

# Health Plan Launches Advantage D-SNP (HMO)

## Supporting Dual Eligible Members

Beginning October 15th, Health Plan will begin offering a **Dual Eligible Special Needs Plan (D-SNP)** to eligible members in Stanislaus, San Joaquin, El Dorado and Alpine counties. Often referred to as Medi-Medi Plans, these plans are designed for dual eligible beneficiaries – individuals who qualify for both Medicare and Medi-Cal. We will engage with members in Fall 2025 as part of the annual election period and changes made during this time will be effective 01/01/26.



### How Care Coordinators Help Members

Care coordinators play a central role in helping members manage their health needs. They can assist with:

- Finding providers and scheduling appointments
- Understanding prescription coverage
- Arranging transportation to medical visits
- Coordinating follow-up care after hospitalizations
- Connecting members to home and community-based services

This integrated approach aims to reduce fragmentation, simplify access, and improve outcomes for members with complex health needs.

### What Are Medi-Medi Plans?



**ONE Health Plan Card**  
for both Medicare and  
Medi-Cal services



**ONE Number to Call**  
for all questions and support



**Coordinated Benefits & Care**  
including carved-out benefits, medical,  
pharmacy, home- and community-  
based services, and durable  
medical equipment

## What Providers Need to Know

- **Continuity of Care:** If a provider is not currently in network, there is a continuity of care period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.
- **Joining Networks:** Providers interested in contracting with a Medi-Medi Plan should contact the plan's provider relations team.
- **Talking to Patients:** Providers can share CMS-approved materials, provide plan names, answer benefit questions, and refer patients to community resources such as HICAP or the Medicare Medi-Cal Ombudsman Program.

## Resources for Providers and Patients

- **DHCS Medi-Medi Plan Webpage:** Fact sheets and updates in multiple languages
- **HICAP:** Free counseling on health care options (1-800-434-0222)

- **MMOP:** Help resolving issues with providers or health plans (1-855-501-3077)

As trusted partners, we appreciate your role in helping members understand their options. Together, we can ensure a smooth transition to this new model of care. Health Plan will continue to share updates and educate our valued providers about our Advantage D-SNP product.

Click [HERE](#) for more information from DHCS. You can also call Health Plan's Provider Services team with questions at 1-888-936-PLAN (7526).



## CAHPS SURVEY

# Thank You for Your Participation!

As part of our ongoing commitment to quality improvement and member satisfaction, Health Plan recently partnered with Press Ganey to administer the quarterly **CG CAHPS (Clinician & Group Consumer Assessment of Healthcare Providers and Systems) survey**.

The survey reached a random sample of members who had a doctor's visit within the past six months. It focused on important aspects of care such as:

- **Access to appointments**
- **Communication with providers and staff**
- **Overall experience and satisfaction with care**

**The survey is now closed.** We sincerely thank all providers and members who supported this process. The feedback is vital in helping us identify opportunities for improvement and continuing to support high-quality, member-centered care across our network. Survey results are being analyzed and will be shared in the next newsletter. If you have any questions, please contact our Provider Services team at 1-209-942-6340 Monday through Friday, 8 AM to 5 PM.



# Stay Current with Provider Alerts

At Health Plan, we're committed to keeping our provider partners informed. Provider Alerts are sent directly to your office by fax and include timely regulatory updates, important reminders, and helpful resources to support your practice.

Stay connected by visiting [www.hpsj.com/alerts](http://www.hpsj.com/alerts) to view past alerts. Use the search tool to quickly find the updates most relevant to you and your team.

In case you missed any of the recent communications, here's a quick look back:

- [FDA Drug Recall Alert](#)
- [Claims Processing System Upgrade - QNXT 2.0](#)
- [Concerns Over Federal Changes Affecting the Medi-Cal Program](#)

## 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 as well.

Questions about the latest pain management options? Go to [www.hpsj.com/opioids-support-for-providers](http://www.hpsj.com/opioids-support-for-providers) for guidelines on prescribing opioids for chronic pain and other information from the CDC.

Click below to learn more!



[Online Drug Lookup Tool](#)



[Covered Products List](#)



[Health Plan Provider Manual](#)



[Health Plan Medical Benefit Updates](#)

# Investing in the Future of Health Care

## MEET YOUR FUTURE COLLEAGUES

These awardees are preparing to step into the roles that will shape a healthier tomorrow for San Joaquin, Stanislaus, El Dorado, Alpine counties and beyond.

Health Plan is proud to announce the recipients of our Health Careers Scholarship Program, awarded this year to 43 local students pursuing careers in health care.

**In total, \$129,000 was awarded to support the next generation of physicians, nurses, behavioral health professionals, and other vital care providers.**

These talented students represent the future of care in our community. Through their dedication and training, they will return after graduation to serve right here in our community—strengthening our provider network, expanding capacity, and improving access to high-quality care for our members.

This scholarship program is more than financial support—it’s a reflection of Health Plan’s investment in our region’s health. By helping today’s students achieve their career goals, we are ensuring tomorrow’s patients have the providers they need.

Scholarship awardee, Sehaj Gill, shares, *“To me, medicine is both a clinical and civic responsibility. I want to serve my hometown of Stockton as a neurosurgeon—not just with a scalpel, but by working to change the healthcare system and bridge the equity gap between patients of different socioeconomic backgrounds. My goal is to ensure that quality healthcare is accessible to all.”*



Alessandra de la O



Alondra Valdez



Anna Nguyen



Cameron Williams



Gabriela Palos Ravines



Harman Bathh



Jaime Carrillo Jr.



JC Yandel Vera



Jennifer Tovar



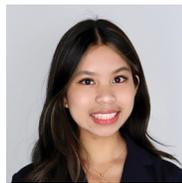
Jennifer Tovar



Jose Martinez



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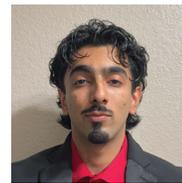
Kathleen Emperador



Marisol Zaragoza



Meghanne Chan



Mohammed Rashaad



Nancy Sanchez Cruz



Persayis Garcia



Alondra Gonzalez



Nia Luis



Sanya Nath



Jaqueline Mendoza



Janae Butler



Jaisleen Kaur



Victoria Elias Varela



Jose Medina Trejo



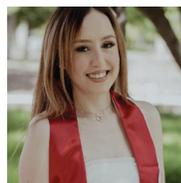
Alexis Esparza



Gabriela Ochoa



Ruben Covarrubias



Vanessa Castro Cuevas



Yarely Lopez



Yasmein Noori

# SUPPORTING MEMBERS WITH DIABETES

## Partnering for Better Outcomes

### THE CHALLENGE

Diabetes remains one of the most common—and costly—chronic conditions among Health Plan members. Effective management often requires more than routine primary care; it calls for coordinated strategies, targeted expertise, and community resources.

#### Our Programs and Support

Health Plan's **Disease Management (DM) Program** is designed to improve quality of life for members with chronic conditions while reducing hospitalizations and emergency visits.

#### The program:

- Provides health interventions and identifies gaps in care
- Reinforces the link between members and their practitioners
- Offers education and support to reduce complications
- Focuses on equity and reducing health disparities

Case Managers play a central role by coordinating care with practitioners, providing members with individualized care plans, and offering guidance on preventive services. Members are encouraged to:

- Adhere to prescribed medication and diet
- Monitor glucose levels regularly
- Schedule needed physician visits, including two full assessments each year
- Stay current with flu vaccines, lab testing (HgbA1c), retinal eye exams, and foot exams
- Access diabetes resources in their community

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#### Members can take part in programs, including:

- Diabetes Prevention Program (DPP) – a virtual program in partnership with Inspiring Communities
- Pre-diabetes risk assessments
- Ongoing diabetes condition monitoring
- One-on-one support through Case Managers

#### Need more information?

For more information, members may call **1-209-942-6356** or email **healtheducation@hpsj.com** to self-refer.

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## How Providers Benefit

Practitioners partnering with our DM Program receive:

- Clear information on program expectations and referral processes
- Toll-free telephonic support from our care team
- Access to evidence-based practice guidelines and educational materials via the Health Plan website
- Member education samples upon request

This partnership ensures that providers have tools and support to help patients manage their diabetes effectively.



## PROVIDER SPOTLIGHT

### Dr. Gangupantula

One of our partners in advancing diabetes care is Dr. Gangupantula of Valley Diabetes & Obesity Medical Group. Her clinical expertise in diabetes and metabolic disorders, combined with a patient-centered approach, provides essential support for members with complex or poorly controlled conditions.

Working closely with Health Plan's Case Management and Quality teams, Dr. Gangupantula has enhanced care that includes:

- Individualized treatment plans
- Insulin and medication management
- Lifestyle and nutrition coaching
- Medication education
- Culturally responsive self-management education

By continuing to partner with dedicated providers, we can reduce complications, prevent avoidable hospitalizations, and help members live healthier, more empowered lives.

## CREDENTIALING & RE-CREDENTIALING

# What Providers Need to Know

Health Plan's policy 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) Health Plan 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 Health Plan members or participants until they have been approved through the credentialing process.*

*(2) Health Plan verifies that each provider has enrolled as a Medi-Cal Fee for Service or Ordering, Referring, and Prescribing (ORP) provider. Health Plan does not charge an application or recertification fee.*

*(3) The Peer Review & Credentialing Committee determines if the practitioner meets Health 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 Health Plan's network, you will receive training to help you understand Health Plan policies, processes, systems and ways to access support.*

**If you have questions, please call 1-888-936-PLAN (7526) Monday to Friday, 8 AM to 5 PM.**



## Health Equity Accreditation Achieved!

Health Plan is proud to share an exciting milestone: we have been awarded a **three-year Health Equity Accreditation (2025–2028)** from the **National Committee for Quality Assurance (NCQA)**.

This prestigious accreditation reflects our ongoing commitment to advancing equity across all aspects of our organization. For our providers, it signals that Health Plan is equipped with stronger tools and processes to better support you and your patients. For our members, it means we are actively working to reduce barriers to care, improve experiences, and create healthier futures for all communities we serve.

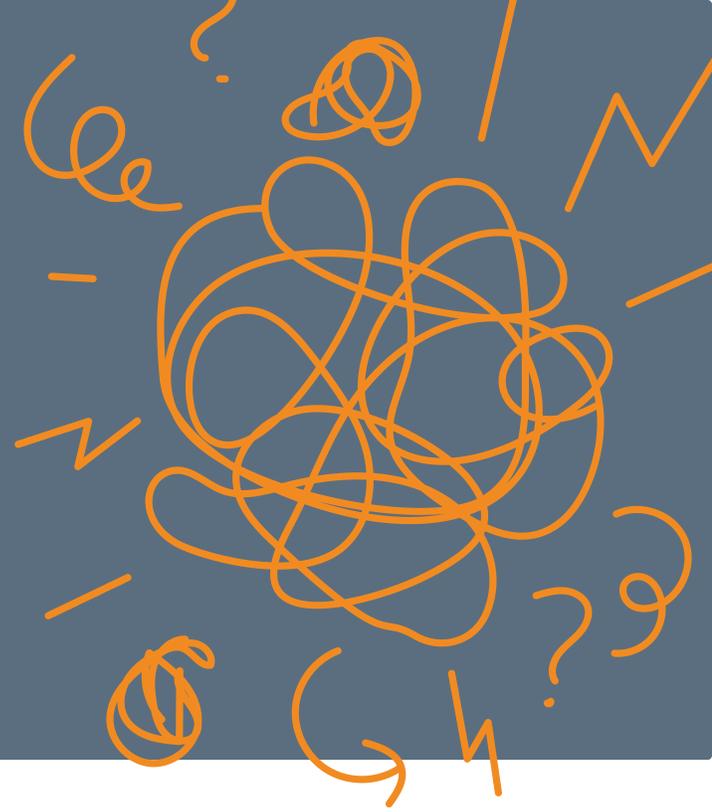
**Through this accreditation, Health Plan is positioned to:**

- **Strengthen how we collect and use data to identify and address disparities**
- **Enhance the member experience with equity at the center of every touchpoint**
- **Integrate equity into our quality improvement reviews and initiatives**

Achieving NCQA Health Equity Accreditation is not only a recognition of the work we've done—it's a launching point for where we're going. Together with our provider partners, we will continue to roll out projects designed to close gaps in care, reduce disparities, and create more equitable health outcomes for every member of our community.

# Member Grievances & Appeals

Health Plan is charged with maintaining quality of care for our members and must investigate, or follow through, concerns of medical care or delivery of care.



**Health Plan's Quality Management (QM) Department is tasked with monitoring and investigating member complaints, also known as grievances, in a timely manner by both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC).**

Members have the right to file complaints with either Health Plan or DHCS/DMHC for investigation and resolution. If providers are unable to quickly address an issue raised by a member, providers should provide the member with information on how to file a grievance or appeal with Health Plan.

**Member Grievance and Appeals forms in both English and Spanish, can be obtained by contacting Health Plan or through the website at [www.hpsj.com/grievances-appeals](http://www.hpsj.com/grievances-appeals)**

## What is a Grievance?

A Grievance is a written or oral expression of dissatisfaction regarding the Plan or Provider, about any matter other than an Adverse Benefit Determination.

Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a

provider or employee, and the beneficiary's right to dispute an extension of time proposed by the MCP to make an authorization decision.

A complaint is the same as a Grievance. When the MCP is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

## What is an Appeal?

An appeal is a review of a request for a health care service that was previously denied, delayed, or modified by Health Plan.



## What is an Inquiry?

An inquiry is a request for information that does not include an expression of dissatisfaction.

Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other MCP processes.

Health Plan's QM Department will send formal grievance letters by fax, encrypted email, or by certified mail if no other option exists. On rare occasions, a Health Plan Provider Services Rep may deliver the grievance letter as well if other options fail.

Providers must respond to Health Plan staff by the requested due date in the grievance letter or as expeditiously as possible in order for Health Plan to provide members with a resolution within 30 calendar days for standard grievances, or 3 calendar days for expedited grievances, as required by law. Please ensure that your staff are aware to contact Health Plan's QM Department if more time is required to internally investigate and prepare a response. Failure to reply timely can result in a negative determination against your practice/facility and can result in disciplinary action.

### Discrimination is Prohibited

Providers are prohibited from discriminating against a Health Plan member on the grounds that the member filed a grievance or appeal. 28 CCR § 1300.68(b)(8).



## LOOK & LEARNS

# Expand Your Knowledge

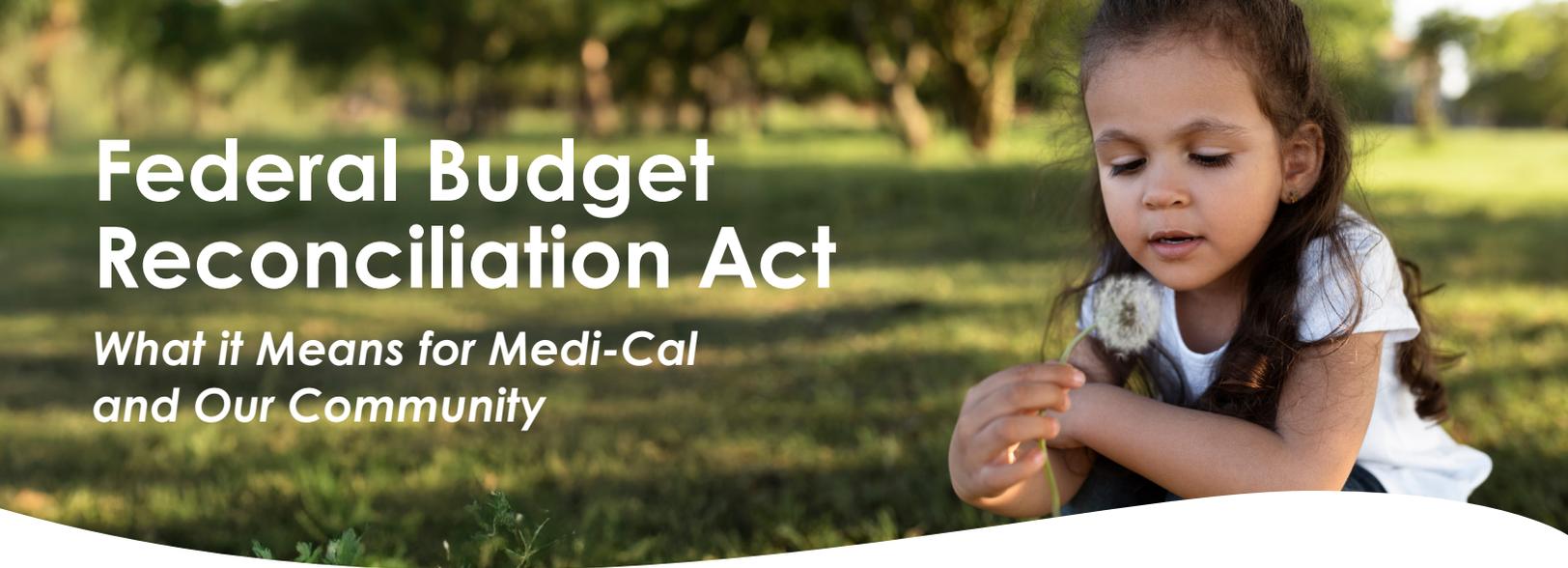
At Health Plan, we know that staying current is essential to providing the best care for your patients. Our **Look & Learn virtual presentations** are designed to bring you timely updates, practical guidance, and expert perspectives that matter most to your practice.

**Watch live or on demand** – the choice is yours. Can't make the scheduled session? Every presentation is recorded and added to our library so you can catch up at a time that works for you.

From exploring new topics to revisiting past sessions or sharing valuable insights with your staff, our growing collection is a convenient resource to help you stay informed and connected.



Explore the full library anytime at [www.hpsj.com/look-and-learn](http://www.hpsj.com/look-and-learn)



# Federal Budget Reconciliation Act

## What it Means for Medi-Cal and Our Community

On July 4, 2025, federal legislation (H.R. 1 – the 2025 Budget Reconciliation Act) was signed into law, bringing major changes to the Medi-Cal program. These reforms include funding reductions and new administrative requirements that could impact thousands of Medi-Cal members across our service area.

For providers, the potential effects are significant. Reduced funding threatens the stability of community health clinics, rural hospitals, and other safety-net providers that many of our members rely on. These changes may also create additional barriers for patients, placing more strain on practices already navigating a challenging healthcare environment.

### Next Steps & Resources

- Health Plan will share ongoing updates through Provider Alerts and future editions of this newsletter.
- Providers are encouraged to visit the California Department of Health Care Services (DHCS) website for the latest Medi-Cal program information: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)
- For questions or to share concerns about how these changes may affect your practice, please contact Provider Services at **1-209-942-6340**.

### Health Plan's Commitment

**Together, we will continue working toward a more equitable, sustainable healthcare system for our region.**

**Since 1996, Health Plan has partnered with providers to ensure access to quality care for low-income families and individuals. While this legislation presents new challenges, Health Plan remains steadfast in supporting**

**local healthcare infrastructure and strengthening provider partnerships to safeguard coverage and access to care.**

**We are actively monitoring the implementation of this legislation and will continue to advocate for policies that protect our members and provider community.**

# SHARE THE LOVE NOT THE FLU.

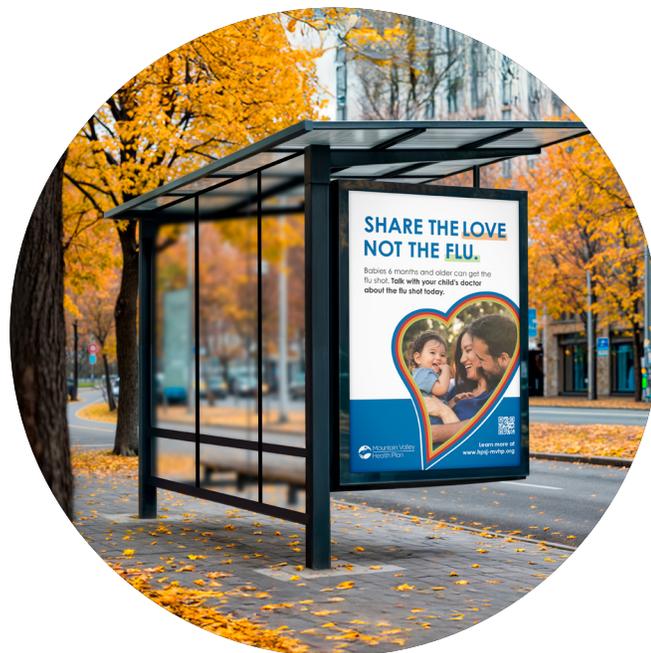


Health Plan is engaging in flu prevention efforts now through March 2026 with local public health partners in San Joaquin and Stanislaus Counties. This campaign covers all four of our service areas, targeting parents and caretakers of children under the age of 2 and the community at large.

**As a valued Health Plan provider, you can join our efforts and be a flu prevention ambassador.**

Go to [www.hpsj.com/cold-flu-partnerships](http://www.hpsj.com/cold-flu-partnerships) for more information on how you can help your Health Plan patients stay healthy all flu season. You can also request flu prevention promotion materials that can be mailed directly to your office.

**Local partnership and collaboration is what makes our community great. Help us *Share the Love, Not the Flu* this season!**



# PLANS SCAN

Sign up to receive our quarterly issue at  
[www.hpsj.com/planscan](http://www.hpsj.com/planscan)

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