



DHCS Timely Access Survey

The Department of Health Care Services (DHCS) conducts an annual Timely Access Survey Study to monitor member timely access to care. DHCS began their survey calls on January 1, 2022 and they are still taking place.

What to Expect

Your office may receive a call from a DHCS auditor now through March 31, 2022. DHCS will ask questions around the Timely Access Standards to your office staff who answer the phone.

It is important that your staff cooperates with the surveyor and answers their questions to comply with the Access Standards. Failure to do so may result in follow up education sessions and a possible Corrective Action Plan.

Calls to Providers

All Network Providers – Phone calls will be made during standard operating hours (e.g., 9:00 a.m. – 5:00 p.m. PST) and a maximum of three call attempts to reach a provider will be made to complete the survey.


Click on the links below to prepare for the Timely Access Survey:

HPSJ Access Standards - www.hpsj.com/access-standards/

Timely Access to Care - <https://www.dmhc.ca.gov/healthcareincalifornia/yourhealthcarerights/timelyaccesstocare.aspx>

Post the chart to the right or include it in reference materials for schedulers and office managers. HPSJ members are Medi-Cal beneficiaries and have the right to be scheduled for appointments within the timeframes listed in the chart.

Appointment Access Standards for Medi-Cal	
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 (non-physician)	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 PPC)	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	Access to preventive health services within 30 business days of request
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury	Within 15 business days of request
In-office wait time for scheduled appointments (PCP)	Not to exceed 45 minutes
In-office wait time for scheduled appointments (specialist)	Not to exceed 60 minutes

 View larger, printable table online at www.hpsj.com/access-standards/

Per DMHC, non-physician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers. Access the Timely Access to Care Fact Sheet by visiting the following URL: https://dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf

If you have questions, contact our Provider Services Department at 209.942.6340.

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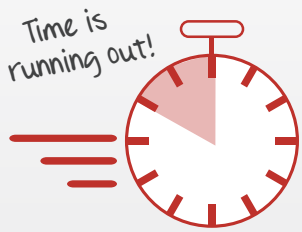
Provider Manual Update



Maximize Your Vaccine Incentive Program (VIP) Dollars



Since last October, Health Plan of San Joaquin has collaborated with our contracted providers to increase COVID vaccinations and maximize primary care and pharmacy services. The vaccination rate in our community continues to increase as we educate our members about the benefits of COVID vaccines. There is still work to be done to bring our community back to sustained health.



Please remember to submit your final VIP report by April 1, 2022, to maximize your incentive dollars.

COVID-19 Education Materials Survey

HPSJ's goal is to support our valued providers to improve access to COVID vaccines and testing. If you received COVID education and display materials from HPSJ, we want to hear from you.



As a reminder, our COVID toolkit included:

- Promotional video for network providers (to display in waiting rooms)
- Opportunity for co-branded reminders to your patients (via postcards)
- Posters and vinyl's for in-office display
- Social media sample posts
- Provider-Patient talking points



Click here to take a quick survey about our COVID education materials:

www.surveymonkey.com/r/88G7JGL

Reminder: Transition From HPSJ to Medi-Cal Rx

Pharmacy benefits for all Medi-Cal beneficiaries are administered by Medi-Cal Rx, the new California state agency.



Medi-Cal Rx includes all pharmacy services billed as a pharmacy claim, including but not limited to:

- Outpatient drugs (prescription and over-the-counter), including Physician-Administered Drugs (PADs)
- Enteral nutrition products
- Medical supplies

Medi-Cal Rx does not include pharmacy services billed as a medical (professional) or institutional claim.

Medi-Cal Rx did not change:

- The scope of the existing Medi-Cal pharmacy benefit.
- Providing pharmacy services as part of a bundled/all-inclusive billing structure in an inpatient or long-term care setting, regardless of delivery system.
- Existing Medi-Cal managed care pharmacy carve-outs (e.g., blood factor, HIV/AIDS drugs, antipsychotics, or drugs used to treat substance use disorder). Today, these are carved out from most Medi-Cal Managed Care Plans (MCPs) and, eventually, will be carved out of all MCPs.
- The State Fair Hearing process.

Medi-Cal Rx impacts all Medi-Cal MCPs, including AIDS Healthcare Foundation. Medi-Cal Rx does not apply to Programs of All-Inclusive Care for the Elderly (PACE) plans, Senior Care Action Network (SCAN), and Cal MediConnect health plans, or the Major Risk Medical Insurance Program (MRMIP).

Providers can call the 24/7 Medi-Cal Rx Call Center Line, 1.800.977.2273, TTY/ TDD 711, or visit www.Medi-CalRx.dhcs.ca.gov for help. Prior authorization request forms can be submitted to Medi-Cal Rx via CoverMyMeds, the Medi-Cal Rx Secured Provider Portal, or via fax at 1.800.869.4325.

Access the Medi-Cal Rx Provider Manual at www.medi-calrx.dhcs.ca.gov/provider/forms for detailed coverage information such as restrictions on covered medical supplies.

Frequently asked questions about Medi-Cal Rx are at www.medi-calrx.dhcs.ca.gov/home/faq.

If Medi-Cal RX is unable to assist with your questions, contact the HPSJ Pharmacy Team at pharmacydepartment@hpsj.com or call the secure voicemail at 209.461.2212. You will receive a response within one business day.

Set Your Patients Up For Success - Screen For ACEs

Adverse Childhood Experiences (ACEs) are events that are considered potentially traumatic that may have occurred in our youth. ACEs affects all communities and cross racial, ethnic, socioeconomic, gender and geographic lines. By screening for ACEs to assess the risk of toxic stress and effectively responding with evidence based, trauma informed care across sectors, the health and well-being of individuals and families can be significantly improved. The purpose of a complete ACE screening is to rapidly identify which patients are at highest risk for toxic stress and perform the next steps of a more complete, individualized assessment for each of them.

Once the risk has been assessed, a treatment strategy consisting of education can help patients recognize and respond to the role that past or present stressors may be playing on their current health conditions. Addressing toxic stress physiology is a core component of treating ACE-Associated health conditions. Health Plan of San Joaquin encourages all our network providers to become certified to deliver ACEs screenings for their new patients or during well visits to identify members that have had adverse experiences and refer them to Behavioral Health counseling when needed.

Effective January 1, 2020, Medi-Cal providers became eligible for a \$29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal. Payment is not available for patients aged 65 and older or for those who are dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D).

Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Cost-Based Reimbursement Clinic (CBRCs), and Indian Health Services (IHS) are also eligible for the \$29 payment.

It is not too late to get certified:

Medi-Cal Providers must become certified to continue to receive payment

The Becoming ACEs Aware in California Training is a free, two-hour training. You may receive 2.0 Continuing Medical Education (CME) and 2.0 Maintenance of Certification (MOC) credits upon completion.

The training is available to any provider, but it is particularly geared towards primary care clinicians who serve Medi-Cal (California's Medicaid program) beneficiaries. Medi-Cal providers must attest to completing a certified core ACE training on the DHCS website to continue receiving payment for ACE screenings. Learn more about the ACEs Aware initiative at www.ACEsAware.org.

Medi-Cal payment is available for ACE screenings based on the following schedule:



Children and adolescents under age 21: Permitted for periodic ACE rescreening as determined appropriate and medically necessary, not more than once per year, per clinician (per managed care plan). Children should be screened periodically to monitor the possible accumulation of ACEs and increased risk for a toxic stress physiology.

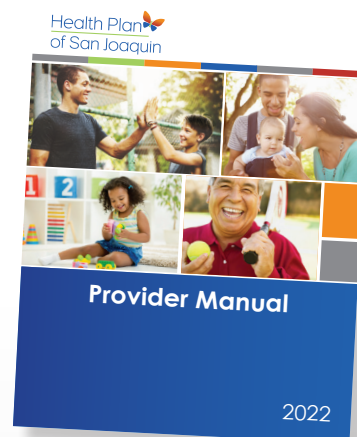


Adults aged 21 through age 64: Permitted once in their adult lifetime (through age 64), per clinician (per managed care plan). Screenings completed while the person is under age 21 do not count toward the one screening allowed in their adult lifetime. Adults should be screened at least once in adulthood—and though ACEs occur in childhood (by definition) and therefore do not change, patient comfort with disclosure may change over time, so re-screening for adults may be considered.

Updated Provider Manual Now Available

We updated our Provider Manual to reflect the current standards and guidelines approved by the Department of Managed Health Care (DMHC); California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS).

The Provider Manual is effective as of February 15, 2022 and will be updated annually, or as needed, to reflect changes to important information regarding HPSJ policies, procedures, and programs previously communicated. The manual is intended to be a resource for providers/practitioners to use for operational guidance within HPSJ's Medi-Cal line of business.



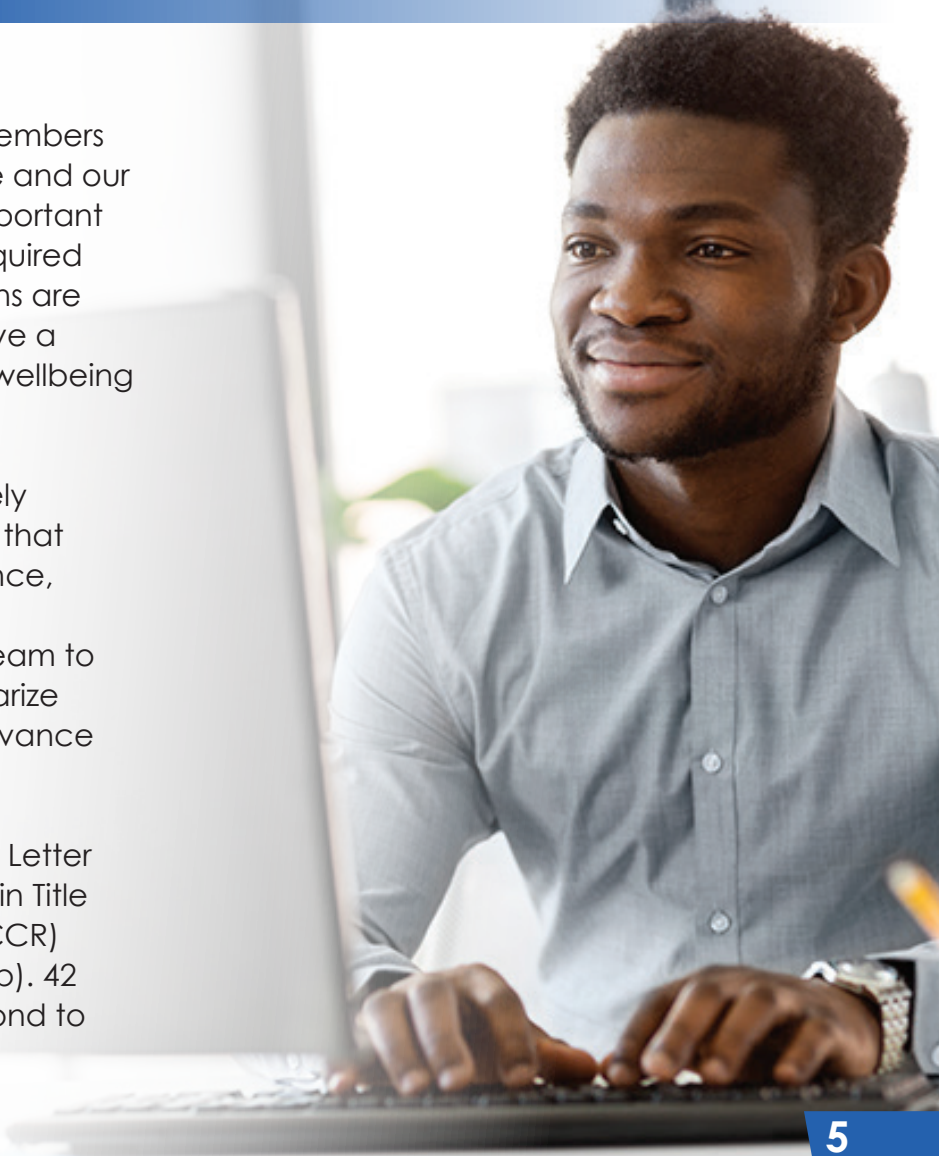
You can access and download the updated manual on our web page here: www.hpsj.com/provider-manual and on Doctor's Referral Express (DRE).

Member Dissatisfaction – How to Respond

Health Plan of San Joaquin (HPSJ) takes compliance very seriously and want our members to be happy with the services that both we and our physician partners provide. Not only it is important to respond to member grievances – it is required by law. Failure to address member concerns are not only a compliance issue, but could have a negative impact to the health and safety wellbeing of your HPSJ patients.

Remember to address grievances in a timely and effective manner. If the member feels that a concern warrants a complaint or grievance, it needs to be taken seriously and treated accordingly. Work with your compliance team to respond to member complaints and familiarize yourself with the laws that govern your grievance processes.

Furthermore, you can review DHCS All Plan Letter 21-011 and regulatory guidance reference in Title 28 of the California Code of Regulations (CCR) 1300.68(a)(1) and (2); and 42 CFR 438.400(b). 42 CFR for further clarification for how to respond to member grievances.

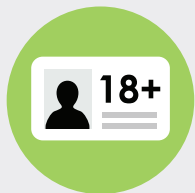


Intervention For Your HPSJ Patients Who Are At-Risk For Diabetes 2

Refer your members to HPSJ's Diabetes Prevention Program.

HPSJ is contracted with Melon Health to provide a comprehensive Diabetes Prevention Program.

To be eligible for the program, members must meet ALL of the following criteria:



18 YEARS OR OLDER
AND AN HPSJ MEMBER

AND



OVERWEIGHT

AND



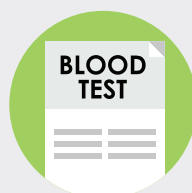
NOT DIAGNOSED WITH
TYPE 1 OR TYPE 2 DIABETES

AND



NOT CURRENTLY
PREGNANT

AND Meet ONE of these



DIAGNOSED
WITH
PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

OR



HIGH-RISK RESULT ON
PREDIABETES RISK TEST

WWW.HPSJ.COM/DPP

Your HPSJ patients receive:

- ✓ A CDC - approved curriculum
- ✓ The skills to help members enjoy life and handle stress
- ✓ A trained lifestyle coach to help support members
- ✓ Support from other people with the same goals as members — and fun
- ✓ A year-long virtual program through an app
- ✓ Weekly modules for the first 6 months, then once or twice a month for the following 6 months

DPP is NOT for those who have Type 1 or Type 2 diabetes or are pregnant at this time.



You can refer members by visiting www.melonhealth.com/dpp and providing the patient information in the contact us section.

For more information visit www.hpsj.com/dpp or contact health education via voicemail 209.942.6356 or email healtheducation@hpsj.com.

HPSJ Supports SJCC

"SJCC staff are dedicated to working long hours and participating in community events in order to administer COVID-19 vaccines and testing to community members."

- Shaunetta Ransom,
HPSJ Supervisor,
Government
Programs



Thriving Partnerships

San Joaquin County Clinics (SJCC), like HPSJ, is dedicated to educating patients and members on COVID-19 and increasing vaccine adoption in our community. SJCC started administering COVID-19 vaccines on December 22, 2020. As of November 2021, they have administered over 65,000 doses (which also include booster doses in San Joaquin County.)

Per Rajat Simhan (Chief Strategy Officer), "SJCC quickly realized that, in the interest of the public health pandemic, they would have to be the leader in the community when it came to testing and vaccinations. It is the responsible thing to do".

By sponsoring community events in San Joaquin County, SJCC has been able to provide necessary testing and vaccinations to homeless people and agricultural workers who would otherwise not have access. Per Joan Singson, Director - Population Health Management, "It has also helped SJCC increase the ability to reach out to HPSJ members through the different efforts conducted for COVID vaccinations. It has really helped us close that gap and reach the community."

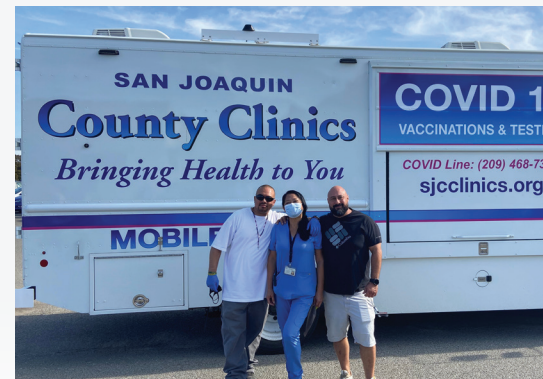
As patients are welcomed back to the clinics for other types of medical services, SJCC staff is committed to offering the vaccination or booster to each of their patients. Providers make sure they spend time talking with patients about vaccine ingredients, contraindications to medications they are taking, allergies and reactions to ensure that it is safe.

Some of the questions that patients frequently ask include:

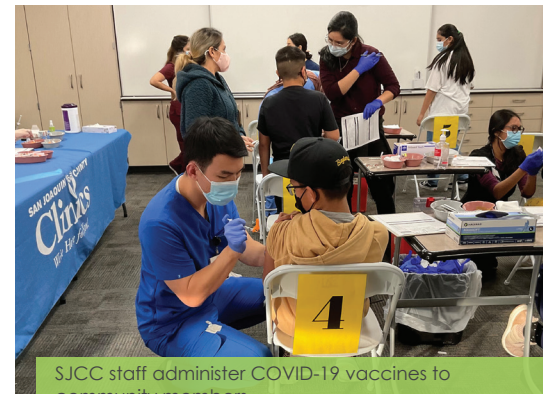
- How effective is the vaccine?
- Will it protect me from getting COVID?
- What are the side effects?
- How long does the immunity last?
- Will I be billed for the vaccine?

Joan also stated, "Community outreach is still needed. The conversation is ongoing, and many people continue to have many questions. Although people are willing to get tested, they are still reluctant to get the vaccine and we are identifying champions in our community to reassure people in the community that it is okay to get vaccinated."

Alice Souligne, SJCC Clinic Manager, says, "We continue to offer pediatric and adult vaccinations at our community events. This continuous effort will ensure the community has access to testing and vaccinations."



SJCC Director, Joan Singson, stands with community members outside SJCC's mobile vaccination and testing van.



SJCC staff administer COVID-19 vaccines to community members.



Congratulations to Joan Singson whose dedicated work throughout the community was recognized in the March issue of *HerLife* magazine.



Read the full article here: www.herlifemagazine.com/centralvalley/i-love-my-community/joan-singson

How to Communicate with Hearing Impaired Members



It is very important to understand how to best communicate with Health Plan of San Joaquin members who are hearing impaired. HPSJ provides several types of Deaf Interpretation services such as, but not limited to, American Sign Language (ASL), Certified Deaf Interpretation, English on the hands, Lip Readings and Home Signs. Deaf interpretation services can be either in-person or video remote interpretation (VRI). These services improve the communication between the Provider and the member in every encounter at no cost to the member.

Important reminders for requesting interpreter services:

- Five (5) days in advance (excluding face-to-face)
- Seven (7) business days in advance, for any language need (face-to-face)
- Ten (10) business days in advance for Sign Language (ASL)



Best Practices

Utilize certified provider staff or HPSJ interpreter services instead of non-certified staff or family members

Be mindful of the patient and communicate inclusively. Try starting sentences with, "Please tell the patient this...."

Schedule in-person appointments for serious visits or lengthy discussions

Some patients communicate using ASL and through VRI, while other patients use other communication methods. Choose a method that works best for your patient.

Please call HPSJ's Customer Service Department Monday – Friday, 8AM – 5PM, at 888.936.PLAN (7526); TTY 711.

You can also visit our website and fill out the **Request an Interpreter form** here:

www.hpsj.com/form-view/21

Reminder: if you or your patient have an interpreter scheduled and the appointment is canceled, call HPSJ Customer Service right away to let them know.

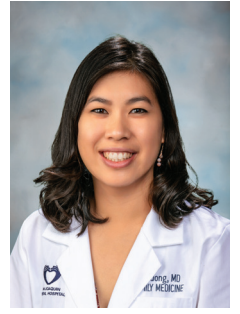
Helping Pregnant Women Stay Safe During COVID

An article by Lauren Kendall Brown-Berchtold, MD and Shani Hanh Truong, MD was recently featured in the Modesto Bee. This important article addressed one of our most vulnerable populations - pregnant women.

Lauren Kendall Brown-Berchtold, MD and Shani Hanh Truong, MD practice family medicine at San Joaquin General Hospital and affiliated San Joaquin County Clinics, a Federally Qualified Health Center (FQHC) which is part of the Health Plan of San Joaquin (HPSJ) Provider Network.



Lauren Kendall Brown-Berchtold, MD



Shani Hanh Truong, MD



Pregnant people are especially vulnerable to COVID-19. If they get sick, they are more likely to have severe disease requiring hospitalization, supplemental oxygen, assistance with breathing from a machine and death. There is also an increased risk of early delivery and possible increased risk of death of the unborn baby.

Both local doctors stress the importance of our community having access to reliable and true data. Brown-Berchtold and Truong advocate for the safety of COVID vaccines and their effectiveness, stating that vaccines can help keep pregnant women out of the hospital.

Read the full article here:

www.hpsj.com/modbee-local-doctor-advice-for-covid-safety-during-pregnancy

Postpartum Benefit Expansion

As part of the American Rescue Plan Act (ARPA), **effective April 1, 2022**, an individual eligible for pregnancy and postpartum care services under Medi-Cal or the Medi-Cal Access Program (MCAP) is entitled to an additional ten months of postpartum coverage at the end of their 60-day postpartum period for a total 12 months of postpartum coverage.

- This coverage shall include the full breadth of medically necessary services through the pregnancy and postpartum period.
- With this expansion, eligibility for the 12 months of postpartum coverage is granted to any individual in an aid code where postpartum services are a covered benefit.

This article was originally published on September 16, 2021. It has been republished to continue to bring it to providers' attention. No additional updates have been made since the original publication. Questions concerning this expansion of postpartum care should be sent to pregnancy@dhcs.ca.gov.



If you have any further questions, please contact your Provider Services Representative, or call our Customer Service Department at 888.936.7526.