Spring 2024

PLANSCAN

Health Plan of San Joaquin

Mountain Valley Health Plan

Partnering Today, for a Healthier Tomorrow

Welcome Mountain Valley Health Plan (MVHP) providers and partners in Alpine and El Dorado Counties! We are pleased to welcome you to our network and ready to collaborate to serve people who qualify for Medi-Cal in El Dorado and Alpine Counties.

Welcome providers from our FQHCs, medical groups, health centers and hospitals!

- El Dorado Community Health Center
- Shingle Springs Health and Wellness Center
- Barton Medical Foundation
- Barton Memorial Hospital
- Alpine County Public Health
- El Dorado County Public Health
- El Dorado Community Health Centers
- Alta California Regional Center
- Retinal Consultants Medical Group
- Better Life Counseling
- Marshall Medical Center
- Marshall Hospital
- Marshall Medical Group
- Shingle Springs Health & Wellness Center
- Shingle Springs Tribal Health Program

In this issue:

Representing the Communities We Serve

Mountain Valley Health Plan's logo includes the rich, agricultural soil of the valley, and takes us on a journey to the well-known backdrop of mountains including Job's Peak, located in Alpine County and considered the most prominent peak in the area, with a view of Lake Tahoe.

The logo represents a desire to grow, while retaining the organization's history and commitment to health access for all through our cherished symbol of diversity – our butterfly.

Butterfly: Our treasured symbol of diversity

Job's Peak: A prominent peak of mountains that offer a view of Lake Tahoe

Mountain Valley Health Plan

Green Rolling Hills: Capture the rich agricultural soil of the Valley

Round Shape and Elevations: represent a desire to evolve and grow

Opening New Doors

Visit us at our new location in Placerville located at **4327 Golden Center Drive.**

Health Plan Invests $100M in Community Reinvestment Program

For over 25 years, Health Plan has pursued a vision of community wellness. As part of our 2023-2026 strategic roadmap to improve health for residents in San Joaquin, Stanislaus, El Dorado, and Alpine counties, we have launched a Community Reinvestment Program.

We aim to transform care delivery, expand provider access, and improve the quality of health care for our community. Longtime and new partners are encouraged to learn more at **www.hpsj.com/community-reinvestment**.

Grant applications are now available. Learn more below and apply today!

- **Community Health Worker (CHW) Training**
- **The Doula/Community Health Workforce Recruitment (DCHWR) Grant**
- **Lead Screening for Children Initiative**
- **Standard Data Sharing Health Information Exchange (HIE) & Non-HIE Grant Program**

LEARN MORE & APPLY

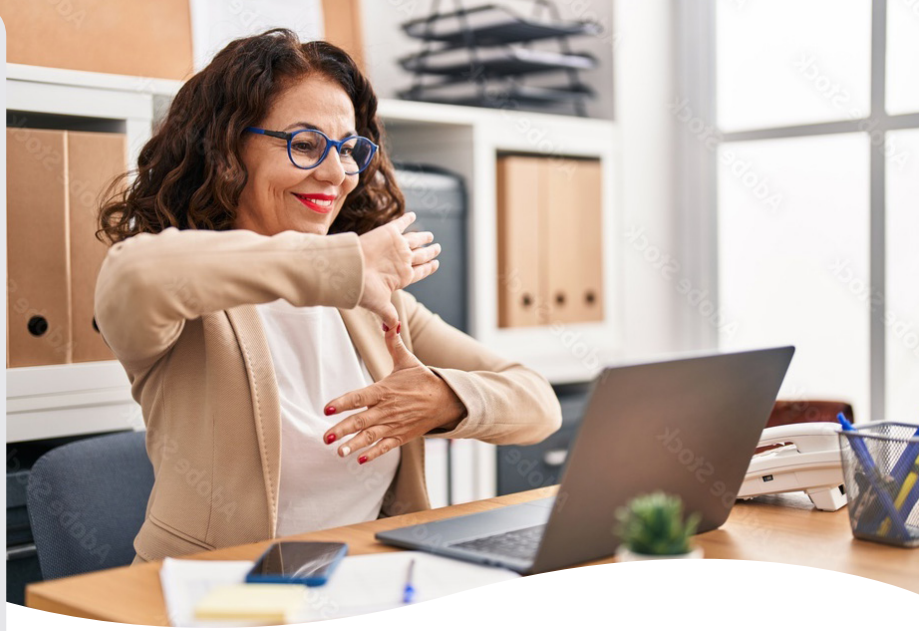
Medi-Cal Rx Formulary and HPSJ's Medical Benefit Resources

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.

HPSJ 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 HPSJ. The medications on the HPSJ medical benefit may have restrictions (e.g. Prior Authorization, quantity limitations) which are specified within HPSJ's coverage policies as well.

Click the buttons to learn more!

- Online Drug Lookup Tool
- HPSJ Medical Benefits Updates
- Covered Product Lists
- HPSJ Provider Manual



Roll Out Qualified Video Interpreter Services for Your Practice!

Offering ready access to qualified interpreter services for members with limited English proficiency (LEP) is a legal requirement. Health Plan is actively encouraging providers to implement Video Remote Interpreting (VRI) services at their office locations.

Why VRI? VRI combines the best of on site and over-the-phone (OPI) interpretation services by offering an enhanced experience for your Medi-Cal patients. This is achieved through:

- Availability of interpreters on-demand
- Access to variety of languages
- Visual cues to enhance verbal communication, and sign language interpreters available for the Deaf and Hard of Hearing community.

Health Plan has already successfully implemented VRI for several provider entities, and is ready to roll out VRI for you! We will take care of the cost of VRI implementation and service to HPSJ/MVHP members at your practice.

Email our Cultural & Linguistics team at CLservices@hpsj.com or call us at 1-888-936-PLAN (7526) Monday to Friday, 8AM to 5PM for more information.

JUST IN

Timely Access Report Scores

The California Department of Managed Health Care (DMHC) has released its Timely Access Report for measurement year 2022. The report summarizes provider appointment availability data that health plans submit to DMHC each year. This report also implements changes required by SB 221 (2021) by including average appointment wait times charts, data tables, and methodology.

Great job to our network providers who are committed to the access standards and helped Health Plan achieve great scores:

1 — #1 for non-urgent appointments

2 — #2 for non-urgent appointments

1 — #1 (Tied) for both non-urgent and urgent appointments

Appointment Type	Percent of Providers	Rank Among Plans
Urgent and Non-Urgent	87%	1st (Tied)
Non-Urgent	94%	1st
Urgent	84%	2nd

The full report and accompanying data can be accessed under the Public Reports section of DMHC's website at: www.dmhc.ca.gov/Resources/DMHCReports/PublicReports.aspx

Change Healthcare Cyber Security Issue

Health Plan recently notified providers that our provider payer and claims clearing house, Change Healthcare, disconnected their systems because of a cyber security issue. We understand that this was an unexpected challenge, and we appreciate the flexibility of our network providers as we worked to quickly address the issue.

Health Plan immediately prioritized ways to ensure that our providers received timely payment. While EFT payments could not be processed, paper checks were issued to providers without any missed payments. We will continue to send payments directly to providers to minimize disruption to office operations.

Remittance advice (RA)/explanation of payment (EOP) details are now available. Providers can access payment details through the provider portal, Doctors Referral Express (DRE).

Please refer to our recent provider alert for more information on:

- How to navigate the RA tool on DRE
- Paper check payment cadence
- Option for mailed-in paper claim submissions
- Alternative clearing houses that you can enroll with to submit electronic claims

Health Plan will continue to provide updates and make you aware of any changes. You can also visit Change Healthcare's website for information.

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

NEW MEDICAL MANAGEMENT SYSTEM!

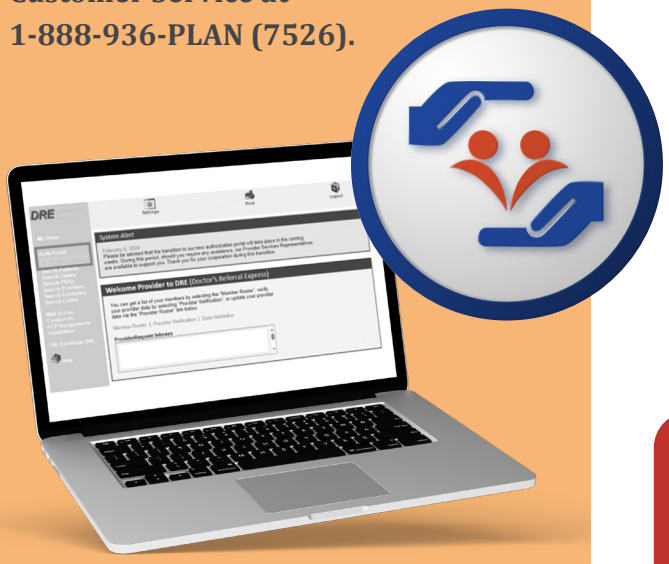
HPSJ/MVHP Transitions to JIVA

Health Plan is proud to announce that our DRE provider portal now includes a new electronic medical management system called Jiva. Jiva replaced Essette – the electronic medical management system that you are familiar with for submitting authorization requests via DRE.

Jiva provides the same dependability as it seamlessly integrates your data and enhances efficiency. The new fields look slightly different, but the authorization requirements will remain the same.

If you missed any of the training sessions in February 2024, you can still get help:

A training guide is available on our website and in Doctor's Referral Express (DRE). For more assistance, contact your Provider Services Representative, or call Customer Service at 1-888-936-PLAN (7526).



Become ACEs Aware Today!

The California Department of Health Care Services (DHCS), in partnership with the California Office of the Surgeon General, created a first-in-the-nation statewide effort to screen patients for **Adverse Childhood Experiences (ACEs)** that lead to trauma and the increased likelihood of ACEs-Associated-Health Conditions due to toxic stress. The bold goal of this initiative was to reduce ACEs and toxic stress by half in one generation.

Health Plan supports this initiative and has been working diligently with our providers to ensure they are informed and have the necessary resources to conduct the screening and support members in need.

ACEs Aware offers provider resources and education on Adverse Childhood Experiences (ACEs), how to screen for ACEs, and a free, 2-hour online training that, upon completion, allows eligible providers to bill for ACEs screenings administered to pediatric and adult Medi-Cal members.

Providers who complete and attest to taking the training may receive 2.0 Continuing Medical Education (CME) and 2.0 Maintenance of Certification (MOC) credits.

Health Plan strongly encourages providers to participate in ACEs training. **Visit the ACEs Aware Learning Center calendar (ACEs Aware Training)** to see what trainings are coming up or **view their catalog** for a complete list of all trainings.

For billing questions related to ACEs screenings, contact Health Plan's Provider Relations Department at 1-888-936-PLAN (7526), Monday to Friday from 8AM to 5PM.

Guidance for Non-Emergency Medical Transportation

Non-emergency medical transportation (NEMT) is available for any Health Plan member with a medical and/or physical condition that makes transportation by ordinary public or private transportation medically contraindicated, and transport is needed to obtain medical care.

NEMT must be prescribed in writing by the member's treating Physician, or Physician Extender and be accompanied by a completed Physician Certification Form (PCS).

If a member's medical and physical condition requires any of the following, then the member requires NEMT:

- Must travel in a supine or prone position
- Is incapable of sitting in a private vehicle, taxicab, or other form of public transportation for the period of time needed to transport to and from their appointment
- Is unable to stand or walk without assistance, including using a walker or crutches
- Must be transported in a wheelchair, and are unable to self-propel, and/or transfer independently
- Needs door-to-door assistance to and from a residence, vehicle and place of treatment due to a disabling physical or mental limitation
- Requires specialized safety equipment not normally available in passenger cars, taxicabs or other forms of public conveyance

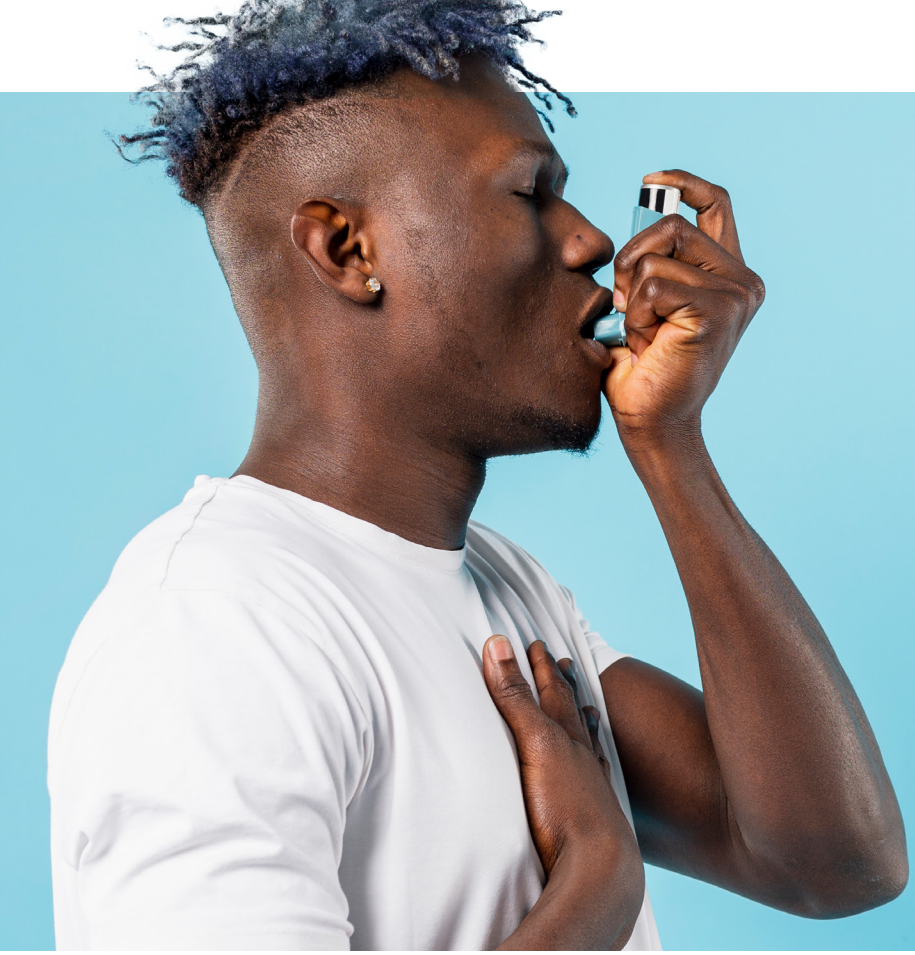
In order to process an NEMT referral, the following must be submitted to Health Plan:

- A completed authorization referral form
- A completed DHCS approved HPSJ/MVHP PCS form that is signed by the ordering physician
- The diagnosis, physical or behavioral condition which prevents the member from traveling by standard private or public means
- The member's specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

Once approved, it is the ordering providers responsibility to communicate the approval and NEMT transportation vendor to member. Members may also call Health Plan Customer Service at the number below for help with their transportation needs.

A network Provider or Practitioner may request retrospective authorization for NEMT provided outside of business hours for members transported from the hospital to home within 30 calendar days of the date of service. The request must include a completed HPSJ/MVHP PCS form validating the need for this type of service.

For assistance, call Health Plan at 1-888-936-PLAN (7526) Monday-Friday, 8AM – 5PM.



Helping Your Patients Get Asthma Symptoms Under Control

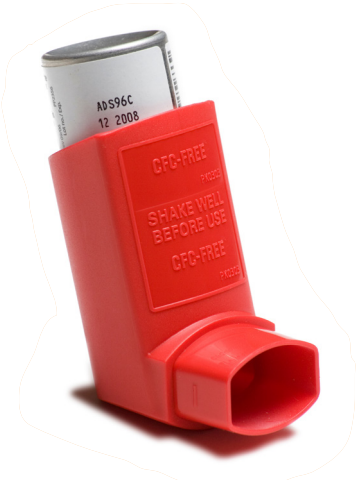
With rising temperatures and allergy season here, patients with moderate to severe asthma may be struggling more than usual to manage their symptoms.

Keeping asthma under control requires a multi-pronged approach and effective communication between patients and their care team. Skills such as recognizing worsening symptoms early, taking medication correctly, and addressing environmental factors are essential for effective asthma self-management.

One aspect of asthma management commonly misunderstood by patients is the difference between long-term control medications such as inhaled corticosteroids (ICS) and quick-relief medications (short-acting beta2-agonists or SABAs) and the important role played by each.

Findings from interviews and focus groups sponsored by the National Heart Lung and Blood Institute (NHLBI) and reported in the **2020 Focused Updates to the Asthma Management Guidelines** shed light on patient perceptions and preferences regarding medication. Perceptions about medications can influence the degree to which patients or caregivers of patients adhere to a prescribed regimen. For instance, focus group participants perceived inhaled medications to be more effective and faster acting than pills or liquids. Some patients may not see the need to continue taking ICS because they do not produce immediate results.

For patients with moderate to severe asthma, the use of Single Maintenance and Reliever Therapy (SMART) provides a convenient treatment pathway that would also support increased patient adherence. SMART therapy involves combined treatment of an ICS and an inhaled long-acting beta-2 agonist (LABA). The combination of both therapies into one inhaler allows for patients to use just one inhaler that serves two purposes. The maintenance dose may vary depending on the combination of agents prescribed but it typically



SMART Therapy

involves two doses, either one dose twice a day or two doses at once). Medications currently available for SMART therapy are Symbicort (budesonide/formoterol) or Dulera (mometasone/formoterol).

Asthma Medication Ratio (AMR) is a HEDIS measure that assesses appropriate medication management for adults and children 5-64 years of age identified as having persistent asthma and a ratio of controller medication to total asthma medications of 0.50 or greater during the Measurement Year (MY). Studies show that the AMR is a significant predictor of emergency department (ED) visits and hospitalizations in children, and using the AMR to identify at-risk patients can be an effective population health management strategy. Nationally, Medicaid HMOs have significantly lower AMR rates than commercial plans (65.5 vs 83.0 in MY 2022). Health Plan of San Joaquin/Mountain Valley Health Plan's MY 2022 AMR rates for members in San Joaquin and Stanislaus counties were 58.86 and 60.07, respectively, which fall below the state's minimum performance level for this measure. This means, of the HPSJ/MVHP members who fall within the AMR measure, asthma controller medication adherence is low and needs improvement.

Educating patients, in their preferred language, on the difference between controller and rescue medications can help them better understand why both are important for effective asthma management. Initiating combination therapy such as SMART in patients with moderate to severe asthma would also help decrease medication burden. Asking patients what barriers they may face in filling these prescriptions and connecting patients with resources, such as HPSJ/MVHP's transportation services, can also help patients maintain medication compliance.

With clear communication and working together on shared goals, patients and their care team can get asthma symptoms under control.

Recommended Best Practices:

- **Assess asthma symptoms at every visit to determine if preventive medication is needed.**
- **Discuss daily symptoms related to asthma and assess use of rescue inhaler to identify if the patient requires a controller inhaler.**
- **Educate patients on the proper use of asthma medications.**
- **Discuss with patients if there have been any recent urgent care or ER visits and ask if they filled any rescue inhalers.**
- **Inform patients to call their provider if they are using more than one rescue inhaler per month.**
- **Please refer to the link below for the most up to date covered medications on the Medi-Cal Rx pharmacy benefit.**

Other Sources:
Asthma Care Quick Reference: Diagnosing and Managing Asthma

Transitional Care Services

Enhancing Care Continuity for Your Patients

About Transitional Care Services (TCS)

Healthcare transitions occur when members move from one care setting to another, such as from the hospital to home or to a different facility. Transitional Care Services ensure that members receive appropriate assistance and support during these transitions and focuses on ensuring they are appropriately connected to their providers, benefits, and community resources that will allow them to manage their health and remain safe in their preferred environment.

> ***Read more about CalAIM and Transitional Care Services in the DHCS CalAIM: Population Health Management (PHM) Policy Guide***

What are the Benefits of TCS?

- Enables members to remain safely in their preferred home setting
- Supports members in keeping follow-up appointments, reducing the likelihood of hospital readmissions
- Helps members understand and manage their health conditions effectively
- Provides access to available benefits, community services, and other resources

Role of the PCP in TCS

- See high risk members within 7 days of discharge for follow-up, and low risk members within 30 days of discharge for follow-up
- Perform medication reconciliation post-transition
- Work with the TCS care manager as needed to communicate member needs and coordinate care

How Health Plan TCS Care Managers Help Your Medi-Cal Patients

- **Comprehensive Needs Assessment:** offer an in-depth assessment of members' medical and social needs to facilitate smooth transitions
- **Appointment Coordination:** assist in scheduling and arranging transportation for medical appointments
- **Communication Facilitation:** help members communicate with their families, healthcare providers, and caregivers
- **Health Plan Utilization:** help to educate members about and connect them with their health plan benefits
- **Community Resource Referrals:** assist in linking members to relevant community services
- **Information and Support:** provide members with relevant information and necessary support
- **Health Education:** We can provide access to information about members' health conditions

Need more information?

Email Health Plan's TOC team at **transitionofcare@hpsj.com** or call Customer Service at 1-888-936-7526, Monday to Friday from 8AM to 5PM. You can also visit our TOC webpage **here**.

Health Care Delivered on the Streets of our Community

Your patients may be getting services through street medicine programs. Last year, the Department of Health Care Services (DHCS) provided Medi-Cal Managed Care Plans (MCPs) with opportunities to utilize street medicine providers to address clinical and nonclinical needs of their Medi-Cal members experiencing unsheltered homelessness.

Of the approximately 170,000 people experiencing homelessness in California, more than 70% are living unsheltered. We know that our unhoused community often lack the means and mobility to locate and visit a doctor who will accept them, so conditions fester until they need emergency treatment. Living unsheltered adds to the existing health burden for people experiencing homelessness.

The state's efforts to bridge the gap between eligibility and access are supported in part through the California Advancing and Innovating Medi-Cal (CalAIM) program. Prior to CalAIM, street medicine programs operated outside of traditional health care. Now, we have more hope for stability as more organizations are beginning services.

Health Plan Commits $1M in Funding to Support Partner SJ Health in Bringing Health Care to the Unhoused. One of Health Plan's many valued partners, SJ Health, was able to launch their street medicine program early on in 2023. Health Plan has continued to support this critical program, awarding a little over $1 million dollars in funding. The funding helps the street medicine team purchase supplies to assist individuals with chronic conditions or acute issues that could otherwise get worse.

TOTAL STREET MEDICINE ENCOUNTERS*

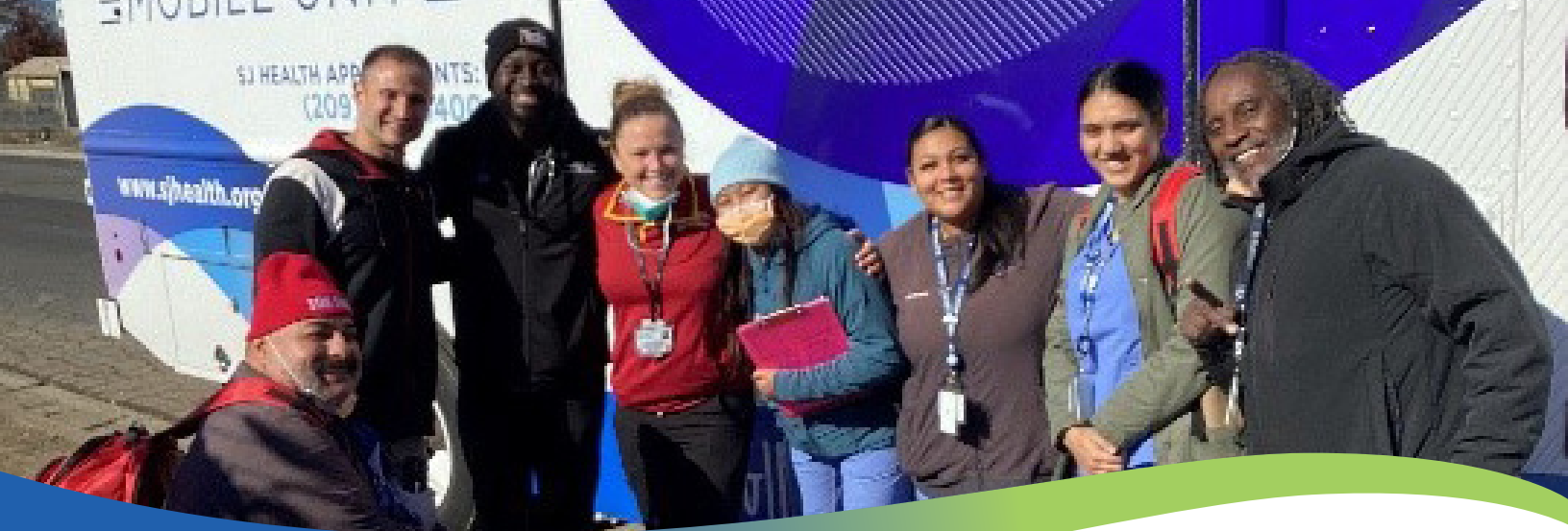
1,122

HEALTH PLAN MEMBER ENCOUNTERS*

629

*SJ Health Data from January 2023 to April 2024

The range of medical care and services provided includes wound care, chronic disease management, medication management, treatment of sexually transmitted diseases, reproductive health resources, diagnosis and treatment of skin diseases, and



more. Incentive funds that helped start up street medicine services have built an infrastructure that could allow SJ Health to continue providing needed services to more unsheltered unhoused individuals.

Thank you to our partners at SJ Health for bringing outreach, treatment and resources into the streets, encampments and other areas of our community through the Street Medicine Program to the members we serve and people of our community.

"This is not typical health care work. We are out in the field, walking through encampments and sloughs which requires a lot of outreach.

On top of the medical care we deliver, we connect people with Community Health Workers, help them with their Medi-Cal coverage, and refer them to resources that will help them overcome obstacles with housing and other basic needs. It is sad but also hopeful when we hear someone say, 'You really want to look out for us?'– it is so unexpected for them for someone to care. Building trust with our community members is why programs like this are so successful.

I honor and acknowledge the team of people who have made this their calling."

Joan Singson, SJ Health – Director of Population Health Management

For more information on the street medicine program, call Health Plan at 1-888-936-7526 (PLAN) TTY 711.

Providers:

Did you miss the deadline to review and verify your information?

In accordance with Medi-Cal regulations, Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") is required to publish and maintain accurate provider directories of contracted providers that deliver health care services. For accuracy and compliance, Health Plan must validate provider information at least every six months.

We are requesting your cooperation to review and verify your provider information by May 31, 2024.

You can review your information by:

1. Requesting a copy of your information by emailing **providerservices@hpsj.com**. Updates can be made on an Excel form and the Attestation tab completed.

2. Accessing the provider portal, Doctor's Referral Express (DRE), select **Provider Verification,** review the information, and make any corrections to any listed provider or Select **Provider Data is Current**. Selecting this method serves as an attestation.

3. Accessing DRE, Select **Data Validation**. To make any updates, download the Excel Roster Template and add any necessary updates. The Attestation tab must be completed.

4. Visiting **www.hpsj.com** for online access to the Provider Directory. On the Home Page, select **Find a Provider>Search Now>Select the Provider Type>Search by Name or Provider ID**. To make any updates, download the Excel Roster Template Health Plan 2024 form **here**.

DON'T DELAY!

Failure to respond to the network data validation requirements can result in:

- **Delay of payment or reimbursement of a claim pursuant to California Code, Health and Safety Code – HSC § 1367.27 subdivision (p)(1)**
- **Removal from the provider directory**

We look forward to collaborating with you on this effort. If you need assistance, call our Provider Services Department at (209) 942-6340 or email providerservices@hpsj.com.

Providing Quality Care for Your Patients

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

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

Measure	Asthma Medication Ratio (AMR)	Timeliness of Prenatal Care (PPC-PRE)	Postpartum Care (PPC-POST)
Description	Assesses adults and children 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Percentage of deliveries in which women had a prenatal care visit in the first trimester, on or be-fore the enrollment start date or within 42 days of enrollment in the organization.	Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.
Provider Tip	• Review patient medications at every visit • Provide patient education including medication compliance • Ensure you code all of your claims and encounters for your patients visit to the highest level of specificity	• Document any referrals for OB care clearly • Documentation indicating the woman is pregnant or references to the pregnancy • Basic physical obstetrical examination • Documentation of evidence that a prenatal care procedure was performed • Ensure you code all of your claims and encounters for your patients visit to the highest level of specificity	• Documentation should clearly state: Postpartum care, PP check, PP care, 6-week PP check etc., Pelvic exam, Evaluation of weight, BP, breast, and abdomen, Perineal or cesarean incision/wound check • Documentation of infant care, breastfeeding, family planning, sleep/fatigue and/or resumption of physical activity • Documentation of any screenings ordered including glucose tests for patients with gestational diabetes, behavioral or mental health screenings tobacco or substance use • Documentation of any completed cervical cancer screenings including results • Ensure you code all of your claims and encounters for your patients visit to the highest level of specificity
Resource	Asthma Care Quick Reference: Diagnosing and Managing Asthma	**Health Plan's Me + My Baby Program has great resources for expectant parents.**	