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## GET UP TO \$300K IN STUDENT LOAN REPAYMENTS FOR TREATING MEDI-CAL PATIENTS — APPLY BY FEBRUARY 7, 2020

Are you a physician or dentist looking to increase or maintain your Medi-Cal caseload? You may be eligible for a new DHCS program that will repay up to \$300,000 in student debt. This \$340M program, called CalHealthCares, has already awarded funding to 240 physicians and 38 dentists in California. Eligible physicians may apply for a loan repayment up to \$300,000 in exchange for a five-year service obligation. Eligible dentists may apply for either a loan repayment up to \$300,000 in exchange for a five-year service obligation or a Practice Support Grant up to \$300,000 in exchange for a ten-year service obligation. All awardees are required to have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application. HPSM encourages our providers to apply.

### TO QUALIFY, APPLICANTS MUST:

- Maintain a patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- Have graduated within the last five years (January 1, 2015) or will be graduating and moving towards employment no later than June 30, 2020. For dentist applying to the Practice Support Grant must have graduated from dental school or residency program within the last fifteen years (January 1, 2005)
- Not be participating in another loan repayment program or practice support grant as of June 30, 2020 (see link in sidebar for details)
- Have an unrestricted license and be in good standing with their licensing board
- Be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have submitted their application to DHCS to become a Medi-Cal provider
- Have existing educational loan debt incurred while pursuing a medical or dental degree, or have an existing dental practice and willing to relocate, expand or establish a new practice to a target county
- Practice in California

### Apply for the CalHealthCares program by February 7, 2020

Physicians can apply for the next program cycle starting January 13, 2020. To apply and learn more, visit [www.CalHealthCares.org](http://www.CalHealthCares.org).

# EDUCATE IMMIGRANT PATIENTS ABOUT PUBLIC CHARGE

HPSM’s guiding principle is that *Healthy is for everyone* – including immigrants, whether they are documented or undocumented. But due to worries about “public charge,” some immigrants are not using the public health care resources they need and are legally entitled out of fear that they or their families could be deported. This is unfortunate, because *public charge does not apply to most immigrants and only pertains to a very limited set of benefits*.

Not using public assistance or unnecessarily terminating benefits can endanger people’s health. As a health care provider, you can play a vital role in this education effort by making sure your immigrant patients understand how public charge may affect them.

## WHAT YOU NEED TO KNOW ABOUT PUBLIC CHARGE

### 1) Regarding applications for lawful permanent residence (a green card):

#### If your undocumented patient’s immigration interview is in the U.S.

- Public charge does *not* apply to any benefits that HPSM offers to undocumented members (except long-term care)
- Benefits used by family members don’t count

#### If their immigration interview is outside of the U.S. (at a U.S. Consulate)

- Right now, the consulate can ask about any benefits, but they are mostly looking at income
- The consulate is expected to soon limit the health benefits that count in the U.S. to federally funded Medi-Cal for non-emergency/pregnancy care (note that HPSM’s Medi-Cal benefits for undocumented members are *state funded*)

#### If they are not planning to file for a green card in the near future, there is no public charge test

- Undocumented members are only eligible for state funded medical benefits
- Public charge rules should not include these benefits, regardless of where the person interviews or if they apply for a green card many years from now

### 2) Public charge does not affect applicants for:

U.S. citizenship	Asylum	Refugee status
Special Immigrant Juvenile (SIJ) status	Temporary Protected Status (TPS)	Violence Against Women Act (VAWA) protection
U or T visas or green cards based on them	Deferred Action for Childhood Arrivals (DACA) renewals	Green card renewals

### 3) The public charge test considers factors beyond benefits use

Public charge also takes the applicant’s current situation into account to determine their “likelihood of becoming a public charge.” The criteria include health, age, employment, skills, education and family/sponsor income. Your patient’s health and income will be more important in the future than using HPSM benefits right now.

**Public charge** is a rule that allows the U.S. government to deny an undocumented person’s application for permanent residence (a “green card”) or certain other visas if they are deemed likely to depend on certain government programs

**Learn more about Public Charge at [www.thelibreproject.org](http://www.thelibreproject.org)**

In addition to more details about public charge, the LIBRE<sup>1</sup> project’s website features downloadable brochures (in English, Spanish and Chinese) aimed at helping immigrants understand whether and how the rule affects them. These brochures also list relevant community resources, including who to contact for legal advice. Print some copies to give to patients!

<sup>1</sup> LIBRE is a collaborative program between the Legal Aid Society of San Mateo, Redwood City 2020, Nuestra Casa, Coastside Hope, Ravenswood School District, Redwood City School District, and the San Mateo County Human Services Agency.

# HPSM PLANNING TO INTEGRATE DENTAL BENEFITS IN 2021

HPSM is currently working on a plan to integrate dental benefits, starting in January 2021. We believe there is a significant opportunity to increase access to and use of dental services.

Today, HPSM members get dental benefits through Denti-Cal, a program that is administered by the state. Unfortunately, many of our members have difficulty finding dentists in their area who accept Denti-Cal. These access challenges are reflected in San Mateo County's comparatively low Denti-Cal utilization rates. According to a recent study published by the CDC, San Mateo Denti-Cal utilization is below the statewide Denti-Cal average and *less than half* of the broader population's average dental use rates:

Annual Dental Visits	Children	Adults
San Mateo Denti-Cal 2016	41.3%	16.8%
Statewide Denti-Cal 2016	43.7%	20.6%
National - All Populations 2016*	85%	64%

\* Statistics from the Centers for Disease Control – [www.cdc.gov/nchs/data/abus/abus17.pdf](http://www.cdc.gov/nchs/data/abus/abus17.pdf) (Table 78)

## HOW HPSM'S DENTAL PLAN WILL HELP MEMBERS AND PROVIDERS

- HPSM will develop our own network of dental providers with incentives such as:
  - Streamlined authorization protocols that make administrators' jobs easier
  - In-house claims processing designed for faster payment
- A dedicated HPSM unit will be available for members to call for direct referrals to network dentists in their area who are accepting new patients
- HPSM will coordinate care between dental and medical providers, helping to facilitate referrals and integrate oral health into the care planning process

**Watch for updates on HPSM's dental initiative in this newsletter**

**KNOW ANY GREAT DENTISTS?** HPSM is starting to recruit dental providers in San Mateo County to join our network. Tell interested dentists to email [Kati.Phillips@hpsm.org](mailto:Kati.Phillips@hpsm.org).

# WORKING WITH HPSM ON POTENTIAL QUALITY ISSUES (PQIs)

## WHAT IS A PQI?

A PQI is a suspected provider performance, clinical care or outcome of care issue that requires further investigation. Referrals for PQI investigations can come from HPSM staff or members, contracted or non-contracted providers and their staff or any member of the community (such as a member's family or friend). HPSM also identifies PQIs by reviewing:

- Complaints, grievances and appeals
- Concurrent, prospective and retrospective utilizations
- Claims and encounter data
- Care coordination reports
- Medical record audits

## Some examples of PQIs include:

- Delays in obtaining referrals
- Rude behavior by clinical providers or staff members
- Inadequate assessment of patients
- Complication in the delivery of a child
- Unexpected death of a patient

## WHAT HAPPENS WHEN A PQI IS IDENTIFIED?

An HPSM Quality Improvement Nurse conducts an initial investigation and then forwards the case to an HPSM Medical Director for review and to determine next steps. We ask the provider for the member's medical records and their response to the PQI to get their side of the story, and may request a corrective action plan if appropriate.

**To report a PQI, please use the PQI referral form available on the HPSM website, or contact us at:**



Phone: **650-616-2579** Fax: **650-829-2070**

Email: [PQIReferralRequest@hpsm.org](mailto:PQIReferralRequest@hpsm.org)

# Baby + Me

HPSM is excited to introduce **Baby + Me – our new prenatal and postpartum care program!** Baby +Me promotes timely maternal and child care, as well as comprehensive health for mother and infant, from the beginning of pregnancy to birth and beyond.




Below is an overview of Baby + Me that explains the roles HPSM and providers play to ensure our members get the best care

Prenatal/ postpartum treatment timeline	 <b>0 to 12 weeks prenatal</b>	 <b>13 to 28 weeks prenatal</b>
<b>THE ROAD TO A HEALTHY</b>		
<b>Recommended visit frequency</b>	Prenatal visits every 4 weeks until 28 weeks	Prenatal visits every two weeks from 28-36 weeks
<b>Recommended provider activities</b>	<ul style="list-style-type: none"> <li>• Vital signs, weight assessment, BP check, uterine size, fetal heart rate check, etc.</li> <li>• Maternal mental health screening (at least once during the pregnancy period)</li> <li>• Ultrasound to date pregnancy</li> <li>• Prenatal blood testing</li> </ul>	<ul style="list-style-type: none"> <li>• Down syndrome testing (if desired)</li> <li>• NTS/AFP test</li> <li>• Education to mother on baby’s movements</li> <li>• Fetal anatomy survey at (16-20 weeks)</li> <li>• Mental health history and depression screening</li> <li>• Neural tube defect testing (MSAFP)</li> <li>• Gestational diabetes (24-28 weeks)</li> </ul>
<b>Services provided by HPSMs Baby + Me Program</b>	Reward member with a \$50 Target GiftCard™ for attending prenatal appointment	<ul style="list-style-type: none"> <li>• HPSM can provide member with information on community programs (such as WIC, FHS, BIH, Pre to 3, BHRS etc.)</li> <li>• Information on breast feeding resources if needed, such as breast pump information</li> <li>• Nutrition resources</li> </ul>

If you have specific questions about the Baby + Me program or health education

**HPSM providers – especially OB/Gyns and pediatricians – play a vital role in Baby + Me**

- If you have pregnant patients, encourage them to enroll by visiting [www.hpsm.org/babyandme](http://www.hpsm.org/babyandme). As an incentive, they can earn \$100 in Target GiftCards™ for attending one prenatal and one postpartum appointment.
- By delivering appropriate services at the right phase of pregnancy or child development, you’ll help ensure that your patients – both mother and baby – get the best chance at a healthy start in life. (The recommendations below are for low-risk pregnancies only.)

 <p><b>29 weeks - 40 weeks to delivery</b></p>	 <p><b>1 to 3 weeks postpartum</b></p>	<p><b>3 to 8 weeks postpartum</b></p>	<p><b>Well Baby Checks (6 visits in the first 15 months of life)</b></p> 
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**PREGNANCY, BIRTH & BABY!**    = = = = = = = = = = = = = = =

<p>Prenatal visits every week after 36 weeks</p>	<p>C-section incision check if needed Post-partum check if needed for high risk deliveries</p>	<p>Postpartum visit</p>	<ul style="list-style-type: none"> <li>• 6 well child visits</li> <li>• Immunizations</li> </ul>
<ul style="list-style-type: none"> <li>• Antibody screening in women who are Rh negative</li> <li>• CBC to check for anemia</li> <li>• Group B strep test (35-37 week)</li> <li>• Screening for fetal malpresenataion</li> <li>• Screening for preeclampsia</li> </ul>		<ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Nutrition, exercise and feeding guidance</li> <li>• Maternal mental health screening</li> <li>• Pap smear (if needed)</li> <li>• Family planning information</li> </ul>	
<p>HPSM can help educate member about postpartum visits, gestational diabetes, C-Section rates and tobacco cessation (as needed)</p> <p>Health education material is available from HPSM on C-sections and VBACs if appropriate</p> <p>Breast feeding and nutrition information from HPSM if required</p>		<p>Reward member with a \$50 Target GiftCard™ for attending postpartum appointment</p> <p>HPSM has a list of lactation consultants</p>	<ul style="list-style-type: none"> <li>• HPSM can provide education for member about the importance of attending all well child visits</li> <li>• Educate member about immunization schedule</li> <li>• Reminders to complete immunization on time</li> <li>• Referral to WIC for nutritional resources, parenting classes, mom groups, etc.</li> </ul>

ation materials, please call HPSM’s Health Education Unit at **650-616-2165**

# HPSM PRIMARY CARE P4P PROGRAM CHANGES

HPSM has launched a new process for obtaining input from our provider community on our PCP value-based payment model and Pay for Performance (P4P) Program. This is the next phase of the PCP Clinical Partnership that HPSM ran from Fall 2016 – Spring 2018.

## HOW DOES HPSM GET PROVIDER INPUT ON P4P?

HPSM held two provider forums, one for our Medi-Cal program and one for our CareAdvantage program. These included a group exercise where we discussed the following items with our community providers: how well HPSM’s high priority performance metrics align with practice priorities, potential challenges to metric implementation and how HPSM can support providers’ success in the program. HPSM also hosted network-wide webinars, one for each P4P program (Medi-Cal and CareAdvantage) on upcoming changes.

## WHAT’S NEW AND HOW DO I LEARN MORE?

Several notable changes are occurring in HPSM’s 2020 P4P program. If you were not able to participate in the live webinars, please reach out to HPSM Provider Services to request a copy of the webinar recording. Several of the more notable upcoming changes are below<sup>1</sup>:

Update	P4P Program	Effective Date
Discontinuing Fee-for-Service P4P Program and payments	Medi-Cal and CareAdvantage	Dates of Service on or after 1/1/2020
Provider P4P eligibility requirement: 100 members assigned as of 1/1/2020	Medi-Cal	Calendar year 2020
Provider P4P eligibility requirement: 50 members assigned as of 1/1/2020	CareAdvantage	Calendar year 2020
Revised partial credit benchmark: 75th percentile for NCQA/HEDIS	Medi-Cal	Calendar year 2020
Revised full credit benchmark: 90th percentile for NCQA/HEDIS	Medi-Cal	Calendar year 2020
11 metrics will be assigned for payment by track (tracks = pediatrics, family practice or adult)	Medi-Cal and CareAdvantage	Calendar year 2020

<sup>1</sup> Please see full program guidelines and network-wide webinar recordings for additional information, visit [www.hpsm.org](http://www.hpsm.org) or contact Provider Services.

## NEED HELP TRACKING PERFORMANCE?

HPSM’s eReports portal provides access to customizable monthly reports that support clinics’ tracking of performance and member opportunity lists. To set up eReports access for members of your staff, or to learn how to use the report data to improve your P4P numbers, please contact HPSM Provider services:

- Toll-free: **1-833-694-7761**
- Local: **650-616-2106**
- Fax: **650-616-8046**
- Email: [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org)

## REMIND YOUR PATIENTS

It’s flu season, and a flu shot can keep your patients from getting sick. When you see your patients, ask if they’ve gotten their flu shot this year. If they haven’t, encourage them to get one. The best way to be sure your patients get vaccinated is to give them a shot during their appointment.



# HELP YOUR PATIENTS QUIT VAPING

Vaping has been in the national news recently as a result of over **1,800 hospitalizations and 38 known deaths** — with at least seven California fatalities. As a result, Governor Gavin Newsom has allocated \$20 million for an awareness-raising campaign aimed at dramatically reducing youth vaping. About 80 percent of young people who vape use flavored nicotine products<sup>1</sup> designed to taste like candy, ice cream, soda and other sugary sweets. Teenagers are also more than six times as likely as adults to vape.<sup>2</sup> While the governor doesn't have the authority to outlaw flavored vaping products, California's legislature does, and Newsom has stated he intends to work with lawmakers on a statewide ban.

## ASSESS AND ADDRESS YOUR PATIENTS' NICOTINE USE – WHETHER THEY ARE SMOKING TOBACCO OR VAPING

Part of the reason that vaping is dangerous is that the nicotine level in vaping liquid is unregulated – making it addictive like smoking. While e-cigarettes are less harmful than smoking<sup>3</sup>, they're still not safe. E-cigarettes that have been modified after purchase, or that contain THC, are particularly linked to lung injury. In accordance with Department of Health Care Services (DHCS) standards, please report your assessment findings to HPSM so we can coordinate the member's nicotine cessation treatment.

## IF YOUR PATIENTS SMOKE, HELP THEM QUIT SAFELY – WITHOUT VAPING

As a health professional, you may already know that there is no hard evidence that vaping is an effective way to quit smoking, and it is not FDA-approved as a smoking cessation tool. But your patients who don't know this may take up vaping in an attempt to quit smoking. You can help them by recommending and offering the most clinically effective method: coaching combined with an FDA-approved nicotine cessation medication. This approach works whether your patients smoke or vape.

HPSM covers all seven FDA-approved nicotine cessation medications for non-pregnant adults of any age. You can prescribe an unrestricted 90-day treatment regimen of any one of these medications without prior authorization. They are: Bupropion SR, Varenicline, nicotine gum, nicotine inhalers, nicotine lozenges, nicotine nasal sprays and nicotine patches.

If your patient is pregnant, consult the American College of Obstetrics and Gynecology's tobacco cessation guidelines<sup>4</sup> before prescribing nicotine cessation medications. You can also refer any patients who use any nicotine products to the California Smoker's Helpline.

## THE CALIFORNIA SMOKERS' HELPLINE

helps people quit the nicotine habit, including vaping. You can refer patients by filling out a form at [www.nobutts.org/helpline-referral-options](http://www.nobutts.org/helpline-referral-options). You can also have your patients visit [www.nobutts.org](http://www.nobutts.org) or call the Helpline directly:

### Quit vaping:

1-844-8-NO-VAPE  
(1-844-866-8273)

### Spanish:

1-800-45-NO-FUME  
(1-800-456-6386)

### Quit smoking:

1-800-NO-BUTTS  
(1-800-662-8887)

### Chinese:

1-800-838-8917

### Korean:

1-800-556-5564

### Quit chewing tobacco:

1-800-844-CHEW  
(1-800-844-2439)

### Vietnamese:

1-800-778-8440

Services are available weekdays from 7am to 9pm and Saturdays 9am to 5pm in multiple languages

<sup>1</sup> Flavored Tobacco Product Use in Youth and Adults: Findings From the First Wave of the PATH Study (2013-2014). American Journal of Preventive Medicine: August 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28318902>

<sup>2</sup> "Prevalence and Distribution of E-Cigarette Use Among U.S. Adults: Behavioral Risk Factor Surveillance System, 2016." Annals of Internal Medicine: October 2018. <https://annals.org/aim/article-abstract/2698112/prevalence-distribution-e-cigarette-use-among-u-s-adults-behavioral>

<sup>3</sup> "5 Vaping Facts You Need to Know," Johns Hopkins Medicine, accessed December 2019. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping>

<sup>4</sup> "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking." The American College of Obstetricians and Gynecologists: 2011.

# TO GET A FLU SHOT

While some people just need to be reminded about getting a flu shot, others may be hesitant. Scientific evidence shows that the flu vaccine dramatically reduces susceptibility to the virus, but many people who are exposed to misinformation remain resistant. As a trusted medical authority, your patients are more likely to be open to vaccination if they hear it from you that the flu shot is safe and effective.

If your patients don't have time to get the flu shot during an appointment, they can still get the flu shot by visiting their local pharmacy. Just remind them to bring their HPSM Member ID with them.



# FOR YOUR PATIENTS' SAFETY, REMEMBER TO PERFORM MEDICATION RECONCILIATION

When a patient takes multiple medications, the dangers of adverse drug events (ADEs) and medical error increase. Performing medication reconciliation helps protect your patients against these risks and other negative outcomes.

## BEST PRACTICES FOR PROVIDERS

**During office visits:** Remember to create and maintain a comprehensive list of all prescription and over-the-counter medications a patient is taking (including the medication name, dosage, frequency and route). Take this opportunity to educate your patients on the purpose of the medication. If a potentially harmful interaction is found, work with the patient and any prescribing physicians to find an effective alternate treatment.

**Post hospital discharge:** When performing medication reconciliation post hospital discharge, indicate in the office visit documentation that discharge medications were reconciled (include the name, dosage, frequency and route) along with the current medication list. If no new medications were prescribed, document this as well.

## HOW OFTEN SHOULD I PERFORM MEDICATION RECONCILIATION?

Type of patient	Frequency
All patients	Annually (recommended)
Elderly patients	Annually (at minimum)
Patients with multiple conditions treated by several providers	Annually (at minimum)
Patients over age 18 who are discharged from the hospital	Within 30 days of discharge

**Don't forget to code for this important service with the appropriate CPT, CPT II or HCPCS codes.**

# ACE FEE WAIVER MEMBERS AGES 19-25 MOVE TO MEDI-CAL ON JANUARY 1ST

**On January 1st, 2020, about 2,000 current ACE Fee Waiver program members ages 19 to 25 will be transitioned into full scope Medi-Cal – regardless of their immigration status.**

As of now, Medi-Cal covers all low-income children, even those who are undocumented, but cuts them off when they turn 19. At that point, HPSM would then cover them under ACE. This will now change because Governor Newsom signed a measure in July making California the first state to extend state-sponsored health care to undocumented young adults. HPSM fully supports this expansion of benefits that aligns with our core value that *Healthy is for everyone* — no matter where they are from or how they came to live in our community.

These 19-25 year old members will be covered through Fee-For-Service (FFS) Medi-Cal with the State for the month of January and will be assigned to HPSM on February 1st. Medi-Cal will give them access to an expanded network of providers, including the option of selecting a PCP outside of the San Mateo County Health System (to which they were limited under ACE). They will enjoy all the benefits and rights of every other Medi-Cal member.

**Billing instructions** For the month of January, these members will be covered through Fee-For-Service (FFS) Medi-Cal with the State. On February 1st, they will be assigned to HPSM. Therefore:

- For services rendered in January, bill Fee-For-Service Medi-Cal
- For services rendered after that, bill HPSM Medi-Cal

If you have questions, please contact HPSM Claims Services at **650-616-2056** or [ClaimsInquiries@hpsm.org](mailto:ClaimsInquiries@hpsm.org)