

# 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 160,000 members, including all Medi-Cal eligible residents in San Mateo County.

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## MAKE SURE YOUR MEDI-CAL PATIENTS DON'T LOSE THEIR COVERAGE

While the federal COVID-19 public health emergency (PHE) declared in January 2020 remains in effect, it is important to tell your Medi-Cal patients (including CareAdvantage members) that they need to make sure the San Mateo County Human Services Agency has their most current contact information. This will ensure they don't miss any crucial messages or materials when the PHE does end — and don't lose their coverage as a result.

### What your patients need to do now

- If your patients have moved or are not getting mail from Medi-Cal, they need to give the San Mateo County Human Services Agency (HSA) their contact information.
- If your patients have already received a Medi-Cal renewal packet, they need to submit it right away.

### Medi-Cal members can update their information or submit their renewal packet in one of these ways:

- **Online: For fastest service**, they can sign in or create an account at [www.mybenefitscalwin.org](http://www.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**.

## MEDI-CAL: HPSM STILL COVERS PHYSICIAN ADMINISTERED DRUGS

Since January 1, 2022, Medi-Cal members' pharmacy services have been primarily managed by the California Department of Health Care Services (DHCS) through their Medi-Cal Rx program. However, there is one exception: **HPSM still covers physician administered drugs (PADs), which are drugs that providers administer to patients in an office or clinic setting.**

You may need pre-approval (prior authorization) from HPSM for coverage of PADs based on medical necessity.

- ▶ Learn how to request prior authorization from HPSM at [www.hpsm.org/provider/authorizations](http://www.hpsm.org/provider/authorizations).

## 2022 POPULATION NEEDS ASSESSMENT IDENTIFIES 2023 HEALTH PRIORITIES

In June 2022, HPSM conducted our annual Population Needs Assessment (PNA) to assess our Medi-Cal members' needs. The PNA process includes:

1. **Gathering data** from a variety of sources — including claims, Healthcare Effectiveness Data and Information Set (HEDIS) results, language assistance services, utilization data, and results from member surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).
2. **Assessing member demographics** through segmenting our member population based on factors such as age, gender, language preference, race/ethnicity and health conditions.
3. **Analyzing findings** to identify health disparities and evaluate member subgroups' health status.
4. **Developing an action plan** with targeted Health Promotion, Population Health Improvement, and Culturally and Linguistic Appropriate Services (CLAS) program strategies.

### Key demographic information highlighted in the PNA

Of HPSM's total membership, 77% is covered under our Medi-Cal program. Of that population:

- Almost half are under 21 years old.
- 43% identify as Hispanic, 18% as Asian/Pacific Islander and 13% as Caucasian.
- 91% choose English or Spanish as their preferred language, with the next most common being Chinese (4%) and Tagalog (2%).

### Population Health priority areas

The PNA findings help to prioritize HPSM's work in health equity, chronic disease management, health promotion and population health improvement. We identified these priority areas for 2023:

- **Adolescent well visits:** Compliance rates for teens between the ages of 18 and 21 are low.
- **Gestational diabetes:** While the overall rate of pregnant members diagnosed with gestational diabetes has remained steady at 13%, disparities in gestational diabetes rates have been identified among Asian and Pacific Islander members.
- **Cervical cancer screening:** Cervical cancer screening rates have dropped below the minimum performance level. Even accounting for this drop, the PNA results showed disparities in screening among Black-identifying members, people with disabilities and Korean-speaking populations.
- **Hypertension:** Hypertension rates have increased.

In upcoming provider forums and communications, the Population Health Management team will share more details about the PNA results, as well as the plan to address priority areas and ways that providers can partner with the Population Health Management team to help reduce disparities.

- ▶ To learn more about the PNA findings or discuss opportunities to collaborate with HPSM's Population Health Management team at your clinic or facility, please email [populationhealth@hpsm.org](mailto:populationhealth@hpsm.org)

## NEW HPSM PROGRAM: COMPLEX WHEELCHAIR REPLACEMENT

HPSM started a new program in October 2022 to ensure our CareAdvantage members get wheelchairs that better meet their needs — at no cost to them. We are reaching out to members who have complex wheelchairs that are five years old or over to see if a replacement would improve their health care and quality of life. This can benefit your patients because, over the course of five years or more, wheelchairs may wear out or break and people's health needs often change.



**Complex wheelchairs** are designed for people with permanent disabilities and customized to meet each individual's unique needs so they can live as independently as possible

### **If we reach out to a patient of yours who says they are interested in having a new wheelchair:**

1. We send our durable medical equipment (DME) consultant, Periscope, to their home to conduct an evaluation.
2. Based on the evaluation, Periscope will recommend replacing the wheelchair with either a newer version of what your patient already has or a different model altogether. They may also recommend other DME that could improve your patient's health.
3. After the evaluation, HPSM will contact your office to ask if you would agree with and write a prescription for the new wheelchair and DME.

▶ If you have any questions or thoughts about this new program, please reach out to Dr. Cynthia Cooper, HPSM Medical Director, at [cynthia.cooper@hpsm.org](mailto:cynthia.cooper@hpsm.org)

## THANKS FOR TAKING OUR PROVIDER COMMUNICATIONS SURVEY!

We would like to express our most sincere gratitude to everyone who took our 2022 Provider Communications Survey. Your feedback will be top of mind as we continue to evaluate our current communications with the goal of streamlining some tactics in 2023 designed to better meet the needs of our provider network. Key survey results will be shared in the next issue of *HEALTHmattersMD*.

▶ In the meantime, join us in congratulating our \$50 Amazon gift card winner — Kim Griffin from Children's Cardiology of the Bay Area in San Mateo!

## CAREADVANTAGE DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) STARTS JANUARY 1

Starting January 1, 2023, HPSM's CareAdvantage Cal MediConnect (CMC) plan will become a D-SNP. Members staying with CareAdvantage keep all the benefits they currently enjoy and will get more starting in 2023:



### **\$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 quarter for over-the-**

**counter drugs and medical supplies** — and members don't need a prescription for most of them

### **To make this transition simple for our provider network:**

- Providers will automatically be transitioned into the CareAdvantage D-SNP network. Nothing should change as you continue to care for HPSM's CareAdvantage members.
- Reimbursement rates will not change. Referral authorization for outpatient services will still not be required.
- HPSM will continue to manage HPSM members' Medicare benefits as well as coordinate their Medi-Cal benefits. You will still have just one number to call for any questions regarding CareAdvantage members.

If your patients have questions about the D-SNP, direct them to [www.hpsm.org/careadvantage](http://www.hpsm.org/careadvantage).

If you have questions about how D-SNP may affect your patients and practice, schedule a phone or video call with one of our CareAdvantage Medicare Specialists. Call **650-616-1500** or (toll-free) **1-888-252-3153**, Monday through Friday between 9:00 a.m. and 6:00 p.m.

To join HPSM's CareAdvantage provider network, call Provider Services at **650-616-2106** or email [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org).

# PROVIDER RESOURCES

## NEW ONLINE TIPS FOR SUPPORTING LGBTQIA+ PATIENTS

At the individual level, cultural awareness ensures that our members—your patients—feel heard, understood and supported in their health care experience. At the community level, culturally informed care helps reduce disparities in health care. As part of our commitment to culturally inclusive care, we are constantly evaluating and expanding our range of resources to help our providers deliver inclusive, supportive care to their patients.

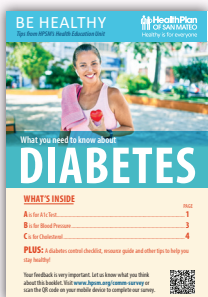
Our most recent addition to these resources is a list of tips for supporting LGBTQIA+ patients. Informed by the National LGBTQIA+ Health Education Center, they include advice on how to:

- Refrain from making assumptions about a person’s sexual orientation or gender identity based on appearance
- Reflect patients’ choice of language when they describe their own sexual orientation and gender identity
- Ensure cultural competency from check-in to check-out
- Provide welcoming visual cues in your office or clinic
- And more

► The tips for supporting LGBTQIA+ patients are available at [www.hpsm.org/provider/lgbtqia-tips](http://www.hpsm.org/provider/lgbtqia-tips)

## SPECIAL EDITION MEMBER NEWSLETTERS

We are proud to announce the release of our new “Be Healthy” series of member newsletters. These eight-page booklets serve as practical guides that present information in an easy-to-use printed format. Each booklet includes tips and resources about a specific health topic and is available in multiple languages. Our first two issues feature information aimed at helping members manage their diabetes and quit tobacco use.



**The Diabetes Newsletter** has tips on managing diabetes, including a diabetes control checklist and online/local resources



**The Quit Tobacco Newsletter** explains the benefits of quitting tobacco with six steps to building a quit plan and other resources

► Download PDFs of these newsletters by visiting [www.hpsm.org/member/health-tips](http://www.hpsm.org/member/health-tips) and selecting the appropriate topic. To have print copies mailed to you for use with your HPSM patients, call the Health Education Unit at **650-616-2165**.

## YOUR PATIENTS MAY QUALIFY FOR INTERNET AND COMPUTER DISCOUNTS

The federal Affordable Connectivity Program (ACP) offers discounts to qualifying low-income households on monthly broadband internet service and the one-time purchase of a computer.

### Eligible households could get a discount on:

#### Internet service — up to:

- \$30 a month or full coverage for a low-cost plan
- \$75 a month for residents of qualifying Tribal lands

#### A computer – up to \$100 off on a:



### Your patients may qualify if:

- Their income is 200% or less than the Federal Poverty Guidelines
- They or a child/dependent are in certain government assistance programs (such as Medi-Cal, SNAP or WIC)
- Someone in their household receives a Lifeline benefit

► Your patients can find out if they qualify for the ACP at [www.affordableconnectivity.gov/do-i-qualify](http://www.affordableconnectivity.gov/do-i-qualify). If they do, they can submit an application at [www.acpbenefit.org](http://www.acpbenefit.org). Once approved, they can contact their preferred participating internet provider to select a plan and have the discount applied to their bill.

The ACP is administered by the Universal Service Administration Company (USAC), an independent not-for-profit under the direction of the Federal Communications Commission (FCC).

## ALL ABOUT PROVIDER DISPUTE RESOLUTIONS

Providers may dispute claims submitted to HPSM through our provider dispute resolution (PDR) process, which can address issues such as:

- Claims believed to be inappropriately denied, adjusted or contested.
- Billing determinations or other contract disputes.
- Disagreements with requests for reimbursement of overpaid claims.
- Underpaid claims.
- Procedures denied in error as inclusive to other procedures.
- Utilization management decisions made after services have been provided.

### How to submit provider dispute resolutions

- Download the PDR form from HPSM's website at <https://tinyurl.com/42ay7m7e>, fill it out completely and submit it to HPSM within 365 days of the date that HPSM denied the claim in question.
- Include your fax number so that we may send a response.
- Include all required information. If information is missing, we will return the form with an explanation of what information we need in order to proceed. If required information is not submitted within 30 business days of the notification date, the dispute is closed.

### Dispute resolution response timing and payment

- HPSM sends an acknowledgement letter within 15 working days of receipt of a PDR form.
- HPSM resolves provider disputes or amended provider disputes within 45 business days for Medi-Cal and 60 calendar days for CareAdvantage. We then send a written determination stating the pertinent facts and reasons for our decision.
- If an investigation shows that a claim was originally denied or paid incorrectly due to HPSM error, any interest and penalty due for late payment will be included in the claim payment. Payment is made within five business days of when we issued the determination.

► The PDR process applies to all HPSM lines of business for contracted and noncontracted providers with one exception: CareAdvantage claims disputed by non-contracted providers, which must be resolved following federal guidelines that apply to Medicare managed care plans. See the Provider Manual, section 5, for details: [www.hpsm.org/provider-manual](http://www.hpsm.org/provider-manual).



## SMART: SINGLE MAINTENANCE AND RELIEVER THERAPY FOR ASTHMA

In 2020, the National Asthma Education and Prevention Program introduced updated asthma management guidelines with a new strategy called “SMART” (or single maintenance and reliever therapy). SMART allows for the use of only one inhaler to meet both the patient’s controller and rescue therapy needs. This approach is based on new data demonstrating the superiority of SMART in reducing asthma exacerbations over the use of two different medications for controller and rescue therapy (inhaled corticosteroid/long acting beta agonist — ICS-LABA and a short-acting beta agonist — SABA, respectively).

ICS/formoterol in a single inhaler is now recommended as the preferred treatment option for moderate to severe persistent asthma in patients  $\geq 4$  years of age. If you currently prescribe ICS/LABA for a controller medication and SABA (e.g., albuterol) as needed for rescue, please note that the new preferred treatment is SMART with ICS/formoterol (e.g., budesonide/formoterol or Symbicort) used daily and as needed.

### Coverage of ICS/formoterol products

#### Medi-Cal & California Children’s Services (CCS)

Medi-Cal Rx covers brand Symbicort

#### CareAdvantage

HPSM covers brand Symbicort

#### HealthWorx

HPSM covers generic budesonide/formoterol

### **Please note: SABA (e.g., albuterol) is still recommended as a rescue inhaler for:**

1. Children  $< 4$  years of age (consider adding a short course of daily ICS, in addition to SABA prn, at onset of respiratory tract infection for children 0-4 years of age)
2. Children and adults  $\geq 4$  years of age with intermittent or mild persistent asthma
3. Individuals  $\geq 4$  years of age with moderate to severe persistent asthma who opt to continue taking combination ICS-salmeterol (e.g., Advair) as maintenance therapy rather than fully transitioning to ICS/formoterol alone as SMART therapy

► For more details, read the 2020 updated asthma management guidelines at <https://tinyurl.com/48e8mmwn>. If you have any questions, please call the HPSM Pharmacy Department at **650-616-2088**.

## USING REMOTE PATIENT MONITORING TO MANAGE HYPERTENSION

Remote patient monitoring (RPM) enables the recording of a patient's medical data outside of a clinical setting. The data collected can be used by the patient and/or the provider to evaluate and manage the patient's chronic conditions. Among its many clinical advantages, RPM:

- Gives providers additional real-time data to help manage their patients' chronic conditions between scheduled appointments
- Enables faster intervention when health conditions worsen
- Engages patients in their own care by allowing them to access health data that can help them better understand the impact of treatment and proactively improve their condition

As the COVID-19 pandemic has increasingly shifted care towards telehealth, RPM has become more important than ever. HPSM is here to support your and your patients' use of RPM with a new webpage that has information, tips and resources on how to:

- Help patients get a blood pressure monitor through Medi-Cal Rx or HPSM's Durable Medical Equipment (DME) benefit
- Choose the appropriate cuff size
- Help patients accurately check their blood pressure at home
- Document blood pressure measurements taken by patients with a digital device in the electronic medical record (EMR)

▶ See our blood pressure RPM tips at [www.hpsm.org/RPM](http://www.hpsm.org/RPM)



## BLOOD LEAD SCREENING IN CHILDREN

There is no level of lead in the blood that is safe — and children are especially vulnerable to dangerous health effects because their brains are still developing. As a result, children exposed to lead are at higher risk for diminished cognitive capacity and neurobehavioral disorders. The resulting learning disabilities can dramatically impact academic performance and social skills.

Most children who have been exposed to lead show no physical symptoms. Testing is the only way to detect lead in the body. Unfortunately, providers' ability to test children in a timely and less invasive manner has been reduced by the recent recall of some Magellan, Inc. LeadCare Capillary Blood Lead Tests and a decline in well visits during the COVID-19 pandemic.

### If a child requires a venous blood draw:

- Notify the parent/guardian that they may need to go to another location for the lab draw and to allow adequate planning time
- Offer the parent/guardian tips to help their child relax during the lab draw, such as:
  - Giving the child their favorite stuffed animal or toy to hold
  - Listening to music or watching videos on a phone or tablet
  - Practicing deep breathing exercises with their child

► For more details, see the “Standard of Care Guidelines for Blood Lead Testing” in the Pediatrics section of HPSM’s Clinical Guidelines at [www.hpsm.org/clinical-guidelines](http://www.hpsm.org/clinical-guidelines)

## REMIND PATIENTS TO GET THE FLU VACCINE

It’s flu season, and the flu vaccine can keep your patients from getting sick. When you see your patients, ask if they’ve gotten their flu vaccine this year. If they haven’t, encourage them to get it.

While some people just need to be reminded about getting a flu vaccine, 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 vaccine is safe and effective. It’s a great opportunity to offer them the COVID-19 vaccine and other vaccines (such as pneumonia) they may be due for.

If your patients don’t want to get the flu vaccine during an appointment, they can still get the flu vaccine and a COVID-19 vaccine by visiting their local pharmacy. Just remind them to bring their HPSM member ID card with them.



# HPSM CELEBRATES 35 YEARS



Greetings from  
Pat Curran,  
HPSM CEO

**It's December 2022 — our official 35-year anniversary as a health plan!** Since 1987, our north star has been ensuring that *healthy is for everyone*. With one out of every five San Mateo County residents now an HPSM member, we're closer than ever to making this vision a reality. So throughout 2023, we'll be raising awareness about the essential role we play in the health of our community.

For example, we'll be promoting our history of health care innovation. We've pioneered many pilots for the State of California to demonstrate how to achieve better clinical outcomes for high-need populations by developing services together with our community. Some of these demonstrations even became models for programs that have been implemented statewide. Our success is due to all of you, who share a strong sense of community here in San Mateo County.

We look forward to the next 35 years and continuing to find innovative ways to improve the health of everyone in our community. Thank you for being part of the HPSM family.

Best,

*Pat Curran*



To learn more about milestones in HPSM's 35-year history, visit [www.hpsm.org/about-us/history](http://www.hpsm.org/about-us/history)

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