



## Provider Partners: Validate Your Data with HPSJ

Provider Directory regulatory standards are in place to ensure Medi-Cal health plans publish and maintain accurate directories. As part of the mandated regulations, Health Plan of San Joaquin (HPSJ) must validate provider information at least every six months and update the provider directory as often as necessary to ensure accurate information is available for our members. Notification letters informing you of this requirement have been mailed to your office.

Please verify the provider data associated with your clinic or organization.

### Take action within 30 days of the date on the letter we mailed to your office:

- Sign the attestation form (1st tab required)
- Use HPSJ's Roster Template here: [www.hpsj.com/forms-documents](http://www.hpsj.com/forms-documents) (select tab that suits your provider type)
- Email attestation to: [providernetworks.verification@hpsj.com](mailto:providernetworks.verification@hpsj.com)

The HPSJ Roster Template is available on our website: [www.hpsj.com/forms-documents](http://www.hpsj.com/forms-documents)

**PLEASE TAKE ACTION NOW:** Avoid payment delays or being removed from the provider directory. According to [California Code, Health and Safety Code - HSC § 1367.27](#), failure to comply with validating data with the health plan could result in your data being temporarily removed from the HPSJ directory until it is resolved. This could also result in a delay of payment or reimbursement of claims.



If you have questions, please call our Provider Services Department at 888.936.7526 Monday through Friday, 8AM – 5PM.



## Have you completed your ACEs Attestation?

To receive reimbursement for ACEs screening, DHCS requires training and completion of an attestation. If you have billed HPSJ for ACEs screenings that were denied, it could be the result of not completing the attestation. Please make sure you have attested with DHCS. Access the training, attestation or access more information about ACEs screenings and DHCS requirements at the links below:

- Website for training, attestation & other resources: [www.acesaware.org/learn-about-screening/training](http://www.acesaware.org/learn-about-screening/training)
  - Click “**Becoming ACEs Aware in California**”. This certification is required to receive Medi-Cal reimbursement for ACE screenings.
- Medi-Cal: ACEs Provider Training Attestation: [www.medi-cal.ca.gov/TSTA/TSTAattest.aspx](http://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx)
- Screening Tools for Pediatric and Adult Medicine (available in 17 languages): [www.acesaware.org/learn-about-screening/screening-tools](http://www.acesaware.org/learn-about-screening/screening-tools)
- Billing/Payment information: [www.acesaware.org/learn-about-screening/billing-payment](http://www.acesaware.org/learn-about-screening/billing-payment)



**Note: HPSJ will reimburse network providers no less than \$29 for each qualifying ACEs screening.**



## Low-Cost Internet for HPSJ Patients

The Federal Communications Commission is offering eligible households a monthly discount on a new or existing internet service plan with the Affordable Connectivity Program (ACP).



Eligible households can receive \$30.00 per month off their internet bills today.



Millions of households can get high-speed internet at no out-of-pocket cost.

**Note:** Members may qualify for the ACP through a participating provider's existing low-income program.



Visit [www.affordableconnectivity.gov/how-to-apply](http://www.affordableconnectivity.gov/how-to-apply) page to learn more and share this information with your patients.

### Here are the ways households can qualify for the Affordable Connectivity Program (ACP):

- Based on [household income](#)
- If the member or member's child or dependent participates in certain government assistance programs such as SNAP, Medicaid (Medi-Cal), WIC, or [other programs](#)
- If the member or anyone in the member's household already receives a Lifeline benefit

# HPSJ Continues DHCS Value Based Payment (VBP) Program

From July 1, 2022 - June 30, 2023, HPSJ will continue to reimburse the VBP program incentives that DHCS has discontinued. The extended VBP program will continue at the discretion of HPSJ. Please submit claims in a timely manner.

Providers have an opportunity to receive incentives for delivering preventive care services to HPSJ members such as mammograms, well child visits for age-appropriate testing and immunizations, prenatal and postpartum care, blood lead screening, diabetes and persistent asthma care, and much more.

**For more about the VBP program, including the continuing measures along with billing and diagnosis codes and other updates, visit [www.hpsj.com/value-based-payments](http://www.hpsj.com/value-based-payments).**



## Medi-Cal Rx Formulary and HPSJ's Medical Benefit Resources

The pharmacy benefit is currently administered by Medi-Cal Rx. Medications that are prescribed and dispensed by a retail or specialty pharmacy fall within the pharmacy benefit and would therefore be subject to any restrictions (e.g. Code 1 restrictions, Prior Authorization required, age limit) that Medi-Cal Rx might impose on them. Medi-Cal Rx has multiple formulary search options available:



Online Drug Lookup tool - <https://medi-calrx.dhcs.ca.gov/provider/drug-lookup>



Covered Product Lists section within their Forms & Information page - <https://medi-calrx.dhcs.ca.gov/provider/forms>

Providers can also visit:



[www.hpsj.com/alerts](http://www.hpsj.com/alerts) for all HPSJ medical benefit updates



[www.hpsj.com/provider-manual](http://www.hpsj.com/provider-manual) for full access to the latest HPSJ Provider Manual

HPSJ also has full coverage policies available as a reference for determining if a medication is on the pharmacy benefit, medical benefit, or both ([www.hpsj.com/medication-coverage-policies](http://www.hpsj.com/medication-coverage-policies)).



# Help HPSJ Patients Keep Their Medi- Cal Coverage

Throughout the COVID-19 public health emergency (PHE), Medi-Cal recipients were able to retain Medi-Cal coverage. Once the COVID-19 PHE ends, the local Medi-Cal offices will check to see if members still qualify to receive free or low-cost Medi-Cal.

On October 25, 2022, DHCS announced that the scheduled date California will end the PHE is: February 2023. This information may change. Visit [DHCS](#) for the latest updates.

Make sure HPSJ patients are prepared for the renewal process. Remind them to:

- **Keep their personal information updated with Medi-Cal at all times.**

*This includes changes to: phone number, home address, email address, income, household members, disability status, pregnancy*

San Joaquin County | 209.468.1000  
[www.sjchsa.org/Assistance/Medi-Cal](http://www.sjchsa.org/Assistance/Medi-Cal)

Stanislaus County | 209.558.7000  
[www.csa-stanislaus.com/medi-cal](http://www.csa-stanislaus.com/medi-cal)

- **Complete all forms and requests for information from Medi-Cal and their health plan.** Turn in forms by mail or in person, or submit online here:



[www.coveredca.com/health/medi-cal](http://www.coveredca.com/health/medi-cal)



[www.benefitscal.com](http://www.benefitscal.com)



[www.dhcs.ca.gov/Pages/Keep-Your-Medi-Cal.aspx](http://www.dhcs.ca.gov/Pages/Keep-Your-Medi-Cal.aspx)



Contact HPSJ staff with renewal questions or concerns at **888.936.7526 Option 3**, Monday – Friday from 8AM – 5PM.

## HPSJ Long-Term Care (LTC) Benefit

Effective January 2023, HPSJ will provide a LTC benefit to qualifying members who need out-of-home placement due to their medical condition in the following types of facilities:

- 1 Long-term care facility services as approved by HPSJ
- 2 Skilled Nursing Facility Level A (BF-A) and Level B (NF-B) as approved by HPSJ



HPSJ coordinates placement in a health care facility that provides the appropriate level of care based on Member's medical needs. Effective July 1, 2023, or as authorized by the Department of Health Care Services, the LTC benefit will include these facilities:

- Subacute Care Facilities – both adult and pediatric facilities
- Intermediate Care Facilities for the --Developmentally Disabled (ICF/DD)
- Intermediate Care Facilities for the Developmentally Disabled Habilitative (DD-DH)
- Intermediate Care Facilities for the Developmentally Disabled Nursing (DD-N)



# Complete Annual Required Trainings Ahead of Schedule

## Cultural Competency

Health Plan of San Joaquin's provider network and delegated entities are required to complete annual Cultural Competency training.

The training is mandated by California's Department of Health Care Services (DHCS) and the federal Centers for Medicare and Medicaid Services (CMS) to ensure providers and delegated entities are meeting the needs of all members. As part of new federal requirements, the status of your Cultural Competency training will be indicated in HPSJ's online and downloadable Provider Directories.

HPSJ has adopted policies and procedures that are consistent with the National Standards (i.e., DHCS and California's Department of Managed Health Care) for Culturally and Linguistically Appropriate Services (CLAS). These aim to ensure that HPSJ members receive:

- Equal and respectful care in a manner compatible with their cultural health beliefs and practices
- Preferred language at every medical and non-medical encounter

**We appreciate your partnership, including the timely completion of training in the fundamentals of health care.**

## Fraud, Waste & Abuse

HPSJ is committed to protecting members, our network of providers, and public interests by preventing, detecting, investigating, correcting, and reporting Fraud, Waste, and Abuse (FWA).

Under legal requirements overseen by the federal Centers for Medicare & Medicaid Services (CMS), 42 C.F.R. §422.503 and 42 C.F.R. §423.504, you are required to either complete the FWA training offered on the HPSJ website and send HPSJ a signed attestation, or attest that you have completed another, acceptable FWA training.

## Health Information Privacy and Accountability Act (HIPAA)

HPSJ investigates and reports all PHI/PII violations and HIPAA training by providers is mandatory to ensure the security of member and provider data.

Under our contract with the DHCS [DHCS Contract, Exhibit A, Attachment 7, (5)(A)] you are required to receive training regarding the Medi-Cal Managed Care Program in order to operate in full compliance with the Contract and all applicable Federal and State statutes and regulations. You can either complete HIPAA training offered on the HPSJ website and send HPSJ a signed attestation, or attest that you have completed another, acceptable HIPAA training.

### Attest that you have completed each training by June 30, 2023:

- ☒ Cultural Competency
- ☒ Fraud, Waste & Abuse
- ☒ Health Information Privacy and Accountability Act trainings

*Office Managers & Clinic Administrators may attest on behalf of all providers at their clinic site if they conduct in-house training or participate in a training from another health plan. For questions, please contact HPSJ Provider Services at 209.942.6340.*

**Ready to complete your required trainings?**

[Click Here](#)

# Guidance for Non-Emergency Medical Transportation

Non-emergency medical transportation (NEMT) is available for any HPSJ member with a medical and/or physical condition that makes transportation by ordinary public or private transportation medically contraindicated, and transport is needed to obtain medical care. NEMT must be prescribed in writing by the member's treating Physician, or Physician Extender and be accompanied by a completed Physician Certification Form (PCS).



**If a member's medical and physical condition requires any of the following, then the member requires NEMT:**

- Must travel in a supine or prone position
- Is incapable of sitting in a private vehicle, taxicab, or other form of public transportation for the period of time needed to transport to and from their appointment.
- Is unable to stand or walk without assistance, including those using a walker or crutches,
- Must be transported in a wheelchair, and are unable to self-propel, and/or transfer independently,
- Needs door to door assistance to and from a residence, vehicle and place of treatment due to a disabling physical or mental limitation.
- Requires specialized safety equipment not normally available in passenger cars, taxicabs or other forms of public conveyance.

**In order to process an NEMT referral, the following must be submitted to HPSJ:**

- ☒ A completed authorization referral form
- ☒ A completed PCS form that is signed by the ordering physician
- ☒ The diagnosis, physical or behavioral condition which prevents the member from traveling by standard private or public means
- ☒ The member's specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles

**If you have questions, call HPSJ at 888.936.PLAN (7526) Monday-Friday, 8AM – 5PM for assistance.**







# Flu Vaccines

## 2022-2023 Flu Season Recommendations from Advisory Committee on Immunization Practices (ACIP)

All influenza vaccines this season are quadrivalent (4-component) vaccines, designed to protect against four different influenza viruses, including two influenza A viruses and two influenza B viruses.

There are many different influenza vaccine options with varying indications, including egg-free and thimerosal-free influenza vaccines, higher dose and adjuvanted vaccines for older patients, and a nasal spray vaccine.

Three types of flu vaccines are preferentially recommended for people 65 years and older. These are:

- 1 Fluzone High-Dose Quadrivalent inactivated influenza vaccine (HD-IIV4)
- 2 Flublok Quadrivalent recombinant influenza vaccine (RIV4)
- 3 Fludac Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

This recommendation was based on a review of available studies which suggests that, in this age group, these vaccines are potentially more effective than other available influenza vaccines. However, if these three vaccines are not available, any other age-appropriate influenza vaccine should be used.

There is no preferential recommendation for persons  $\geq 6$  months to  $< 65$  years of age except that age-appropriate influenza vaccines should be used if no contraindications are present.

### Resources:

For information on available vaccines, manufacturer information, and age indications for each vaccine, click here: [www.cdc.gov/flu/professionals/acip/2022-2023/acip-table](https://www.cdc.gov/flu/professionals/acip/2022-2023/acip-table)

## Use SHARE Method to Engage Your Patients

The CDC suggests using the SHARE method to help patients understand the benefits of receiving an influenza vaccine and to make informed decisions about vaccinations:

**S**HARE the reasons why an influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

**H**IGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

**A**DDRESS patient questions and concerns, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies that show that illness may be less severe.

**R**EMIND patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

**E**XPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.



# Great American Smokeout

## Set a “quit date” with your patients

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 **1.800.300.8086** by visiting <https://kickitca.org/patient-referral>. You will need this information to refer them:


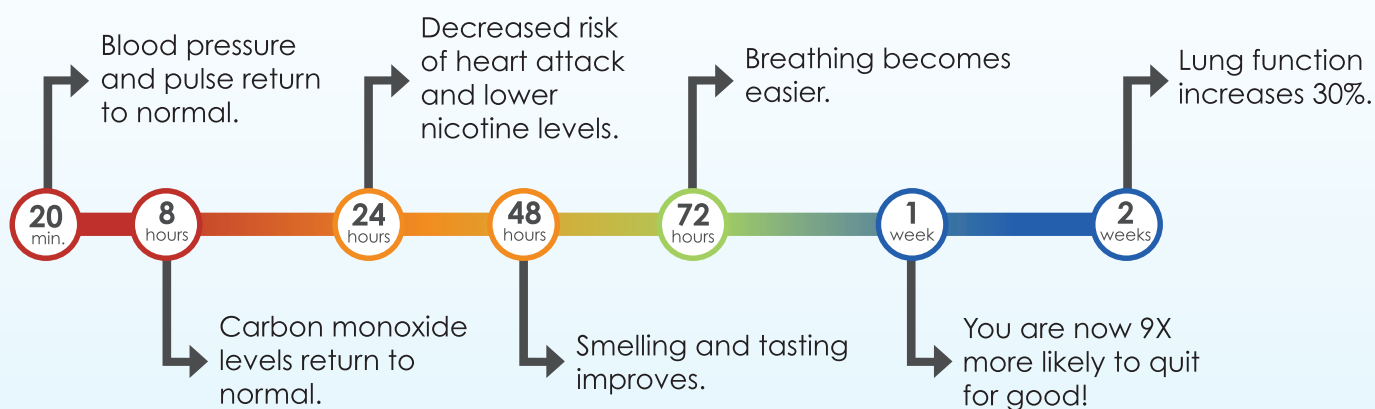
Organization	Clinic Code	Address
Health Plan of San Joaquin	1068	7751 S. Manthey Road, French Camp, CA 95231
*Tobacco Cessation Counseling Code CPT 99406		

The **Kick It California** team will take it from there and call your patient to discuss a quit date and provide counseling and resources.

### HPSJ Members receive materials:

All members with diagnosis of tobacco use or vaping receive a letter to encourage them to call **1.800.300.8086** for more assistance and talk to their provider about their quitting smoking options included nicotine replacement therapy included in their coverage. Refer a patient today and help them start their tobacco free journey.

The letter your HPSJ patients receive includes information about the health benefits of quitting:



Are you looking for training for yourself or your clinic staff?

The University of California, San Francisco (UCSF) 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: <https://rxforchange.ucsf.edu>



# COVID-19: Available Therapy and Treatments

The COVID-19 pandemic is still evolving, as is the case with COVID-19 therapeutics. Several outpatient therapeutic options are now available. Effective treatment for patients with mild-to-moderate COVID-19 should be offered to all high-risk patients if they meet criteria for treatment based on FDA-issued EUAs.

Treatments are available for eligible patients based on exposure status, symptoms, and risk factors. A test-to-treat approach is essential to prevent illness and help people recover from COVID-19. Most COVID-19 therapeutics are still under Emergency Use Authorization (EUA). Providers should review product EUAs as well as the NIH Treatment Guidelines prior to using outpatient therapeutics.

The products currently authorized for treating mild-to-moderately ill COVID-19 patients include: Paxlovid, Molnupiravir, Remdesivir, Bebtelovimab, Evusheld. Paxlovid and Molnupiravir can only be prescribed for individual patients by physicians, advance practice RNs, or physician assistants. Since the federal government provides these medications to states for free, and they are not in shortage, members should have access to these medications through network providers.

Visit HPSJ's COVID-19 provider page ([www.hpsj.com/covid-19-provider-information](http://www.hpsj.com/covid-19-provider-information)) for a listing of in-network providers who offer test-to-treat services, infusion services of COVID-19 medications, and COVID-19 resources.



## HPSJ's Quality Improvement Information is a Click Away

Did you know that Health Plan of San Joaquin posts information related to our Quality Improvement program on our webpage? Please make note of the important links provided below:

### **Grievance and Appeals information and forms:**

Grievances and Appeals can be filed online, mail, or via fax/email. The forms are available in English, Spanish, and Chinese. Other languages and alternative formats can also be requested at any time. Health Plan of San Joaquin contact information is also provided here.

[www.hpsj.com/grievances-appeals](http://www.hpsj.com/grievances-appeals)

**Provider Look and Learn information:** Upcoming Look and Learn sessions are posted here. These virtual discussions always provide a wealth of information such as policy changes, updates about programs and services and help with your important questions. Visit our website frequently to find out if any of the upcoming topics will be of benefit to you!

[www.hpsj.com/look-and-learn](http://www.hpsj.com/look-and-learn)

### **Facility Site Review (FSR) information and training videos:**

These resources are available to review the audit tool, as well as DHCS requirements and FSR standards. We also provide audit resources for your staff to help prepare for the FSR audit.

[www.hpsj.com/facility-site-reviews](http://www.hpsj.com/facility-site-reviews)

### **Quality Improvement (QI) Program Annual Evaluation:**

HPSJ posts the Annual QI Program Evaluation to provide insight to the QI work that HPSJ is taking part in both internally and with members and providers in the community.

[www.hpsj.com/performance-results](http://www.hpsj.com/performance-results)



Language assistance services provide medically qualified interpretation and written assistance to Health Plan of San Joaquin (HPSJ) members with Limited English Proficiency (LEP). Those with LEP either do not speak English or do not speak English well enough to effectively participate in their own health care. This includes individuals who are deaf, hard-of-hearing, visual impaired, disabled or have low health literacy.

Through language assistance services in the individual's primary language, HPSJ can help them to understand their treatment process, be able to ask questions during medical encounters, and facilitate timely access to all health care services – at no cost.

In order to achieve health equity and bridge the language gap, the use of language assistance should be a part of the treatment plan for Limited English Proficiency patients.

## Interpreter Services

Qualified interpreters can minimize liability and increase members' satisfaction and adherence to medication. HPSJ provides qualified interpreters to ensure effective communication between patient and provider, ensure appropriate utilization and support effective use of time during clinical encounters to improve outcomes.

Members have the right to interpretation services on a 24-hours basis over the phone, via video remote, or in person.

### Requirements and best practices for providers:

- 1 Providers are required to ensure access to interpretation services for all LEP patients at medical or non-medical encounters.
- 2 You must document a member's preferred language in the medical record.
- 3 Using family, friends, or minors as interpreters should be discouraged.
- 4 Interpretation services should be offered when appointments are made for LEP patients.
- 5 If your patient refuses interpretation services after being offered, document the refusal in the patient's medical record. Documentation protects you and your practice, and this also ensures consistency when there is a site review or audit.

To schedule an interpreter for your HPSJ patient, call HPSJ's Customer Service Department at **888.936.PLAN (7526) TTY 711** at least 5 (five) before the appointment. Customer Service is available Monday – Friday, 8 AM – 5PM. You can also visit our website at [www.hpsj.com/customer-service](http://www.hpsj.com/customer-service) and submit the 'Request an Interpreter' form.

**IMPORTANT** If your HPSJ patient's appointment is canceled, please call HPSJ to cancel any interpreter services they had scheduled. Members can also call HPSJ Customer Service to cancel interpreter services at any time.

# Do your patient's need materials in an Alternative Format?

HPSJ members have the right to request member informing materials in an alternative format at no cost.



[All Plan letter 22-002](#) was issued March 14, 2022, to ensure effective communication with members with visual impairment or other disabilities requiring the provision of written materials in alternative formats. The Americans with Disabilities Act (ADA) requires that services, programs, and activities provided by public entities must be accessible to individual with disabilities, including visual impairment.

If a member selects an electronic format, such as an audio or data CD, the information will be provided encrypted (i.e. password protected). However, the member can request to receive the information unencrypted (not password protected). Unencrypted materials may make the information more vulnerable to loss or misuse. If the member chooses unencrypted materials, they will have to fill out an informed consent before HPSJ can mail the materials.

## What is required?

HPSJ Contracted Providers are required to determine the needs of their patients and enter new member AFS at the time of the member's request, online through the AFS application system, <https://afs.dhcs.ca.gov>, or by calling the AFS Helpline at **1.833.284.0040**. HPSJ will share AFS data files with Network Providers as appropriate.

**HPSJ members can call the HPSJ Customer Service Department at 888.936.7526 TTY 711 for assistance.**

## Affirmative Statement about UM Incentives

HPSJ's Utilization Management (UM) decision making is based on appropriateness of care and service, and existence of coverage. HPSJ does not specifically reward a practitioner or other individuals for issuing denials of coverage. Any financial incentives for UM decisions makers do not in any way encourage decisions that result in underutilization. Staff who are involved in UM decision making must complete and sign attestation at hire and annually thereafter.

## Contact Info for UM Staff

HPSJ UM staff members are available Monday through Friday from 8AM – 5PM to receive and respond to inquiries regarding UM issues from Members and Providers.

UM staff members can be reached at **888.936.PLAN (7526)**. Providers can also contact the Intake Processor of the Day (IPOD) located on DRE who can assist with Authorizations or questions. The phone number to reach the Medical Director regarding any UM issue is **209.942.6353**.



# Case Management Services for Members

HPSJ's Case Management (CM) program provides information and support to meet members' health needs. HPSJ nurses work with members, providers, and the person taking care of the member to craft a plan of care that can help members take control of their health and improve their quality of life.



## What does the HPSJ Case Management (CM) team do for members?

### HPSJ nurses support our members by:

- engaging the member in self-management plans
- facilitating care coordination with multiple providers
- assisting with medication reconciliation
- promoting preventative measures
- working collaboratively with the member, their support system and primary care providers to support, educate and provide resources along the continuum of care

## What can members expect through the program?

- a comprehensive health assessment completed by a case manager
- a case manager who can work with them, the person taking care of them and their doctor
- a care plan to help improve quality of life and teach them how to deal with their health issues
- health tip sheets about their health issue(s)
- assistance accessing the care they may need
- referrals to helpful aids in their area

## How can members access Case Management services?

HPSJ identifies members with the highest or emerging risk of poor health outcomes using health information forms, utilization, pharmacy and claims data and is designed to focus Case Management (CM) program resources on members of highest risk. The program is a choice for members, they can opt out at any time.

HPSJ finds members through a way that uses data from many sources and then a score is crafted. This score tells our nurses to reach out to them about how we can better help them. The program is a choice for members and they can drop out of the program at any time.

## What does the CM team do to assist providers?

HPSJ's Case Management (CM) team will send the primary care practitioner a copy of the member's case management care plan. The plan includes:

- perceived barriers which may impede the member from achieving optimal health and CM interventions to address those barriers
- resources identified to address social determinates of health

## Members who would like to receive these services can:

- Be referred by a doctor – call HPSJ or submit a request through the provider portal
- Call and tell us they would like to be a part of the program at **888.936.PLAN (7526)**
- Be referred by the person taking care of them



If you have any questions about HPSJ's Case Management program or need more information for your HPSJ patients, you can visit [www.hpsj.com/case-management](http://www.hpsj.com/case-management) or contact **209.942.9352 TTY 711**



# Credentialing and Recredentialing Process

The policy of the Health Plan of San Joaquin (HPSJ) is to ensure a thorough and well-defined credentialing and re-credentialing process for evaluating and selecting physician and non-physician, licensed independent practitioners, and groups of practitioners to provide care to members and participants.

- 1** HPSJ shall ensure that all practitioners are currently licensed, certified, or registered and in good standing in accordance with State and Federal requirements. Practitioners who are certified or registered by the state to practice independently and provide care to the organization's members and participants also are within the scope of the credentialing policy. Practitioners may not deliver care to HPSJ members or participants until they have been approved through the credentialing process.
- 2** HPSJ will ensure that each provider has enrolled as a Medi-Cal Fee-for-Service or Ordering, Referring, and Prescribing provider. HPSJ does not charge an application or recertification fee.
- 3** The Peer Review & Credentialing Committee determines if the practitioner meets the plan's initial and re-credentialing criteria. Practitioners will be notified in writing of the outcome no later than 60 calendar days from the PR&CC approval date.
- 4** Upon approval of your application to join HPSJ's network, you will receive training to help you understand HPSJ policies, processes, systems and ways to access support.

**If you have questions, please contact our Customer Service Department at 888.936.PLAN (7526) Monday to Friday, 8AM – 5PM.**



Take a look at our recap of 2021, including initiatives such as CalAIM and getting your HPSJ patients back into the office for their wellness checkups.



ONWARD &  
*Upward*

HPSJ's 2021  
COMMUNITY  
UPDATE



[www.hpsj.com/about-us](http://www.hpsj.com/about-us)

Health Plan  
of San Joaquin

**CLICK HERE TO READ**





## Provider Manual

2023

# 2023 Provider Manual - Just Released

HPSJ has updated our Provider Manual to reflect the most 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).

### Notable updates:

- Long-Term Care
- Continuity of Care
- Provider Preventable Conditions (PPC)

[Check out the full manual now!](#)

## Medical Necessity Criteria

Health Plan of San Joaquin (HPSJ) uses evidence-based tools to determine medical necessity of any given inpatient stay and/or outpatient request which may include DME, radiology, physical therapy, etc. HPSJ uses the guidelines in the order listed below (start to finish) when determining medical necessity:

1. **MCG Health**
2. **Medi-Cal guidelines/Medi-Cal Provider Manual**
3. **Peer-reviewed published literature**

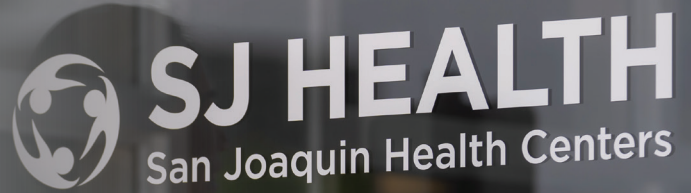
HPSJ members and providers are mailed a Notice of Action letter which states the reason(s) for denial or modification of requested services. Providers receive an initial electronic (fax or phone call) notification of determination within 24 hours of decision. If a member or provider needs to further discuss the denial, our HPSJ staff is available to answer any of their questions. At any time, a member or provider may request a copy of criterion used to make the medical necessity decision.

HPSJ UM staff members are available Monday through Friday from 8AM – 5PM to receive and respond to inquiries regarding UM issues from Members and Providers.

**UM staff members can be reached at 888.936.PLAN (7526). Providers can also contact the Intake Processor of the Day (IPOD) located on DRE who can assist with Authorizations or questions. The phone number to reach the Medical Director regarding an UM issue or to request Peer-to-Peer Review is 209.942.6353.**



# San Joaquin County Clinics – Now SJ Health



San Joaquin Health Centers (SJ Health) is celebrating continued growth and development following its relaunch as a federally qualified health center "Look-Alike" serving Medi-Cal, Medicare, uninsured patients and the community-at-large in San Joaquin County.

SJ Health, formerly "San Joaquin County Clinics," was born in 2021 when the San Joaquin County Board of Supervisors approved the county's clinics to be an independently operated County affiliate. The designation allows for a community-centric governance model and provides an opportunity to leverage the clinic's 501(c)(3) status to secure philanthropic resources to support programs and services.

*"We're excited by the opportunities to contribute to our region's health improvement,"* shared Farhan Fadoo, MD, chief executive and chief medical officer. He added that a multi-year strategic plan has been developed for SJ Health with three focus areas: health and quality improvement, strengthening internal operations, and building financial strength.



Farhan Fadoo, MD

Over 30,000 patients are served by SJ Health at its Stockton and French Camp sites, and outreach to underserved communities is pursued through its Mobile Health Center which provides primary care, vaccinations, and COVID testing to hard-to-reach residents and those who are unhoused.

With a largely Medi-Cal patient base, SJ Health's team is working closely with HPSJ to focus efforts related to quality improvement, member engagement, and enhanced case management programs.

Though now managed independently from San Joaquin General Hospital, SJ Health continues to partner with the hospital and its specialty services and residency programs, but is also broadening relationships with other area hospitals, physicians, and community organizations to expand its reach.

*"Part of our value proposition as a community-engaged health center is the potential to build partnerships,"* said Dr. Fadoo. *"We invite our physician community to share ideas about how we can collaborate."*

**Learn more at [www.sjhealth.org](http://www.sjhealth.org)**

You can reach Dr. Fadoo with your suggestions for partnership at **209.953.3700**



# THRIVING PARTNERSHIPS

**D**r. Anuradha Dubey, MD, has been providing compassionate, collaborative pediatric care to more than 5,000 HPSJ members for over 20 years. Dr. Dubey's mission is to provide consistent, timely, compassionate, and innovative high-quality medical care to all their patients. She has been practicing as a professional pediatrician since 2004 and has been board certified in pediatrics for the last 16 years.

Dr. Dubey is one of the Health Plan of San Joaquin's top-performing providers for Adverse Childhood Experiences (ACES) screening and was one of the first providers who incorporated ACES screening into their clinic workflow. During the peak of the COVID-19 pandemic and the beginning of telehealth, Dr. Dubey made a great effort to enable her practice to administer the screening digitally while remaining Health Insurance Portability and Accountability Act (HIPAA) compliant.

Based on the latest reports, Dr. Dubey is the leading provider in the network who uses the State recommended codes for this screening. Furthermore, to ensure that our members get screened effectively, she is now incorporating the ACES screening forms in different languages into their Electronic Health Record system (EHR).

Dr. Dubey has been a very active partner in the Provider Partnership Program and is always willing to work with HPSJ on different projects/initiatives to promote preventive care delivery in the community. She welcomes every opportunity for partnership with positivity, focusing on ways to make the project more effective and helpful not just for them but for HPSJ as well. Dr. Dubey



was one of the pioneer participants in the following projects:

**Ask. Learn. Decide COVID vaccination campaign**

**Joint member outreach and direct scheduling project**

**Caravan for Health – Backpack Campaign**

**MyRewards Incentive Program – promoting the program by periodically sending our incentive link to eligible members through their texting platform**

**Health Disparity Plan-Do-Study-Act methods for children's health measures**

**Electronic medical record feed for HEDIS/MCAS data**

**Proactive lists**

Dr. Dubey ended the 2021 measurement year meeting the MPL on 8 HEDIS/MCAS measures. As of the third quarter of this calendar year, Dr. Dubey has met the MPL on 3 measures, with 3 more measures within 5% of the target rate. We value our partnership with Dr. Dubey and look forward to her many more accomplishments as an HPSJ provider.

## ALL FOR KIDS MISSION:

Provide consistent, timely, compassionate, and innovative high-quality medical care to all their patients