PLANSCAN

from Health Plan of San Joaquin

Fall 2020

Health Plan of San Joaquin

The start date for the transition has been pushed to April 1st.

DHCS introduces Medi-cal Rx.

WHAT YOU NEED TO KNOW, NOW!

Effective April 1, 2021, Health Plan of San Joaquin's pharmacy benefits will be transitioned to Medi-Cal Rx. DHCS has contracted with Magellan to administer pharmacy services. After this date, outpatient pharmacy drugs will be covered by Medi-Cal Rx.

(4) Things to do now to prepare:

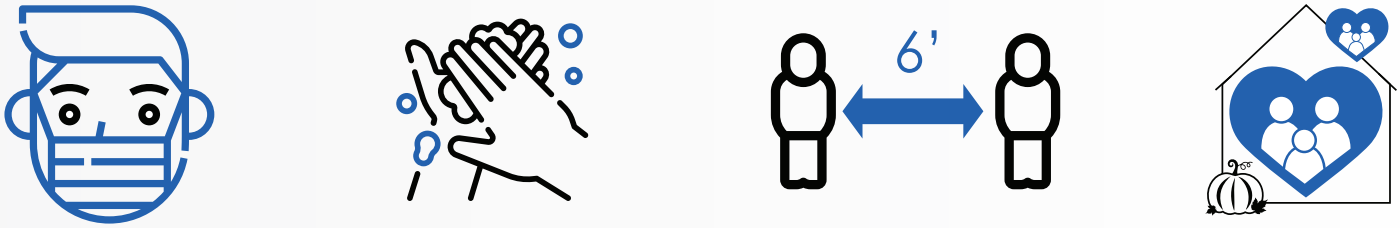
1. **Register** for the secure Medi-Cal Rx Provider Web Portal: **www.medi-calrx.dhcs.ca.gov/home**

2. **Review** online, visit: **www.Medi-CalRx.dhcs.ca.gov**
   - Medical Rx Pharmacy Transition Policy
   - Contract Drug List (CDL)
   - List of covered pharmacy providers

3. **Create a Plan** for your HPSJ patients' medications starting **April 1, 2021**. The Department of Health Care Services has created a transition plan to ensure that coverage for beneficiaries' medication will continue from **April 1, 2021**.

4. **Call if you have questions before April 1:** Medi-Cal Member Help Line, **1-800-541-5555 TTY/TDD 711**, Monday through Friday, 8 am to 5 pm. **As of April 1, 2021,** Medi-Cal Rx Call Center Line, 1-800-977-2273 TTY/ TDD 711, 24/7, or visit **www.Medi-CalRx.dhcs.ca.gov**

This **holiday season**



Habits that KEEP protecting those we care about!

In this issue:

What you need to know for the 2020-21 influenza season

NEW – Increased access for Flu Shots from HPSJ

Due to concerns about the flu season overlapping with the COVID pandemic, Health Plan of San Joaquin has expanded access for all of our members to receive this year's flu shot. As of November 9, 2020, any HPSJ Member can get their flu shot from any HPSJ contracted provider.

- For children under 19 years: providers will be reimbursed only for administration; the vaccine is provided via VFC (Vaccines for Children Program).
- For members 19 years and older: providers will be reimbursed for both the vaccine and administration; members can get the flu vaccine at the doctor's office or pharmacy.

Please note: For HPSJ members not being seen by their assigned provider, this expanded access applies **only** to influenza vaccination and **not** to any additional services and benefits.

Where can patients get their annual influenza vaccination-

- For members under the age of 19 years, contact pediatrician to make an appointment.
- Not all pharmacies have the vaccine. Encourage patients to call the pharmacy before visiting.

WHILE THEY'RE ALREADY HERE: In Hospital

Any patients admitted to hospital for a procedure or leaving the hopsital after an admission should be asked if they have had their flu vaccination. If they have not already received one, they should be offered a vaccination, unless there is a medical reason for not getting one.

Which formulations of influenza vaccination are available for patients:

Age Category	Vaccination
6 months to 35 months	0.25mL of Afluria Quadrivalent, or 0.5 mL of Fluarix Quadrivalent, or ▪ 0.5mL of FluLaval Quadrivalent, or 0.5 mL of Fluzone Quadrivalent
Children age 3 – 17 years	Children age 3 – 17 years 0.5mL of Inactivated Influenza Vaccine (IIV) formulation
Adults ≥18 years	0.5mL of Recombinant Influenza Vaccine (RIV4) or 0.5mL of IIVs (except HD-IIV4, which is 0.7mL) ▪ HD-IIV3 will be replaced by HD-IIV4 in the 2020-21 influenza season, and all V4 will also be available 0.2 mL/dose (0.1 mL per nostril) of FluMist Quadrivalent

Answers to concerns your patient may have around COVID-19 and immunizations at the pharmacy:

1. How can I protect myself while getting my immunizations?

- Wear a face mask or face covering during the entire time you are getting the vaccine.
- Use a hand sanitizer.
- Wash your hands. Avoid touching your eyes, nose, and mouth.

2. What processes and procedures are being applied at my local pharmacy to protect patients?

- Pharmacy staff will be using plastic face shield, N95 mask, or surgical mask and gloves with hand sanitizer for safety.
- Patients will have to complete a COVID screening form and they must pass a temperature check before getting the flu vaccine.
- All patients should maintain a distance of 6 feet between other patients and pharmacy staff at all times.

3. Should I get a flu vaccination if I have suspected or confirmed COVID-19?

- No, patients should not get any vaccines if they think or they definitely have COVID-19.
- Patients should talk to their provider about isolation/quarantine if they think or they have COVID-19.
- Patients should not get vaccines until they have met the conditions for stopping isolation quarantine as advised by their provider.

4. What other vaccinations should adults over the age of 19 receive at the local pharmacy?

Pneumococcal vaccine

- Prevnar 13 (PCV13) – one dose for a person who is 19 to 64 years of age that has a weakened immune system; it can also be given to patients over the age of 65 years.
- Pneumovax 23 (PPSV23) – one dose for a person before 65 years of age if they have a long-lasting medical condition such as heart, lung, or liver disease, diabetes, alcoholism or cigarette smoking; two doses before age 65 if the patient has a weak immune system; one dose at age ≥ 65 years.

Zoster vaccination

- For a person who is at least 50 years of age, give a two-dose series of RZV (Shingrix) separated by 2 to 6 months whether or not they had received herpes zoster or have a history of the ZVL (Zostavax) vaccination.
- For a person who is at least 60 years of age, give a two-dose series of RZV (Shingrix) separated by 2 to 6 months or 1 dose of ZVL if not previously vaccinated. RZV is preferred over ZVL (if previously received ZVL, then RZV is to be administered at least 2 months after ZVL).

Tetanus, diphtheria, pertussis (Tdap or Td)

- Give one dose of Tdap if not given previously at or after age 11 years, then Td or Tdap booster every 10 years.

Provider Partnership Program: Helping you provide quality care

Health Plan of San Joaquin has always been committed to continually support and improve the health of the community. To help realize this goal, HPSJ launched the Provider Partnership Program (PPP) in 2016, with the goal of increasing the delivery of preventive services to its members. Our internal multidisciplinary team includes Quality Management Nurses, QI Coordinator, Health Educators, Provider Services Representatives, and Patient Health Navigators. Together we work with Case Management, Pharmacy, Utilization Management, Claims and Clinical Analytics and your team to:

- Collaborate with you improve various preventive and disease management services for your patients resutling in improved HEDIS rates
- Review your monthly care gap reports and provide them in a format that can be easily shared with your team
- Share best practices for preventive health services and improved care for chronic conditions
- Offer regularly updated education materials for your staff, patients, and connect you with health plan and community resources

To maximize the outreach to the largest HPSJ's membership population, the PPP hopes to grow further by being open to partnering with providers meeting the following criteria:

- Panel size >500
- Willingness to work with the Plan
- We will work with you and together we can improve the quality of care provided to your patients and improve your HEDIS performance

To date, the PPP prides itself with strategic collaboration with 5 FQHCs and 17 other practices in both San Joaquin and Stanislaus counties, covering 68% of our membership.

HPSJ is committed to continuously improving the health of our community. As stated in our Mission: "We provide healthcare value and advanced wellness through community partnerships." Join us through our PPP and help us serve the community and fulfill our shared Mission.

WHAT'S THE DEAL? Synchronous vs Asynchronous Telehealth Services

HPSJ PROVIDERS, we've heard you. To help overcome confusion for how to code and bill for Synchronous and Asynchronous Telehealth Services, we are publishing this guidance.

Need to Know – Billing Guidelines

Only the provider at the originating site can bill for an originating site fee for hosting the patient. The originating site fee is billed using HCPCS Level II code **Q3014-Telehealth originating site facility fee without any modifier.** Q3014 can only be billed and reimbursed once per day, per patient, and same pay-to-provider.

Transmission cost is billed under HCPCS Level II code T1014; only to be billed and reimbursed per minute for maximum of 90 minutes, per patient, per day and same provider (1 unit of service = 1c minute of transmission cost). Transmission fees are not applicable to asynchronous store and forward or eConsult services.

When deciding which code to report for services provided, providers need to consider the services they are providing and the location of both the patient and physician. Please consider this chart:

Type	Description	Billing guidelines for Originating Site Providers	Billing guidelines for Distant Site Providers
Traditional Synchronous Telehealth Services	Connects the patient in a provider office with a distant provider of health services through live videoconferencing, which is a twoway audiovisual link between a patient and a care provider.	**CPT code(s):** Q3014; T1014 **Modifier:** n/a	**CPT code(s):** T1014; 99201 – 99215; 99241- 99255; 99221-99233; 99291 or G0508; 99292 or G0509 **Modifier:** 95 (modifier required for all CPT codes except Transmission Cost codes)
Asynchronous Telehealth Services (Store and Forward	The transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.	**CPT code(s):** Q3014 **Modifier:** n/a	**CPT code(s):** 99451 **Modifier:** GQ (modifier required for all asynchronous, store and forward services billed)
Synchronous: Provider to Patient Telehealth Services	Telehealth services provided between a qualified provider and patient at a distant location through live videoconferencing. The location may be a health facility, residential home, patient's home or other location.	**CPT code(s):** n/a **Modifier:** n/a	**CPT code(s):** T1014; E&M codes 99201 – 99215 **Modifier:** 95 (modifier required for all CPT codes except Transmiss

Please note that a Federally Qualified Health Center (FQHC), Rural Health Center (RHC) and Indian Health Service (HIS) cannot bill for site fee or transmission charges. *These charges are included in their FQHC/RHC Prospective Payment System (PPS) rate or the IHS Memorandum of Agreement (MOA) rate.*

As coding and billing regulations continuously change, we strongly encourage providers to review the specific regulations and other interpretive materials as necessary. Please refer to the following DHCS sites:
http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf
www.dhcs.ca.gov/provgovpart/Pages/FAQ-Telehealth-Payments.aspx

Important Terminology

- **Telehealth –** Mode of delivering health care and public health services utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patient at a distance from health care providers.
- **Originating site –** The site where a patient is located at the time health services are provided via a telecommunications system or where the asynchronous store and forward services originates.
- **Distant site –** A site where a health care provider who provides health services is located while providing these services via telecommunications system.
- **Synchronous interaction –** A real-time interaction between a patient and health care provider located at a distant site.
- **Asynchronous store and forward –** Transmission of a patient's medical information from an originating site to the health care provider at a distance without the presence of the patient.

Upcoming Changes to End of Year Billing!

NEW Changes to HEDIS Childhood measures:

The following measures are being removed from Hybrid (In-office/remote EMR) reviews starting this upcoming HEDIS season:

- Adolescent Well-Care Visits (AWC) and Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)
  - These two measures are changed to WCV – Child and Adolescent Well-Care Visits
- Well-Child Visits in the First 15 Months of Life (W15)
  - This measure is changed to W30 – Well-Child Visits in the First 30 Months of Life

What does this mean for you?

These measures will **no longer** use member charts to capture data. WCV and W30 will be **strictly** based on claims encounters data, as well as some outside sources, like EMR extracts. If the correct ICD-10, CPT, LOINC, and other HEDIS-related codes are not on your claims & encounters, **your office will not get HEDIS credit.**

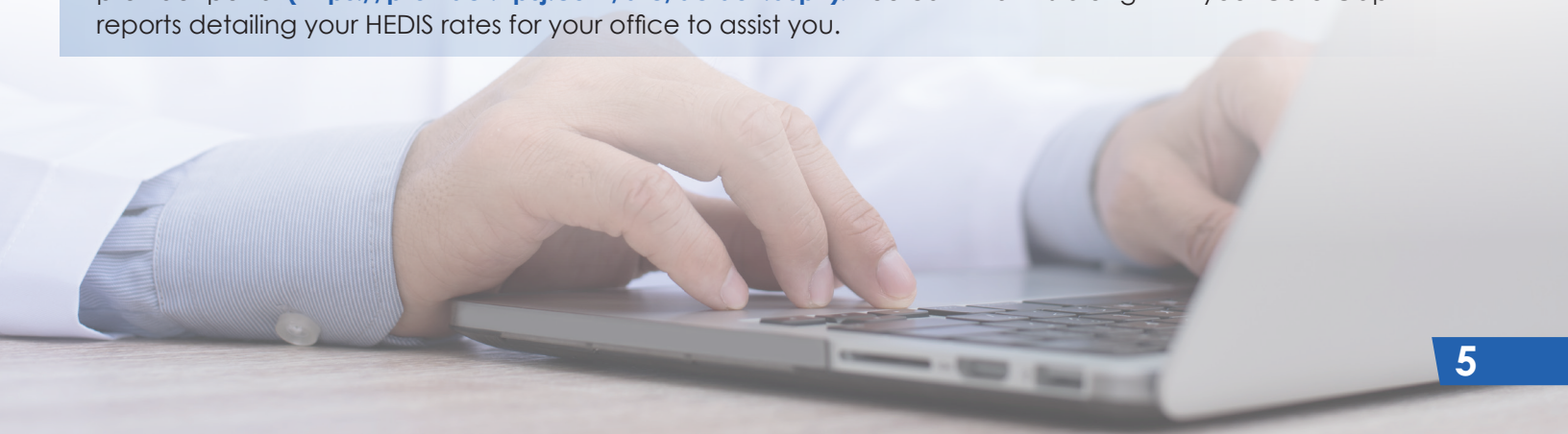
What about Telehealth and the impact of COVID-19?

NCQA updated several HEDIS measures to permit the use of telehealth in order to meet or partially meet the requirements. Our Provider Tip Sheet includes measures eligible for telehealth visits and codes permitted for credit.

Some Important Telehealth Billing info (from our Claims Corner Newsletter, April 23, 2020):

1. **E/M Codes should be billed with POS 02 and modifier 95 (office visits)**
   - Definition from DHCS: Medi-Cal providers may bill their managed care plan as appropriate for any covered Medi-Cal benefits or services using the appropriate procedure codes (CPT/HCPCS) that are appropriate to be provided via a telehealth modality.
   - The benefits or service delivered via telehealth must meet the procedural definitions and components of the CPT/HCPCS billed
2. **E-Consults (CPT Code 99451)** in conjunction with modifier GQ: Interprofessional telephone/internet/electronic health record assessment and management services provided by consultative physician, including written report of the patient's treatment of 5 or more minutes.
3. **Other Virtual/Telephonic Communications** (not to billed in conjunction with E/M or other procedure codes)
   - **HCPCS code G2010:** Remote evaluation of recorded video and/or image submitted by an established patient, including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation ad management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
   - **HCPCS code G2012:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.

For more information regarding HEDIS-related coding, please see our Provider Tip Sheet via the HPSJ DRE provider portal **(https://provider.hpsj.com/dre/default.aspx).** You can find this along with your Care Gap reports detailing your HEDIS rates for your office to assist you.



Great American Smokeout: Set a quit date with your patients

For more than 40 years, the American Cancer Society has hosted the Great American Smokeout on the third Thursday of November. The Great American Smokeout is an opportunity for people who smoke to commit to healthy, smoke-free lives – not just for a day, but year-round.

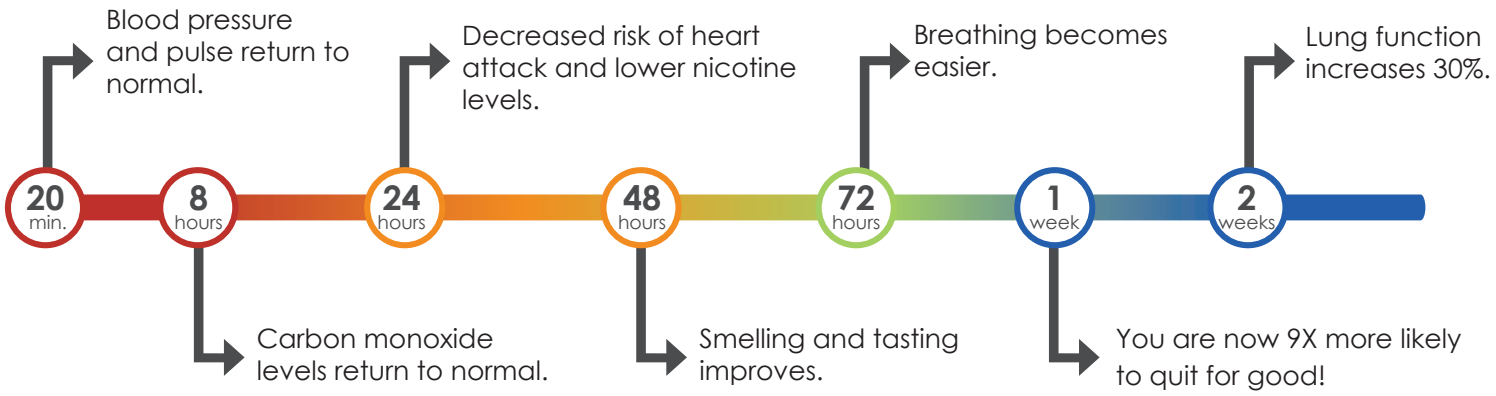
While cigarette smoking rates have dropped, about 37.8 million Americans still smoke cigarettes. Each year more than 480,000 people in the United States die from illnesses caused by smoking. This means each year smoking causes about 1 out of 5 deaths in the US. As an HPSJ provider you can refer any of your HPSJ patients to **1-800-NO-BUTTS,** or by visiting **http://forms-nobutts.org/referral** where you can enter Health Plan of San Joaquin as the organization for referral.

ORGANIZATION	CLINIC CODE	ADDRESS
Health Plan of San Joaquin	**1068**	**7751 S. Manthey Road, French Camp, CA 95231**

The 1-800-NO-BUTTS team will take it from there and call your patient to discuss a quit date and provide counseling and resources.

What HPSJ is sending your patients:

All members with diagnosis of tobacco use or vaping receive a letter that includes this image:



Members are encouraged to call 1-800-NO-BUTTS for more assistance to talk with their provider about their quitting smoking options. These include nicotine replacement therapy which is part of their plan coverage. Refer a patient today and help them start their tobacco-free journey.

Are you looking for training for yourself or your staff?

The University of California, San Francisco (USCF) **Rx for Change: Clinician Assisted Tobacco Cessation** training is a great resource. There you can learn more about the 5 A's cessation model. Learn more about that training opportunity here: **rxforchange.ucsf.edu**

Childhood Lead Screening: It's not just for old paint

We know that exposure to lead can be dangerous to young children.

A recent audit (FY 2009-10 through 2017-18) showed **1.4 million children** in California were eligible for Medi-Cal and were not tested for lead. It gets worse: of the children who were screened, roughly half the tests were incomplete (less than 50%).

By law, children under Medi-Cal must be blood tested for lead at age 1, and again at age 2. Lead poisoning is one of the most common and preventable environmental diseases. Traditional sources of lead that you may be familiar with include paint, lead gas deposits in soil, occupational sources, stained glass, and some types of pottery.

Did you know there may also be lead in these sources.

- **Surma-** a cosmetic product used in East Indian eye makeup absorbed through the eye membranes.This product is typically applied at birth so by 1 year of age an infant can be exposed to lead for 12 months!
- **Sindoor or Kunkuma-** a traditional red of orange powder from East India placed on parts of the hair and forehead.
- **Spices-** depending on the source, chiles and turmeric have been found to contain higher levels of lead.
- **Greta and Azarcon-** a home remedy imported from Mexico that can contain up to 90% lead. Used for stomach aches.
- **Sweet Oil with Olive-** Also used for stomachache in Hispanic families.
- **Pay-loo-ah-** Used in Southeast Asian communities for rash and fever.

Have you asked your patients about any of these products? Lead testing can help detect unknown or unfamiliar sources of lead.

Local Resources:

San Joaquin County and Stanislaus County each have a Childhood Lead Poisoning Prevention Program (CLPPP) providing services to the community with the goal of:

- Increasing awareness of lead hazards and providing education and assistance in order to reduce lead exposure
- Increasing the number of children who receive a blood test for lead poisoning

CLPPP staff provide case management services and home inspections to families of children found to be severely lead poisoned. In addition, information and education are provided to the general public, medical providers, and community-based organizations.

More information for all residents can be found at:

San Joaquin County: **http://clppp.sjcphs.org**

Stanislaus County: **www.schsa.org/PublicHealth/pages/clppp**

Compliance Corner

From November 1st to 7th, HPSJ joined hundreds of organizations across the country to celebrate Compliance Week. While compliance with laws and regulations should always be maintained, this week gave us an opportunity to reinforce awareness of its importance. Compliance is a critical component to safe, quality patient care.

That said, all healthcare organizations face healthcare compliance concerns. Don't be part of the statistics: The US Department of Health and Human Services (HSS) Office of Inspector General (OIG) investigates on average 40,000 privacy and fraud, waste, and abuse cases every year. Educate and train your staff to identify and report possible PHI breaches and suspected fraud, waste, or abuse.

Adopt a Culture of Compliance

Awareness	Recognition	Reinforcement
Think about compliance and ethics when performing your day-to-day job.	Recognize any member of your practice for compliance success.	Complete training for new staff upon hiring and annually afterwards.

Health Plan of San Joaquin

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209.942.6340 or TTY/TDD (711)
www.hpsj.com

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Facility Site Review

NEW! NEW! NEW!

New APL 20-006 coming out in 2021!

Watch out for more postings regarding provider trainings on:

- FSR provider portal
- FSR/MRR pre-audit checklists and tools
- Office policies and procedures
- New medical records audit guidelines

For more information, please contact our DHCS Master Trainer via email at: **QIDepartment@hpsj.com**