

## Helping Medi-Cal Members Keep Their Coverage

For the first time since the COVID-19 pandemic began, California has resumed its normal process to determine eligibility for over 14 million Medi-Cal enrollees. This includes approximately 600k San Joaquin and Stanislaus County residents.

DHCS is requesting that Medi-Cal beneficiaries update their contact information at [BenefitsCal.com](https://www.benefitscal.com) and that they respond to inquiries in a timely manner to avoid losing coverage.

HPSJ has a number of outreach activities planned to make sure that members and our community are aware of Medi-Cal Renewal Process, including direct mail, calls, texts, and collaborating with partners and providers to get the word out.

HPSJ connected with Marc Smith, Membership Services Director for Community Medical Centers (CMC), and learned about their Medi-Cal Contact Update Project. This is the important work CMC is doing to inform and educate patients about Medi-Cal renewals:

- In-office assistance with renewals when patients visit the clinic
- Text campaign confirming patients have updated information with their eligibility workers
- Providing Medi-Cal contact update forms to patients (in person and by mail)
- Providing Keep Your Medi-Cal flyers to Medi-Cal beneficiaries

*"Our patients already face barriers when it comes to seeking care. We do not want the loss of Medi-Cal coverage added to that burden. The success of the contact update project is vital to our patients and to community health."*

By taking these steps, CMC hopes to help patients retain coverage, and eliminate drop-offs and re-enrollments that are part of the normal cycle.

HPSJ is proud to partner with CMC and other providers who are communicating the details of the renewal process with their patients. You can help by reminding Medi-Cal beneficiaries that they will receive a letter or envelope in the mail and should take the following steps:

The letter will tell you if:

Your county needs information from you to renew your Medi-Cal

or

Your Medi-Cal was renewed automatically

If you get a renewal form, please fill it out and return it right away.

Check that your local county office has your updated information, including your name, current address, email address, and phone number.

### Urge members to take action to keep their coverage

Medi-Cal beneficiaries can visit [BenefitsCal.com](https://www.benefitscal.com) to update their personal information and sign up for text or email alerts.

Remind members to fill out their renewal forms and return them right away to avoid a delay or loss in coverage.

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Screening for lead is key. According to an audit from FY 2009-10 through 2017-18, 1.4 million children enrolled in Medi-Cal were not tested for lead. Of the children who were screened, approximately 50% of the tests were incomplete.<sup>1</sup>



## Childhood Lead Screenings – Poison Prevention, Not Just From Paint

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 and soil, occupational sources, stained glass, and some types of pottery.

### Ask your patients about use of high-lead sources and screen to prevent lead poisoning:

**Surma** A cosmetic product used in East Indian eye makeup, absorbed through the eye membranes. This product is typically applied at birth, so by one year of age an infant can be exposed to lead for 12 months.

**Sindoor or Kunkuma** A traditional red or orange powder from East India placed on parts of the hair and forehead.

**Spices** Depending on the source, chilies and turmeric have been found to contain higher levels of lead.

**Greta and Azarcon** Home remedy imported from Mexico that can contain up to 90% lead. Used for stomach aches.

**Pay-loo-ah** Used in Southeast Asian communities for rash and fever.

Lead can damage a child's brain and nervous system. Lead poisoning is especially dangerous for children under the age of six because of their rapidly growing and developing bodies, and because they absorb more lead through the gastrointestinal tract. It can cause permanent learning and behavioral problems that make it difficult for children to succeed in school.

**Children covered by Medi-Cal are required by the federal Centers for Medicare and Medicaid Services (CMS) to receive lead screening tests at:**

- 12 months of age and 24 months of age
- Or, any child between 24 and 72 months with no record of a previous blood lead screening should receive at least one test

The Medicaid requirement is met only when the two blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted. Completion of a risk assessment questionnaire does not meet the Medicaid requirement.



**Remind your HPSJ patients that they are eligible for a \$25 gift card for receiving their lead screening. Member incentives are here to help encourage members take part in preventive care.**

[→ Learn more at www.hpsj.com/myrewards](http://www.hpsj.com/myrewards)

**For more information, read HPSJ's March 2023 Provider Alert on Childhood Lead Screening here**

## 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 listed below when determining medical necessity:

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

When the review results in a denial or modification of services, providers receive an electronic (fax or phone call) notification of determination within 24 hours of decision. A letter is also mailed to the HPSJ member and the requesting provider. 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 criteria used to make the medical necessity decision.

HPSJ UM staff members are available Monday through Friday from 8 am – 5 pm 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 a UM issue or to request Peer-to-Peer Review is 209.942.6353.**



# 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.

## 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.

## Provider Look and Learn information:

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!

## 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.

## Alternative Format Communication

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

### What is alternative format?

Alternative format is a way of communicating with members who are visually impaired. HPSJ provides alternative formats like Braille, audio CD, large print, and electronic format for easy reading.

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).

To request Alternative Format Communication on behalf of your HPSJ patients, call HPSJ Customer Service at 888.936.PLAN (7526), TTY 711, Monday - Friday, 8 am – 5 pm.



## Credentialing and Recredentialing Process

Health Plan of San Joaquin's (HPSJ) policy is to ensure that 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 must verify 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 verifies 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 HPSJ'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 call 888.936.PLAN (7526), Monday to Friday, 8 am – 5 pm.**

## 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**.



## How to Communicate With Hard of Hearing Members

HPSJ provides several types of Deaf Interpretation services, including American Sign Language (ASL), Certified Deaf Interpretation, English on the hands, Lip Readings and Home Signs. Deaf interpretation services can be provided. 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:

1

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

2

Communicate inclusively to engage your patient in the conversation. Try starting sentences with, "Please tell [patient] this....".

3

Schedule in-person appointments for serious visits or lengthy discussions.

4

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

**Request assistance: 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](#).

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

# myRewards 2023 Member Incentives Program

We reward our members for taking steps to be healthier

Encourage your HPSJ patients to stay on schedule with their yearly checkups and routine exams.

**myRewards** is for HPSJ members who have not completed certain health exams and checkups. Add myRewards to your HPSJ patient engagement strategy to encourage them to schedule an appointment. HPSJ verifies member's proof of visit and sends an email to the member with a link to a gift card. Members also have the option of receiving the gift card through mail.



Let your HPSJ patients know they may qualify to receive a \$25 gift card based on the exams listed below:

-  Well Child visits, (6) in the first 15 months of life (W15)
-  Well Child visits, (2) between 15-30 months (W30)
-  Well Child: 3-21 Years Old (WCV)
-  Immunizations for Toddlers - By age 2: DTaP, IPV, measles, mumps, and rubella, HiB, HepA, Hep B, chicken pox, PCV, rotavirus, and flu.
-  Lead Screening (LSC)
-  Flu Shot - Anyone 6 months or older between 1/1/23-12/31/23.

-  Immunizations for Teens before their 13th birthday: 1 dose meningococcal, 1 dose Tdap, complete HPV services (2 doses).
-  Cervical Cancer Screening (CCS)
-  Breast Cancer Screening (BCS)
-  Timeliness of Prenatal Care (PPC-Pre)
-  Timeliness of Postpartum Care (PPC-Pst)
-  Diabetes A1C exam - Adults age 18-75 with diabetes (type 1 or type 2): get an A1C blood test screening.

HPSJ members can learn more at [www.hpsj.com/myrewards](http://www.hpsj.com/myrewards)

Thank you in advance for encouraging HPSJ patients to get the timely care that can improve their health. Your **myRewards** support also helps us implement care and data strategies for MCAS (Managed Care Accountability Set) measures. MCAS is an essential building block of the HPSJ Quality Initiatives.

**Questions?** Contact your Provider Services Representative or call **209.942.6340**, Monday - Friday, 8 am - 5 pm.



# Medi-Cal Plan Updates

In January 2023, DHCS released Medi-Cal Bulletin #583. Within the bulletin, #11 listed details regarding the Continuity of Prior Treatment Authorizations.

Prior Treatment Authorizations include Treatment Authorization Requests (TARs) and Service Authorization Requests (SARs).

Active prior treatment authorizations for services remain in effect following a member's transition to an MCP for 90 days and must be honored without a request by the member, authorized representative, or provider. MCPs must arrange for services authorized under the active prior treatment authorization with a network provider or if there is no network provider to provide the service, with an OON provider if the above continuity of care requirements are met. After 90 days, the active treatment authorization remains in effect for the duration of the treatment authorization or until completion of a new assessment by the MCP, whichever is shorter.

A new assessment is considered complete by the MCP if... [Click here to continue reading bulletin](#)

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## Diabetes Prevention Program (DPP) through Melon Health is No Longer Available

HPSJ is working to identify another DPP resource for our members. Please check [www.hpsj.com/dpp](http://www.hpsj.com/dpp) for updates.

If you need assistance with health education, please email [healtheducation@hpsj.com](mailto:healtheducation@hpsj.com).

# PLANSKAN

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

HPSJ's pharmacy benefit is administered by Medi-Cal Rx. Medications that are prescribed and dispensed by a retail or specialty pharmacy fall within the pharmacy benefit and are subject to any restrictions (e.g. Code 1 restrictions, Prior Authorization required, age limit) that Medi-Cal Rx might impose on them.



**Online Drug  
Lookup Tool**



**HPSJ Medical  
Benefit Updates**



**Covered  
Product Lists**



**HPSJ Provider  
Manual**

HPSJ 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)).

## Upcoming Learning Opportunities

HPSJ is committed to supporting our providers in delivery of quality health care for our members. We offer virtual Look and Learn sessions to share updates on important topics and provide answers to your questions.

**Do not miss our next Look and Learn on  
May 10, 2023 from 12:00 PM to 1:30 PM.**

**RSVP**

### Topics will include:

- Provider Services: Operational updates and Medi-Cal unwinding
- Claims: DRE Updates and How to Submit a PDR/Correspondence
- HEDIS: Developmental Screenings/Medi-Cal for Kids and Teens (MKT)
- Enhanced Care Management (ECM) and Community Supports (CS): IPP Incentives
- Care and Utilization: NEMT and PCS Overview

Mark your calendar for other 2023 sessions:

**August 9, 2023**

**November 8, 2023**

You can find more information on Look and Learn sessions here. We look forward to your participation!

## 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, Lagevrio, and Veklury. As 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](#) for a listing of in-network providers who offer test-to-treat services, infusion services of COVID-19 medications, and COVID-19 resources.

