

Health Plan of San Mateo

Provider Training

Last Revised-February 2022



About Medi-Cal Managed Care



- Medi-Cal Managed Care provides high quality, accessible, and cost-effective health care through managed care delivery systems.
- Medi-Cal Managed Care contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care.
- Members select a PCP (primary care provider) who is responsible for members' primary and preventive care and arranging and coordinating all other aspects of their health care.

Medi-Cal Managed Care Policies and Procedures



Balance Billing is Prohibited

Providers who offer services or supplies to Medi-Cal and Cal MediConnect members are prohibited from balance billing the member for any cost-sharing not related to the member's share of cost. This includes deductibles, co-insurance, co-payments and non-covered charges.

Medi-Cal Managed Care Policies and Procedures (continued)



Medi-Cal State Fair Hearing Process

Medi-Cal members or their authorized representatives have the option of filing a State Hearing with the Department of Social Services if they disagree with a Medi-Cal Managed Care Plan's decision regarding denial of a requested service. A State Hearing is an appeal with an Administrative Law Judge from the Department of Social Services. Expedited State Hearings may also be requested.

Requests for State Hearings can be submitted by telephone at **800-952-5253** or in writing to:

California Department of Social Services

State Hearing Division

Post Office Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430

Fax: (916) 651-5210 or (916) 651-2789

Online: <http://www.dss.cahwnet.gov/shd/PG1110.htm>

A Medi-Cal member must first exhaust a Medi-Cal Managed Care plan's appeals process prior to proceeding with a State Hearing. Requests for State Hearings must be submitted within *120 calendar days* of an action with which the member is dissatisfied. For standard State Hearings, the State will make a decision within 90 days of the request. For expedited State Hearings, the State will make a decision *within 72 hours*.

Member Rights

Members have the following rights per DHCS:



- To be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a Primary Care Provider within the plan's network.
- To participate in decision making regarding their own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive oral interpretation services for their language. This includes communication access to SPD beneficiaries in alternative formats or through other methods that ensure communication, including assistive listening systems, sign language methods that ensure communication, including assistive listening systems, sign language interpreters captioning, written communication, plain language or written translations and oral interpreters, including for those who are limited English proficient, or non-English speaking.
- To formulate advance directives.

Member Rights (continued)



- To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and Emergency Services outside the plan's network pursuant to the Federal law.
- To request a State Medi-Cal state hearing, including information on the circumstances under which an expedited-state hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct their Medical Record.
- To access Minor Consent Services.
- To receive written Member informing materials in an alternative format (including Braille, large size print, or audio format) upon request and in a timely fashion appropriate for the format being requested.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Freedom to exercise these rights without adversely affecting how they are treated by the plan, providers, or the State.
- To receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.

Clinical Protocol and Evidence-Based Practice Guidelines



Clinical Practice Guidelines are evidence-based recommendations for optimizing patient care. They are intended to assist providers and patients in making decisions about appropriate health care in specific clinical circumstances, including preventive care.

HPSM provides clinical practice guidelines to guide our providers on HPSM's website at <https://www.hpsm.org/provider/resources/guidelines>.

These guidelines are developed by nationally recognized medical organizations, health professional societies, and expert task forces. Some links connect to expert organization websites, and others are direct links to practice guideline documents. HPSM's Quality Improvement Committee reviews the guideline topics and posted guidelines annually, to ensure they remain current and relevant to our member population.

Serving Seniors and Persons with Disabilities



What is defined as a disability and/or functional limitation?

- Disability may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth or occur during a person's lifetime.
- Functional limitations are difficulties completing a variety of basic or complex activities that are associated with a health problem. For example, vision loss, hearing loss, and inability to move one's legs are functional limitations.

When checking eligibility of your patients, aged / blind / disabled aid codes for SPD are:

- 10, 13, 14, 16, 17, 20, 23, 24, 26, 27, 36, 53, 60, 63, 64, 65, 66, 67, 1E, 1H, 2E, 2H, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y

Serving Seniors and Persons with Disabilities (continued)



How SPD members may have barriers to access and care:

Physical Access – the ability to get into a building or the area where healthcare services are offered

Areas of the office to consider: building entrances , restrooms , parking lots, doors, doorways and hallways, waiting areas and reception desk , drinking fountains and water coolers , elevators, posted signs , telephones, forms and documents

Communication Access – the ability of the provider and member to communicate and understand the information asked and directions given

Methods of communication: Qualified ASL Interpreters, Relay service, Assistive listening device, Text message, Email, Captioning, Qualified readers, Audio recordings, Braille, Large print

An accommodation checklist was developed to help providers and office staff identify accommodation needs for SPD members. Please place checklist in medical record of patient for easy access and future use.

Serving Seniors and Persons with Disabilities (continued)



Here are some ways you may modify your office policies:

- Flexible appointment time
- Longer appointment time
- Providing assistance filling out forms
- Providing lifting assistance
- Providing print materials in alternative, accessible formats
- Allowing service animals

How the Health Plan of San Mateo can help you :

- Assistance with arranging for Sign Language interpreters
- Methods for providing print materials in alternative formats
- Sources for equipment such as assistive listening devices, accessible weight scales, conversion of print material to Braille

Serving Seniors and Persons with Disabilities (continued)



Health education materials in alternate formats:

Call Health Plan of San Mateo's Health Education Line at **650-616-2165** or visit www.hpsm.org for more information and resources:

- Accommodation Checklist
- Access to Medical Care for Individuals with Mobility Disabilities
- Communication with People who are Deaf or Hard of Hearing
- Information on Health Plan of San Mateo's Interpreter Services

Cultural Competency

What is culture?

Culture is comprised of a group's learned patterns of **behavior, values, norms, and practices.**

What is Cultural Competency?

Organizational cultural competency is the ability of health care organizations and individuals to actively apply knowledge of cultural behavior and linguistic issues when interacting with members from diverse cultural and linguistic backgrounds. Cultural competency requires the recognition and integration by the health care professionals of health plan members' behaviors, values, norms, practices, attitudes, and beliefs about disease causation and prevention into health care services provided.

Why is cultural competency important?

Being culturally competent means improved communication between providers and health plan members who may be from different ethnic and cultural backgrounds. Culturally competent care ultimately leads to **improved access and health outcomes.**

Elements of Culture Include:

- Collective values, experiences, beliefs- beliefs about health and health care, as well as behavioral styles
- Non-verbal communication
- Perspectives, world views, frames of reference
- Community motivation and social identification
- Cultural awareness
- Languages and dialect

Cultural Competency Resources



- **Language Access Services**

- Accurate communication between patients and healthcare providers helps reduce health disparities and improves quality of care.
- HPSM provides 24/7 telephonic video interpreter services at no cost to the member.
 - More than 200 languages are available including American Sign Language.
 - HPSM can provide an office-based training session to discuss how to identify and address the linguistic needs of patients whose English proficiency is limited.
- When using interpreter services be sure to:
 - Ensure inclusion of statement on informing assigned members with Limited English Proficiency, on right to qualified interpreter (phone or video) free of charge.
 - Document member's language preference in medical record
 - Document member's request or refusal of interpreter service (phone or video) at each visit
 - When member declines offer to use free interpreter service (phone or video), document how language barrier was addressed (i.e. certified bilingual staff person, member brought friend or relative to serve as interpreter)

Cultural Competency Resources

- **Culturally Competent Care**
 - Visit hpsm.org/provider/resources/language-services for links to cultural competency training and resources including:
 - Tips for working with diverse patients
 - Guidelines for communicating with hard of hearing patients
 - Tips for identifying health literacy issues
- **Translated Materials**
 - HPSM materials are available translated into **HPSM’s threshold languages: English, Spanish, Russian, Chinese and Tagalog.**
 - You can also request HPSM materials in alternative formats, such as Braille.
 - For additional resources and questions, call HPSM’s Health Education line at **(650) 616-2165.**

Member Complaint Requirements

- Providers must have a process for documenting and submitting to the managed care plan any complaint submitted by members in their office(s).

Timeframes for filing & resolving complaints	
Timeframe for filing (from date of denial, service, incident or bill)	
Type of complaint	Timeframe
Appeal	60 calendar days
Grievance	No time limit
Timeframe for processing	
Type	Grievance and appeals processing
Standard	30 calendar days
Expedited	72 hours

Thank You

Questions? Contact Provider Services:

(650) 616-2106

psinquiries@hpsm.org

