

Health Plan's D-SNP Care Management Team:

## Supporting Providers & Enhancing Care Coordination

**A message from Dr. Lakshmi Dhanvanthari, Chief Medical Officer:**

As Health Plan introduces its Medicare Advantage D-SNP (Dual Eligible Special Needs Plan), I want to highlight how our Care Management team can partner with you to support high-need members and streamline care coordination across the continuum. The D-SNP model is built on collaboration—and our goal is to make it easier for your practice to deliver the right care, at the right time, in the right setting.



✓ **Proactive Health Risk Assessments**

Every D-SNP member receives a comprehensive Health Risk Assessment (HRA) to identify medical, behavioral health, functional, and social needs early. These assessments help alert providers to potential risks and ensure that nothing critical is missed.

✓ **Individualized Care Plans**

Based on the HRA, our Care Management team develops an individualized care plan tailored to each member. These plans reflect provider input and help align goals across the member, caregiver, and interdisciplinary care team—reducing fragmentation and supporting consistent follow-through.

✓ **Interdisciplinary Care Team Support**

Our D-SNP Care Management model uses an interdisciplinary care team (ICT) approach. We help coordinate communication among providers, specialists, caregivers, and community agencies, supporting smoother transitions, shared priorities, and better care outcomes.

✓ **Transitions of Care**

To reduce avoidable readmissions and promote safe recovery, our team closely manages transitions of care after acute hospitalizations. We ensure each member moves to the most appropriate level of care, receives timely follow-up appointments, and accesses the services needed for a stable return home.

### ✓ Connecting Members to Essential Services

D-SNP members often face complex barriers. Our Care Managers help connect members with community-based supports, such as food assistance, transportation, durable medical equipment, social services, and other programs that address social determinants of health —improving overall well-being.

### ✓ Face-to-Face Support When Needed

For members who benefit from a higher-touch approach, the Care Management team coordinates face-to-face encounters to support care coordination, care planning, and health education. This added level of engagement helps providers by extending support directly to members in the community.

### ✓ Working Together for Better Member Outcomes

Our Care Management team is here to partner with you. Through consistent communication, shared planning, and resource coordination, we aim to reduce administrative burdens, support appropriate utilization, and help your practice provide high-quality, person-centered care to D-SNP members.

✓ Connecting Members to Essential Services

✓ Working Together for Better Member Outcomes

✓ Face-to-Face Support When Needed

✓ Proactive Health Risk Assessments

✓ Transitions of Care

✓ Interdisciplinary Care Team Support

✓ Individualized Care Plans

If you'd like more information please contact a member of our Care Management team at 1-209-942-9352, Monday through Friday, 8AM - 5PM.



# Facility Site Review & Medical Record Review Updates



As part of our ongoing efforts to support high-quality care across our network, Health Plan is sharing important updates related to Facility Site Review (FSR) and Medical Record Review (MRR) requirements. These resources are designed to strengthen clinical excellence, streamline operations, and help your practice remain compliant with state regulatory standards.

## What Providers Need to Know

Health Plan conducts Facility Site Reviews (FSR) and Medical Record Reviews (MRR) in alignment with **DHCS APL 22-017**. These reviews are essential for maintaining your participation in the Medi-Cal Managed Care Program and ensuring members receive safe, high-quality care.

### Facility Site Review (FSR)

- Required for all PCPs joining the network and for ongoing credentialing every three years.
- Conducted by DHCS-certified Health Plan nurses using state guidelines.
- Required for each clinic site, including new locations, relocations, or major renovations.
- Providers due for review will be contacted directly to schedule.

### Medical Record Review (MRR)

- Conducted separately from FSR based on the number of PCPs and panel assignments.
- Evaluates documentation standards, legal requirements, and evidence of preventive care, coordination of care, and continuity of care.

*Both reviews ensure compliance with state and federal laws and are critical for maintaining high care standards across our network.*

## New Requirements & Common Deficiencies

To help providers prepare for their next review, we encourage you to pay special attention to updated state requirements and frequently cited deficiencies found on the next page. Focusing on these areas can help improve scores and strengthen day-to-day practice operations.

## TOP 10 LEADING FSR AND MRR DEFICIENCIES IN FISCAL YEAR 2024-2025

### Facility Site Review (FSR)

- A dose-by-dose controlled substance distribution log is maintained.
- Contaminated laundry is laundered at the workplace or by a commercial laundry service.
- Documentation of education/training for non-licensed medical personnel is maintained on site.
- Eye charts (literate and illiterate) and occluder for vision testing.
- Written site-specific policy/procedure for dispensing of sample drugs are available on site.
- Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.
- Evidence of NPMP supervision.
- Disability rights and provider obligations.
- Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.
- Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.

### Medical Record Review (MRR)

- Folic acid supplementation.
- Skin cancer behavioral counseling.
- Adult immunizations given according to ACIP guidelines.
- Intimate partner violence screening for women of reproductive age.
- Sudden cardiac arrest and sudden cardiac death screening.
- Comprehensive diabetic care.
- Maternal depression screening.
- Person or entity providing medical interpretation is identified.
- Hepatitis B virus screening in adults.
- Tuberculosis screening in adults.

For the latest guidelines, APL updates review tools, and training resources visit [www.hpsj.com/facility-site-reviews](http://www.hpsj.com/facility-site-reviews).

For questions or support, contact us at 1-209-942-6340, Monday through Friday, 8AM – 5PM or [fsrteam@hpsj.com](mailto:fsrteam@hpsj.com)

NOW AVAILABLE ONLINE!

## Comprehensive Health Interventions for Lifelong Development Trainings

To ensure providers caring for children and youth ages 0–21 meet required training standards, new **CHILD (Comprehensive Health Interventions for Lifelong Development)** training modules are now available on our website. These materials were developed collaboratively by Medi-Cal Managed Care Plans statewide and are intended for both providers and clinical support staff.

If you have questions or need additional support, please contact Health Plan at 1-209-942-6340, Monday through Friday, 8AM – 5PM or email [fsrteam@hpsj.com](mailto:fsrteam@hpsj.com).

### Training modules include:

- Anthropometric Measurement
- Vision Screening
- Audiometric Screening
- Fluoride Varnish Application

### To access these resources, visit:

- [Provider Trainings – HPSJ/MVHP](#)
- [Comprehensive Health Interventions for Lifelong Development Resources – HPSJ/MVHP](#)

NOW OPEN!

# Dental Clinic in South Lake Tahoe



El Dorado Community Health Centers (EDCHC) recently announced the opening of a new community dental clinic in South Lake Tahoe—bringing long-needed oral health services closer to home for Medi-Cal members. The new clinic, operated by EDCHC, was made possible through a partnership with Mountain Valley Health Plan and El Dorado County.

**This new clinic fills a critical gap for South Lake Tahoe residents**, especially low-income families and those who rely on Medi-Cal Dental. Following the loss of the region’s only Medi-Cal dental provider in 2024, many families were forced to travel long distances for basic and urgent dental care—often at the expense of lost wages, school absences, and delayed treatment.

## A Community Solution to Improve Access

To address this need, Health Plan invested \$500,000 to support the development of this permanent dental home for local families. The clinic features up to seven dental stations, with the capacity to serve 200 patients per month initially, expanding to 400 as staffing and hours grow. Services include exams, cleanings, fillings, crowns, extractions, limited root canals, and a Sliding Fee Discount Program for eligible community members.

The clinic is designed with accessibility in mind—ground-level entry, nearby transit access, ample parking, and a plan to hire bilingual staff and utilize language-support technologies to meet the needs of Lake Tahoe’s diverse population.



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*As the local Medi-Cal managed care plan for El Dorado County, we understand the critical need for comprehensive healthcare. By investing in this partnership, Mountain Valley Health Plan will increase the availability of essential dental care for Health Plan members tailored to the needs of the community. By bridging this gap in care, we can ensure that children and adults are able to access preventative and restorative dental services, without having to travel long distances to do so.*

”

**Lizeth Granados, Health Plan CEO**

## A Strengthened Local Partnership

This clinic expands on EDCHC and El Dorado County Public Health's existing oral health efforts, including the successful El Dorado Smiles Dental Van, which continues to serve students throughout the region. Together, these programs ensure faster follow-up care for children, improved access for families with transportation barriers, and stronger community oral health outcomes.

## How to Refer Your Patients

Mountain Valley Health Plan members in El Dorado County can now receive dental services at this location. Referrals may be provided directly to:

**EDCHC – South Lake Tahoe Dental Clinic**  
**3443 Lake Tahoe Blvd, Suite 2**  
**530-497-5016**



# PLANSKAN

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

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## Stay Current with Provider Alerts

Health Plan values strong communication with our provider community. Provider Alerts are delivered directly to your office by fax and include timely regulatory updates, important reminders, and helpful resources to support your practice and patient care.

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:

- > [Medi-Cal Provider Manual Update 45-day Notice](#)
- > [Federal Payments to Prohibited Entities](#)
- > [Folic Acid Supplementation to Prevent Neural Tube Defects](#)

## REMINDER

# Review and Verify Your Information by February 1, 2026

Health Plan is required to ensure we have the most current provider network information available to our members on a regular basis.

Network data validation helps to ensure the integrity of information related to provider locations, specialties, and services. By keeping your data up to date, you help us provide better support to our patients and ensure seamless access to the care they need.

**It is that time again – Please validate your contact and practice information.**

**Provider data must be validated every six (6) months or as often as changes occur.**

According to California Health & Safety Code 1367.27, failure to comply with validating data with the health plan could result in your data being temporarily removed from Health Plan's directory until it is resolved. This could also result in a delay of payment or reimbursement of claims. **Avoid payment delays or removal from the provider directory – take action today!**

- 1 Review your network information:** Please verify that your practice details, including office addresses, contact numbers, specialties, and provider availability, are accurate and up to date.
- 2 Confirm or update any changes:** If there are any changes, including new locations, changes in specialties, or staff updates, please submit the necessary adjustments.

The Roster Template is available on our website: [www.hpsj.com/forms-documents](http://www.hpsj.com/forms-documents) and once completed should be emailed to: [providernetworks.verification@hpsj.com](mailto:providernetworks.verification@hpsj.com)

**The Provider Services department is available to assist you at 1-209-942-6340, Monday through Friday, 8AM – 5PM.**

## PROVIDER UPDATE

# CAHPS Survey Results at a Glance



We are pleased to share selected highlights from our recent CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey. Each year, Health Plan uses CAHPS results to better understand member experiences, identify opportunities for improvement, and compare our performance with other health plans across the state. We also review responses across different member groups to ensure our care is equitable, consistent, and meeting the needs of all populations we serve.

This year, we received 232 adult and 235 child survey responses. The positive gains we saw reflect

the strength of our provider network and the commitment you demonstrate every day in delivering high-quality, compassionate care to our members.

**Thank You to our Valued Network of Providers!** Your efforts directly influence member experience, engagement, and trust. We appreciate your continued partnership and the outstanding care you deliver throughout our communities.

For the full survey report and more details visit [hpsj.com/cahps-survey](https://hpsj.com/cahps-survey).

**These strong results demonstrate the impact of clear provider communication, coordinated care, and culturally responsive interactions—areas that consistently resonate with our members.**

### Adult CAHPS Key Improvements

- 70.3%** Rating of Health Plan (+13.7 points vs. 2024)
- 58.5%** Rating of Health Care (+12.1 points)
- 72.9%** Rating of Personal Doctor (+11.4 points)
- 86.8%** Coordination of Care (+19.7 points)

### Child CAHPS Key Improvements

- 74.1%** Rating of Health Plan (+1.6 points, performing above the national 50th percentile)
- 95.0%** Ease of Filling Out Forms (exceeding national benchmarks)
- Modest gains in Doctor Communication metrics

### Positive Health Equity Insights

-  Higher Satisfaction reported among Hispanic/Latino members and caregivers across multiple domains in both Adult and Child surveys.
-  Significantly Higher Overall Satisfaction reported by Caregivers of children in excellent health.

# Protecting Our Youngest Patients

*The Critical Role of Vaccinations  
This Respiratory Season*

By Dr. Lakshmi Dhanvanthari – Health Plan’s Chief Medical Officer



As we reach respiratory illness season, many of us are already seeing the familiar uptick in pediatric cases of influenza, RSV, and other viral infections. This year, more than ever, it’s crucial that we as physicians continue to champion the importance of timely childhood vaccinations, not just for flu, but also for COVID-19 and routine immunizations that may have been delayed.

The updated flu vaccine and the newly approved RSV immunizations for infants and pregnant individuals offer us a powerful tool to protect children before they get sick. And while COVID-19 may no longer dominate headlines, it still poses a real risk, especially for children with underlying conditions. Ensuring our patients are up to date on their COVID-19 vaccines is just as important.

**We also can’t overlook the broader impact:** when children are vaccinated, we help protect entire households, including elderly grandparents and immunocompromised family members. It’s a ripple effect that strengthens community health. As trusted voices in our communities, we have the unique ability to guide families through vaccine hesitancy with empathy and evidence. A simple conversation, grounded in science and compassion, can make all the difference.

**Let’s continue to work together to ensure our youngest patients are protected. Vaccines are not just a seasonal recommendation; they’re a cornerstone of pediatric health.**

## Help Us Spread the Word

Health Plan’s **Share the Love, Not the Flu** campaign is going strong. As a valued Health Plan provider, you play a critical role in flu prevention. Go to [www.hpsj.com/cold-flu-partnerships](http://www.hpsj.com/cold-flu-partnerships) to order posters, flyers, and other flu materials that can be mailed directly to your office. Promote flu vaccination and help us **Share the Love, Not the Flu** this season.

**Thank you to some of our early flu-prevention champions!** These organizations received materials and have partnered to spread the word across the community. Your partnership helps extend our reach and reinforce this important message across the region.

- ★ Community Medical Centers
- ★ First 5 Stanislaus
- ★ Oak Valley Hospital District
- ★ San Joaquin General Hospital



# How You Can Help Your Patients



As a valued provider partner, you are on the front-lines of patient care—many of your patients may be experiencing food insecurity, and we'd like to provide you with a brief update on current developments with the CalFresh program (which serves over 5 million Californians) along with how you can help guide patients to resources.

## What's Happening and What it Means for Your Patients

- Nearly 30% of California households report that they or someone in their household have cut back on food to save money in the past year.
- The State fast-tracked \$80 million in funding to support food banks anticipating delays or changes in federal SNAP/CalFresh funding.
- Benefits for November 2025 were restored under court order.

**Given the data and policy environment, many patients may be experiencing or at risk of:**

- Cutting back on meals or food variety.
- Skipping or reducing healthy foods (fruits/vegetables, fresh foods).
- Heightened stress around food access, especially when paired with other social determinants (e.g., housing, transportation, income).
- Confusion or anxiety about eligibility, benefits, program changes.

### We encourage you to:

**Ask & Acknowledge. Incorporate a quick check-in during visits:** *"Have you or your household ever worried about running out of food or cut back on meals because of money?"*

### Refer to Local Resources – Consider these key referral options:

- **Dialing 2-1-1** for free help locating food resources in the community.



Visit **Food Finder** or local food bank websites to identify nearby pantries/distribution sites.

### Collaborate with Your Office Team

Ensure front-desk staff and care managers have printed (or digital) lists of local food banks, hours, and eligibility. Consider placing a "Food Resources" flyer in waiting-rooms or shared spaces.

### Why It Matters to Our Health Plan

By ensuring patients have sufficient and nutritious food, you contribute to better health outcomes, fewer complications, and stronger preventive care. Food insecurity is a critical social determinant of health—and your efforts to identify and refer patients help us partner together to drive improved wellness across our community.

As a trusted provider in the community, your reminder and simple referral can make a difference. **Thank you for your continued dedication to our members and for the role you play in addressing food access as a key component of health and wellness.**

# Medi-Cal Rx Pharmacy Benefit Changes



In October 2025, Health Plan members were notified of upcoming Medi-Cal Rx policy changes. Below is a summary of key updates taking effect January 1, 2026.

## GLP-1 Drugs

- GLP-1 medications **will no longer be covered for weight-loss indications.**
- Coverage will continue **only for type 2 diabetes or other non-weight-loss diagnoses.**

## OTC COVID-19 Antigen Tests

- **Prior authorization (PA)** will be required for all OTC antigen tests.
- PA requests must include: ICD-10 code, symptoms, date of most recent test, and medical necessity.
- If approved: **one-time fill of up to 4 tests/month.**
- CCS-paneled providers prescribing for members age ≤21 are excluded from this requirement.
- Medi-Cal Rx will release additional guidance after January 1.

## Continuing Care Drugs

PA will be required for continuation-of-care drugs; use of covered alternatives may be required first.

Affected drugs include:

- Chlorpromazine ampules/vials
- Fluphenazine vial
- Haloperidol decanoate and lactate products
- Timolol (gel-solution and eye solution)
- Bimatoprost 0.03%
- Adhansia XR (all strengths)

## OTC Coverage Policies (Ages 21+)

*(Excludes CCS-paneled prescribers.)*

- Multivitamin combination products: **no longer covered.**
- Single-ingredient vitamins and dry eye products: **PA required.**
- Antihistamines: **restricted to generics.**
- Vitamins/antihistamines: **90–100 days' supply limit.**
- OTC prenatal vitamins: covered for pregnancy/lactation (ages 10–60); **first fill limited to 30 days**, then 90–100 days.

## Step Therapy

- Providers must try **preferred drugs on the Contract Drugs List/Covered Products List** before requesting non-covered items.
- PAs must show trials and failures of covered options; **continuation of therapy alone will not justify approval.**
- Applies to **all members.**

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You can direct your Health Plan patients to the web for full policy details here:

- [medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/2025/11\\_A\\_60-Day\\_Upcoming\\_Changes\\_Medi-Cal\\_Rx.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/2025/11_A_60-Day_Upcoming_Changes_Medi-Cal_Rx.pdf)



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