

Fall 2024

PLANS SCAN

Health Plan
of San Joaquin

Mountain Valley
Health Plan

Community Reinvestment Grants Are Here

Apply Today!



Health Plan is offering grants for technology, healthcare workforce expansion, infrastructure, and more!

Health Plan launched a \$100M Community Reinvestment Program earlier this year as part of our 2023-2024 Strategic Roadmap. Through this program, we aim to transform care delivery, expand provider access, and improve the quality of healthcare in Alpine, El Dorado, San Joaquin, and Stanislaus counties.

As part of our **Community Reinvestment Program**, we are currently accepting grant applications for:

- Standard Data Sharing Health Information Exchange (HIE) & Non-HIE Grant Program
- Capital Projects Grant
- Community Health Worker (CHW) Training Grant
- Doula/Community Health Workforce Recruitment (DCHWR) Grant
- General Grant

Don't miss out on grant opportunities. Learn more at www.hpsj.com/community-reinvestment.

If you have any questions or comments related to our Community Reinvestment Program, please email grants@hpsj.com.

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Are you in compliance with required trainings?

Annual training is mandated by California’s Department of Health Care Services (DHCS) and the federal Centers for Medicare and Medicaid Services (CMS) to ensure our network Providers and delegated entities are meeting the unique and diverse needs of our members.

In compliance with state and federal regulations, Health Plan has established the following mandatory trainings:

- Cultural Competency Training and Sensitivity Training
- Anti-Fraud, Waste, and Abuse
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Early Periodic Screening and Diagnostic Treatments (EPSDT) Medi-Cal for Kids & Teens Training

If you did not already complete the trainings by June 30, 2024, complete them now and submit your attestations.

The trainings are available on Health Plan’s website at www.hpsj.com/provider-tranings

If you have any questions, contact your Provider Services representative or call Health Plan Customer Service at 1-888-936-PLAN (7526).



Health Plan’s Medical Benefit Resources

Medi-Cal Rx Formulary

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.

Health Plan 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 Health Plan. The medications on the Health Plan medical benefit may have restrictions (e.g. Prior Authorization, quantity limitations) which are specified within [Health Plan’s coverage policies \(www.hpsj.com/medication-coverage-policies\)](http://www.hpsj.com/medication-coverage-policies) as well.

Learn More:



Online Drug Lookup Tool

medi-calrx.dhcs.ca.gov/provider/drug-lookup



Covered Products List

medi-calrx.dhcs.ca.gov/provider/forms



Health Plan Medical Benefits Updates

www.hpsj.com/benefits-and-services



Health Plan Provider Manual

www.hpsj.com/provider-manual





Let Us Help Your Health Plan Patients Transition Between Levels of Care



Information about Transitional Care Services (TCS)

Healthcare transitions occur when someone moves from a medical care facility back home or to a different care center. TCS is designed to ensure that your patients receive the necessary support during these transitions. By utilizing the TCS Care Manager, a member of Health Plan's team, you can help your patients navigate their transition of care more effectively.

The Benefits of TCS

-  Helps your patients remain safely in their preferred home setting
-  Ensures patients attend and follow through with follow-up visits to maintain health and avoid hospital readmissions
-  Educate patients about their health conditions
-  Connect patients with resources for ongoing health and safety

Please see the DHCS CalAIM site reference for full guidance:
www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

How to Contact Health Plan's TCS Team

- Health Plan's Transitional Care Services (TCS) phone line is available from 8:00 am to 5:00 pm, Monday through Friday. This service connects directly to a live TCS team member.
- Providers may request TCS services on a member's behalf via this phone line or share it directly with their Health Plan patients and encourage them to call to discuss their transition needs with a TCS Care Manager.
- Health Plan members experiencing a healthcare transition can qualify for TCS assistance. Please encourage your patients to contact our TCS phone line for more information.



TCS Phone Line

Call 1-888-929-6010, Monday through Friday, from 8:00 am to 5:00 pm to speak to a TCS team member.



ECM and CSS Benefits to Support Your Health Plan Patients

Health Plan is focused on improving patient health through CalAIM initiatives. **Enhanced Care Management (ECM)** and **Community Support Services (CSS)** are foundational parts of the transformation of Medi-Cal.

The **ECM** benefit is designed to provide a whole-person approach to care that address both clinical and non-clinical needs for high need Medi-Cal beneficiaries. ECM is a Medi-Cal benefit for eligible members with complex needs:

- Access to a Lead Care Manager to provide **comprehensive care management**

CSS help address members' health-related social needs, helping them live healthier lives, and avoid higher, costlier levels of care. These include:

- Support to **secure and maintain housing**
- Access to **medically tailored meals** to support short term recovery
- A variety of other community-based services

Health Plan can help members get assistance with housing, meals, recuperative care, mental health services, substance use disorder treatment and more. Refer your patients for services today - www.hpsj.com/forms-documents.

Learn more about CalAIM benefits for Medi-Cal beneficiaries www.hpsj.com/providers/calaim.



Health Plan can help members get assistance with housing, meals, recuperative care, mental health services, substance use disorder treatment, and so much more.

Refer your patients for services or have them call Customer Service for more information.

1-888-936-PLAN (7526)

**Monday – Friday
8:00 a.m. – 5:00 p.m.**

Not subscribed to PlanScan?

Sign up to receive our quarterly issue at www.hpsj.com/planscan

PLANSCAN



Health Plan's Accreditation Journey

Health Plan is proudly among the few NCQA accredited Medi-Cal managed care plans in California. We work diligently to demonstrate our continued commitment to optimizing healthcare quality and access.

Our performance in the recent NCQA survey is a testament to longstanding commitment to ensuring high-quality and accessible care throughout the communities we serve.

By meeting or exceeding NCQA standards in every criterion, Health Plan has demonstrated excellence in areas such as quality improvement, population health management, network utilization, and credentialing. Health Plan is leading the way in coordinating comprehensive and timely care for our members.

Thank you, providers, for your outstanding contributions to Health Plan member care. Together, we are making a significant impact on the health and well-being of our community.

Exceeded the national median in:

- Blood pressure control
- Diabetic A1c poor control
- Timely prenatal and postnatal care
- Cervical cancer screening
- Adolescent immunizations
- Well visits ages 3-2
- Chlamydia screening
- Asthma medication ratio



Health Plan In-Sources Behavioral Health Services

In case you missed the alert in August 2024, behavioral health services are now managed and coordinated by Health Plan. Prior to October 1, 2024, care was managed by Carelon Behavioral Health.

What you need to know about referrals:

- **Referrals for non-specialty mental health services:** Members can access without an authorization and can utilize our network of providers by choosing a provider through our [Online Provider Directory \(www.hpsj.com/find-a-provider\)](http://www.hpsj.com/find-a-provider)
- **Referrals for behavioral health treatment (also known as applied behavioral analysis):** As of now, you can submit your referrals to Health Plan.

For additional information about behavioral healthcare services, visit www.hpsj.com/providers/behavioral-health-services.

Remind your Health Plan patients that the phone number for members to call will remain the same and is printed on the back of member ID cards: 1-888-581-PLAN (7526).

If you have any further questions, contact your Provider Services Representative, or call our Customer Service Department at 1-888-936-PLAN (7526).

Read the Provider Alert "Announcement for Behavioral Healthcare Services" at www.hpsj.com/announcement-for-behavioral-healthcare-services.

Encourage Patients to Get Vaccinated — Use the **SHARE** Method!



Flu season is almost upon us, and it is the perfect time to discuss vaccine options with 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.



SHARE the reasons why an influenza vaccine is right for the patient given their age, health status, lifestyle, occupation, or other risk factors.



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



ADDRESS patient questions and concerns, including side effects, safety, and vaccine effectiveness in plain and understandable language.



REMINd 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.



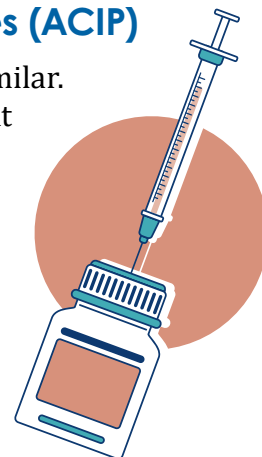
EXPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, and potentially spreading influenza to more vulnerable family or friend.

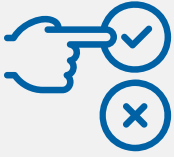
Resources from the Advisory Committee on Immunization Practices (ACIP)

All flu vaccines for the 2024-2025 season are anticipated to be trivalent in the United States. Trivalent flu vaccines are formulated to protect against three flu viruses (an A(H1N1) virus, an A(H3N2) virus, and a B/Victoria virus). Both trivalent and quadrivalent flu vaccines are expected to offer similar protection against the flu viruses they protect against. B/Yamagata flu viruses have not circulated in the population after March 2020, so protection from trivalent and quadrivalent

flu vaccines is expected to be similar. More information about trivalent flu vaccines is available.

The composition of flu vaccines has been updated and you can access recommendations on immunization practices from the CDC online at www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.





Mountain Valley Health Plan Launches Its Choice Campaign

Health Plan officially kicked off the Choice Campaign in El Dorado and Alpine counties last month — our community engagement campaign to introduce Mountain Valley Health Plan (MVHP) as a local health plan choice for people who qualify for Medi-Cal. We plan to continue messaging of this dynamic and engaging campaign well into 2025.

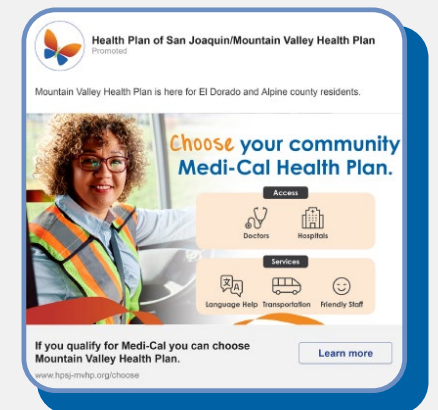
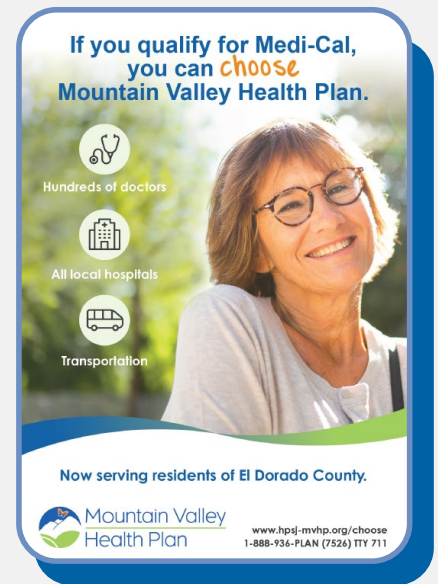
Health Plan is excited for the future of MVHP, collaborating with our members, providers, and local partners to create an equitable and healthier community. We are growing our team and improving the look and feel of our office to create a better experience for visitors.

We are grateful to be part of these new communities and thank all those who have welcomed us as Mountain Valley Health Plan!

Tour our Placerville office!
vimeo.com/1015440198



Some of the campaign materials you can expect to see:



Partnering With You to Improve Patient Care Quality



Health Plan builds healthier communities by investing in prevention. We have tools to help you identify when your HPSJ/MVHP Medi-Cal patients may be due for services and which quality measures are incentivized. Visit our website at www.hpsj.com/provider-incentives for a list of our 2024 Quality Incentives and scheduled your patients for preventative screenings today!

This quarter, we are spotlighting four of our quality measures. We encourage you to read about each one and the resources available to help you improve patient care.

Measure	Description	Provider Tips
Well Child Visits: 0-15 Months of Life (W30: 0 – 15 MOS)	Children should have at least 6 well child visits before their 15-month birthday.	<ul style="list-style-type: none"> • Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance. • Visits must be with primary care provider, although does not have to be practitioner assigned to child. • Assessment or treatment of an acute or chronic condition does not count towards the measure. • At the new patient visit and every future visit, schedule the next well child visit appointment. • There must be at least two weeks between each well child visit.
Childhood Immunizations (CIS), 0-2 Years	Children turning two during the measurement year must receive all of the following vaccine series on or before their second birthday: 4 DTap,PCV; 3 IPV, HiB, Hep B; 2 flu; 1 MMR, VZV, Hep A; 2-3 Rotavirus.	<ul style="list-style-type: none"> • Assess needs at each clinical encounter such as sick visits, follow-up visits, well child visits, weigh checks, etc. • Check immunization status at 12 months of age to allow time to catch up by second birthday. • Ensure immunization records include all vaccine doses administered at other locations. • Continue to educate and discuss importance of immunizations at every encounter.
Developmental Screening in First 3 Years of Life (DEV)	Annual screening of children for at-risk developmental, behavioral and social delays using a standardized screening tool recognized by the American Academy of Pediatrics (AAP).	<ul style="list-style-type: none"> • Educate caregivers to monitor for developmental milestones such as: taking a first step, smiling for first time, waving “bye”, crawling, walking, etc. • Educate on risk factors for developmental delays that include: Preterm birth, low birth weight, lead exposure, long-lasting health problems or conditions. • Offer different options for patient caregivers to complete valid questionnaires prior to scheduled well checks.

Measure	Description	Provider Tips
Child and Adolescent Well Visits (WCV)	Patients should have at least one well visit with a PCP or an OB/GYN annually.	<ul style="list-style-type: none"> • Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance. • Turn a sick visit into a well-care visit. • Add physical exams to sports physicals. • Capture nutrition and physical activity using the Staying Healthy Assessment form or providing anticipatory guidance. • Use telehealth services to help complete a well visit.

Thank you for supporting the health of our members and the community! Look for more quality measure spotlights in the next quarterly issue of PlanScan.

For assistance with Quality topics, call Health Plan's Provider Services Department at 1-888-936-PLAN (7526) or by email at ProviderServicesDepartment@hpsj.com.

Improve data sharing with a Health Information Exchange (HIE) Grant

Health Plan has earmarked \$8.775 million in Community Reinvestment funds to bolster data sharing initiatives aimed at strengthening the connect between health care providers and the Health Plan-supported HIE.

Why should you connect to an HIE?

- Safely and securely share patient info
- Access to vital information about patient medical, behavioral and social health
- Streamlines treatment, payment and operations

What kind of information can you receive through an HIE connection?

Info on claims, encounters, patient demographics, lab/imaging orders, prescriptions, immunizations, social risk screenings, program participation, and race, ethnicity and language data.

Health Plan staff are available to guide providers through the HIE grant application process and determine what types of HIE connections will be most appropriate for their needs. If you have questions, call 1-888-936-PLAN (7526), Monday through Friday, 8:00 am to 5:00 pm.



Health Plan has taken a unique approach with data sharing, leveraging Manifest MX as its HIE and a single source of data for both clinical and social data sharing. We are not only directly partnering with the HIE, we have partnered with HealthNet and all of our county departments to collaboratively implement a single solution to ensure our Members come first!

Victoria Worthy

Chief Information Officer
Health Plan of San Joaquin/
Mountain Valley Health Plan

Qualified Interpreter Services for Your Patients



Health Plan can help to ensure you have professional and qualified interpreter services for your patients with limited English proficiency.

Offering ready access to qualified interpreter services for members with limited English proficiency (LEP), as well as the Deaf and Hard of Hearing (DHH), is a legal requirement. Health Plan is reminding providers of the steps to ensure access to interpreting services for all patients with LEP and DHH members.

Modalities and How to Request an Interpreter



On-Site/In-Person Interpreting

DHH Patients or situations where it would be less practical to use a phone or VRI device (i.e., physical therapy, appointments over 30 minutes, elder care, etc.)



Video Remote Interpreting (VRI)

15-30 min appointments, DHH patients, or appointments where facial expression, body language and visual cues are essential (i.e., behavioral health)



Over the Phone Interpreting (OPI)

Appointments that are quick follow-ups and/or checkups (15-30 minutes) and when a spoken language is needed.

Onsite Interpreter Scheduling

Call Customer Services at 1-888-936-PLAN (7526) at least 5 business days prior to the appointment date for spoken language interpreting, 10 days prior for ASL interpreting, and provide all relevant appointment and member details.

VRI implementation is available; please see below.

If your practice does not currently offer video remote interpreting (VRI) services, Health Plan is ready to assist you and will take care of the cost and service to HPSJ/MVHP members at your practice. Health Plan also offers translation of written, member-informing, Health Plan materials in top languages, as well as alternative formats (e.g. braille, large print) for the those with visual impairments upon request.

For more information, email our Cultural & Linguistic Services team at CLServices@hpsj.com or call us at 1-888-936-PLAN (7526), Monday to Friday, 8:00 a.m. to 5:00 p.m.



Expanding Access by Building Our Provider Network

Health Plan is building equitable access to our safety net of providers for our members. This includes investing in local students who are interested in a medical career and have a passion for serving their community through our Health Careers Scholarship Program. We are also providing grants to cover the cost of training and development of Community Health Workers (CHW'S) and partnering with our clinics and physicians to recruit and retain clinicians and skilled healthcare workers.



This year's SJ Medical Society Decision Medicine Program students who received a Health Careers Scholarship, standing proud with Julia Valdez (far left) and Dr. Lakshmi Dhanvanthari (far right) of Health Plan.

Health Careers Scholarship Program

This year, Health Plan awarded 37 students with \$104,000 in scholarships!

Congratulations to students from University of the Pacific (UOP), CSU Stanislaus, San Joaquin Delta College, Modesto Junior College, San Joaquin Medical Society — Decision Medicine Program, Health Careers Academy High School, and Grace M. Davis Health Careers Academy.



The first-ever graduating class of the Community Health Worker Program at CSU Stanislaus - Stockton Campus.

Community Health Worker (CHW) Cohort

Health Plan joined forces with California State University Stanislaus (Stockton Campus) to train and certify individuals as Community Health Workers.

We celebrated our first cohort of graduates with a special recognition ceremony in September and now have 30 newly-trained and dedicated Community Health Workers ready to join your practice and support your patient's health journey. Classes for the second cohort start in January.



Health Plan's Vena Ford and CSU Stanislaus State- Stockton Campus CHW instructors, including Dean, Dr. Sarah Schweitzer

To learn more about grant opportunities and Health Plan's dedication to community health, visit www.hpsj.com/community-reinvestment.

Health Plan Network Reminder

Quest Diagnostics is Health Plan's in-network provider for outpatient laboratory services.

- Patients have direct access to lab results
- Convenient testing locations
- Lab appointment scheduling



To locate a Quest Diagnostics site, visit www.questdiagnostics.com/locations/search



Health Plan members can receive help with transportation to lab visits, in addition to all other medical appointments and health education classes. Health Plan's Customer Service Department is available Monday through Friday, 8:00 am to 5:00 pm to assist members in finding transportation that fits their needs. Call 1-888-936-PLAN (7526) TTY 711.

For more information about Quest Diagnostics and services visit www.questdiagnostics.com

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