

HEALTH *matters* MD

A periodic newsletter for Health Plan of San Mateo (HPSM) network providers
HPSM is a non-profit community health plan that manages the health care of over 135,000 members, including all Medi-Cal eligible residents in San Mateo County

Volume 3 | 2022



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 **Health Plan
OF SAN MATEO**
Healthy is for everyone

Mat Thomas, Editor | Peggie Van, Designer

CAREADVANTAGE D-SNP ANNUAL ENROLLMENT STARTS JANUARY 1

In the V2-2022 issue of *HEALTHmattersMD* (www.hpsm.org/provider-newsletters), we reported that all Cal MediConnect (CMC) plans in the State of California will change to Dual Eligible Special Needs Plans (D-SNPs) on January 1, 2023. This includes HPSM's CareAdvantage CMC plan. In that article, we explained how the transition will affect provider practices. Now we'll focus on how the D-SNP will affect CareAdvantage members.

The D-SNP will provide the same health care benefits that members already get — but some of these benefits will be expanded. Here's a quick look at the enhanced benefits members will enjoy starting in the new year:



\$175 vision allowance every year means members have more frames or lenses to choose from more often



Coverage up to \$25,000 anywhere in the world for emergency care and transportation services



Up to \$90 every year for over-the-counter drugs and medical supplies — and members don't need a prescription for most of them

Questions from CareAdvantage members

By now, CareAdvantage members have received their Annual Notice of Change (ANOC) in the mail, so they know they'll be automatically enrolled in the D-SNP and get enhanced benefits. If your patients have any questions, they can reach out to the CareAdvantage Unit:

Toll free: **1-866-880-0606** Local: **650-616-2174**
TTY: **1-800-735-2929** or dial **7-1-1**
Monday–Sunday 8:00 a.m. to 8:00 p.m.
Email: customersupport@hpsm.org

Some Medi-Cal members can join CareAdvantage

Your patients who have HPSM Medi-Cal and Medicare are eligible for CareAdvantage! Interested members can learn more about the plan or enroll by calling our CareAdvantage Medicare Specialists:

Toll free: **1-888-252-3153** Local: **650-616-2174**
TTY: **1-800-735-2929** or dial **7-1-1**
Monday–Friday 9:00 a.m. to 6:00 p.m.
Email: customersupport@hpsm.org
Website: www.hpsm.org/join-careadvantage

If you would like to become a CareAdvantage provider, or you have questions about how D-SNP may affect your practice, call Provider Services at **650-616-2106** or email psinquiries@hpsm.org.

Turn to the back page to learn how our CareAdvantage Medicare Specialists can help you optimally use the D-SNP to help your patients.

WATCH HPSM'S DISABILITY PRIDE MONTH WEBINAR RECORDING

During Disability Pride Month in July, we hosted a provider webinar on "Disability Inclusion in Healthcare" to highlight the unique experiences of people with disabilities and promote person-centered care for this population. The webinar featured:

- A demographic overview of HPSM's members with disabilities (about 6% of our total population)
- A guest presentation by Jennifer Dresen, MSW/MPH of the Arc San Francisco, and Melissa-Crisp Cooper, a disability advocate and writer
- Tips for facilitating positive health experiences for patients with disabilities

▶ Watch the webinar recording and see the presentation slides at www.hpsm.org/learning-lab.

New information on www.hpsm.org

Our "Older Adults and People with Disabilities" provider webpage includes information to help you treat these patients: www.hpsm.org/provider/oapwd.

Our "People with Disabilities" Health Tips webpages include information for members and a guide to local support programs: www.hpsm.org/member/disabilities.

HPSM CELEBRATES DIVERSITY AND CULTURE

RECOGNIZING HISPANIC HERITAGE AND FILIPINO AMERICAN HISTORY MONTHS

Having providers and staff from different racial, ethnic and cultural backgrounds that represent our community's rich diversity is one of HPSM's top priorities. This range of voices helps improve our members' health care experience and ensure everyone has equal access to quality care.

We proudly recognize all of San Mateo County's Hispanic Americans and Filipino Americans during Hispanic Heritage Month (September 15 to October 15) and Filipino American History Month (October). In this HPSM Staff Spotlight, we feature Sarah Muñoz, MPH (Health Promotion Supervisor and Hispanic American) and Chris Esguerra, MD, MBA, FAPA, CHQM (Chief Medical Officer and Filipino American). We asked them both about how their heritage shaped their life views and inspired them to work in public health.

Read the complete interviews with Sarah Muñoz and Dr. Esguerra at www.hpsm.org/staff-spotlight.



As a Health Promotion Supervisor, Sarah Muñoz oversees the processes of the Population Health Management team. She helps members achieve their wellness goals through the development of

health education campaigns, member communications, programs with community partners and more. Sarah is Mexican American and the first member of her family to graduate from college. She was an HPSM member growing up, and helped her Spanish-speaking parents get the health care they needed. This inspired her to choose a career in the field of public health.



Chief Medical Officer (CMO) Dr. Chris Esguerra is a highly accomplished health care leader who is board certified in both Psychiatry and Health Care and Quality Management. Born in the Philippines, he came to

the U.S. at the age of seven. Constantly surrounded by family, Dr. Esguerra's identity as a Filipino-American was solidified through food, community and family celebrations. Part of his inspiration to study medicine came from watching his father help his family and community as an informal *hilot*, or traditional Filipino massage healer. Now, as a doctor, he is able to live the values he grew up with: community and service.



HPSM CELEBRATES 35 YEARS AS A HEALTH CARE PLAN

In December, HPSM celebrates 35 years of making “healthy is for everyone” a reality for San Mateo County. Since we started in 1987, HPSM has grown from covering 28,000 Medi-Cal members to now having more than 160,000 members in a diverse range of programs. We’ve been covering undocumented residents for almost 20 years. We’ve also pioneered innovative pilot programs for the State of California — some of which became models for statewide programs. Recent cases are Whole Person Care (WPC) and the Health Homes Program (HHP) that are key parts of what CalAIM is modeled on.

1987

On December 1st,
HPSM opens as a
County Organized
Health System

2003

HPSM offers
Healthy Kids to cover
low-income children

2009

HPSM introduces **San Mateo
County Access to Care for
Everyone (ACE)** to cover
low-income adults



2014

HPSM offers
**CareAdvantage Cal
MediConnect**

1998

HPSM joins the
Healthy Families
program



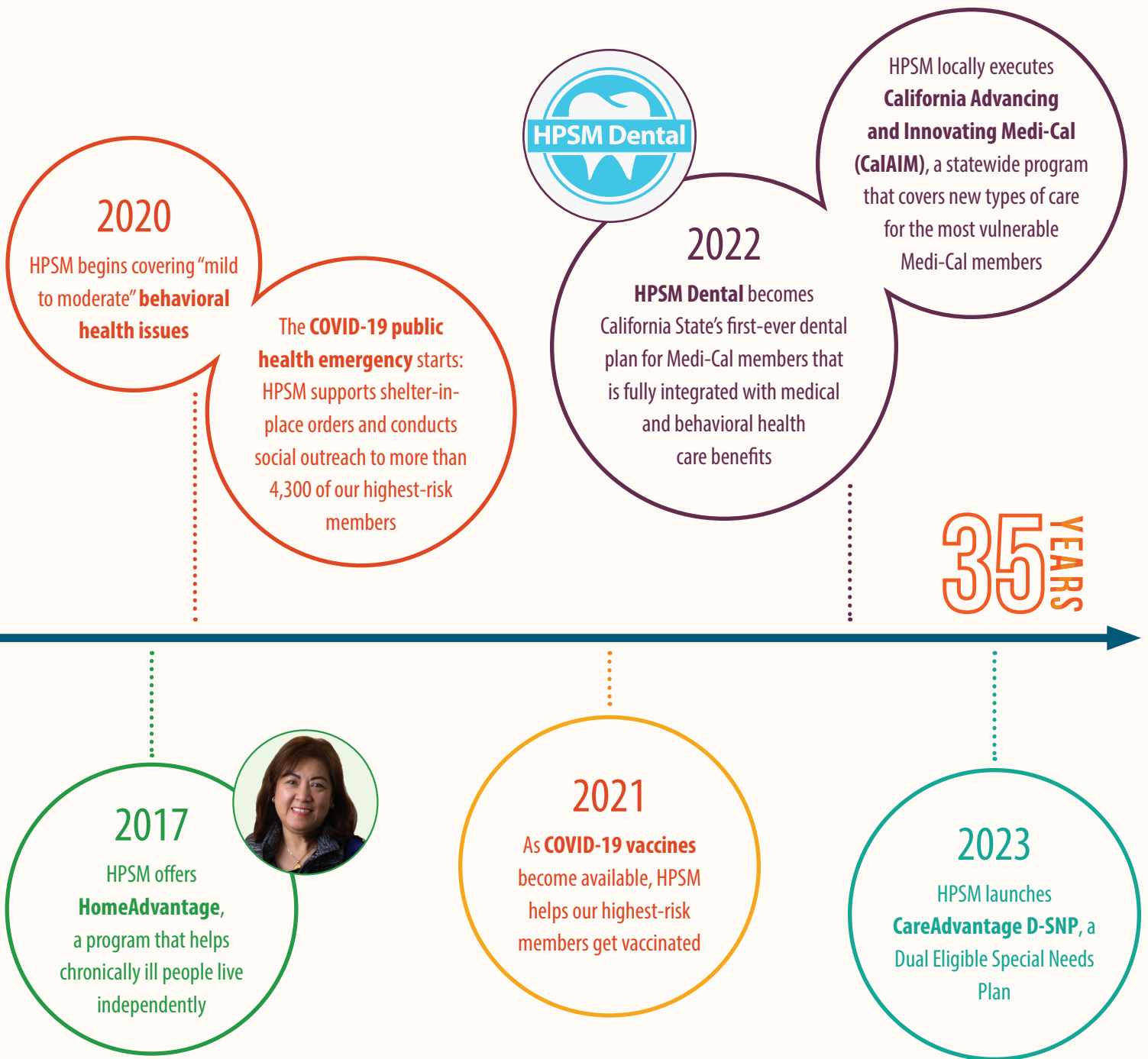
2013

HPSM inaugurates the
**California Children's Services
Pilot** for children with complex
and chronic health issues

HPSM is proud to celebrate 35 years of making San Mateo County healthier. We are proud to partner with you: our providers. We will keep making our members' health our number one priority for many years to come.

“HPSM is a place where service to others and innovation come together to improve health and well-being for San Mateo County residents. We were formed by this community, work with our community and will continue to find new ways to achieve our vision that 'healthy is for everyone.'”

— Pat Curran, HPSM Chief Executive Officer



For more details about each of these milestones, visit www.hpsm.org/about-us/history

PROVIDER RESOURCES

DENTAL PROVIDERS: COMPLETE THE KINDERGARTEN ORAL HEALTH ASSESSMENT

California legislation (*California Education Code Section 49452.8*) requires that a Kindergarten Oral Health Assessment (KOHA) be completed for all children entering public school for the first time (at kindergarten or first grade). The forms must be completed and submitted to the child's school by May 31st of their first public school year. Currently, assessments are only submitted for around 30 percent of San Mateo County public school kindergartners.

Dental providers play an important role in helping families complete the form and increasing KOHA screening rates for San Mateo County children. Please complete the KOHA screening for all children entering public school for the first time (at kindergarten or first grade). Just:

- Download the KOHA form at <https://tinyurl.com/yckj6aw5>.
- Print out copies so you have them ready for dental visits with pediatric patients who are entering kindergarten or first grade.
- Have the patient's parent or guardian fill out the first page of the form. Then you as the Dental Provider fill out page 2.
- The family should be instructed to submit the completed form to the child's school. This should be done immediately after the visit and no later than May 31st of their first school

► For more information about the KOHA, visit www.cda.org/Home/Public/Kindergarten-Oral-Health-Requirement. If you have questions about the KOHA that the website doesn't answer, email smcoralhealth@smcgov.org.

REFER YOUR PEDIATRIC PATIENTS WITH ASTHMA TO SMC'S HOME VISITING SERVICES

San Mateo County Health's (SMC's) Family Health Services offers Home Visiting Asthma Services that you can refer your pediatric patients with asthma to for expert support. They provide:

- Weekly in-person or virtual visits from English/Spanish bilingual staff (interpreters are available for patients who speak other languages)
- Home environment assessments and asthma education to identify, reduce and eliminate asthma triggers
- Education and instruction on how to use asthma medication correctly

Refer patients to the program who:

- Are under 18 years old
- Have an asthma diagnosis — please specify:
 - New diagnosis of asthma
 - Moderate/severe diagnosis of asthma or poorly controlled asthma
 - ER/urgent care/hospitalization in the last 12 months due to asthma
- Have an Asthma Action Plan



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**SAN MATEO
MEDICAL CENTER**

► To refer patients to Home Visiting Asthma Services, call **650-573-2501** or submit the Inter-Agency Referral Form at <https://tinyurl.com/2kex92fw>.

HELP YOUR PATIENTS QUIT SMOKING AND TOBACCO USE

We want to help you help your patients quit tobacco. Identifying those who use tobacco products is a key step in helping them quit. By appropriately diagnosing tobacco use, documenting it in medical records and offering tobacco cessation interventions, we can work together to reduce smoking and tobacco use and improve health outcomes.

Incomplete documentation can prevent patients from getting the interventions they need to quit. For example, as part of our 2021 annual Population Needs Assessment, HPSM identified 4,745 HPSM Medi-Cal members who either used tobacco or were in a tobacco cessation intervention. Of those, 1,561 were identified as being in a tobacco cessation intervention only, but not listed as using tobacco. (HPSM included members who were identified as being in a tobacco cessation intervention only as part of the prevalence, since it is likely that those members were using tobacco at some point without having a tobacco use diagnosis code.)

This discrepancy between tobacco use and interventions underscores the importance of accurately assessing and documenting current smoking/tobacco status at every visit.

Use these validated tools to screen all patients for smoking and tobacco use:

The Staying Healthy Assessment
(SHA)

The Individual Health Assessment
(IHA)

The CRAFFT+N Questionnaire
(for ages 12 to 21)

Treating patients who use tobacco

If a patient is contemplating quitting, it is important to offer tobacco cessation counseling and medication treatment options. Medication treatment options include nicotine replacement, such as skin patches, lozenges, gum, nicotine nasal spray, and nicotine inhalers, and medications that reduce cravings, including Bupropion, SR (Zyban) or Varenicline (Chantix). Providers must provide a prescription for all tobacco cessation products, including over-the-counter (OTC) products, in order for HPSM or Medi-Cal Rx to cover the cost. HPSM Medi-Cal members can get tobacco cessation products through their pharmacy benefit with Medi-Cal Rx. Other HPSM plans may place coverage limitations on some tobacco cessation products. For more information, visit www.hpsm.org/formulary-search.

Help HPSM identify tobacco users

If you are eligible for HPSM's Benchmark Pay-for-Performance (P4P) program, you can help us identify tobacco users and track your performance in quality measure "TBC" through monthly eReports. Clinics assigned to the Medi-Cal Pediatrics track are eligible to get P4P payments for screening pediatric members 12 and older for tobacco use using the tools listed above and providing counseling to those who use tobacco.

Note: The performance rate denominator is all assigned members 12 and older, and an eligible procedure code must be submitted for all patients to qualify for numerator credit, regardless of screening outcome. For more information visit www.hpsm.org/p4p.

Tobacco screening and counseling procedures codes

Screening Result	Code	Definition	Code System
Tobacco use present	99406	Smoking and tobacco use cessation counseling visit; intermediate, between 3-10 minutes	CPT
	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	CPT
	400F	Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user	CPT
Tobacco use NOT present	1036F	Current tobacco non-user OR tobacco screening not performed OR tobacco cessation intervention not provided for medical reasons	CPT-II

HPSM LANGUAGE ASSISTANCE SERVICES

HPSM offers no-cost phone, video and (in certain circumstances) in-person language assistance services from professional interpreters who are fluent in more than 230 languages. Our language assistance services can only be used for HPSM members. HPSM partners with our interpreter services vendors to monitor and ensure appropriate utilization.

REQUIREMENTS FOR PROVIDERS

All contracted HPSM providers (including dental providers) are required to provide linguistically appropriate services to members with limited English proficiency (LEP) or hearing impairment. At each point of contact, providers must inform these members (and/or their medical decision makers) about:

- Their right to access qualified interpreters in all non-English languages, including American Sign Language (ASL), at no cost
- Their right to not have to provide their own interpreters
- How to access language assistance services
- How to file complaints about interpreter services

Recent update: when using HPSM's contracted interpreter services vendor, providers will now be asked to identify their provider type. This change is intended to help HPSM meet certain monitoring and reporting requirements. Provider types include:

- Dental
- Medical
- Therapy (including Physical, Speech and Behavioral)
- Durable Medical Equipment
- Vendor (e.g., Nurse Advice Line, Wider Circle, etc.)

All providers should have received a notification confirming your provider type based on our records at the end of August. If you have any questions, please email psinquiries@hpsm.org.



HPSM language assistance services are available by phone
24 hours a day
7 days a week.

To get an interpreter,
call **1-800-225-5254**
and give the
operator access code 64095.

- ▶ Learn more about language assistance services at www.hpsm.org/provider-las or in the HPSM Provider Manual at www.hpsm.org/provider-manual.

KNOW YOUR PATIENTS' MEMBER RIGHTS AND RESPONSIBILITIES



HPSM members have certain rights and responsibilities that HPSM network providers are responsible for knowing. These rights and responsibilities are explained in section two of our Provider Manual, which is online at www.hpsm.org/provider-manual. You can also request a hard copy of the Provider Manual, including the section outlining member rights and responsibilities, by calling **1-800-750-4776**.

CLINICAL CORNER

TELL YOUR MEDI-CAL PATIENTS TO TAKE ACTION SO THEY DON'T LOSE THEIR COVERAGE



Patients who have moved or are not getting mail from Medi-Cal need to give San Mateo County Human Services Agency (HSA) their correct mailing address, phone number and email. HSA will send their renewal packet in the mail and contact them about their Medi-Cal coverage.



Patients who have already received a Medi-Cal renewal packet need to submit it right away. They should do this even if they don't have all the paperwork.

MEDI-CAL MEMBERS CAN UPDATE THEIR INFORMATION OR SUBMIT THEIR RENEWAL PACKET IN ONE OF THESE WAYS:

Online: For fastest service, members can sign in or create an account at mybenefitscalwin.org. They need an email address to update their information or submit their renewal packet.

**Or they can call HSA:
1-800-223-8383.**

NEW HPSM GUIDELINES FOR CONTROLLED SUBSTANCES

HPSM IS COMMITTED TO ENSURING THAT:

1. Our members' chronic conditions are treated according to evidence-based guidelines
2. The benefits of prescription management outweigh the risks of medications prescribed to our members

These guiding priorities are most salient when it comes to prescribing controlled substances. To help ensure that all medications prescribed are medically appropriate, mitigating risk for you and our members, we've created *Primary Care Guidelines for Controlled Substances*. These guidelines are based on and consistent with evidence-based medical guidelines and national and California State regulations.

- ▶ See our Primary Care Guidelines for Controlled Substances at www.hpsm.org/controlled-substances, where you'll also find related provider educational materials, resources and tools.

We also support appropriate prescription of controlled substances through our commitment to data-based improvement. For example, we are:

- Monitoring clinical metrics to promote safe prescribing practices
- Reaching out to individual providers and practices to develop strategies designed to improve our members' health experiences and outcomes
- Expanding our specialist network to support primary care providers (PCPs) in the areas of chronic pain management, mental health, and substance abuse diagnosis and treatment

For more details, visit our online Provider Learning Lab at www.hpsm.org/learning-lab.

COVERAGE UPDATES FOR CONTINUOUS GLUCOSE MONITORS (CGM)

Continuous glucose monitors (CGM) are an important tool for providers and patients to manage diabetes. Medical criteria for CGM vary according to benefit coverage, but generally, beneficiaries must:

- Have diabetes mellitus treated with insulin three or more times per day that requires frequent blood glucose monitoring
- Be engaged in their diabetes care

BENEFIT COVERAGE

Medi-Cal: Effective January 1, 2022, Medi-Cal Rx became responsible for paying CGM claims billed under the pharmacy benefit.

- Medi-Cal Rx limits CGM coverage to patients with type 1 diabetes – see the Medi-Cal Rx Provider Manual (<https://tinyurl.com/53dwrjrh>)
- If Medi-Cal Rx denies the authorization, an authorization request submitted to HPSM will be reviewed under the HPSM medical benefit.
- **Starting November 1, 2022, HPSM will only consider authorization requests for CGM under the medical benefit that are not coverable under the patient's pharmacy benefit (Medi-Cal Rx) and that meet medical criteria**

HealthWorx and Medicare: HPSM will consider authorization requests under the pharmacy or medical benefit.

CRITERIA EXCEPTIONS

HPSM has implemented criteria exceptions that expand CGM access to patients who do not meet standard criteria but who may benefit from CGM. Clinical consideration and authorization may be granted to a patient with type 1 or type 2 diabetes managed with insulin if they meet at least one of the following criteria:

- Patient has a history of severe hypoglycemia
- Patient would benefit from but is unable to use a standard glucometer

OTHER EXCEPTIONS:

- Provider is utilizing the data to make frequent treatment adjustments (more than every three months)
- Patient has unexplained highs or lows, glucose readings discordant with measured A1c or concern for glucose variability
- Patient is pregnant and requires multiple insulin injections

► For more information about CGM, including additional details about criteria exceptions (such as for type 2 diabetes) and a checklist of what to include in the authorization request, please see www.hpsm.org/providers/CGM.

MONKEYPOX: WHAT YOU NEED TO KNOW

In May of this year, a monkeypox (MPX) outbreak started in the U.S. and some other countries that do not normally report MPX. This is the first time MPX has spread in so many places at once. MPX spreads through close, personal contact with people who have symptomatic MPX.

Even though the risk of MPX to the general public is currently low, the California Department of Public Health (CDPH) has outlined definitions for confirmed, probable and suspect cases, in order to enhance surveillance for the spread of potential MPX cases in the State. It is imperative that providers report cases to CDPH immediately when a patient meets criteria for suspected MPX. You can find CDPH's case definitions, reporting instructions and more information about MPX at <https://tinyurl.com/2p96arjxo>.

MONKEYPOX VACCINE

Supply of the MPX vaccine is limited. San Mateo County Health makes doses available for those at highest risk as they receive them (such as for post-exposure prophylaxis for contacts of a known case). Visit www.smchealth.org/monkeypoxvax for more information on vaccine eligibility and how to sign up for the MPX vaccine.

► Learn more about MPX at www.hpsm.org/providers-mpx.

VACCINES AND TREATMENT FOR FLU AND COVID-19

REMIND YOUR PATIENTS TO GET VACCINES THEY ARE DUE FOR

It's flu season — and time to remind your patients to get the flu vaccine. When you see your patients, ask if they have gotten the flu vaccine this season. If they haven't, encourage them to get one and any other vaccines that they are due for, like the COVID-19 vaccine or booster. Offer to give them needed vaccines while they are already in your office. If they don't want to at that moment, tell them they can get the flu vaccine, COVID-19 vaccine or booster by visiting their local pharmacy and showing their HPSM Member ID.



SCREEN PATIENTS WHO ARE AT RISK FOR FLU OR COVID-19 COMPLICATIONS

For patients with flu-like symptoms who are at higher risk of flu complications, consider combination screening for COVID-19 and Influenza A and B prior to antiviral treatment. For the antiviral treatment to work best, start the treatment within two days of symptom onset.

For patients with COVID-19 symptoms who are at higher risk of COVID-19 complications, screen them (as above) to see if they are eligible for COVID-19 treatment. Treatment should start within five to seven days of symptom onset. Learn more about COVID-19 treatment and medications at www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html.

ALSO FOLLOW THESE TIPS:

- Provide patients that are eligible for COVID-19 oral treatment with a prescription and refer them to a pharmacy that can fill that prescription. Find locations at <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com>.
- Refer patients to a Test to Treat location if they want both testing and COVID-19 oral treatment. Find locations at <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com>.
- Consider referring patients to Stanford if they are eligible for non-oral COVID-19 treatment options. Use this referral intake form: <https://redcap.stanford.edu/surveys/?s=P47A8PM73W>.
- To find all COVID-19 treatment options available in a particular area, use the treatment locator: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com>.

The Centers for Disease Control and Prevention (CDC) provides information about people who are at higher risk of complications from:

- Flu: www.cdc.gov/flu/highrisk/index.htm
- COVID-19: www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

- ▶ If your patients have questions about COVID-19 treatments, refer them to our new webpage at www.hpsm.org/covid-19-treatments. It includes information about who is at high risk of getting very sick from COVID-19, the types of authorized COVID-19 treatments and more.

REMINDER: RESPOND TO MEDICAL RECORD REQUESTS

HPSM conducts an annual clinical record review in order to search for documented ICD-10 diagnoses that may not have been previously reported to the Centers for Medicare and Medicaid Services (CMS). The 2022 requests for medical records from providers began in August with the expectation that all records will be collected by December 31st.

Because record retrieval can be a burden on providers, we will consolidate requests when possible. In many of those cases, providers grant us access to their electronic health record (EHR) for HPSM members so we can handle the record retrievals individually. If you are not already taking advantage of this opportunity to streamline your ongoing record collection process, and are interested in doing so, please speak with one of our contracted medical record collection vendors to provide access.

The following details will help you respond to upcoming requests:

- HPSM partners with Change Healthcare, which specializes in the record retrieval process, so you may get a record request from them rather than HPSM
- Records requested will be from January 1, 2021 to present
- Since CMS is requesting these records as part of their risk and quality review, we appreciate your prompt response
- If your office needs assistance complying with these requests, please email Lorena Mathus, Revenue Data Operations Program Manager, at lorena.mathus@hpsm.org, or Ingrid Cornejo, Project Specialist, at ingrid.cornejo@hpsm.org

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D-SNP WILL HELP YOUR PATIENTS — ASK OUR CAREADVANTAGE MEDICARE SPECIALISTS HOW!

On January 1, 2023, all Cal MediConnect (CMC) plans in California—including CareAdvantage—will change to Dual Eligible Special Needs Plans (D-SNPs). This is good news for your patients who have both Medicare and Medi-Cal, because CareAdvantage D-SNP will provide the same health care benefits as our current CMC plan plus additional advantages like:

- **Enhanced benefits** for vision care, emergency care and over-the-counter drugs (for details, turn to page 2)
- **The flexibility to tailor health care services** to meet the needs of dually eligible beneficiaries and simplify their health care
- **Integrated care coordination** that is aligned with the State's CalAIM initiative and Managed Long Term Services and Supports (MLTSS) strategy

Our team of licensed CareAdvantage Medicare Specialists can tell you how the D-SNP is going to help your patients and practice! Call them to schedule a time for a phone or video call:
650-616-1500 or (toll free) **1-888-252-3153**, Monday through Friday, 9 a.m. to 6 p.m.



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