

Health Plan   
of San Joaquin

# Welcome

**Look & Learn**

**08/16/2022**



Community • Partnership • Wellness

# Agenda

- Welcome
- Annual Wellness Visits & Sports Physicals & Immunizations of Adolescents
- VBP continuance as an HPSJ funded initiative
- Prop 56 – Family Planning Service changes
- Fluoride Varnish

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# Annual Wellness Visits Sports Physicals Immunizations of Adolescents



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Presented by:  
Vanessa Lagemann  
Manager, HEDIS & NCQA

# HEDIS Well Care Measures for Children and Adolescents

**WCV** – Annual Well Care Visits for Children and Adolescents

- Ages 3 – 21 years

**WCC** – Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents

- Ages 3 years – 17 years



# Main Components of a Sports Physical

1. Vitals – height, weight, bp and pulse

2. Vision test



3. Check heart, lungs, abdomen, ears, nose and throat

4. Evaluate Posture, joints, strength and flexibility





# Can a Sports Physical be used for a Wellness Visit?

A sports physical cannot *replace* a wellness exam, but a Wellness exam can be done at the same time

The components of a sports physical are included in a childrens wellness exam



# 4 Main Components of a Well Care Visit

## 1. Assessment(s)

- A. Developmental
- B. Behavioral

## 2. Physical Examination

- 1. Vital signs
- 2. Height and Weight measurement
- 3. Reflexes



## 3. Screening tests and procedures

- 3. Hearing and Vision Screenings
- 4. Immunizations
- 5. Lab orders

## 4. Anticipatory Guidance/Health Education

- 1. Physical Activity
- 2. Nutrition
- 3. Lead Screening



# Documentation Tips

**If it's not documented, it didn't happen.**

Documentation for a complete well visit should have evidence of

- Child demographics - Full Name, DOB, Gender
- Height, weight and **BMI Percentile**
  - If BMI percentile is tracked in a growth chart, correlating documentation of BOTH height and weight should be in record or on growth chart
- Clear documentation of Education and anticipatory guidance given during visit for physical activity, nutrition and lead screening
  - **Note:** Anticipatory guidance for lead screening should be specifically called out. A General notation of "Anticipatory Guidance Given" **does not meet** requirements for anticipatory guidance for lead screening. Instead use specific documentation such as
    - Anticipatory Guidance for lead screening reviewed with patient **OR**
    - Anticipatory Guidance for lead given
- Documentation of any procedures done or ordered:
  - Labs ordered – CBC, Lead screening
  - Immunizations Given – Tdap, Menning, HPV
- Documentation of any Patient refusal of any labs or immunizations





# Documentation Tips

Please note that food and activity advice that is related to an acute issue does not count for this measure

## Examples of documentation that does not meet requirements

- ✗ Patient is following B.R.A.T. Diet
- ✗ Advised reduced activity while injury heals
- ✗ Ht: 4'3" Wt: 70 lbs **BMI: 18.2**

## Examples of documentation that does meet requirements

- ✓ Reviewed patient nutrition, education materials given, referred to nutritionist
- ✓ Patient plays soccer 3x/wk, advised 30 minutes exercise/activity a day
- ✓ Ht: 4'3" Wt: 70 lbs **BMI: 56<sup>th</sup> percentile**



# Childrens Wellness Visits



- Should be completed annually once per calendar year for kids 3-21 years of age
- Can also be done at the same time as most sick visits
- Review and update patient SHA during annual wellness visit
  - Provider portion of SHA addresses some components of wellness visit.
- Some portions of wellness visit can be done via tele-medicine



# Immunizations for Adolescents



**Adolescents should have the following immunizations completed on or before their 13<sup>th</sup> birthday.**

- 1 meningococcal vaccine (Menveo)
  - Given between ages of 11-13
- 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap)
  - Given between ages 10-13
- 1 completed Human Papillomavirus (HPV) series (2-3 doses)
  - Given between ages 9-13



# IMA Documentation

Documentation in medical records should include:

- Note of type of immunization given, date and notation of 'given' or 'received'
- Documentation of history of illness/contraindications (if indicated)
- Documentation of any patient refusal for immunization

Immunization Card or report documentation should include:

- Notation of Immunization and date received

**Please note:** Documentation of order or referral for vaccines are not acceptable documentation for immunizations.





**Questions?**



# Claims

**Value Based  
Program  
(VBP)**

**Prop56:  
Family  
Planning**

**Provider  
Inquiries**

# Claims: Value Based Program (VBP)

- Value Based Payment (VBP) Program: Continuance for dates of service after 06.30.22
  - HPSJ funded
  - No current changes – continue to submit claims timely
  - Updates will be posted to the VBP program site
  - <https://www.hpsj.com/value-based-payments/>

If you have further questions about the VBP program — please contact the HPSJ Claims Department via the email address: [SupplementalPayments@HPSJ.com](mailto:SupplementalPayments@HPSJ.com).

\*Please allow two business days for a response.

If you have any other billing questions, please contact the Provider Services team at **1.888.936.PLAN (7526)**.



# Claims: Prop 56 Family Planning Service Changes

- Prop 56: Family Planning Services
  - Decommissioned Codes:
    - 58555: Hysteroscopy DX Sep Procedure
    - 58565: Hysteroscopy Sterilization
    - J7303: Contraceptive Vaginal Ring
    - J7304: Contraceptive Patch
  - New Codes as of 01.02.22:
    - J7294: Contraceptive Vaginal Ring: Segesterone Acetate and Ethinyl Estradiol
    - J7295: Contraceptive Vaginal Ring: Ethinyl Estradiol and Etonogestrel
    - J7304 U1: Contraceptive Patch: Norelgestromin and Ethinyl Estradiol
    - J7304 U2: Contraceptive Patch: Levonorgestrel and Ethinyl Estradiol

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\*Please allow two business days for a response.

If you have any other billing questions, please contact the Provider Services team at **1.888.936.PLAN (7526)**.



# Provider Inquiries

## **Claim Status and Questions:**

Claims status is available through the Provider Portal. The Provider Portal is available through the HPSJ website, [www.hpsj.com](http://www.hpsj.com). If you are unable to obtain satisfactory answers regarding claims status or other claim questions, please contact our Customer Service Department at (209) 942- 6320 or (888) 936-7526.

## **Check Tracers:**

If payment has not been received within thirty (30) days of the check issuance date, please contact the Provider Services Department at (209) 942-6340 or via email to [ProviderServices@HPSJ.com](mailto:ProviderServices@HPSJ.com) to initiate a check tracer. Provider Services staff will coordinate with the HPSJ Finance Department to investigate further and verify the check payment status.

## **Provider Dispute Resolution (PDR) Status or Disputing Claim Payment or Denial:**

PDR request must be submitted online through the Provider Portal. The Provider Portal is available through the HPSJ website, [www.hpsj.com](http://www.hpsj.com). PDR status and/or outcome is also available through the Provider Portal. If you are unable to obtain satisfactory answers regarding PDR status or other related questions, please contact our Customer Service Department at (209) 942- 6320 or (888) 936-7526.



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**Fluoride Varnish**  
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# Caries Risk Factors:

- Low socioeconomic status
- Active or past tooth decay
  - White spot lesions on teeth
- Feeding habits
  - Frequent sipping and snacking on carbs
  - Bottle while sleeping/napping
  - Bottle after age 1
- No recent dental visit
  - Within the last year
- Lack of daily brushing and flossing
- Children with special health care needs



# Children's Medical Providers Prevent Dental Decay

- Young children are seen earlier and more frequently by medical providers than by a dentist.
- Low-income young children are often at higher risk for dental decay.
- Medical providers are now placing fluoride varnish to prevent decay.
- Research shows high efficacy of fluoride varnish.



# Reimbursement: Fluoride Varnish Application

Primary care physicians and specialists can receive reimbursement rates for oral health screening and fluoride varnish application. <https://www.hpsj.com/provider-alert-fluoride-varnish-treatment/>

- ONLY HPSJ's Medi-Cal members are affected by the following changes. ☒
- **Fluoride Varnish Treatment**
  - Both Primary Care Physicians and Specialists are able to administer the fluoride varnish treatment.
  - CPT Code D1206 to be billed for fluoride varnish treatment.
  - ICD-10 Code is Z41.8.
  - **No Prior Authorization is required.**
  - Up to three fluoride varnish treatments will be paid, per 12 month period, per HPSJ member.
  - New reimbursement flat rate:
    - \$24.00 for each treatment
    - Previously paid at \$18.00
  - Age limitation: 0-6 years of age.
- **Fluoride Drops and Tablets**
  - Prescriptions for fluoride drops and tablets have been expanded.
  - Now, instead of a 30-day supply, a 100-day supply is available for members.
  - Age limitation: 0-16 years of age.



# Fluoride Varnish Training

For additional information or for scheduling training,  
please contact your Provider Services Representative at  
**209-942-6340.**

