SUMMER 2025

PLANSCAN

Health Plan of San Joaquin
Mountain Valley Health Plan

Preparing for Medicare D-SNP Implementation: What Providers Need to Know

As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) is transitioning to a statewide Dual Eligible Special Needs Plan (D-SNP) model. D-SNPs are Medicare Advantage plans tailored for individuals eligible for both Medicare and Medi-Cal, aiming to integrate care and improve outcomes for this population.

This shift builds upon the success of the Cal MediConnect program and introduces Medi-Medi Plans—Exclusively Aligned Enrollment (EAE) D-SNPs that coordinate Medicare and Medi-Cal benefits through a single health plan.

By January 2026, all dual-eligible individuals in Medi-Cal managed care will be enrolled in aligned D-SNPs offered by the same parent organization that provides their Medi-Cal plan.

Join Health Plan's D-SNP Network

Providers are encouraged to engage with Health Plan to understand the implications of these changes, including contracting processes and care coordination expectations.

For questions about D-SNP implementation, call **1-209-942-6340**.

In this issue:

PHARMACY

Medi-Cal Rx Formulary 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.

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**) as well.

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

Stay Informed with Our Look & Learn Presentations

At Health Plan, we're here to support you in delivering quality care. Our virtual Look & Learn sessions offer timely updates, expert insights, and practical tips to help your practice thrive.

Can't join live? No problem. All sessions are available on demand so you can watch anytime at your convenience.

Whether you're catching up on a missed webinar, revisiting a topic, or sharing content with your team, our growing library is here to keep you informed.

Maybe you missed a recent webinar?
Click below to catch up on:

- Long-Term Care: Billing & Payment
- Non-Emergency Medical Transportation: Monitoring & Reporting

Explore the full collection at www.hpsj.com/look-and-learn

UPDATED

Preventive Health Guidelines

Preventive care is about improving quality of life for your patients. Health Plan has reference guides to help you reach care goals for your patients. Our resource covers preventive services recommended by three different national organizations:

1. The U.S. Preventive Services Task Force (USPSTF);
2. The Advisory Committee on Immunization Practices (ACIP);
3. The Bright Futures/American Academy of Pediatrics (AAP).

Listed below are the **most impactful final recommendations** (new topic to the portfolio, a change in grade, or topics that address the prevention of leading causes of death or injury/illness) that published in 2024.

Interventions for High Body Mass Index in Children & Adolescents

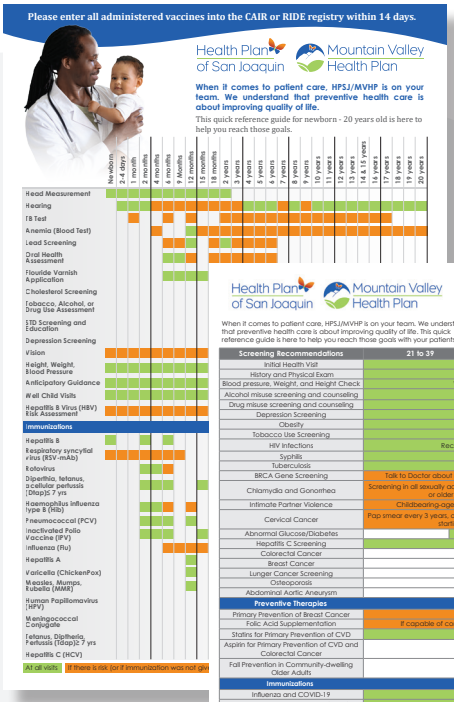
- **B Grade:** Healthcare professionals should provide or refer children and teens with a high BMI to comprehensive, intensive behavioral interventions.

Population: Children and adolescents age 6 and older with a high BMI.

Screening for Breast Cancer

- **B Grade:** Women should get screened for breast cancer every other year starting at age 40.
- **I Statement:** There is not enough evidence to recommend for or against screening women 75 and older.
- **I Statement:** There is not enough evidence to recommend for or against additional screening with breast ultrasound or MRI for women with dense breasts.

Population: Women at average risk of breast cancer, as well as those with a family history of breast cancer and those with dense breasts.



Get your own copy today!

Download our Preventive Health Guide for children and for adults on our website at **www.hpsj.com/preventive-health-guidelines**.

To request copies for your office, email our Health Education Team at **healtheducation@hpsj.com**.

QUALITY MEASURES

Investing in Prevention to Build Healthier Communities

Health Plan builds healthier communities by investing in prevention. This quarter, we spotlight two of our quality measures and provide resources that can help you improve patient care.

Check to see if your Health Plan patient is up to date with wellness visits and access our list of 2025 Quality Incentives at **www.hpsj.com/provider-incentive-program**. This site has all the tools to help you identify when your HPSJ/MVHP Medi-Cal patients may be due for services. Schedule your patients for preventative screenings today!

Measure	Description	Provider Tips
Follow-up After Emergency Department Visit for Substance Use (FUA) **Target:** Patients 13 years and older	Patients discharged from the Emergency Department (ED) with a diagnosis of substance use disorder or drug overdose, must receive a follow-up visit within 7 and/or 30 days of discharge from the ED.	**Get notified when a patient is discharged from the ED** • Coordinate with local EDs to receive discharge summaries for patients seen for mental illness or substance use issues. Establish a process with Health Plans to be alerted when a patient assigned to the practice is discharged from the ED as a backup if ED is unable to send discharge summaries to the practice directly. • Assign a staff member who is responsible for tracking patients discharged from the ED and scheduling follow-up appointments. **Educate patients on when & where to seek care** • Provide clear, patient-friendly explanations on why follow-up care is crucial to their recovery and well-being. • Educate patients on the services offered by the practice to help address mental illness or substance use issues so they may be able to avoid an ED visit altogether. • Provide patients with a list of EDs that are in-network and with whom the practice has established communication channels. **Use EHR for notifications & outreach** • Set up alerts or notifications in your electronic health record (EHR) system to flag patients assigned to your practice who had recent ED visits for these conditions. • Use automated systems (e.g., text, email, or phone) to instruct patients to contact practice to schedule an appointment or remind them of upcoming appointments. **Offer flexibility in provider visits** • The FUM follow-up visits should be with the PCP or any mental health provider (e.g., psychologist, clinical social worker, nurse practitioner), whereas the FUA follow-up visits can be with any healthcare provider (e.g., nurse, social worker, pharmacist, street medicine). • Visits can either be in-person or virtual, if real-time interactions occur.
Follow-up After Emergency Department Visit for Mental Illness (FUM) **Target:** Patients 6 years and older	Patients discharged from the Emergency Department (ED) with a diagnosis of mental illness or intentional self-harm, must receive a follow-up visit within 7 and/or 30 days of discharge from the ED.	

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*

DEADLINE

Complete the trainings and submit attestations by June 30, 2025. The trainings are available on Health Plan's website at **www.hpsj.com/provider-tranings.**

QUESTIONS

Contact your Provider Services Representative or call Health Plan Customer Service at **1-888-936-PLAN (7526).**

**This training is required every two years, with due dates varying by provider based on the last completion date. Please check your most recent training record to ensure you're not due for a refresher.*

MEMBER FEEDBACK MATTERS

Reminder: CAHPS Survey in Progress

As part of our ongoing commitment to quality improvement and member satisfaction, Health Plan has partnered with survey vendor, Press Ganey, to administer a quarterly CG CAHPS (Clinician & Group Consumer Assessment of Healthcare Providers and Systems) survey. This nationally recognized tool measures the patient experience within the provider office setting.

The survey is sent to a random sample of members who have had a doctor's visit within the past six months. It covers key aspects of care, including ease of getting appointments, communication with healthcare providers and clinical staff, and overall experience and satisfaction with care received.

Key Details

- **Survey methods:** Mail, email, and telephonic follow-up
- **Languages:** English, Spanish, and Chinese
- **Most recent mailing:** June 2, 2025
- **Survey results expected:** September 2025

Your patients may be contacted during this time.

Why the Survey Matters

Our members' voices guide how we improve care. The feedback gathered plays a crucial role in identifying strengths and opportunities for improvement across the network. Results also inform quality initiatives and support value-based care efforts.

Thank you for your continued partnership and dedication to delivering high-quality care. If you have any questions about the survey or how results will be shared, please contact Health Plan at **1-888-936-7526**, Monday to Friday from 8:00am to 5:00pm.

BECOME ACES AWARE TODAY

Make a Difference with ACEs Screenings

Understanding your patients' full health story often starts with recognizing what they've experienced. Adverse Childhood Experiences (ACEs), such as trauma, neglect, or household instability, can significantly impact physical, mental, and behavioral health over time. That is why ACEs screenings are a key tool in providing truly comprehensive, whole person care.

Incorporating ACEs screenings into your practice helps identify underlying issues early and enables more effective, tailored treatment strategies. As part of our mission to support whole-person health, Health Plan encourages all provider partners to adopt ACEs screenings as a standard part of care.

Providers can access a free, two-hour online training that not only deepens understanding of ACEs and how to screen for them but also enables eligible providers to bill for screenings conducted for pediatric and adult Medi-Cal members.

Upon completing the training and attestation, participants may also earn 2.0 Continuing Medical Education (CME) and 2.0 Maintenance of Certification (MOC) credits.

Explore upcoming sessions on the ACEs Aware Learning Center calendar or browse their full training catalog.

Make sure attestations are completed!

DHCS maintains a list of providers who have attested to ACEs Aware training. This list determines who is certified to receive Medi-Cal payment for conducting eligible ACE screenings.

Learn more at www.hpsj.com/alerts.

Did You Get the Update?

Provider Alerts are sent via fax to provider partner offices to communicate important regulatory updates and other helpful information and resources.

Did you miss any of these important alerts from March or April?

- Conexiones Primary Care Access Project
- Medi-Cal Minor Consent Services
- FDA Drug Recall Alert – Levetiracetam in 0.75% Sodium Chloride Injection
- Reminder: Submit Outstanding Claims & Encounters
- Reminder: DHCS Encounter Requirement – Discharge Hour

Stay up to date with Health Plan

Access past Provider Alerts at **www.hpsj.com/alerts**. Use the search function to find exactly what you're looking for!

CHILDHOOD LEAD SCREENINGS

Poison Prevention – Not Just From Paint

The Centers for Medicare and Medicaid Services (CMS) require that children covered by Medi-Cal 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 lead screening requirement is met only when 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 requirement.

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.

For More Information

Read Health Plan's Provider Alert on Childhood Lead Screening at **www.hpsj.com/lead-screening-in-children-lsc-2023-hedis-measure**.

Remind your Health Plan 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

Ask your patients about exposure to high-lead sources and screen to prevent poisoning from:

- Imported food, spices, and candy
- Ceramic dishware
- Bullets and fishing sinkers
- Toys and jewelry
- Traditional remedies, cosmetics, or ceremonial powders
- Clothes used in a profession with potential exposures

COMPREHENSIVE CARE

Case Management Services for Members

Health Plan's Case Management (CM) program provides information and support to meet members' health needs. Health Plan 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.

Health Plan 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.

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

What does the CM team do to assist providers?

Health Plan'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 Referrals to helpful aids in their area

How can members access Case Management services?

Members who would like to receive CM services can:

- Be referred by a doctor – call Health Plan or submit a request through the provider portal
- Be referred by the person taking care of them
- Call and tell us they would like to be a part of the program at **1-888-936-PLAN (7526)**

The program is a choice for members and they can opt out at any time.

If you have questions about Health Plan's Case Management program or need more information for your patients, visit **www.hpsj.com/case-management** or contact **1-209-942-9352**.

Care Gaps & Member Incentives

Health Plan's quality improvement and medical management teams work with staff at provider offices to evaluate quality measures and find ways to improve access and increase patient engagement and utilization.

Educating and training provider staff on best practices and providing them with data on pediatric measures, reproductive health screenings, cancer prevention measures, chronic conditions and mental health conditions, ensures delivery of higher quality care to our members.

Focus on promoting health

Health Plan focuses on promoting preventative measures, screenings and interventions by:

- Direct scheduling for members with gaps in care
- Funding provider grants for purchases of lead screening machines
- Hosting health education classes
- Hosting live Q&A sessions for members to get resources in person
- Reminders to quality staff at provider offices on which patients need to be scheduled for immunizations and screenings
- Initial Health Assessment outreach campaigns
- Outreach to disengages members not seen by a doctor in past 12 months
- Scheduling for mammogram events and locum providers

Working together

This collaboration with our partners goes a long way towards improving member awareness about their health conditions so they can schedule time with their doctor, take steps to manage their health, discuss treatment and live healthier lives.

Provider Materials

To support our shared commitment to whole-person care and improved health outcomes we encourage you to remind your Health Plan patients about incentives for wellness checks and health screenings. We have materials you can post in your office and share with patients. Connect with us today to request materials.

PUTTING PATIENTS FIRST

Utilization Management (UM): Key Reminders for Smarter, Smoother Care

Health Plan is here to help providers stay informed with clear, concise information to help streamline authorizations, understand decision-making criteria, and ensure timely, appropriate care for your patients.

UM Incentives: Our Commitment to Ethical, Patient-Centered Decisions

Health Plan's UM decisions are guided solely by the appropriateness of care, service, and the member's coverage. We do not reward physicians or staff for issuing coverage denials. UM decision-makers are not influenced by financial incentives that could promote underutilization of care. Every staff member involved in UM is required to sign an attestation upon hire and annually thereafter to uphold this standard of integrity and accountability.

Medical Necessity: Evidence-Based Criteria You Can Trust

We use recognized, evidence-based tools to assess the medical necessity of inpatient and outpatient services, including Durable Medical Equipment (DME), imaging, and therapy services. Our criteria sources include:

1. MCG Health Guidelines
2. Medi-Cal Guidelines and Provider Manual
3. Peer-reviewed Clinical Literature

If a service is denied or modified, we notify providers via fax or phone within 24 hours of the decision. Formal notification is also mailed to the member and requesting provider. Providers or members may request a copy of the criteria used for any UM decision, and our staff is available to discuss any determinations.

We Are Here to Help: Providing the Support You Need

Our UM team is available Monday through Friday, 8:00 AM to 5:00 PM, to answer questions and support both members and providers:

- **General UM Inquiries:** 1-888-936-PLAN (7526)
- **Authorization Assistance:** Contact the Intake Processor of the Day (IPOD) via DRE
- **Medical Director or Peer-to-Peer Review Requests:** 1-209-942-6353

Let us know if there is anything more you need to ensure smooth coordination of care.

PLANSCAN

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