

Health Plan
of San Joaquin



Mountain Valley
Health Plan

LOOK & LEARN

Quarter 2



May 20, 2026

12:00 PM to 1:30PM

Meeting Agenda

Topics	Facilitator
Introductions	Susana Medina
Provider Services Updates	Christina Villar
MyRewards-Member Incentives	Setar Testo
Closed Loop Referral	Mike Shook
Birthing Pathway & Transitional Care Services Overview	Andrea Smith
Questions/Open Discussion	All





Mountain Valley
Health Plan

PROVIDER SERVICES

Christina Villar
Supervisor, Provider Services



JIVA UPDATE

As of May 1, 2026, we updated the prior authorization system, Jiva. As a result, you are now able to upload up to five (5) supporting documents when requesting prior authorization. In order to submit the supporting documents, an additional icon is in place.

- Click "Browse"
- Attach documents from the user's computer.
- Under document description you can note the file name you are adding
- Click "Add", this will pull the documents over to attach
- You can delete a document by hitting the circle next to "documents title"

The screenshot displays the Jiva prior authorization system interface. It includes a form for entering document details and a table for managing uploaded documents.

Form Fields:

- Document Title:
- Document Received Date:
- Document Received Time: Hrs Mins
- Select Document:
- Document Type:
- Document Description:
- (highlighted with a red arrow)

Document Table:

	Document Title	Type	Document Received Date	Date Added	Added User	Description
	Test Temporary		05/14/2026 15:57:00	05/14/2026	Provider, Nelesh	

Other Fields:

- Preferred Fax Number *





Mountain Valley
Health Plan

MEMBER INCENTIVES

Quality Improvement Program

Setar Testo

Manager, Health Education





myRewards Program

Member Incentives to promote preventive health and wellness



myRewards Program

Health Plan rewards members for taking steps to maintain a healthy lifestyle by getting yearly checkups and routine exams. This includes exams like:



Well child visits: 0-15 months,
15-30 months, 3-21 years



Flu Shots



Diabetes A1C Exam



Colorectal Cancer
Screenings



Breast Cancer Screenings

Learn more at www.hpsj.com/myrewards



myRewards!

Prevention is the key to better health! Members receive incentives for getting in for preventive health care and screenings.

\$25 Incentive for Every Visit related to:

- Infant/children's wellness visits
- Immunizations for kids under 2
- Immunizations for adolescents
- Flu Shots adults and children

\$50 for adult incentives

- Prenatal/postpartum visits, Immunizations, and depression screening
- Cancer Screenings (Cervical cancer, Breast Cancer, Colorectal Cancer)
- Adult wellness visits
- Diabetic a1c Testing



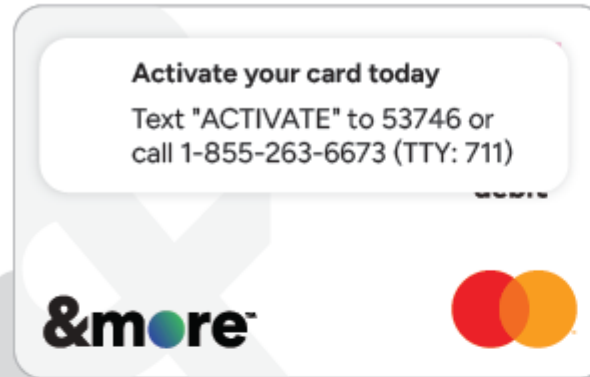


What's Changing?



Re-loadable Debit Card

1. myRewards form through Member Portal
2. Debit card gets mailed to address on file
3. Member activates card through andmorehealth.com or by calling/text to activate
4. Additional request reloaded to same card after submission



Health Plan of San Joaquin  Mountain Valley Health Plan 

Welcome

You received this card because you earned a reward as a member of Health Plan of San Joaquin / Mountain Valley Health Plan. This card allows you to spend your reward dollars on the things you need — it's yours for the whole year, so hold onto it!

Activate your card now

—and if you're under 18, ask an adult to help.



Text "**ACTIVATE**"
to **53746**



Scan to download the
andmore mobile app



Go to
andmorehealth.com



2026 Materials are available to order!

Fliers
Posters
Buckslips

Email healtheducation@hpsj.com

Get rewarded for being healthy!

Health Plan of San Joaquin Mountain Valley Health Plan myRewards www.hpsj.com/myrewards

Good news! If you are a Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") member, you can get rewarded for taking steps to be healthier. We offer preventive care at no cost to you.

What is myRewards? This is a program for Health Plan members that stay up to date with routine health exams and check-ups. There have been no changes to your benefits. myRewards are eligible for services provided between 1/1/24 through 12/31/24.

1 How do I qualify?
You may qualify for a reward if:
• You are a Health Plan member.
• It is time for a qualifying exam (see #2).
• You have completed a qualifying exam on time as required.

2 What exams could I qualify for?

• Well Visits and Preventive Health Series 0-15 Months / 15-30 Months 3-20 Years / 20+ Years	• Colorectal Screening
• Lead Screening	• Prenatal Visits and Immunizations
• Immunizations for Children and Teens	• Postpartum Visits and Depression Screening
• Flu Shot	• Cervical Cancer Screening
• Diabetes A1C (Blood Sugar Exam)	• Breast Cancer Screening

3 How do I get my rewards?
Once an exam, screening, or immunization series is completed, visit myRewards at www.hpsj.com/myrewards.

4 Fill out the online form
Fill out the form with your member information and what visit/exams you completed. Make sure you fill out all the questions and choose your reward.

Learn more about the myRewards program by visiting the frequently asked questions section of myRewards.

Need assistance? Call 1-888-936-PLAN (7526) TTY 711, Monday through Friday 8 AM – 5 PM.

for being healthy!

ave six well child exams by the months old. Take your child in for rmytime this year and you can is request.

wing up! Your child needs to ice. On the 2nd visit you can request.

en't just for babies. All young veive a well visit every year to y. You can get a reward if your e ages of 3-20 has a well visit at ar.

r should see their PCP once a ive health visit. This visit may f health:

heck cancer screenings

ould have 2 lead screenings ay – 1 at 12 months and a ths. Children 24 months to 72 months should receive at least 1 test before age 6 if no tests were performed by their 2nd birthday.

Diabetes A1C Exam
Adults ages 18-75 with diabetes (type 1 or type 2): Call or go to your doctor to get an A1C blood test screening lab slip. Next, go to the lab in the HPSJ/MVHP network to get the Diabetes A1C Test.

Colorectal Screening
Adults between ages 45-75 should get screened for colorectal cancer with any of the following tests:
• Annual fecal occult blood test
• Flexible sigmoidoscopy every 5 years
• Colonoscopy every 10 years
• Computed tomography colonography every 5 years
• Stool DNA test every 3 years

Prenatal and Immunizations
Visit your doctor within the first three months (12 weeks) of becoming pregnant or within 42 days of becoming an HPSJ/MVHP member. Pregnant women should receive influenza and Tdap vaccinations during their pregnancy to protect mom and baby.

Postpartum Visit and Depression Screening
Women who gave birth should have at least one postpartum visit on or between 7 and 84 days after delivery. All postpartum women should receive a depression screening after delivery, and follow-up care if needed.

Cervical Cancer Screening
Women 21-64 years need a cervical cancer screening every 3 years OR women 30-64 years need a cervical cancer screening with HPV testing every 5 years.

Breast/Chest Cancer Screening
Anyone 50-74 years old: Call or go to your doctor to ask for a mammogram every two years. Get your mammogram done to prevent or catch breast/chest cancer early.

Flu Shot
Anyone 6 months or older: Make an appointment with your doctor or visit a local pharmacy or clinic to get your annual flu shot from 1/1/24-12/31/24.

Immunizations for Kids and Teens
Kids turning 13 should have the following vaccines before their 13th birthday: one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus (HPV) vaccine series (2 doses). Children turning 2 should have the following vaccine series:
• DTap (diphtheria, tetanus, and acellular pertussis)
• IPV (Polio)
• Measles, mumps, and rubella
• Hib (Haemophilus influenzae type B)

myRewards Health Plan of San Joaquin Mountain Valley Health Plan

Call your doctor to see if you need any of these exams:

- | | | |
|---|---|-----------------------------|
| Well Child: 0-15 months, 15-30 months, 3-21 years | Diabetes A1C (Blood Sugar) Exam | Colorectal Cancer Screening |
| Immunizations for Kids and Teens | Prenatal Visits and Immunizations | Cervical Cancer Screening |
| Preventative Health for Adults | Postpartum Visit and Depression Screening | Breast Cancer Screening |
| Flu Shot | Lead Screening | |

You may qualify for a reward! Visit www.hpsj.com/myrewards. myRewards are eligible for services provided between 1/1/24 through 12/31/24.

www.hpsj.com/myrewards.
Call 1-888-936-PLAN (7526) TTY 711, Monday through Friday, 8 AM – 5 PM.

ardl
d between 1/1/24 through 12/31/24.

Services are available at no cost to members. There have been no changes to your benefits.





Member Experience

myRewards Member Incentive Program





Visit
www.hpsj.com/portal

Visite la pagina:
www.hpsj.com/portal



Click **“Create Account”**
under the login box
Haga clic en **“Create Account”** (Crear una cuenta) debajo de la casilla para iniciar sesión.



Fill out your information
and click **“Create”** at the
bottom of the form
Complete su información
y haga clic en **“Create”**
(Crear) en la parte inferior
del formulario

Make sure you have your HPSJ Member ID Card when signing up.
Cuando se registre, asegúrese de tener a mano su tarjeta de
identificación de miembro de HPSJ.



Tip Sheet

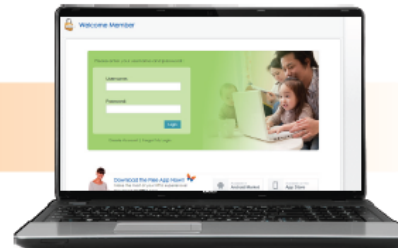


Sign up for an HPSJ online account today using your computer, tablet or phone!

On-the-go access to your Health Plan of San Joaquin member data. Get a new ID card, change your doctor or update your profile. Need a specialist? HPSJ members can access their health information from their device, at all times. **You can access your account using your computer or the mobile App.**

Ready to create an account?

Visit www.HPSJ.com/portal



Let's make an account!



Need help?

Go to www.hpsj.com/create-an-account to watch the help video, or call Customer Service at 1.888.936.7526 TTY/TDD 711.

Have this before you start:

- 1 HPSJ Member ID (9-digit starting 200)
- 2 Birth Date
- 3 Zip Code
- 4 First Name / Last Name
- 5 Mobile Number
- 6 Email for an account
- 7 Username
- 8 Password*

***Your password must be at least 8 characters.**

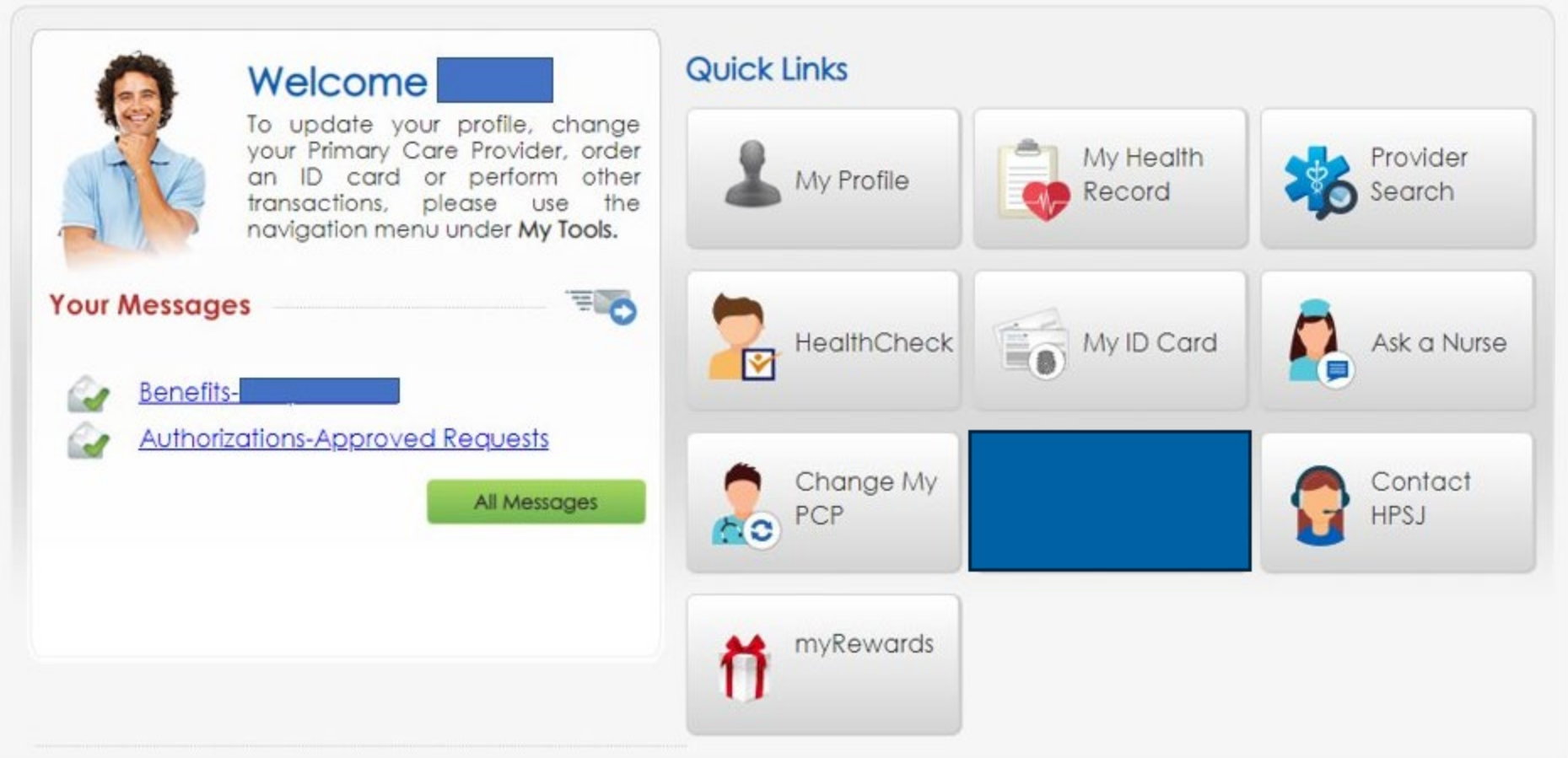
You must have at least three of the following:

- A capital letter
- A lower case letter
- A symbol (example: #, \$, @)
- A number

If the box turns red, you need to correct the information before an account can be created. Read the notes under the red box to find out what information must be corrected.



Member Portal Welcome Page



The screenshot displays a member portal interface. On the left, a 'Welcome' section features a profile picture of a man and a message: 'Welcome [redacted] To update your profile, change your Primary Care Provider, order an ID card or perform other transactions, please use the navigation menu under My Tools.' Below this is a 'Your Messages' section with a list of messages: 'Benefits-[redacted]' and 'Authorizations-Approved Requests', with an 'All Messages' button. The main area is titled 'Quick Links' and contains a grid of buttons: 'My Profile', 'My Health Record', 'Provider Search', 'HealthCheck', 'My ID Card', 'Ask a Nurse', 'Change My PCP', a blue rectangular button, and 'Contact HPSJ'. A 'myRewards' button is located at the bottom left of the grid.

Welcome [redacted]

To update your profile, change your Primary Care Provider, order an ID card or perform other transactions, please use the navigation menu under **My Tools**.

Your Messages

- Benefits-[redacted]
- Authorizations-Approved Requests

All Messages

Quick Links

- My Profile
- My Health Record
- Provider Search
- HealthCheck
- My ID Card
- Ask a Nurse
- Change My PCP
- [Blue Button]
- Contact HPSJ
- myRewards



myRewards Form

Same form as before

Complete this form to claim your reward (gift card).

You can visit [Evermore](#) anytime to check the status of your member incentive. It's quick and easy, and you'll get the most up-to-date information.

Haven't Received Your Evermore Card? For your first MyReward Incentive, you will receive your card after you submit the form below. The card will come with a letter in the mail. You can activate your card and use the link above or scan the QR code on the letter to check on your card balance .

Applying for more MyRewards Incentives? After you have received a reloadable card and get more screenings or visits you must submit your additional visits in the form below. Your Evermore card will automatically be reloaded with your new reward!

Personal Information

First Name

Last Name

Member ID

Date of Birth

Service Location Visit

2026-Prenatal Immunizations - Tdap and Flu vaccine during Pregnancy.
2026-Postpartum Depression Screening - Depression screening after end of pregnancy.
2026- Postpartum Visit - Doctor visit after end of pregnancy.
2026- Adult Preventive Health Visit/Initial Health - Adult annual preventive health visit.
2026- Diabetes A1c Check - A1c testing for adults (18+) with Type 1 or Type 2 Diabetes.
2026- Pap Smear/ Cervical Cancer Screening - Pap smear/Cervical Cancer Screening for anyone 21+

Visit Type

Date of Visit

Location Name

City

Delivery Information

Address 1

Address 2

City

State

Zip Code

Phone Number

Email Address



Provider Search



Ask a Nurse



Contact HPSJ

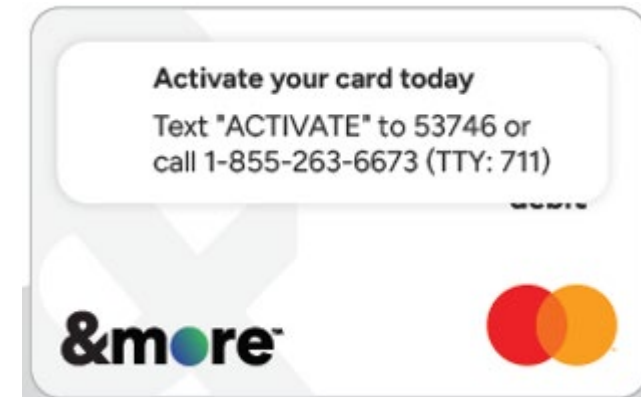


myHPSJ Mobile App

MyRewards: Member Incentive Program

Childhood/Kids	Maternal Health	Cancer Prevention	Adults
Childhood Immunizations (CIS-10)	Prenatal Immunization	Colorectal Cancer Screening	Adult Access to Ambulatory Care
Well Child (0- 15 months)	Prenatal Appointment	Mammogram (Breast Cancer Screening)	A1c (HBD)
Well Child 15-30 months	Postpartum Visit	Pap Smear (Cervical Cancer Screening)	Flu Shot
Exam for Children and Adolescents 3-21 years	Postpartum Depression Screening		
Lead Screening			
Flu Shot			
Immunizations for Adolescents			

Items in Green \$50





CLOSED LOOP REFERRALS (CLR)



Mike Shook, BSN RN

May 20, 2026

What is a Closed Loop Referral(CLR)?

“Referral that is initiated on behalf of a Medi-Cal Managed Care member that is tracked, supported, monitored and results in a known closure”

- Goal: Increase share of Medi-Cal members successfully to the services they need by identifying and addressing gaps in the referral process and service availability
- Improve information collection, supportive actions on individual referrals, and system level improvements resulting in members connected more quickly to priority services for their health and well-being
- Collecting data to track the status of each CLR as a resource for other stakeholders
- Initial focus: ECM & Community Support Services



Tracking, Data Timeliness, Monitoring

Tracking:

- Minimum Data Elements include Member information, referral information, referral authorization, referral processing information and referral loop closure

Data Timeliness:

- Monthly updates on CLR status to be collected
 - Change from current quarterly report
 - Return Transmission File (RTF) updated to include elements for CLR
- Follow current authorization requirements
 - Process within 5 business days of receipt
 - Referring entity receive authorization notification within 24 hours of decision
- Follow up with relevant entities to obtain additional information and troubleshoot issues when referral status is not updated monthly from the service provider

Monitoring:

- Monitor progress of referrals through requirements collected
- Identify barriers in process and work with entities who are involved with CLR to implement solutions
- Provide technical assistance to referring entities and service providers related to delay in outcomes or member not connected to service



Noticing Requirements

Service Noticing Requirements

- The following information will be shared with the member, referring entity and servicing provider related to the authorization request
 - Authorization Decision
 - Authorization Decision Date
 - Reason for denial if authorization denied

Referral Loop Closure Requirements

- The following information will be shared with the referring entity (authorization requestor)
 - Referral Loop Closure Reason
 - Referral Loop Closure Date
 - Notifications to be sent within two business days of receiving the data to notify the referring entity (authorization requestor)
 - Health Plan has up to five business days from data receipt to process and perform quality checks on referral tracking data
 - Electronic notification within seven business days from when Health Plan receives referral data
 - 2 business days of receipt of data and 5 days to process and perform quality checks
 - Notice of referral loop closure not required when the referral request is by the member, guardian/caretaker, family or friends, or Health Plan referrals



Benefits of CLR

Additional notification requirements

- Improved communication with referring providers
- Better data sharing
- Ensuring members receive services timely
- Better coordination and identification of members needs and other services they may benefit from
- Reduce burden on providers



Responsibilities

- Health Plan
 - Capture and store data: Member contact information, date of referral, referral status and reason for loop closure
 - Use data shared by providers to identify and support referrals that are experiencing barriers and challenges connecting members with care
- Providers
 - Submit monthly data reporting
 - Submit timely authorization requests with all relevant information



Reporting

Changes:

Frequency change – Monthly reports effective 5/1/26

Additional Data

- Referral Status – required field
 - Accepted
 - Declined
 - Pending
 - Outreach initiated
 - Referral loop closed
- Date of referral status – required field
- Reason for referral loop closure
 - Services received
 - Service provider declined
 - Unable to reach member
 - Member no longer eligible for services
 - Member no longer needs services or declines services
 - Other
 - Authorization denied



Delivery Methods

DRE

- Current process will remain available
- Report format updates will be required

Jiva Module –

- Jiva is the HPSJ case management system
- ECM and CS providers will receive access to and training for the closed loop Jiva module
- Providers will make updates directly in the Jiva module for HPSJ members and provider capacity
- Reports will be created from the data within the Jiva module – providers will not be required to separately send reports

Manifest Health Information Exchange (HIE)

- Submit reports to the HIE, the HIE sends to HPSJ
- Report format updates will be required
- If not already sharing information with Manifest, will require an agreement and onboarding
- There is a cost to use Manifest



Use of Provider Portal for Referrals

CLR Module located within the provider portal (JIVA):

- Configured to allow electronic referral to service providers
- Service provider able to submit electronic authorization requests
- Service provider can identify & document social needs of members
- System ability to capture all CLR required data
- Provider has easy access to real-time data
- Provider can obtain requests on the authorization status

Provider training on use of the CLR module in the provider portal is being set up



REFERENCES

Closed Loop Referral Implementation Guidance May 2025

<https://www.dhcs.ca.gov/CalAIM/Documents/CLR-Implementation-Guidance.pdf>

Closed Loop Referral FAQ

<https://www.dhcs.ca.gov/CalAIM/Pages/Closed-Loop-Referral-FAQs.aspx>





BIRTHING PATHWAY & TRANSITIONAL CARE SERVICES (TCS) OVERVIEW

PHM Policy Guide 01.2026

Andrea Smith
Manager, Transition of Care



Birthing Care Pathway



- » Comprehensive **policy and care model roadmap** that will cover the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum.
- » Roadmap includes a series of **policy solutions that address members' physical, behavioral, and health-related social needs.**
- » Goals include **reducing maternal morbidity and mortality** and **addressing significant racial and ethnic disparities.**



What's changed?

DHCS has re-stratified the birthing population from all pregnant and postpartum (*12 months from end of pregnancy*) individuals being **High-risk** for TCS to:

High-Intensity Pregnancy and Postpartum TCS	Moderate-Intensity Pregnancy and Postpartum TCS
Any pregnant or postpartum member who meets any one of the criteria for high-intensity TCS outlined in section F.5.a. "Identification of Members for High- vs. Moderate Intensity Pregnancy and Postpartum TCS".	Any pregnant or postpartum member who does not meet the criteria for the high-intensity TCS outlined in section F.5.a. "Identification of Members for High- vs. Moderate Intensity Pregnancy and Postpartum TCS".



Pregnant & Postpartum TCS

High-Intensity

vs.

Moderate-Intensity

Assess for High-Intensity:

- As soon as pregnancy is known
- Upon any changes in setting or status
- Upon delivery
- Upon any update in the member's RSST risk tier

Beginning of High-Intensity TCS:

- As soon as it's determined member meets high-intensity criteria **OR** no later than the beginning of the 3rd trimester (whichever is sooner)

Length of TCS:

- **Admissions/re-admissions for delivery or other end of pregnancy:**
 - When all the member's needs are met and no sooner than 60 days following the end of pregnancy
- **Admissions/re-admissions for any other reason:**
 - When all the member's needs are met and no sooner than 30 days post discharge

Provider Role:

- Moderate-intensity TCS is designed to allow members to receive most TCS through their routine perinatal providers – implemented as part of normal perinatal care practices – with additional support as needed from MCPs through the TCS Call Line.

Beginning of Moderate-Intensity TCS:

- As soon as it's determined member is pregnant **OR** no later than the beginning of the 3rd trimester (whichever is sooner)

Length of TCS:

- **Admissions for delivery or other end of pregnancy:**
 - When all the member's needs are met and no sooner than 60 days following the end of pregnancy



TCS Birthing Supports Checklist

MCPs and their contracted entities must ensure completion of the **TCS Birthing Supports Checklist** for **all** pregnant and postpartum members, regardless of whether they meet criteria for high- or moderate- intensity categories

Box C: TCS Birthing Supports Coordination Checklist (Pregnant – Postpartum Period)

The care manager or care coordination entity must ensure referral and/or warm hand off of the following services if the member has needs, meets eligibility for referral, and aligns with their preferences*:

Medical Supports:

- » Postpartum visit according to ACOG/USPSTF Guidelines
 - Validated Behavioral Health Screenings
 - [IPV Screening](#) Using Evidence-Based Tool
 - Reproductive Life Planning
- » Pediatric visits according to AAP Bright Futures schedule through 2-month well-child visit
- » Any other follow-up visits recommended by a provider (e.g., specialty provider) or included in the discharge summary and/or instructions
- » Primary Care Provider visit scheduled (if no visit scheduled within the past 1 year)

Whole Person Needs:

Food, Nutrition Education, and Breastfeeding Supports

- » WIC
- » CalFresh
- » Lactation Services

MCP Benefits

- » Transportation Services
- » Doula Services
- » Appointment Assistance
- » Breast Pumps
- » ECM^{***}
- » Community Supports^{***}
- » CHW Services

Family Support Services

- » Paid Family Leave
- » Home Visiting[^]
- » Parenting Resources^f

Box C: TCS Birthing Supports Coordination Checklist Cont. (Pregnant – Postpartum Period)

Whole Person Needs Cont.:

Infant Support

- » Health Insurance for Infants
- » WIC (including infant formula)

Behavioral Health Needs

- » Behavioral Health Supports (e.g., Non-Specialty Mental Health Services (NSMHS), Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery System (DMC-ODS), Drug Medi-Cal (DMC))
- » Dyadic Services

**This includes access to culturally and linguistically aligned services and supports, consistent with Medi-Cal policy.*

[^]Home Visiting services include (but are not limited to) CDPH California Home Visiting Program (CHVP), CDSS CalWORKs Home Visiting, American Indian Maternal Support Services (AIMSS), and county First 5s, as applicable

*^{***}DHCS' Closed Loop Referral (CLR) policy requires MCPs to close the loop for ECM and Community Supports services.*

^fParenting resources include (but are not limited to) Home Visiting services, MCP educational information, First 5, and Black Infant Health.



Key Points

- TCS changes are effective 7/1/26
- Changes in TCS structure for **all** pregnant and post partum (P&PP) members:
 - TCS begins sooner and exists independent of inpatient/ED admission
 - TCS lasts longer (no less than 60 days)
- **All** P&PP members must have **3** key milestones completed on delivery/end of pregnancy:
 - Completion of the postpartum visit with a medical provider (ACOG: *in the first 3 weeks postpartum*)
 - Completion of the two-month well-child visit
 - Completion of all recommended follow-up listed in the discharge summary and/or instructions
- For all **Moderate-Intensity** P&PP members DHCS expects MCPs will work with existing perinatal providers to complete TCS
- **All** P&PP members must have a completed birthing support checklist



Overlap & Opportunities

- Most providers are already completing the needed TCS elements for this population
- There are many opportunities for collaboration between providers and MCPs when we:
 - Understand the framework already in place
 - Identify gaps where MCPs can support providers in completing the needed TCS activities
- Knowledge sharing and communication are key
 - MCPs can facilitate education for provider staff about available benefits and supports like Doula services
- Patients benefit when we avoid duplication of services, reduce engagement fatigue, and help ensure care transitions are as smooth as possible



- **CALAIM POPULATION HEALTH MANAGEMENT (PHM) POLICY GUIDE:**
[HTTPS://WWW.DHCS.CA.GOV/CALAIM/DOCUMENTS/PHM-POLICY-GUIDE.PDF](https://www.dhcs.ca.gov/CALAIM/DOCUMENTS/PHM-POLICY-GUIDE.PDF)
 - TCS considerations begin on pg. 47 of the January 2026 Guide
- **HPSJ SPECIFIC CONTACTS:**
 - Andrea Smith, Manager Transition of Care: asmith@hpsj.com
 - General TOC email: transitionofcare@hpsj.com



Questions / Open Discussion



Next Look and Learn

Date: August 26, 2026

Time: 12:00PM to 1:30 PM



THANK YOU!

Health Plan 
of San Joaquin

 Mountain Valley
Health Plan

www.hpsj-mvhp-org | 1-888-936-PLAN (7526)



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