

health *matters* MD

Health Plan of San Mateo Provider Newsletter

Winter 2010

From the Desk of the Medical Director **HPSM and You—How Providers Can Become More Involved With Our Work**

Whenever anyone asks me who I work for at Health Plan of San Mateo, there's a short answer and a more detailed answer. While the latter involves our contracts with the state and federal governments, the short answer is clear—our patients/members. If they continue with “Well, how do you do that?” the only answer is, “Through you, our physicians and providers.”

HPSM could not care for our members, and meet their needs, without the primary care and specialty physicians and their office staffs who deliver health care to our members. Along with all our other providers—hospitals, nursing homes,

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 **HealthPlan
OF SAN MATEO**

How Providers Can Become More Involved

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DME, allied health, and so forth, we rely on you to provide the care our members need.

Some may wonder how else HPSM cares for its members. We continually look for grants to fund projects that fill the gaps where public funds don't meet patient needs. Two new projects are coming up where we are asking you, our physicians, to participate.

Case management support

The first project is called **HUG—High Utilizers Group**. HPSM, the San Mateo County Health System's Aging and Adult Services, Behavioral Health and Recovery Services (BHRS), and San Mateo Medical Center have received a generous grant from the Gordon and Betty Moore Foundation. We will work closely to implement an interdisciplinary team model of support for a special group of HPSM patients who are medically fragile and are admitted frequently to the emergency room and hospital. These patients, CareAdvantage members primarily, will be offered extra case management services that involve their

primary care doctor as well as other support services. If one of your patients is selected, please be willing to become involved and give us feedback on how the support services help you, as well as the patient, in managing complex chronic care needs.

Pain management project

The next project, which we hope to launch next spring or summer, is a **Chronic Pain Management Pilot**. This will address the pressing need to offer patients with chronic pain an alternative to repeated refills of multiple pain medications. This pilot, which HPSM will co-manage with BHRS, will involve two or three physician or clinic offices in each geographic area of San Mateo County. We will implement best practices that include options as alternatives to prescription refills for addiction and behavioral health treatment to reduce drug seeking behavior, emergency room usage, etc. We are recruiting physician practices interested in participating in this program. Please e-mail me if you would like to do so (see right).

Be an advocate for the HPSM network

Another area in which any dedicated provider is welcome to help HPSM is in advocacy for joining the health plan network. We always need more physician providers, and physicians might not

think of becoming an HPSM provider unless a colleague talks to them about it. When you are with your non-HPSM colleagues, you can encourage them to join HPSM. They are not required to take an unlimited number of members; just 50 to 100 will help us. They can even limit the number of new members per month.

HPSM wants to hear from you

You can also volunteer to be introduced in this newsletter through the HPSM provider profile feature. A number of your HPSM colleagues have done so. It highlights what you do, your expertise, and why you are committed to HPSM and the Healthy Fight.

And to conclude, this is the last quarterly edition of *Health Matters MD*. Our provider newsletter will be changing to a semiannual publication in 2011. To ensure this newsletter continues to meet your needs moving forward, please let me know what you would like to read about. You can call me at **650-616-0050** or e-mail me at mgiammona@hpsm.org and share your thoughts and suggestions. Thanks!



A handwritten signature in black ink that reads "Mary Giammona, M.D." The signature is written in a cursive, flowing style.

Mary Giammona, M.D.

Shapedown's Spanish Program Achieves Success!



Health Plan of San Mateo has offered Shapedown as a covered benefit to its members for more than 10 years. However, this weight management intervention program for children and their families, proven to be effective, has been available only in English. Although Spanish-speaking families have participated in program classes, they have not experienced successful results because of the language barrier. Many providers expressed interest in making the program available in Spanish. After an 18-month fundraising effort, HPSM received grants funds to translate the program materials and has started to see successful results of its new Spanish Shapedown program.

Implementation of the Spanish program began in May 2009. Fourteen eight-week sessions have been held with more than 100 members participating! Program sessions have been offered throughout San Mateo County with the majority of them being held in Redwood City. The current fall/winter session has 50 participants enrolled so far.

BMI's decrease and parents' self-esteem improves

Of the 100 participants that have completed the Spanish program, 58 percent decreased their BMI while only 9 percent did not change. Overall, these are great improvements for an eight-week program given that they occurred in children ages 6 to 18. While the age distribution was even, the majority of participants were between ages 13 and 18.

One parent said, "The instructors listened to us, they helped us with our self-esteem and taught us how to be better parents." This demonstrates that although the main focus of the program is to show families ways to eat healthier, parents also benefit from the program's attention on improving relationships with their children.

We hope these successes continue in the program as we reach out to more families in English and Spanish.

Meet Timely Access with HPSM's

A pleasant alternative to long delays in waiting rooms

Many providers find that a nurse advice line is the easiest and least demanding way to meet the new timely access requirements from the Department of Managed Health Care. In 2008, Health Plan of San Mateo secured access to a nurse advice line to provide triage services for San Mateo Medical Center (SMMC) patients. The vendor, Nurse Response (NR),

has offered to extend these services to private providers to help meet the recently established standards for timely access. NR will offer private physician offices HPSM's discounted, large-volume rate for telephone triage services. HPSM providers can use NR for triage services 24/7 or for after-hours calls only.

Phone triage services direct patients to appropriate care

NR provides a 24-hour nurse advice line that delivers patient triage support. The nurses who staff the advice line are experienced professionals who have the knowledge to advise patients on how to respond to their immediate health concerns, while directing them to the correct level of care. They provide self-care guidelines for minor illness and encourage the use of preventive services in addition to providing information on the full range of treatment options. NR emphasizes wellness, health promotion, prevention and early detection, to ultimately improve a patient's health.



Bilingual nurses are available

More than half of the nurses are bilingual in English and Spanish. They use a phone interpreter service, Language Line, with patients who need assistance in other languages.

This offer for our private providers is another benefit of belonging to the HPSM network. If you would like more information about using NR's telephone triage services, contact Sherita Haigler, manager of Client Services, at 314-725-4477, or shaigler@centene.com.

NR services include the following benefits:

- 24/7 access to registered nurses who assess patients' health needs
- 24/7 online and audio access to a confidential health and wellness information library
- Continuity of after-hours care by registered nurses utilizing nationally recognized clinical decision support tools
- Standardized health information for consistency and risk management
- Care-directed advice based on provider approval and preferences
- Accurate and client-specific reporting
- URAC Accredited Health Call Center

If you would like more information about using NR's telephone triage services, contact Sherita Haigler, manager of Client Services, at 314-725-4477, or shaigler@centene.com.

Nurse Advice Line



Get Reimbursed for Practicing AAP Guidelines: HPSM's P4P Program

It is often unclear to pediatric providers which preventive services are paid for by the Child Health and Disability Prevention (CHDP) program and which are paid by the Medi-Cal program. This is because the CHDP program does not follow the

American Academy of Pediatrics (AAP) periodicity guidelines for annual well-child and adolescent visits, because of budget constraints. For example, the AAP recommends annual preventive teen visits because of the many physical and

psychosocial changes and risk factors teens experience. However, the CHDP generally pays for just one teen visit in four years, unless a teen has a specific reason to see his or her doctor in less than four years (such as a sports or camp physical



or follow-up of an identified concern).

Medi-Cal uses the AAP guidelines in its provider reimbursement structure, for both fee-for-service and managed care providers. Furthermore, Medi-Cal managed care contracts with the state mandate practicing these guidelines. But because well-child visits are included in most capitation agreements with primary care providers (PCPs), it has become many physicians' practice to only provide annual preventive visits according to the CHDP guidelines because this is when extra reimbursement is available.

\$90 incentive for annual well visits: children and teens

Our Pay for Performance (P4P) program addresses this reimbursement issue. HPSM's Medi-Cal PCPs who participate in our P4P program are aware that they receive a \$90 incentive for each annual well-adolescent exam they complete. This is in addition to their regular Medi-Cal capitation payment and to the CHDP payment they receive for billing for a well visit once every four years.

In 2010 we extended our incentive program to pay for well-child visits for our younger members, children ages 3 to 6 as well. CHDP pays only for a well visit every two years; however, the AAP recommends an annual visit for this age group because of the physical, developmental and psychosocial issues that should be checked regularly in the years prior to the start of kindergarten. We believe children age 3 to 6 need annual visits and support our providers in offering this service through our P4P

program. Effective January 1, 2010, PCPs who see their assigned 3- to 6-year-olds annually receive a \$90 incentive per patient. Similar to the adolescent visit incentive, this is **in addition** to the CHDP payment PCPs may receive for a biennial visit and to their regular capitation.

At HPSM, our goal is to support our providers in keeping our members healthy by prioritizing primary prevention visits whenever possible. We hope that this helps clarify the difference between HPSM's Medi-Cal reimbursement program and the CHDP benefit. Our intent is to motivate our pediatric providers to accommodate annual visits with all of our youngest members, to give them the preventive care they need to take a big step forward in the Healthy Fight.



For the exciting results of our new Spanish Shakedown program, see page 3. ►

Reminder: CareAdvantage Claims 2011 Update

Effective January 1, 2011, Medicare claims must be submitted within one year from the date of service, according to a new rule from the Center for Medicare and Medicaid Studies (CMS).

All CareAdvantage claims must be submitted to the Health Plan of San Mateo (HPSM) within 12 months from the date of service in order to qualify for the full approved payment amount. Claims received after 12 months will be denied.

If you have any questions about this change, please call our Claims CareAdvantage Development Unit at **650-616-2137** or HPSM's Claims Department at **650-616-2056**.

