

## Attend HPSM's Prior Authorization Forum — April 23rd



**Cynthia Cooper MD**  
Senior Medical Director

Hello — I'm Dr. Cindy Cooper, HPSM's Senior Medical Director. This spring, I'll be facilitating HPSM's first-ever onsite provider forum at our South San Francisco headquarters. We're hosting this event to get feedback from you, HPSM's network providers, about our prior authorization process. This is part of HPSM's efforts to continuously improve services and connect with our

network providers. Dinner will be provided. If you plan to attend, please RSVP at [www.hpsm.org/pa-rsvp](http://www.hpsm.org/pa-rsvp) by April 9. If you are unable to attend in person, you may participate through a webinar — please RSVP for login information.

### As the forum's facilitator, I will:

- Give a brief overview of HPSM's prior authorization process
- Explain how I make prior authorization decisions as a medical director
- Address providers' questions and concerns about our prior authorization process

**If you have questions or feedback** about HPSM's prior authorization process, please submit them at [www.hpsm.org/pa-rsvp](http://www.hpsm.org/pa-rsvp) by April 16. *Medical knowledge and best treatment practices are constantly evolving, and we are open to your feedback.* We base our prior authorization decisions on national guidelines. If you are aware of nationally-accepted guidelines that differ from ours, we want to know.

HPSM greatly values your input, and I hope to meet you in person at the forum.



Cynthia Cooper MD  
Senior Medical Director

## Prior Authorization Forum

Tuesday

April  
23

6:00 to 7:30 p.m.

801 Gateway Blvd.  
South San Francisco

Hosted by

**Dr. Cindy Cooper**

**HPSM Senior Medical Director**

**Dinner included**

**RSVP is required**

by **APRIL 9**

visit [www.hpsm.org/pa-rsvp](http://www.hpsm.org/pa-rsvp)

If you can't attend in person, please RSVP and you will receive login instructions for our webinar

# Medi-Cal Benchmark P4P Program: Deadlines & Updates

Are you participating in HPSM's Medi-Cal Benchmark P4P Pay-for-Performance (P4P) incentive program? Here is some information you'll want to know:

## 2018 submission & payment dates

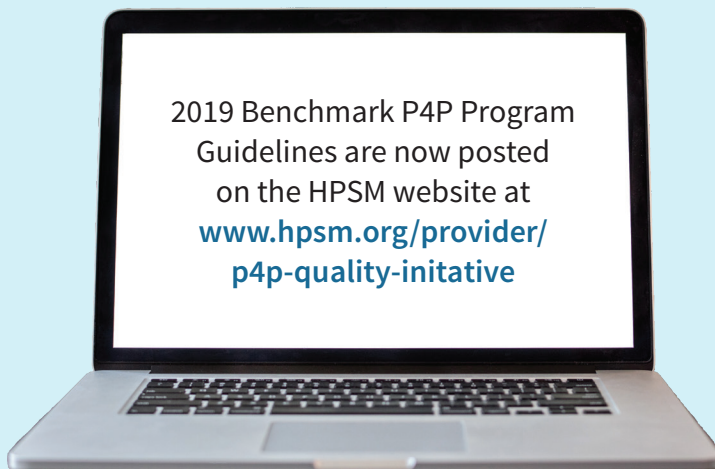
March							
Su	Mo	Tu	We	Th	Fr	Sa	
					1	2	
3	March 31, 2019 is the deadline to submit 2018 P4P program claims/encounter data (2018 dates of service)					9	
10						16	
17						23	
24	25	26	27	28	29	30	

April							
Su	Mo	Tu	We	Th	Fr	Sa	
	1	2	3	4	5	6	
7	HPSM will calculate provider Benchmark P4P payments based on all claims data submitted through March 31, 2019					13	
14						20	
21						27	
28	29	30					

May						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	Anticipated payment timeframe for 2018 dates of service			10	11
12	13	14	15	16	17	18
19	20					25
26	27	28	29	30	31	

***Be sure to submit your 2018 claims by March 31, 2019!***

## What's new in 2019



### Did you know?

For the 2019 Medi-Cal P4P program, 85% of HPSM Medi-Cal members are assigned to a PCP on the outcomes-based payment track (Track 3, Benchmark P4P)

## New 2019 P4P Reports

- ▶ Monthly current member detail report
- ▶ Monthly aggregate quality score/report card
- ▶ Monthly child and adolescent immunization reports



**View your reports online:** go to [www.hpsm.org/provider/portal](http://www.hpsm.org/provider/portal) and click on “eReports Portal Login.” To schedule a training on eReports with your Provider Services rep, please contact us at [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org) or **650-616-2106**.

## New reporting-only measures

Taxonomy  
Rate

=

Numerator: Number of claims submitted  
with a valid provider taxonomy code

Denominator: All claims received from  
provider billing NPI in the measurement year

Capitated  
Services

=

Numerator: Number of claims paid as  
capitated in the measurement year

Denominator: All assigned member  
months in the measurement year

# Community Program Spotlight: The Black Infant Health Project

Did you know that in the Bay Area, infant mortality **is four times higher** for African-American women than White women and that African-American women are **three to four times** more likely to die during pregnancy or childbirth<sup>2,3</sup>? Did you know that this disparity exists for women of all education and income levels<sup>4</sup>? In our last issue, HPSM shared some of the underlying challenges contributing to these alarming statistics, as well as some great resources in our community for combating them. In this follow up, we'd like to spotlight a great program that you as a provider can refer patients to – the Black Infant Health (BIH) Project – that aims to reduce infant and maternal mortality and improve birth outcomes for African-American families. We sat down with Chyvonne Washington, BIH's Program Supervisor, to learn more.

## What type of services does BIH provide?

BIH offers a comprehensive set of services to support pregnant and parenting African-American women and their families. These include:

- Home visiting
- Case management
- Care coordination
- African-American health disparities health education curriculum
- Social and community service referrals and linkages
- Prenatal and post-partum client support groups
- Lactation consultant and breast feeding education
- Public health nursing services
- Mental health services
- Post-partum depression screenings
- AOD (alcohol and other drug) support
- Community outreach
- Client/participant incentives (such as baby items and rewards)
- Ages and stages developmental screenings
- Transportation assistance
- Provider and community education

## How do I refer patients to BIH?

Any San Mateo County resident who self-identifies as African-American or Black and is pregnant or six months post-partum can be referred to us. We have no income or insurance requirements. They can be referred directly to us by phone at **650-363-7850** or they can be emailed to me at [cwashington@smcgov.org](mailto:cwashington@smcgov.org). Even if patients don't live in San Mateo County, you can still refer them to us and we can connect them to the Black Infant Health Program that serves their area.

## What does your program mean to patients? What's it like for a patient who receives BIH services?

One of our clients who had successfully completed our program came back to enroll when she found out she was pregnant with triplets, and she gave us permission to share her story here. The client was a full-time college student, living below the poverty line and in an abusive relationship. With the help of our program she received case management, public health nursing support and resource assistance. This allowed her to continue school, become independent of her relationship

and deliver her high-risk pregnancy with few complications. Today, the client's children are healthy, and she is no longer in the abusive relationship. She graduated from California State University East Bay and is now able to financially support her family. She says that without our program's support, she would not have had the positive outcome that she did.

## What do you wish San Mateo County providers knew about BIH?

BIH was created and designed to help mitigate the unique health disparities of African-American pregnancy outcomes through health education, client support groups and care coordination. We can be a partner to help bridge the care gap between patients and providers. BIH also helps patients meet a lot of their social service needs, so they can focus on their doctor's care plan.

## What do you wish more providers knew about health disparities for African-American women?

We would like providers to know that being African-American is the risk factor that qualifies a client for our program and increases the risks for poor pregnancy

outcomes. Poor pregnancy outcomes persist no matter what income or education level an African-American mother has. In fact, in some cases, higher income and education result in poorer pregnancy outcomes. In the U.S., African-American infants are most likely to be born prematurely, too small and sick. Sadly, they are more likely to die before their first birthdays (especially of SIDS). African-American mothers are more likely to suffer from certain pregnancy complications and to die during the post-partum period. Studies have shown that the historical impact of racism has contributed to these inequities<sup>5,6</sup>.

Our clients, like many African-Americans, distrust the health system because of historical discrimination and exploitation of African-Americans. This should be taken into account when providing services to African-American patients, especially here in San

Mateo County where the African-American population of potential clients and healthcare providers is small. Also, providers should be aware of their unconscious bias regarding African-Americans. Clients often tell us that they don't want providers to assume they will be combative, or assume they have higher pain thresholds. The client experience starts with the first phone call or walk through the office door, so clinic/office staff should also be aware of their unconscious bias. Human kindness, consideration and a smile go a long way.

### How can I learn more?

BIH is happy to give a program presentation to any provider organization that wants more information. Reach out to me at [cwashington@smcgov.org](mailto:cwashington@smcgov.org) if you'd like to learn more! Or visit us online at [www.smchealth.org/bih](http://www.smchealth.org/bih).

## More maternal health resources

### Women, Infants & Children (WIC) program

WIC provides services to women who are pregnant, breastfeeding or in the post-partum period as well as infants and children up to five years of age who are at nutritional risk. The program provides breastfeeding education and support; when required, it can also loan breast pumps. Through WIC, families who qualify can also receive checks for nutritious foods as well as many educational resources on nutrition, such as portion sizes and health recipes. Many of HPSM's members already qualify based on income requirements. If you would like to refer a member, please ask them to call **650-573-2168** so they can apply.

### Behavioral Health & Recovery Services (BHRS)

Did you know that 14%-23% of pregnant women experience depression during pregnancy, and 5%-25% experience post-partum depression<sup>7</sup>? Behavioral Health and Recovery Services (BHRS) offers a broad spectrum of services that can help.

To refer a patient to BHRS, either:

- Use the BHRS Referral Form: [www.hpsm.org/documents/BHRS\\_Referral\\_Form.pdf](http://www.hpsm.org/documents/BHRS_Referral_Form.pdf)
- Call the BHRS Access Call Center at **1-800-686-0101**

### Footnotes

<sup>1</sup> MCAH Vital Statistics in San Francisco: Infant Deaths. City and County of San Francisco Department of Public Health: February 2017. [www.sfdph.org/dph/files/MCHdocs/Epi/MCAH-DataBriefInfantDeaths-2006-2014.pdf](http://www.sfdph.org/dph/files/MCHdocs/Epi/MCAH-DataBriefInfantDeaths-2006-2014.pdf)

<sup>2</sup> "Pregnancy Mortality Surveillance System." Centers for Disease Control and Prevention: August 2018. [www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm)

<sup>3</sup> "Infant Mortality." Centers for Disease Control and Prevention: August 2018. [www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm)

<sup>4</sup> "New York City, 2008-2012: Severe Maternal Morbidity." New York City Department of Health and Mental Hygiene: 2016. [www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf](http://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf)

<sup>5</sup> "Stress model for research into preterm delivery among black women." American Journal of Obstetrics & Gynecology: May 2005. [www.ajog.org/article/S0002-9378\(05\)00209-7/abstract](http://www.ajog.org/article/S0002-9378(05)00209-7/abstract)

<sup>6</sup> "Maternal Health in the United States." Maternal Health Task Force at the Harvard Chan School. [www.mhtf.org/topics/maternal-health-in-the-united-states](http://www.mhtf.org/topics/maternal-health-in-the-united-states)

<sup>7</sup> "Depression and Postpartum Depression: Resource Overview." The American College of Obstetricians and Gynecologists. [www.acog.org/Womens-Health/Depression-and-Postpartum-Depression](http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression)



# Communicating with Limited English Proficient (LEP) Patients

More than 47% of San Mateo County residents speak a language other than English, and many of them don't speak English at all. That means you are likely to encounter LEP patients in your practice.

Talking with someone who speaks a language other than the one you know may be challenging. However, it is possible to communicate regardless of whether or not you speak the same language. To help your practice serve LEP patients, HPSM provides the following free language-assistance resources and services.

## Language Identification Poster

HPSM offers a free poster listing common languages in their native alphabets. Hang it on your office wall so you can ask patients to point out their preferred language.

## Language Chart Stickers

HPSM provides free stickers to help you document patients' language in their medical charts.

To order a language ID poster or chart stickers, please call **650-616-2165**

## Telephone Interpreters

Interpreters who speak 200 languages are available by telephone 24 hours a day, seven days a week through Certified Languages International (CLI). To get an interpreter:

1. Dial **1-800-225-5254**
2. Provide the CLI operator with the:
  - o Access Code (64095)
  - o HPSM member's name, date of birth and primary language
  - o Provider's office name

## Sign Language and In-Person Interpreters


You can also request in-person interpreters to help you communicate with non-English-speaking patients (under specific circumstances) or hearing-impaired patients in your office. This service requires five days advance notice and prior authorization by HPSM. To request an in-person interpreter or learn more about the criteria for getting one, go to [www.hpsm.org/provider/resources/language-services](http://www.hpsm.org/provider/resources/language-services), fill out the form in the Language Services section and fax it to HPSM.

**200+ Languages**

# INTERPRETING SERVICES AVAILABLE

**HealthPlan OF SAN MATEO**

English Translation: You have the right to an interpreter at no cost to you. Please point to your language.

<b>Albanian</b> gjuha shqipe Ju keni të drejtë të kërkonti një përkthyes, pa asnjë shpenzim nga ana juaj. Ju lutem përcaktoni gjuhën tuaj.	<b>Haitian Creole</b> kreylòl ayisyen Ou gen dwa a yon entèprèt san li pa koutè w anyen. Tanpri chwazi lang ou pale a.	<b>Punjabi</b> ਪੰਜਾਬੀ ਤੁਹਾਡੇ ਖੋਲ ਚਿਨਾਂ ਕਿਸੇ ਭਰਚ ਤੋਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਹੱਕ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਅਪਣੀ ਭਾਸ਼ਾ ਚੁਣੋ।
<b>Arabic</b> العربية من حقك الوصول إلى مترجم بدون تكلفة عليك، من فضلك اختر لغتك.	<b>Hindi</b> हिन्दी आपको एक दुभाषिये की नशुलक सेवायें प्राप्त करने का अधिकार है। कृपया अपनी भाषा चुने।	<b>Russian</b> русский Вы имеете право на бесплатные услуги переводчика. Пожалуйста просим Вас указать на Ваш язык.
<b>Bengali</b> বাংলা বনি ধরবে একজন অনুবাদক পাবার আপনার অধিকার আছে। অনুগ্রহ করে আপনার ভাষাটি উল্লেখ করুন।	<b>Hmong</b> Hmoob Yog koj tsis paub lus Askiv, peb mam nrhiv ib tus kws txhais lus los pab koj dawb.	<b>Somali</b> Af Soomaali Waxaad xaq u leedahay inaad heshid tujumaan aan lacag kuugu fadhin. Fadlan tilmaan luqaddaada.
<b>Bosnian</b> bosanski Imate pravo na besplatnog tumača. Molimo vas da izaberete (označite) svoj jezik.	<b>Japanese</b> 日本人 皆様には無料で通訳をつける権利があります。ご自分の言語を指してください。	<b>Spanish</b> Español Usted tiene derecho a un intérprete sin costo alguno. Por favor, señale su idioma.
<b>Burmese</b> မြန်မာ သင့်တိုင် တောဝှက်တိုင်တိုင်အောင် အဖွဲ့အစည်းတို့ကို ဝယ်ယူပေးရန် အားပေးခြင်း သဘောထားတော်ကို ဖော်ပြပါ။	<b>Khmer/Cambodian</b> ភាសាខ្មែរ អ្នកមានសិទ្ធិទទួលបានសេវាអ្នកបកប្រែ ដោយឥតគិតថ្លៃ។ សូមចង្អុលទៅភាសាដែលអ្នក។	<b>Swahili</b> Kiswahili Una haki kwa mtafsiri bila malipo yoyote. Tafadhali onyesha lugha yako.
<b>Chinese Cantonese</b> 漢語廣東話 您有權利獲得一位免費的口譯人員。請指出您的語言。	<b>Korean</b> 한국어 귀하는 무료로 통역 서비스를 받으실 수 있습니다. 귀하의 언어를 선택해 주십시오.	<b>Tagalog (Filipino)</b> Tagalog Mayroon kang karapatan sa isang tagasalin nang walang gastos sa iyo. Mangyari lamang na ituro ang iyong wika.
<b>Chinese Mandarin</b> 汉语普通话 您有权利获得一位免费的口译人员。请指出您的语言。	<b>Nepali</b> नेपाली बिना शुल्क तपाईंलाई दोभाषेको अधिकार छ। कृपया आफ्नो भाषालाई संकेत गर्नुहोस्।	<b>Tigriya</b> ትግርኛ የብዙ ግለሰቦች ለ እነዚህ አስተረጓጎሚ ማርከብ ማህበረሰብ ለብዙ ሰዓት ድረስ የሚሰጥ ነው።
<b>Farsi</b> فارسی شما از این حق برخوردار هستید که بدون هزینه از خدمات مترجم شفاهی بهره مند شوید. لطفاً به زبان مورد نظر خود اشاره کنید.	<b>Polish</b> polski Masz prawo na nieodpłatnego tłumacza. Proszę wskazać język, w którym rozmawiasz.	<b>Vietnamese</b> Tiếng Việt Quý vị có quyền yêu cầu dịch vụ phiên dịch hoàn toàn miễn phí. Vui lòng cho biết ngôn ngữ của quý vị.
<b>French</b> français Vous avez droit aux services gratuits d'un interprète. Veuillez préciser la langue que vous parlez.	<b>Portuguese (Brazil)</b> Português (Brasil) Você tem direito a um intérprete sem nenhum custo para você. Por favor indique seu idioma.	 <b>CERTIFIED LANGUAGES INTERNATIONAL</b>

[CertifiedLanguages.com](http://CertifiedLanguages.com) | 1.800.CALL.CLI



## March is Colorectal Cancer Awareness Month

### Talk to your patients about which screening test is right for them

The U.S. Preventive Services Task Force (USPSTF) recommends that **adults aged 50 to 75 be screened for colorectal cancer**. Several different screening tests can be used to identify polyps or colorectal cancer. Each test has advantages and disadvantages which should be addressed when recommending a screening strategy for individual patients. Talk to your patients about how often they should be screened and which test or tests are right for them. For a review of clinical considerations for various screening tests, see this USPSTF resource: [www.uspreventiveservicestaskforce.org/colorectalcancerscreening](http://www.uspreventiveservicestaskforce.org/colorectalcancerscreening).

### Earn an extra \$30 per patient

As part of HPSM’s 2019 Fee-for-Service/Pay-for-Performance (FFS/P4P) program, contracted CareAdvantage and Medi-Cal primary care providers can earn bonus payments of \$30 per patient per calendar year by administering appropriate colorectal cancer screening. Medi-Cal providers must be in Track 1 or 2 of HPSM’s primary care Medi-Cal payment model to receive these bonus payments for their Medi-Cal patients.

**To receive the P4P bonus payment, one or more of the following screenings must be documented in the medical record.\* For billing, submit procedure code 3017F.**

Test type	Frequency	Documentation
Fecal occult blood test (FOBT)	Once a year	Document for current calendar year
FIT-DNA test (Fecal Immunochemical Test with DNA test)	Once a year or every three years	Document for the current calendar year or the two years prior
Flexible sigmoidoscopy	Every 5 years or every 10 years with Fecal Immunochemical Test (FIT)	Document for the current calendar year or the four years prior
Colonoscopy	Every 10 years	Document for the measurement year or the nine years prior
CT Colonography (Computed tomography)	Every 5 years	Document for the measurement year or the four years prior

\*Documentation must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the “medical history” section of the record. If this is not clear, the result or finding must also be included to ensure that the screening was performed and not merely ordered.



## Your Role in HPSM's Grievance & Appeals Process

The federal Centers for Medicare and Medicaid Services (CMS) and the State of California have regulations that give health care consumers the right to file complaints about the care and/or service they receive. HPSM and our providers are legally required to comply with these regulations. Here is a reminder of your responsibilities when HPSM requests information related to member complaints.

### Provider's role in the Grievance and Appeals process

- We understand that many complaints arise because of a difference in perception or misunderstanding about a situation. A critical part of resolving a member complaint involves getting a provider's perspective about the situation under review.
- An HPSM Grievance and Appeals Coordinator will contact you if a member files a complaint related to services that you provided.
- We want to get your honest opinion about what transpired. We understand that there may be differences of opinion.
- Requests for your perspective are not an accusation of wrong-doing. We will not assume that the member's perspective

represents the full story.

- In order to meet the strict timeframes for processing a complaint, the deadline for receipt of your response will be five days from the date the Grievance and Appeals Coordinator sends you a request.

### Retaliation against members for filing a complaint

- Members have the right to file a grievance against their provider.
- Retaliation by a provider in response to a member filing a complaint is strictly prohibited.

✉ To learn more about providers' role in the grievance and appeals process, visit [www.hpsm.org/ga](http://www.hpsm.org/ga)

## HPSM Pausing Launch of Health Homes Program

After conducting extensive research and review, HPSM has decided to pause our implementation of the Health Homes program and will no longer be going live on July 1 of this year. We learned a great deal throughout the implementation readiness review process, and gained new insights into San Mateo County's care management needs. HPSM remains committed to the overall vision of working with our community partners and network providers to enhance care management for our complex patient population. If you're interested in learning more about these efforts or would like to help HPSM shape future care management priorities, please reach out to Kati Phillips, HPSM's Provider Network Manager, at [Kati.Phillips@HPSM.org](mailto:Kati.Phillips@HPSM.org).



To ensure our members get the highest quality health care, HPSM wants to help our providers comply with HEDIS's Asthma Medication Ratio (AMR) measure. This FAQ explains the AMR and highlights ways that providers can achieve compliance.

### What does the AMR measure?

The AMR measures the percentage of patients aged 5 to 64 with persistent asthma and a ratio of controller to total meds of 0.5 or greater.

### Who is eligible for the AMR?

The AMR targets all patients in the group above who have had one of the following:

- At least one ED visit or one acute inpatient visit (with an asthma diagnosis)
- Four inpatient or observation visits and at least two asthma medication dispensing events
- At least four asthma medication dispensing events

### What are the most effective strategies for complying with the AMR?

- Educate patients about the difference between controller and reliever medication (as well as proper usage of inhaler meds)
- Discuss Asthma Action Plans (AAP) with patients to ensure they know how to control their asthma
- Assess and reassess asthma symptoms and the patient's AAP at every visit to determine if more controller medication (or a higher dose) is required
- Consider more frequent visits until the patient is compliant
- Limit the number of auto-refill rescue meds (versus controller meds) that can be issued
- Consider prescribing 60-90 days' supply of controller meds
- Encourage patients to receive their annual flu shot

# Asthma Medication Ratio Tip Sheet

## Which ICD-10 and CPT codes are eligible for the AMR?

<b>Persistent asthma</b>	ICD-10 codes: J45.20-J45.998	<b>Exclusions</b> Patients who have had the following diagnoses are excluded: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, acute respiratory failure
<b>ED visit</b>	CPT codes: 99281-99285	
<b>Inpatient</b>	CPT codes: 99221-99233, 99238-99239, 99251-99255, 99291	
<b>Outpatient</b>	CPT codes: 99201-99215, 99241-99245, 99381-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99217-99220	

## Which ICD-10 and CPT codes are eligible for the AMR?

<b>Oral medication</b>	<ul style="list-style-type: none"> <li>• One prescription counts as any medication lasting ≤30 days</li> <li>• To calculate dispensing events for prescriptions, divide by 30</li> <li>• Different medications dispensed on the same day count as separate events</li> </ul>
<b>Inhalers</b>	<ul style="list-style-type: none"> <li>• All inhalers of the same medication dispensed on the same day count as one event</li> </ul>
<b>Injections</b>	<ul style="list-style-type: none"> <li>• Each injection counts as one event (i.e., any other injection, whether of the same prescription or a different prescription, counts as a separate event)</li> </ul>
<b>Units of medication</b>	<ul style="list-style-type: none"> <li>• Each individual medication in any amount lasting less than or equal to 30 days is counted as one medication</li> <li>• One medication unit is defined as one inhaler canister, one injection or ≤1 day supply of oral medications</li> </ul>
<b>Data source</b>	<ul style="list-style-type: none"> <li>• Claims and pharmacy data</li> </ul>

## Reminder: Respond to HEDIS and EDV Record Requests

Medical record collection for Healthcare Effectiveness Data and Information Set (HEDIS) and Encounter Data Validation (EDV) began in February. You may be (or may have been) contacted by our certified vendor, Advantmed, to have a Medical Records Technician (MRT) visit your office to collect requested charts.

Please schedule an appointment as early as possible to avoid the rush and ensure your staff has time to prepare the records. **HPSM must submit all records for HEDIS and EDV by April 19, 2019.**

This is a friendly reminder that:

- HPSM providers are contractually required to participate and submit medical records
- Most requested records will be for 2017-2018, but some may go back further
- Providers with a large number of records can schedule onsite visits for convenient data transfer
- HPSM is contracted with the Centers for Medicare and Medicaid Services (CMS), allowing HPSM access to medical records without exposing protected health information (PHI)

### Have questions about a HEDIS or EDV record request?

Contact Tim Shoemaker, RN,  
HEDIS Quality Improvement  
Supervisor, at  
[timothy.shoemaker@hpsm.org](mailto:timothy.shoemaker@hpsm.org)  
or **650-616-5016**

### Need to update your medical record custodian or contact information?

Contact HPSM's  
Provider Services team at  
**650-616-2106**



# Medicare/Medi-Cal Questions? Get a Visit from the Experts!

## Do you and your staff have questions like:

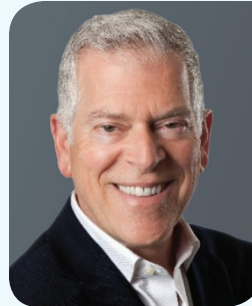
- What benefits does Medicare provide?
- How do Medicare and Medi-Cal work together?
- What is HPSM CareAdvantage? (Spoiler: it's our insurance offering for dual-eligible members who qualify for both Medicare and Medi-Cal!)
- What advantages does CareAdvantage offer providers and patients?

## Then schedule an office visit from the experts – HPSM's CareAdvantage Medicare Specialists! Get:

- Answers to all your Medicare and Medi-Cal questions
- Brochures, benefit handbooks and other print materials for your staff and patients
- Free HPSM promotional items

**Call 650-616-2512** to schedule a visit from a CareAdvantage Medicare Specialist for a time that is convenient for your office. Your entire staff can learn what they need to know – whether it's about benefits, billing or any other Medicare/Medi-Cal topic.

**Schedule an office visit from an  
HPSM CareAdvantage  
Medicare Specialist  
650-616-2512**



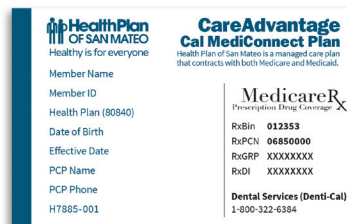
**Joe D'Aura**  
License #0C68684  
North county



**Karen Sturdevant**  
License #0C28703  
South county

HPSM's CareAdvantage Medicare Specialists are the go-to resource whenever you, your staff or your patients have Medicare and Medi-Cal questions.

***Give them a call anytime!***



**1 card, 1 phone number**  
CareAdvantage makes it easy for members to access their benefits

# Health *matters* MD

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Visit our NEW website!  
[www.hpsm.org](http://www.hpsm.org)