specify a time in which the member should expect a return call?	

The next survey period is scheduled for November 2020.

Please be sure that your messaging has been updated to follow the requirements.



All About Claims

As part of Health Plan of San Joaquin's (HPSJ's) continued efforts to ensure each claim submission will reconcile with each encounter submission to California's Department of Health Care Services (DHCS), HPSJ will be requiring a Patient Reason Diagnosis to be billed as of July 01, 2020, no matter the date of service.

The patient's reason diagnosis code is required for all institutional claims with: Bill Type (Box 04) 013X and 085X; Admission Type (Box 14) 1, 2 or 5; and Revenue Codes 045X, 0516 or 0762 to be billed.

If a denial is received, a resubmission of the claim with the corrected/additional information is required using the Corrected Claim Process.

Acting to Reconcile: DHCS Encounter Requirements & Claim Submissions

To comply with DHCS requirements, HPSJ is implementing several new claim denials for Fiscal Year 2020-2021 if claims are not submitted with the required information.

If a denial is received, a resubmission of the claim with the corrected/additional information is required using the **Corrected Claim Process**.

Examples of upcoming denials:

- Admitting diagnosis code is required on inpatient claim
- Duplicate diagnosis code billed
- Missing a valid patient reason for visit diagnosis billing code
- Missing/incomplete/invalid patient's address
- Operating physician missing from claim

Denials HPSJ has already implemented include:

- NDC Required
- Ambulance Pick-Up and Drop-Off location required
- Authorization number submitted on claim when required

NEMT Billing Requirements

In accordance with Medi-Cal and California Department of Health Care Services (DHCS) guidelines, the following information outlines the billing requirements for all Non-Emergency Medical Transportation (**NEMT**) providers. These details must be provided:

1. Name of Referring Provider & NPI (Box 17 & 17B)
2. Pick-up & Drop-Off Location with times (Box 19)
3. Prior Authorization Number (Box 23)

The billing scenario is for a non-emergency trip from the member's home to dialysis clinic and back.

The image shows a portion of a Non-Emergency Medical Transportation (NEMT) form. Several callout boxes highlight specific requirements:

- Referring Physician's name/NPI required because written prescription from recipient's physician required non-emergency transport to/from dialysis clinic:** Points to the NPI field (17B) containing '0123456789'.
- Description of trip required. Include times recipient was picked up for each trip on an attachment:** Points to the 'DESCRIPTION OF NATURE OF SERVICE OR INJURY' field (A.1).
- Approved TAR required for non-emergency transportation (Box 23):** Points to the 'PRIOR AUTHORIZATION NUMBER' field (23) containing '01234567891'.
- Include complete origination/destination, including the zip code, when billing for mileage in the Remarks Area field or on an attachment:** Points to the 'REMARKS' field (19).

19. Additional Claim Information Field:
 Start time 12:56 am 909 Oaks St. Anytown, CA 92230 to General Hospital. 401 Jay St. Anytown, CA. 95650. Stop time 1:25 am.

Night Calls (transportation between 7pm and 7am may be reimbursed in any of the following scenarios:

1. Transport starts during the day and ends at night (after 7pm)
2. Entire transport occurs at night (7pm and 7am)
3. Transport starts at night and ends during the day (after 7am)

Night Call Claim Documentation must include:

- Appropriate HCPCS Code with Modifier UJ
- Indicate start and stop time in Additional Claim Information Field (Box 19)



Value Based Payment Program (VBP) – Update

The VBP Program has been established and funded by DHCS to provide supplemental payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. Incentive payments are for VBP measures in the following areas:

- Prenatal/Post-Partum Care
- Early Childhood Prevention
- Chronic Disease Management
- Behavioral Health Integration

HPSJ is working diligently to implement the supplemental payments for the DHCS VBP program. Please view the most recent VBP information at wp.me/P5vFcQ-2zh.

HPSJ will provide more updates for the VBP program as they become available.

Compliance

REQUIRED: ANNUAL Fraud Waste & Abuse- Training/Attestation

Health Plan of San Joaquin, as a licensed health care services plan regulated by the Department of Managed Health Care (DMHC) and contracted with the Department of Health Care Services (DHCS), is committed to protecting members, our network of providers, and public interests. We do this by preventing, detecting, investigating, correcting, and reporting Fraud, Waste, and Abuse (FWA).

Training Resources Available for You

To help you meet the annual FWA training requirement, Health Plan of San Joaquin provides this training online, at wp.me/P5vFcQ-2h6, or you may contact our Provider Services at 209.942.6340 to schedule an on-site training.

Attestation Process

Please complete and digitally sign the attestation form by Monday, November 2, 2020 – The attestation form is also included with the online training on the HPSJ website. It requires your signature to:

- 1) Attest to receipt of these training materials
- 2) Confirm you have completed review of these materials
- 3) Acknowledge you have taken part in an FWA training

Well Child Visits & Reopening Offices

This is just one of our COVID-era partnerships, here targeted to parents with children at risk due to gaps in immunizations and regular office visits. From HPSJ's outbound calls, to this bilingual mailing encouraging parents to work with their doctor while practicing COVID safety, to support for practices re-orienting for safe reopening – Provider Services Representatives and other HPSJ employees are working closely with practices and clinics as they prepare and maintain their spaces for safe reopening.

This Well Child/Immunizations Campaign will continue into fall, and include outdoor community education, advertising, social media, and messaging for HPSJ members – for example, in the member newsletter (FOCUS).



Per the California Immunization Registry, known as CAIR, and regulated by the State of California under Health and Safety Code, Section 120440:

All patients/parents have the right to decline to have their information in CAIR shared with other participating organizations. To maintain patient privacy consistent with this law, CAIR cannot share “locked” records with other CAIR users or with health plans.

NOTE – Find parent notification information and consent forms at CAIR Patient/Parent Sharing Policy, or type in your browser cairweb.org/cair-disclosure-policy/#standard.

The Revised HEDIS Policy for now-enhanced CAIR2 explains changes, including the following –

- The CAIR portal process is revised to no longer return immunization histories for 'locked' or 'undisclosed' patients to users.
- CAIR will return all unlocked matched members in the HEDIS Patient File to health plans.
- A new 'Patient Sharing Status' field was added to indicate each matched member's sharing status.
- Records actively locked by a patient or parent to prevent sharing are coded as "L" (for locked).
- Undisclosed records – These are coded as "U."
 - 'Undisclosed' records (~2% of all CAIR records) are patients with completely empty vaccine records. "U" records are untouched birth records.
 - CAIR receives monthly birth loads from CDPH Vital Records, which are entered in CAIR as "U". They remain "U" until a provider submits a single dose, whereupon they become disclosed and default to share.
- Records of patients who have been disclosed and are open for sharing are coded as "O."



What We Ask From You

1. Educate parents and caregivers that you have a duty to submit patient data to CAIR; encourage them to opt-in to data sharing.
2. If the parent or caregiver agrees, the provider can change the sharing status for the patient from "No" to "Yes". This will: 1) include the patient vaccine information in the front-end CAIR interface, and 2) convert to "O" in the health plan HEDIS report.
3. When providers administer vaccines to a newborn – by entering a dose administration either through the UI or DX, the record automatically converts from (Disclose= "N"; Share= "N") to (Disclose= "Y"; Share= "Y"), thereby opening the record for HEDIS sharing ("O").

Please refer to CAIR's website: cairweb.org for more in depth information. If you have questions about limits on your ability to share information, call HPSJ at 209.942.6302.

HPSJ COVID-19 Pages for Members and the Community

Created to be a central go-to place, these are regularly updated pages with practical, timely information. Sections include Tips for Staying Healthy, mental health support, links to local county and state health resources, as well as the CDC, Community Resources (including Community Partners), a KIDS CORNER to support families (filled with reading, crafts, and education resources for parents), Help for Seniors, and ongoing messages from HPSJ's Chief Medical Officer (for example, Social Distancing & Shelter in Place).

HPSJ COVID-19 Community Pages

www.hpsj.com/COVID19





Personal Protective Equipment (PPE) – CMA, via San Joaquin County Medical Society



Health Plan of San Joaquin worked with our long-time partners, San Joaquin County Medical Society, to plan for distribution in our French Camp parking lot of medical-grade PPE from California Medical Association. On Friday, August 7, we were grateful to provide our central location so over 140 local small and medium-sized practices could safely receive boxes of medical-grade PPE, including N95 and surgical masks, gowns,

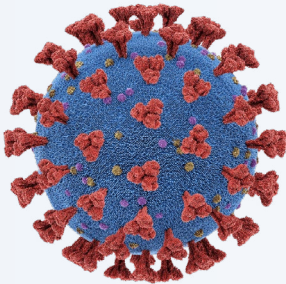


gloves and face shields. As each practice representative stayed safely in their car, volunteers (including HPSJ staff) loaded these resources that are critical to helping them safely reopen – and stay open. We hope to repeat this orchestrated medical PPE drive-by, as supplies are replenished.



News media coverage for the event included KCRA -TV4 (NBC)- bit.ly/3h3U7NI, and the Stockton Record- bit.ly/3i1CrUo report featuring an interview with HPSJ Commission member Dr. George Khoury along with photos that take viewers into the day.

COVID-19 Provider Updates



HPSJ Remains Open for Business During the Pandemic

We continue to closely follow the advisories from CDC, California Department of Public Health, each of our local public health departments, and the State's Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

Please know that we are working to support your vital work on behalf of HPSJ patients, as well as our community. We will let you know as soon as possible if there are any required changes to our business practices related to the pandemic. Learn about our community campaign - Step Up! - www.hpsj.com/stepup.

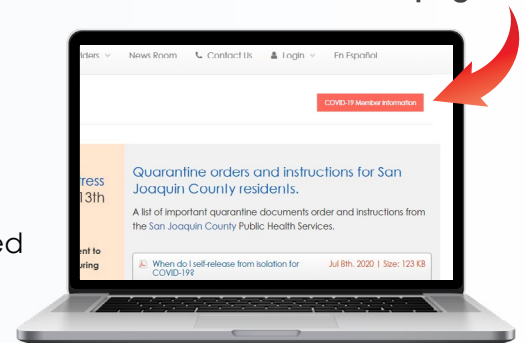
As always, you and your staff are encouraged to call HPSJ's Customer Service with your questions or any concerns (209.942.6320). Thank you for all that you do!

Provider Website Page Updates

View the updates below at www.hpsj.com/covid-19-provider-information:

- Telehealth options
- Interpretation & American Sign Language (ASL) services
- Pharmacy updates
- Policies (for example, no charges for HPSJ members for COVID-19 screening, testing, and treatment)
- Special COVID-19 billing codes
- Current information about face coverings and guidelines for the announced phases of reopening

Quick link to Member COVID-19 pages



The page also serves as a convenient touch-base point for the many COVID-related Provider Alerts, as well as messaging coming from healthcare government agencies, during this fast-evolving pandemic situation.

Provider Alerts Find all the latest HPSJ Alerts, and the Alert Archive, at www.hpsj.com/alerts, and inside **DRE**.

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



HPSJ uses this 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, 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. Visit www.HPSJ.com/formulary.

The online formulary contains:

- Prior Authorization and Step Therapy rule summaries and identifiers
- Speciality 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 Pharmacy and Therapeutic (P&T) changes.