

Check Your Directory Listing

Do We Have Your Correct Information?

According to California Health & Safety Code 1367.27, it is a regulatory requirement to validate provider data every six (6) months or as often as changes occur. Failure to comply with validating data with the health plan will 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. Avoid payment delays or removal from provider directory listing by taking action right away.

HPSJ's Provider Services Department is available to assist you. If you have questions, call (209) 942-6340 Monday through Friday, 8AM - 5PM.



1 Check your directory listing:

www.hpsj.com/provider-directory

2 Report changes using the template provided on our website:

www.hpsj.com/forms-documents





Providing Quality Care For Your Patients

Health Plan of San Joaquin builds healthier communities by investing in prevention. We have tools to help you identify when your HPSJ Medi-Cal patients may be due for services and which quality measures are incentivized. Schedule your patients for preventative screenings today! Thank you for supporting the health of our members and the community.

Primary Care Provider/OB-GYN 2023 Quality Incentives

Quality Improvement Measures - HEDIS®

Behavioral Health Domain Measures	Chronic Disease Management Measures
Depression Remission or Response for Adolescents and Adult (DRR-E)	Asthma Medication Ratio (AMR)
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Controlling High Blood Pressure (CBP)
Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	HbA1c Poor Control (> 9%) (HBD)
Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	Reproductive Health Domain Measures
Children's Health Measures	Chlamydia Screening in Women (CHL)
Child and Adolescent Well-Care Visits (WCV)	Prenatal Immunization Status (PRS-E)
Childhood Immunization Status: Combination 10 (CIS-10)	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
Developmental Screening in the First Three Years of Life (DEV)	Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)
Immunizations for Adolescents: Combination 2 (IMA-2)	Prenatal Depression Screening and Follow-Up (PND-E)
Lead Screening in Children (LSC)	Postpartum Depression Screening and Follow-Up (PDS-E)
Topical Fluoride for Children (TFL-CH)	Psychotropic and Opioid Use Management Measures
Well-Child Visits in First 30 Months of Life: 0 to 15 Months, 6+ Visits (W30-6+)	Pharmacotherapy for Opioid Use Disorder (POD)
Well-Child Visits in First 30 Months of Life: 15 to 30 Months, 2+ Visits (W30-2+)	Cancer Prevention Measures
	Breast Cancer Screening (BCS)
	Cervical Cancer Screening (CCS)
	Colorectal Cancer Screening (COL)

The funding available to each qualifying PCP/ OB-GYN: \$50 for each qualifying member based on encounter/claim received for each of the 25 MCAS measures.*

HPSJ Continues DHCS Value Based Payment (VBP) Program

Through June 30, 2023, HPSJ continued to reimburse the VBP program incentives that DHCS had discontinued in 2022. The extended VBP program will continue at the discretion of HPSJ. Please submit claims in a timely manner.

In addition, 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, persistent asthma care and much more.

For more information on provider incentive programs, including more details about the VBP program, visit hpsj.com/provider-incentives

If you have questions, contact HPSJ's Provider Services Department at **888.936.PLAN (7526)** or by email at ProviderServicesDepartment@hpsj.com.

Provider Satisfaction Survey Results Are In!

The survey measures provider satisfaction with Health Plan of San Joaquin. Information obtained from these surveys allows HPSJ to measure how well we are meeting our providers' needs.



The composite areas that we focus on include the following:

- Overall satisfaction
- Network/Coordination of Care
- All other Plans (Comparative Rating)
- Finance
- Utilization and Quality Management
- Health Plan call center service staff
- Provider Relations



Measure Name	2022 PG Medicaid BoB %tile
Would Recommend (%Yes)	90th
All Other Plans (Comparative Rating) (% well or somewhat above average)	96th
Overall satisfaction (% completely or somewhat satisfied)	95th
Finance Issues (% well or somewhat above average)	86th
Utilization and Quality Management (% well or somewhat above average)	95th
Network/Coordination of Care (% well or somewhat above average)	85th
Health Plan Call Center Service Staff (% well or somewhat above average)	90th
Provider Relations (% well or somewhat above average)	76th

Areas of Overall Strengths within HPSJ

- 1 Overall satisfaction
- 2 Network/Coordination of Care
- 3 All other Plans (Comparative Rating)
- 4 Finance
- 5 Utilization and Quality Management
- 6 Health Plan Call Center Service Staff
- 7 Provider Relations

We value your partnership and will continue to work towards our mutual goal of providing quality care and services to our members and your patients. Your survey responses let us know how we are doing and what we can improve on. Please make sure to complete this year's survey online or by mail once you receive it. Coming Fall/Winter 2023!



Expanding Benefits – Long Term Care

Beginning January 2024, HPSJ will be expanding Long Term Care (LTC) services that are offered to our members.

HPSJ currently provides full LTC benefits for all Medi-Cal beneficiaries residing in Skilled Nursing Facilities (SNFs), both freestanding and hospital-based. As part of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization, HPSJ will provide services for members residing in or obtaining care in one of the following:

Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Home(s)

Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Home(s)

Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Home(s)

The California Department of Health Care Services (DHCS) will require non-dual and dual LTC members within the counties we serve to enroll in a Medi-Cal Managed Care Plan, such as HPSJ. HPSJ will partner with the local county Regional Centers to coordinate services without duplicating efforts.

HPSJ will provide all levels of care coordination, while the Regional Centers will continue to focus on intake, assessment, eligibility

determination, and case management. Additionally, ICF/DD Homes will work with HPSJ to ensure member forms and/or Treatment Authorization Request (TAR) are all shared timely to review medical necessity, care needs, prognosis and most importantly, focus on the continuity of care.

HPSJ will have a dedicated Medi-Cal Managed Care Plan Long-Term Supports and Services Liaison who will be able to serve as the main liaison for LTSS Providers, facilities in both a provider representative role and to support any care transition. Additionally, this point of contact will be able to assist with any issues or questions related to payment, claim, coverage rules, and other inquiries.

HPSJ will ensure our member's transportation needs are coordinated effectively and efficiently between HPSJ and ICF-DD homes as HPSJ will cover NEMT and NMT services for the LTC members.

We are pleased to incorporate long term care services into the services offered by HPSJ and excited to partner with the Regional Centers to ensure a seamless transition and continue to provide access to quality care to our members.

If you have questions, please call 888.936.PLAN (7526) Monday through Friday, 8AM – 5PM.

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

The pharmacy benefit for Medi-Cal beneficiaries 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) from Medi-Cal Rx.

HPSJ has full coverage policies available as a reference for determining if a medication is on the pharmacy benefit, medical benefit, or both. Medications covered on the medical benefit are classified as physician administered drugs and are administered by HPSJ. The medications on the HPSJ medical benefit may have restrictions (e.g. Prior Authorization, quantity limitations) which are specified within [HPSJ's coverage policies](#) as well.

Click the buttons to learn more!



Online Drug Lookup Tool



HPSJ Medical Benefits Updates



Covered Product Lists



HPSJ Provider Manual

COVID-19: Available Therapy and Treatments

Several outpatient therapeutic options are available for COVID-19. 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 or FDA approved indications for use.

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. Available COVID-19 therapeutics are either under Emergency Use Authorization (EUA) or they have obtained FDA approval for use in the treatment of mild-to-moderate COVID-19 in adults at high risk for progression to severe COVID-19 (e.g. Paxlovid). Providers should review product EUAs and FDA approval statuses 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. These medications are not in shortage and 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.

PLANSCAN

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Medi-Cal Redetermination Process Continues for Over 14 Million Enrollees



renew it or lose it!

Medi-Cal renewals have started.
Millions of Californians are at risk of losing coverage.

The Medi-Cal renewal process is still underway and includes approximately 600k San Joaquin and Stanislaus County residents.

The Department of Health Care Services (DHCS) has been asking Medi-Cal beneficiaries to update their contact information at [BenefitsCal.com](https://www.benefitscal.com). This will ensure that beneficiaries receive their renewal packets and are able to respond to requests for information that will help determine their eligibility.

You can help communicate the details of the renewal process to your patients and let them know they will receive a letter or envelope in the mail. Encourage them to take action to keep their coverage by:

- Visiting [BenefitsCal.com](https://www.benefitscal.com) to update their personal information
- Returning renewal forms as quickly as possible in person to their local Medi-Cal office, by mail, or online at [BenefitsCal.com](https://www.benefitscal.com)

You may have patients that did not turn in renewal forms or have experienced loss of coverage. The information to the right may assist you with providing some answers.

HPSJ members can call for help at 888.936.PLAN (7526) TTY/TDD 711, Monday through Friday, 8AM to 5PM.

I did not turn in my renewal form or information. I got a notice that my Medi-Cal is ending. What can I do?

- If you get a renewal form and do not complete it, your Medi-Cal will end.
- If it is **less than 90 days** from the date on the letter:


Turn in your renewal form or missing information at [BenefitsCal.com](https://www.benefitscal.com). Your local Medi-Cal office will see if you still get Medi-Cal. You do not need to turn in a new application.

- If it is **more than 90 days** after the date on the letter:

You must [turn in a new Medi-Cal application](#).

I got a notice that I no longer get Medi-Cal. I think I still should get it. What can I do?

- You can ask your local Medi-Cal office to look at your case. Contact your local Medi-Cal office:
San Joaquin – (209) 468-1000
Stanislaus – (209) 558-2500
- You can call the State Hearings Division at (800) 743-8525 or (800) 952-8349 (TDD)



The goal of disease management is to educate our members on their disease, medications, the importance of regular follow up with providers and specialists and completion of routine testing.

The HPSJ Case Management Department provides high risk members with education and support for several chronic diseases such as:

- Diabetes
- Congestive Heart Failure
- Asthma
- COPD
- Chronic Kidney Disease (CKD)

When members are educated on their disease processes, they are more likely to effectively manage their health. Every member that is enrolled in the Disease Management program receives an educational booklet in the mail along with lists of resources available in the community.

Our case management team builds trust with members to improve compliance with medication regimens and encourages better communication with their providers. **Refer your HPSJ patients for Disease Management by calling HPSJ's Case Management Department at 209.942.6352.**

Disease Management

HPSJ's Disease Management process:

- 1 Members receive a comprehensive assessment by one of our Registered Nurses
- 2 An individualized care plan is developed
- 3 Members are called on a weekly or bi-weekly basis to work through the booklets and discuss their individual challenges and goals for optimal health
- 4 Post-appointment follow-up to support the plan of care provided by the doctor

Improving Access and Creating Equity Through CalAIM



The CalAIM initiative is one of California's largest Medi-Cal transformations since the program was introduced in 1965. The implementation of CalAIM has resulted in enhanced services for Medi-Cal beneficiaries. Benefits like enhanced care management, community supports and long-term care (which were less comprehensive or administered directly by Department of Health Services as part of the fee-for-service program) are now managed by Medi-Cal Managed Care Plans, such as HPSJ.

As HPSJ operationalizes the transformative components of CalAIM, we are expanding our partnerships to coordinate a whole-person

health care approach that prioritizes prevention and addresses the clinical and non-clinical needs of our members.

New programs have been developed to enhance services and support Medi-Cal members in our community. One example of these programs will address health, social and housing needs for those affected by homelessness. HPSJ is partnering to help fund transitional, permanent, and supportive housing as well as bringing community-based health care management and social service providers to local community centers and housing authorities, such as Gospel Center Rescue Mission's New Life Program Multi-Purpose Center.

Enhanced Care Management

is available to high-need members who are living with the most complex health conditions, involving physical, behavioral, and social needs. The benefit allows HPSJ to partner across sectors to meet the needs of targeted populations through the coordination of health and health-related services.

Community Supports, such as housing supports and medically tailored meals, are also services available to help many HPSJ members meet their social needs.





On site to support the New Life Program Multi-Purpose Center (from left): **Kevin Lincoln**, Mayor of Stockton; **Michelle Malavong**, Intercultural Engagement & Multimedia Specialist for Stockton Police Department; **Lieutenant Anabel Morris**, Stockton Police Department; **Chief Stanley McFadden**, Stockton Police Department; **Supervisor Miguel Villapudua**, San Joaquin County; and **Harry Black**, Stockton City Manager.

Spotlighting New Programs in Our Community

As part of the Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program, Health Plan San Joaquin (HPSJ) committed \$3,000,000 in funding to Gospel Center Rescue Mission's New Life Multi-Purpose Center located in Downtown Stockton. The funding is in addition to commitments from other partners and will expand recuperative care services for unsheltered residents of our community.

This new, innovative 3-story Center will be located on the Gospel Center Rescue Mission campus and will have 132 beds to serve the unsheltered in our community, many of which are HPSJ members. This Center will have classrooms, common areas, shower rooms, commercial and resident laundry facilities, computer center, counseling offices and classroom/recreation rooms on each floor.

The project will involve multiple phases and will span through 2024 and will serve as a safe place where services are offered for those that are in the highest need.

David Midura, CEO of Gospel Center Rescue Mission, shares:

"The New Life Program Multi-Purpose Center will house 132 unsheltered in our community at one time, many of which are Health Plan of San Joaquin members or who will become members. We are excited to begin construction on this much-needed center to help further serve those in San Joaquin County and beyond. We are truly thankful and honored for the help that we've received. We are fortunate to work with so many amazing people who have a genuine care for the welfare of others. It's not just a job, it's a passion. We are helping make the world a better place together for everyone."



Other Health Coverage with Mandatory Managed Care Enrollment

California law (WIC section 14124.90) requires Medi-Cal to be the payer of last resort for services in which there is a responsible third party, known as primary coverage or other health coverage, resulting in what is referred to as “dually eligible”.

Medi-Cal beneficiaries can keep their other health coverage (OHC) when they become mandatorily enrolled in to Medi-Cal Managed Care (MMCE) but must utilize their OHC for covered services prior to utilizing their Medi-Cal benefits. In most cases, Medi-Cal will be secondary to the OHC, covering allowable costs not paid by the primary insurance (typically wrap payments or co-pays) up to the Medi-Cal rate.

Providers enrolled as a Medi-Cal FFS or as a Medicare provider do not need to be contracted with a Medi-Cal MCP to provide services to the MCP Member and bill the Medi-Cal MCP for a dual-eligible patient or who has OHC.

Non-contracted providers who are enrolled in Medi-Cal FFS may still see an MCP member for a limited time under “continuity of care” requirements. For more information about continuity of care, please refer to HPSJ’s [Provider Manual](#).

To bill HPSJ after billing the OHC, you must present acceptable forms of proof to HPSJ that all sources of payment have been exhausted, which may include:

- a denial letter from the OHC for the service
- an explanation of benefits indicating that the service is not covered by the OHC

HPSJ’s [Provider Manual](#) has been recently updated to reflect the Department of Health Care Services’ (DHCS) [All Plan Letter \(APL\) 22-027](#).

HPSJ Member Rights & Responsibilities

HPSJ members have specific rights and responsibilities under Medi-Cal managed care plans as outlined under **Title 22, California Code of Regulations Sections 72527**.

As an HPSJ provider, you can make sure that your patients are aware of important information regarding:

- How HPSJ protects their privacy
- How to change health information
- Rights to timely access to care
- Rights to no-cost interpreter and language services
- Access to medical records

To view the complete list, visit www.hpsj.com/rights-responsibilities and share this resource with your HPSJ patients.