



Visit our NEW website!
www.hpsm.org

Meet HPSM's New Chief Medical Officer

HPSM is delighted to introduce our new Chief Medical Officer, Dr. Susan M. Huang. As CMO, Dr. Huang is responsible for the strategic guidance and operational oversight of HPSM's health and pharmacy services. She will also provide key clinical leadership for HPSM's numerous clinically integrated, innovative programs addressing complex care, behavioral health, the Whole Child Model and social determinants of health.

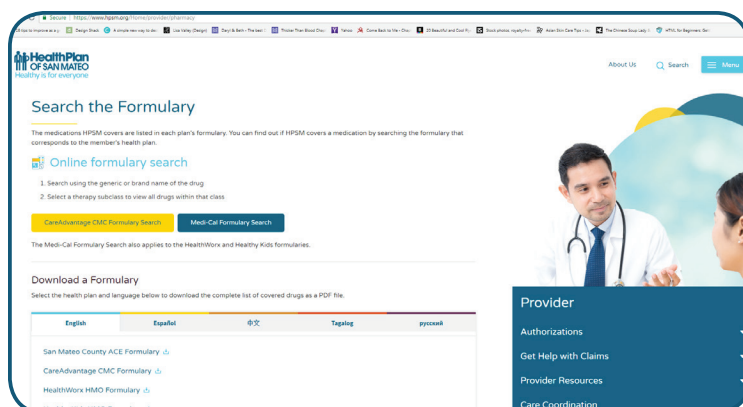
Dr. Huang brings a unique combination of Medicare and Medicaid managed care expertise along with extensive community-based experience in primary care delivery, clinical operations management and practice transformation. Dr. Huang is excited to join HPSM and to bring her deep understanding of the needs of vulnerable and underserved populations to serve our communities in San Mateo County.

Before joining HPSM, Dr. Huang served as the Senior Medical Director for Quality and Population Health at Brown & Toland Physicians, a Bay Area independent physicians' network. There she led the design and implementation of quality

and performance improvement programs, risk adjustment efforts, informatics and predictive analytics strategies, as well as the home visits and hospice care navigation initiatives. Prior to that, she was an actively practicing internist and the Chief Medical Officer of Asian Health Services, an FQHC in the East Bay, where she successfully led the adoption of electronic health records and integration of behavioral health care, transformed care teams and established Asian Health Services' first NCQA accredited patient-centered medical home. Dr. Huang has also served as clinical faculty at UCSF and continues to teach and precept Internal Medicine residents at the Alameda County Medical Center.



Dr. Huang completed her MD degree and residency in Internal Medicine at UCSF. She also holds both a Bachelor's degree and a Master of Science degree in Mechanical Engineering from MIT.



The screenshot shows the HPSM Formulary Search website. The page title is "Search the Formulary". Below the title, there is a section for "Online formulary search" with instructions: "1. Search using the generic or brand name of the drug" and "2. Select a therapy subclass to view all drugs within that class." There are two search buttons: "CareAdvantage CMC Formulary Search" and "Med-Cal Formulary Search". Below the search buttons, there is a section for "Download a Formulary" with instructions: "Select the health plan and language below to download the complete list of covered drugs as a PDF file." There are two tabs: "English" and "Español". Below the tabs, there are four links: "San Mateo County ACE Formulary", "CareAdvantage CMC Formulary", "HealthWorx HMO Formulary", and "HealthWorx HMO Formulary". On the right side of the screenshot, there is a sidebar with a "Provider" section containing a list of links: "Authorizations", "Get Help with Claims", "Provider Resources", and "Care Coordination".

Stay Up to Date on HPSM's Formulary

Have questions about which medications HPSM covers? HPSM's formularies are available online and updated monthly, or more frequently as needed. To look up specific medications, find copayment requirements or limitations that apply to certain drugs, please visit hpsm.org/formulary.

Remind Your Patients to Get a Flu Shot

It's flu season, and a flu shot can keep your patients from getting sick. So when you see your patients, ask if they've gotten their flu shot this year. If they haven't, encourage them to get one. In fact, the only way to make sure your patients get vaccinated is to give them a shot during their appointment.

While some people just need to be reminded about getting a flu shot, others may be hesitant or resistant. Overwhelming scientific evidence supports the flu vaccine's health benefits, but many people still believe myths and misinformation that stoke their fears. Your patients see you as a trusted medical authority: so if you say the flu shot is safe and effective, they will be more likely to get one.

New LTC Partnership Program Aims to Improve Post-Acute Care

HPSM has begun planning for a new Long-Term Care (LTC) Partnership Program which will launch later this year. Our region faces several challenges and opportunities when it comes to providing post-acute care. The rising cost of living, an aging population and a shrinking number of LTC and Skilled Nursing Facilities (SNF) in the county all contribute to HPSM's increased focus on this segment of the care continuum.

In late 2018, HPSM will launch a year-long learning collaborative to engage SNF and LTC providers on several topics:

- Designing quality measures and a new payment model to support access to excellent care
- Training and engaging front-line staff and caregivers, ultimately helping them spend more time with patients
- Improving transitions between subacute, skilled, residential and home settings

This new program will complement HPSM's ongoing efforts to invest in post-acute care, including our Community Care Settings Program (CCSP), our Dedicated Care Transitions Unit and the Post-Acute Care Program. For more information about the LTC Partnership or how to participate, please email colleen.murphey@hpsm.org.

HPSM's Provider Manual Has the Answers

HPSM's Provider Manual, available online at hpsm.org/provider-manual, answers many frequently asked questions — such as:

Question	Section	Page
What are HPSM members' rights and responsibilities?	2	3
How do I file an electronic claim?	4	2
What are HPSM's UM criteria and guidelines?	7	35
What are my rights and responsibilities when it comes to HPSM credentialing and re-credentialing?	8	2

DaVita Clinics Join HPSM, Expanding Access for Dialysis Patients

HPSM is committed to supporting our members who have chronic kidney disease (CKD) by providing access to high quality dialysis clinics in locations convenient to our members.

CKD in the U.S. – By the numbers

- 1 in 7 adults has CKD — but not all of them know it
- CKD is one of the top 10 leading causes of death
- 30 million people are at risk for developing CKD

HPSM recently expanded our network, adding five DaVita dialysis facilities throughout the county in addition to our contracted Satellite facilities. Please visit hpsm.org/directory to find a provider near you.

All DaVita and Satellite dialysis facilities in the HPSM network have been awarded four or five stars (out of five) by Medicare's Dialysis Facility Compare, a national ranking system that collects data on quality of care and patient experience.



New — Home-Based Assessments by Matrix

HPSM is now partnering with Matrix Medical Network to provide home-based assessments to eligible CareAdvantage Cal MediConnect members. These voluntary visits are performed by licensed Matrix nurse practitioners (NPs) in the comfort of members' homes. They are meant to provide insight into your patient's health from a non-episode of care perspective. Here is some information about what to expect:

- When one of your patients gets a home assessment, the results will be mailed to your office. Please place this document in the member's medical record.
- If the Matrix NP identifies any urgent needs, they will call your office that day to coordinate follow-up. NPs will not provide treatment or interfere with your established treatment plans.
- HPSM may refer participants to other helpful HPSM programs based on assessment results.

By now you should have already received a letter from HPSM about this service with a list of answers to frequently asked questions. For more information about this program, please call your HPSM Provider Services Representative or Matrix's Customer Care Center at **877-561-7335** between 5:00 a.m. and 5:00 p.m. PST Monday-Friday.



HPSM Process Improvement Initiatives Snapshot

HPSM is stepping up our efforts to continually improve processes with input from our provider partners. To keep you in the loop, we're sharing what's new and how they will help you provide high-quality care for HPSM members.

Medi-Cal Primary Care Provider (PCP) auto-reassignment

(Previously announced on 4/25/18) When a new Medi-Cal member doesn't self-select an in-network PCP, HPSM automatically assigns them one. We recently implemented a new quarterly PCP auto-assignment process based on specific utilization criteria. During our first round in July, we successfully reassigned 831 members. This new data-driven process helps providers manage their patient panels by reconciling patients' assigned PCPs with where they have chosen to receive primary care services.

Primary Other Health Coverage (OHC) assignment/un-assignment

This process improvement initiative will target members who gain or lose primary OHC status. It

will also help providers manage their panel capacity and improve their quality scores. HPSM is rolling this initiative out in phases, and will conduct outreach to providers with a high volume of members who have gained primary OHC since joining HPSM.

New eReports

Over the past year, HPSM has significantly increased data sharing efforts with providers through new monthly reports in our secure eReports portal. Our three newest reports are:

- Reformatted PCP capitation rosters
- New Benchmark P4P progress and member detail reports for all Medi-Cal PCPs (regardless of payment model track selection)
- Ongoing quarterly targeted Medi-Cal auto-reassignment reports

Phone Numbers for PARs and Hospital Stays

When you have questions about prior authorization requests (PARs) or hospital stays, call the following numbers:

Hospital stays:

Inpatient/CCR Unit: **650-616-2828**

Prior authorization requests:

Utilization Management (UM) Unit:
650-616-2070

For TDD/TTY Services:

1-800-735-2929 or dial **7-1-1**

For Interpreter Services:

1-800-750-4776 or **650-616-2133**

For questions about:

Benefits: call Member Services at

1-800-750-4776 or **650-616-2133**

Claims: call **650-616-2056**

Hours for the Inpatient/CCR and UM units are 8:00 a.m. to 5:00 p.m. Monday to Friday. After-hours is outside of regular HPSM office hours and includes weekends and HPSM holidays.

Members and providers may submit information by telephone and fax. Incoming faxes are received 24 hours a day, 7 days a week, excluding company holidays.

When calling an HPSM member regarding a UM matter, HPSM staff will identify themselves by name and job title, and state that they are calling from HPSM.

the loop, here are highlights of our most recent actions

- Coming soon: Monthly access and availability grievance reports

Communications

HPSM is continuously improving the content and timeliness of our communications with providers and members. We are currently focused on updating the new HPSM website, increasing provider notifications through our new email distribution lists and offering provider webinars on important topics. One of our recent webinars is the network-wide Health Homes Program Introduction, which can be viewed at hpsm.org/health-homes.

To request the clinical criteria utilized for UM decisions, call Health Services at **650-616-2070** or mail your request to: Health Plan of San Mateo, 801 Gateway Blvd #100, South San Francisco, CA 94080. The same phone number may be used for questions regarding the status of a submitted prior authorization request, or questions regarding the authorization process. Calls are answered by UM staff to facilitate communication of essential information. Peak telephone call volume typically occurs in the late morning or early afternoon on Mondays and Fridays. Telephone response times are generally best at other times of the day. Prior authorization requests and questions regarding the authorization process may also be faxed to the HPSM Health Services Fax line at **650-829-2079** at any time. HPSM does not reward physicians or nurse reviewers for service denials or authorization modifications. No incentives are offered or will be offered to HPSM staff to encourage denials or the underutilization of coverage or services. Utilization Management decisions are based strictly on medical necessity, appropriateness of care and HPSM eligibility.

Partner with HPSM on Quality Care Initiatives

HPSM's Quality Improvement (QI) team has numerous initiatives aimed at improving quality of care for our members. Our QI activities are also designed to help providers achieve the new Pay for Performance (P4P) goals that HPSM has set. To make these activities as useful to you as possible, we'd like your feedback on how we can partner with providers on initiatives in four specific QI areas:

1. Prenatal/Postpartum Care (PPC) – Specifically our incentives that encourage members to attend prenatal and postpartum visits
2. Cervical Cancer Screening (CCS)
3. Breast Cancer Screening (BCS)
4. Asthma Medication Ratio (AMR)

Some examples of ways we could partner to improve QI initiatives include:

- Data sharing options focused on particular quality of care metrics
- Our text messaging pilot – help us explore how to best utilize this member outreach tool to increase member engagement
- **Your idea here** – tell us what kind of approach interests you

✉ If you would like to partner with HPSM on any these areas or have questions about specific quality measures, please contact your Provider Services Representative. They can connect you with the appropriate Quality Improvement team member.

Pediatric Policy Updates for PCPs

HPSM made two pediatric policy updates in 2018 that affect PCPs:

1. Since January 1, HPSM has required prior authorization for outpatient Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) for members under 21 years old. You can get authorization for an initial evaluation by submitting a current physician's prescription.
2. On July 1, HPSM began administering benefits for members under 21 years old who require Behavioral Health Therapy (BHT) and/or Applied Behavioral Analysis (ABA).

Frequently Asked Questions

How do I help my patients begin outpatient therapy?

When prescribing therapy evaluation, treatment or both, please send a copy of the prescription directly to the therapy provider. To receive authorization for a therapy evaluation or service, the therapy provider must submit a current prescription (within six months) along with the HPSM TAR form.

What guidelines does HPSM follow when authorizing therapy requests?

HPSM uses Milliman Care Guidelines and Medical Guidelines to evaluate therapy requests. For routine initial therapy requests, 12 follow-up therapy visits are typically approved. Additional visits may be authorized based on the member's medical condition and progress according to the submitted documentation (which must include an updated prescription).

When should I refer a patient to Early Start (GGRC)?

Refer a child under age three if they meet the eligibility criteria, need home-based services or require a more comprehensive approach to address family needs. Families may also want to begin the process of securing school-based services once their child reaches 33 months. However, the child can receive outpatient therapy (PT/OT/ST) services in the interim.

When should I refer a patient to the school district?

Refer when a child has long-term therapy needs and is over 33 months old or has developmental needs that will affect his/her ability to learn or function at school. Children enrolled in Early Start are assisted by their assigned social worker. The family can also contact the school district directly to request an assessment. The school district then has 15 days to propose an assessment plan. Any outpatient reports you provide will be helpful to the school district's assessment.

✉ For more information, please see HPSM's recent Provider Notification online at hpsm.org/provider-news.



Clinical Guidelines for PCPs on HPSM's Website

HPSM encourages our network primary care providers (PCP) to use the clinical guidelines posted on our website when treating HPSM members with common illnesses and chronic conditions. These nationally recognized and accepted evidence-based clinical guidelines also include preventive

care guidelines for offering preventive screening services in primary care. They are endorsed by the National Guidelines Clearinghouse, Centers for Disease Control and the Agency for Healthcare Quality and Research (which convenes the U.S. Preventive Services Task Force).

The following clinical guidelines are posted at hpsm.org/clinical-guidelines

Asthma Guidelines

- Guidelines for Diagnosis and Management of Asthma
- Diagnosis and Management of Asthma

Behavioral Health Guidelines

- Guidelines for Treatment of Patients with Substance Use Disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Practice Parameters for Child Mental Health

Cancer Screening

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening

Cardiovascular and Circulatory Guidelines

- Guidelines for Management of Heart Failure
- Hypertension Diagnosis and Treatment
- Hypertension Treatment Algorithm
- Lipid Management in Adults

COPD Guidelines

- Diagnosis and Management of Chronic Obstructive Pulmonary Disease

Diabetes

- Standards of Medical Care in Diabetes

Immunization Schedules

- Birth to 18 years and Catch Up schedules
- Adult Immunization
- Combination Vaccines

Obesity

- Adult Obesity Screening
- Child or Teen Obesity Screening

STD Guidelines

- CDC Sexually Transmitted Disease Treatment Guidelines
- HPV Vaccine for Child/Teen (scroll to "18 months to 18 years" on schedule)
- Disease Reporting Form – San Mateo County

Health *matters* MD

FALL 2018—IN THIS ISSUE

- 1 Meet HPSM's New Chief Medical Officer
- 1 Stay Up to Date on HPSM's Formulary
- 2 Remind Your Patients to Get a Flu Shot
- 2 New LTC Partnership Program Aims to Improve Post-Acute Care
- 2 HPSM's Provider Manual Has the Answers
- 3 DaVita Clinics Join HPSM, Expanding Access for Dialysis Patients
- 3 New — Home-Based Assessments by Matrix
- 4 HPSM Process Improvement Initiatives Snapshot
- 4 Phone Numbers for PARs and Hospital Stays
- 5 Partner with HPSM on Quality Care Initiatives
- 6 Pediatric Policy Updates for PCPs
- 7 Clinical Guidelines for PCPs on HPSM's Website