

SUMMER 2019

SMCMA Honors Dr. James L. Hutchinson

Names Award for Diversity & Inclusion after trailblazing physician

As San Mateo County's first African-American doctor – and after 66 years of practicing medicine in San Mateo County – it is an understatement to say that Dr. James L. Hutchinson is a pillar of our community. On May 9th, colleagues, friends and admirers of Dr. Hutchinson gathered to honor his contributions to medicine and his leadership in paving the way for greater diversity and inclusiveness in healthcare.

Dr. Hutchinson shared several stories from his remarkable life with the audience – stories which are chronicled in his forthcoming memoir, *A Short Glimpse of a Long Road*. He

discussed the challenges of opening a practice in San Mateo County, and the perseverance it took to do so at a time when African Americans were denied the

right to operate medical clinics in our county. “I started keeping a journal in 1939 when I was 16,” Dr. Hutchinson shared with the audience, “because I knew I was going to live a life worth writing about.”

He most certainly has done so. The book follows Dr. Hutchinson's journey from his roots in Shreveport, Louisiana to Europe, the Middle East and finally California. It recounts his groundbreaking leadership, including serving as President of the San Mateo NAACP, working to establish the NAACP Credit Union, and helping to found Planned Parenthood, the Bay Area Urban League and the substance abuse treatment program Project 90.

To honor his distinguished legacy, the San Mateo County Medical Association (SMCMA) has created the James Hutchinson Award for Diversity and Inclusion in Medicine. Following Dr. Hutchinson's presentation on May 9th, SMCMA President-Elect and HPSM Medical Director Dr. Richard Moore presented the award to Dr. Hutchinson as its first recipient. The award recognizes and celebrates San Mateo County citizens who demonstrate a dedication to inclusiveness, health equity and cultural competency in medicine.

Dr. Hutchinson is also a longtime HPSM network provider. In addition to actively practicing he is a

member of our Physician Advisory Group. We are proud to partner with such an eminent member of the medical community and congratulate him on receiving this distinguished honor.



Dr. James L. Hutchinson (seated in center) is honored by SMCMA as a pioneer of equal access to health care. *Photo credit: Art Lim.*

“Dr. Hutchinson's name is synonymous with so many things — compassion, longevity, perseverance and especially inclusiveness. He has been a voice for underserved and marginalized communities in our area in so many ways.”

— Dr. Richard Moore
HPSM Medical Director &
SMCMA President-Elect

Historic Measles Outbreak Underway

A quick overview of testing guidelines and resources

Have you heard that San Mateo County is among the most at-risk areas in the country for measles¹? The U.S. is currently undergoing the largest outbreak since 1992 and since measles was eliminated from the country in 2000². Between January 1 and June 13, 2019, 28 states (including California) reported 1,044 cases of measles, with multiple cases reported in our county¹. Measles is much more common in other parts of the world (including Europe, Asia and Africa). Americans can become infected when they have contact with visitors from these regions or travel to them. Not surprisingly, the public health department considers San Francisco International Airport the “single largest communicable disease threat” facing the county¹. With that in mind, here is a quick guide to when you should prioritize testing for measles.

Look for measles symptoms³

Fever, including subjective fever Fever is typically high, precedes the rash, and persists after the rash erupts, peaking on day two or three after rash onset. Fever may persist with secondary infection.

Rash that starts on the head and descends Rash is typically erythematous and maculopapular, progressing to confluence in the same order as the spread of the rash. Confluence is most prominent on the face. Duration is typically six to seven days, beginning to clear on the third or fourth day in the same order as it appeared. Rash is initially red and blanches with pressure, fading to a coppery appearance, and finally to a brownish discoloration that does not blanch with pressure. Not typically itchy until at least the fourth day after onset. In vaccinated individuals, the rash may be less intense and of shorter duration.

Usually at least one of the “3 Cs” — cough, coryza or conjunctivitis.

Other symptoms White (Koplik) spots in the mouth early in illness and feeling miserable (especially for children): read more at <https://tinyurl.com/y6bkg4ea>.

Note: In previously vaccinated persons symptoms may be milder and all three Cs may not be present.

Consider risk factors

- ✓ **Confirmed measles cases** in your community
- ? **In the prior 3 weeks:** travel outside of North America, transit through U.S. international airports or interaction with foreign visitors (including at a U.S. tourist attraction)
- ? **Never immunized with measles vaccine and born after 1956**

If you suspect measles

1. **Refer to this testing guide:** <http://eziz.org/assets/docs/IMM-1269.pdf>
2. **Immediately contact your local health department** (<http://tinyurl.com/y2pdcrxz>) in accordance with California reporting laws
3. **Isolate the patient** according to infection control guidelines (<http://tinyurl.com/yxes3amk>)

The new digital measles toolkit

from the Centers for Disease Control and Prevention (CDC) is a great resource that includes:

- A guide to effectively communicating the importance of immunization to your patients
- Science-based evidence to counter misinformation about measles and vaccination
- Informative materials to share with patients and display in your office

Check out the toolkit at cdc.gov/measles/toolkit

San Mateo County at heightened risk for measles



San Mateo is the 18th most likely U.S. county to have a measles outbreak according to a May 2019 report in *The Lancet*



The biggest risk factor is the high number of residents visiting countries experiencing outbreaks (given the nearby proximity to San Francisco International Airport)

Measles cases as of June 2019



4 San Mateo County

12 Bay Area*

52 California

Source: "Measles Activity in California." California Department of Public Health: June 12, 2019.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>

*Includes cases in San Mateo, San Francisco, Alameda, Santa Clara and Santa Cruz Counties

For recent MMR vaccine recipients: Note that about 5% of recent measles vaccine recipients exhibit fever and rash symptoms (typically 6-12 days after immunization). These can be clinically identical to measles infection and result in positive laboratory testing for measles. If a recently vaccinated patient has fever and rash but none of the risk factors, measles is extremely unlikely and testing is usually unnecessary. Read more about immunization recommendations at www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/MeaslesRec.pdf.

Article adapted from "Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases." State of California—Health and Human Services Agency, California Department of Public Health: April 2019. For more details and measles symptoms, testing and alternative diagnoses, visit www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf.

¹ "San Mateo County alarmingly vulnerable to measles, study says." San Francisco Chronicle: May 10, 2019. www.sfchronicle.com/health/article/San-Mateo-County-alarmingly-vulnerable-to-13836550.php

² "Measles Cases and Outbreaks." Centers for Disease Control and Prevention: April 8, 2019. www.cdc.gov/measles/cases-outbreaks.html

³ "Measles Clinical Guidance." California Department of Public Health: April 2019. [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf](http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf)

HomeAdvantage: A Home-Based Health Care Program

By Dr. Susan Huang, HPSM Chief Medical Officer

One of HPSM's highest priorities is ensuring our high-needs "dual eligible" Medi-Cal/Medicare members get the specialized care they need. With the right at-home support services, many people can age in place living in their community instead of being institutionalized. This usually results in better clinical outcomes and a higher quality of life.

This integrated delivery model is exemplified by our **HomeAdvantage** program, which brings professional medical care to patients at home on their schedule. HomeAdvantage has helped more than 1,300 community members since we launched the program with our partner Landmark Health in 2016. Yet there are still about 1,300 members who could benefit from the program but haven't joined yet.

HomeAdvantage helps patients and providers

Some of your patients may be eligible for HomeAdvantage, which we offer to qualified HPSM members at no cost to complement primary care services. For example, through HomeAdvantage, care teams comprised of doctors, nurses and other specialists make scheduled "house calls" to members' homes for check-ups and treatment. They then coordinate with primary care and other providers on the care team to exchange clinical notes, consult and seek PCP approval for treatment or medication changes. Team members are also available 24/7 by phone, and can make unscheduled "house calls" in emergencies. Visit www.hpsm.org/homeadvantage to learn more.

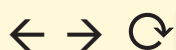


"Without HomeAdvantage, I would have had to go to the ER. Which means driving there and waiting to be called while I still can't breathe right. HomeAdvantage makes getting help faster, safer and much less stressful."

— Marijo: HomeAdvantage client since 2017

Read Marijo's story at www.hpsm.org/marijo

✉ If you are a PCP, you can find out if your patients may be eligible for HomeAdvantage by logging in to HPSM's eReports portal and viewing your Active Engagement Report at www.hpsm.org/ereports-portal. Call Care Coordination at **650-616-2060** to confirm a member's eligibility. If you have patients who are eligible, please consider recommending the program to them. They can learn more and enroll by calling Landmark at **650-826-2937**.



Need Help with Authorizations?



HPSM continues to revise and improve our website in response to provider feedback. We've been adding information online based on frequently asked questions about authorizations. We encourage you to bookmark these two pages:

www.hpsm.org/provider/authorizations

Our main Authorizations page includes an overview of HPSM requirements and turnaround times, including links to our Prior Authorization Required list and a log of past changes.

www.hpsm.org/provider/authorizations/specialty-provider

Our Specialty Provider Authorizations page goes into detail on unique requirements for certain services, products, and provider types – including incontinence supplies, DME, home health, non-emergency medical transport and more.

Tips for Treating Transgender Patients

HPSM is committed to providing high-quality health care and service to every one of our members regardless of their age, race, nationality, religion, income, health status, sexual orientation or gender identity. This core value is codified in our anti-discrimination policy, which also applies to our providers.

In order to treat people from different backgrounds respectfully, we must first understand how they want to be treated. With that in mind, maybe you have (or will have) patients who are transgender — the “T” in the LGBTQ community. A transgender person is someone whose gender identity may differ from the sex they were assigned at birth. To help you and your office staff work well with transgender patients, we offer these five tips from the LGBTQ experts at the San Mateo County Pride Center.

Respect each patient’s gender identity

Call patients by their chosen name and pronoun. You can ask “What name and pronoun would you like me to call you by?”

Understand your patients’ gender identity and sex

During an assessment, you can ask, “What was your assigned sex at birth?” Also don’t assume that patients’ gender identity is their primary concern and reason for seeking services.

Don’t assume you know patients’ sexual orientation or gender identity

Transgender patients may consider themselves heterosexual, homosexual, bisexual, pansexual, asexual, etc.

Use gender-neutral language

For example, say “Are you seeing anyone?” or “Who do you date?” rather than “Do you have a boyfriend/girlfriend?” Also don’t assume that a client is “experimenting” or “going through a phase.”

Respect your patients’ confidentiality

When discussing cases with peers or supervisors, mention patients’ gender identity only as it relates to the case. Do not state or imply that patients are transgender unless it is relevant to their care.



CULTURE MATTERS Ways to help LGBTQ clients feel at home

- Display LGBTQ symbols in your office
- Put pro-LGBTQ magazines & brochures in your waiting room
- Treat LGBTQ clients with the same care & concern as any other patient

✉ **The San Mateo County Pride Center** has a full range of programs, events and resources to support the LGBTQ community. They can also provide you and your staff with customized training to help you work well with LGBTQ patients. Visit the Pride Center online and contact them at www.sanmateopride.org.

Spotlight on Maternal Mental Health: Screening for Perinatal Depression

Did you know that perinatal depression is one of the most common medical complications during pregnancy and the postpartum period¹? Ob/Gyns, primary care providers and other obstetric care providers play a critical role in identifying and initiating treatment for this pervasive complication.

Issue in brief

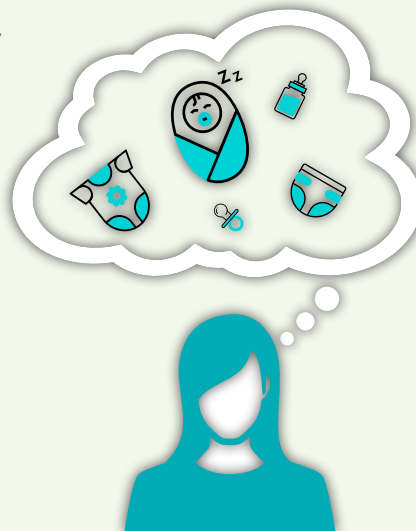
- ▶ Perinatal depression, anxiety and other mood disorders are common, and can have devastating effects
- ▶ These complications are more prevalent among women who are eligible for Medicaid¹
- ▶ 14%-23% of pregnant women experience depression during pregnancy¹
- ▶ 5%-25% experience postpartum depression¹
- ▶ Standardized screening tools are available, and take 5-10 minutes to administer²
- ▶ There is evidence that screening alone can have clinical benefits; additionally, any positive screen should be followed up with treatment or referral
- ▶ To refer patients with a positive screen to Behavioral Health & Recovery Services (BHRS) for treatment, choose one of these two easy methods:
 1. Complete and send the BHRS Referral Form at www.hpsm.org/provider-forms
 2. Call the BHRS Access Call Center at **1-800-686-0101**

Risk factors for perinatal depression

(courtesy of the American College of Obstetricians and Gynecologists-<https://tinyurl.com/y2jc6vc7>)

Depression during pregnancy

- Maternal anxiety
- Life stress
- History of depression
- Lack of social support
- Unintended pregnancy
- Medicaid insurance
- Domestic violence
- Lower income
- Lower education
- Smoking
- Single status
- Poor relationship quality



**MATERNAL
MENTAL HEALTH**

Postpartum depression

- Depression during pregnancy
- Anxiety during pregnancy
- Experiencing stressful life events during pregnancy or the early postpartum period
- Traumatic birth experience
- Preterm birth/infant admission to neonatal intensive care unit
- Low levels of social support
- Previous history of depression
- Breastfeeding problems

Data from Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM. Risk factors for depressive symptoms during pregnancy: a systematic review. Am J Obstet Gynecol 2010;202:5-14 and Robertson E, Grace S, Wallington T, Stewart DE. Antenatal risk factors for postpartum depression: a synthesis of recent literature. Gen Hosp Psychiatry 2004;26:289-95.

Recommendations

The American College of Obstetricians and Gynecologists (ACOG) recommends Ob/Gyns and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool². Additional screening should then occur during the comprehensive postpartum visit.

Here's a quick overview of two ACOG-recommended screening tools available to you².

Edinburgh Postnatal Depression Scale

- 10-item questionnaire that takes less than 5 minutes to complete
- 59-100% sensitivity and 49-100% specificity²
- Validated versions available in Spanish, English and Chinese – see www.hpsm.org/maternal-health

Patient Health Questionnaire 9 (PHQ9)

- 9-item questionnaire that takes less than 5 minutes to complete
- 75% sensitivity and 90% specificity²
- Available in English, Spanish, Russian

HPSM includes depression screening as part of our Primary Care Pay for Performance programs. For details, see our program guidelines at www.hpsm.org/p4p.

- **Fee for Service Pay for Performance Program Guidelines** General program guidelines, depression screening and follow-up
- **Benchmark Pay for Performance Program Guidelines VI** Depression screening and follow-up (ages 12+)

Where can I find more resources?

Visit www.hpsm.org/maternal-health to learn more about screening, community resources and other provider tools.

Nominate a Super-Provider for a *HealthMatters MD* Profile!

Know any fellow HPSM providers who go all out to keep our members healthy, or go above and beyond in serving our community? If so, please nominate them to be profiled in a future issue of *HealthMatters MD*! These provider profiles will:

Recognize dedicated clinicians for the outstanding care they provide to our members

Celebrate how HPSM providers make San Mateo County a healthier, more inclusive community

Inspire other providers with innovative examples of how to help people get & stay healthy

Submitting nominations is as easy as:

- ① Go to www.hpsm.org/provider-nomination
- ② Fill out the online form
- ③ Click the “Send” button



¹ “Depression and Postpartum Depression: Resource Overview.” The American College of Obstetricians and Gynecologists. www.acog.org/Womens-Health/Depression-and-Postpartum-Depression

² “ACOG Committee Opinion: Screening for Perinatal Depression.” The American College of Obstetricians and Gynecologists. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

Feeling “Lost In Translation”? Call a Telephonic Interpreter

HPSM is committed to delivering culturally and linguistically appropriate services to all eligible members with limited English proficiency (LEP) or sensory impairment. We therefore offer:

- Around-the-clock professional telephonic interpretation services in more than 200 languages
- In-person interpreters at your office in specific circumstances
- In-person American Sign Language (ASL) interpreters for patients who are hard-of-hearing

There is no cost to providers or HPSM members for this service, which we provide through a partnership with Certified Languages International (CLI). Understanding the services we offer will help you meet regulatory requirements and provide high-quality care to your patients through improved communication.

Telephonic interpreters are always just a phone call away!

You and your office staff can speak with telephonic interpreters 24 hours a day, 7 days a week by dialing

**1-800-CALL-CLI
(1-800-225-5254)**

Then provide the CLI operator with the following information when prompted:

- Access Code: 64095
- Language needed
- Provider office name
- HPSM member ID
- HPSM member date of birth

Begin your conversation after the CLI operator connects you to the interpreter

Telephonic interpretation tips

If you’ve used interpreters before, you might have felt like some of what you said got “lost in translation.” But interpreters can successfully bridge the language gap between you and your patients if you know how to work effectively with them.

To call an LEP patient at home or another person on an additional phone line:

1. Inform the CLI operator before the interpreter is connected
2. Once the interpreter is connected, tell the interpreter the LEP patient's name so they know who to ask for
3. Also tell the interpreter how to proceed if the call goes to an answering machine and what message to leave (if any)



Clear, concise, comfortable & confidential

- Explain to the LEP patient that all information is confidential, and encourage them to ask questions
- Speak clearly in short sentences, as they are easier to interpret
- Smile and be kind (even on the phone) – good “bedside manner” helps patients feel comfortable
- Encourage the interpreter to clarify terms with you if they are unsure of their meaning
- You can reveal personal health information (PHI) – all CLI interpreters are sworn to confidentiality as part of the Interpreter’s Code of Professional Ethics
- If meeting the patient face-to-face with others present, speak one at a time

In-person or sign language interpreters

In-person interpreters are available for HPSM members during medical appointments with a five-day advance notice in the following specific situations:

- Sign language for the deaf and hard-of-hearing
- End of life issues
- Sexual assault/abuse issues or other sensitive issues
- Complex courses of therapy or procedures, including life-threatening diagnoses
- Other conditions by exception as determined by the Medical Director



To schedule an in-person interpreter:

1. Complete the In-Person or Sign Language Interpreter Services Request Form at www.hpsm.org/provider-language-services
2. Print and fax the completed form to the HPSM Quality Department at **650-616-8235**
3. Receive confirmation of the scheduled appointment from HPSM staff

To cancel or reschedule an in-person interpreter appointment:

Call HPSM's Quality Improvement department at **650-616-2165**. Please do not call the interpreter directly to inform them of the cancellation. HPSM will communicate all cancellations and changes to the interpreter.

SMCH's Pedi Program — Care Coordination for Pediatricians

Treating child patients with behavioral issues, chronic illness or developmental delays is especially challenging. The San Mateo County Health (SMCH) Pedi Program* can help. They are a team of eight public health nurses and six senior community workers that pediatricians can coordinate with to provide client-centered comprehensive case management.

They also support children with uncontrolled asthma by providing services that include:

- Asthma action plan reviews
- Medication adherence support
- Education on asthma triggers
- Parenting support
- Home environmental assessments and cleaning tips
- Referrals to other county agencies for pest management, housing issues and smoking cessation (for children and/or parents)



- Learn how you can work with the Pedi Program by emailing Susana Flores, Sr. PHN, at sflores@smcgov.org or Kriss Rivera, Senior PHN at Krivera@smcgov.org
- Clients can access services by calling the resource line at **1-888-840-0889**

** The Pedi Program has replaced SMCH's Field Nursing Program, which also served adult clients. The Pedi Program only serves clients ages 18 and under (except for supporting parents of child clients).*

Learn More About HPSM's New NEMT Authorization Requirements

Starting **July 1st, 2019**, HPSM will require prior authorization for Non-Emergency Medical Transportation (NEMT) – e.g., litter, gurney or wheelchair van transportation for non-emergency services. In anticipation of this change, HPSM reached out to NEMT providers to collect feedback and compile some frequently asked questions (FAQ). Highlights of this information are below. Full details and the FAQ can be found at www.hpsm.org/provider/authorizations/specialty-provider#nemt. You can also contact your Provider Services Representative with any questions.

What action is needed from providers?

Starting on July 1st, NEMT trips will need to be authorized. To do so, the provider rendering care for the member must complete a prior authorization form and physician certification statement (PCS). We have combined these documents into a single easy-to-use form which will be available at www.hpsm.org/provider/authorizations by July 1st.

What makes NEMT auths & claims unique?

They require a modifier code, which represents the trip's origin and destination.

What is HPSM doing to help support providers through this change?

HPSM recognizes that this is a new process for some providers and we want to support you in complying with these regulatory requirements. In addition to compiling and answering some of our providers' FAQs, HPSM will allow providers to authorize up to 12 months of medically-necessary NEMT services with a single authorization. This is particularly important for members who need recurring transportation, such as to dialysis visits. Additionally, HPSM will accept retroactive authorizations for NEMT services.



Refer patients to NEMT

HPSM wants our members to attend all of their medical appointments. If any of your patients have trouble getting to your office or clinic, please refer them to a contracted NEMT provider. For a list of providers in HPSM's network, see our Online Provider Directory at www.hpsm.org/provider/directory-search.

Prior Authorization Feedback Forum – Q&A

On April 23rd, HPSM hosted our first ever Prior Authorization Forum to capture feedback from you, our providers, about our prior authorization process. HPSM's Medical Director, Dr. Cindy Cooper, presented an overview of how HPSM conducts prior authorization review, including how our clinicians determine medical necessity using clinical guidelines. Nearly 50 providers attended either in person or via webinar, and HPSM appreciated the chance to answer some thought-provoking questions. To give you a flavor of the discussion, here are some excerpts from the forum.

Q: How frequently does the Prior Authorization Required (PAR) list change?

A: HPSM's PAR list is typically updated quarterly, with the caveat that regulatory changes may require us to update it more frequently. This is a new process that we implemented in the spring of 2018 in response to provider feedback about the frequency of changes. Please check our website regularly, and make sure your email and fax

information is up to date to ensure you're receiving these notices. You can verify and update your contact information at <http://providers.hpsm.org/ChangeRequestProvider>.

Q: Does HPSM plan to roll out an online authorization process?

A: HPSM has developed a new Provider Portal that is currently being tested by a small group of providers before it is deployed to the full network. This portal

What to Expect When You're Expecting a Medical Records Request

HPSM conducts several medical record-based audits each year for regulatory reporting and quality review purposes. One reason for these reviews is to provide state or federal agencies with data validation. That means HPSM is often working within a very tight timeline to collect the information these government entities require.

We recognize that record retrieval can be burdensome on providers, and do our best to consolidate record requests where possible. To make the process easier for your office staff, here is a heads up on what to expect and some tips for best practices.

What to expect

- When possible, we send a provider notice describing the reason for the audit prior to the review.

- HPSM contracts with vendors that specialize in record retrieval. Although we may not contact you directly, one of our partner organizations may send you a request for records.

Tips for best practices

- **Please respond promptly**
Data requests are generally triggered by an audit or other regulatory requirement. If your office is not able to comply in a timely manner, please contact Provider Services.
- **Consistently submit complete encounter data in a timely manner**
Accurate patient data is critical for HPSM's ability to conduct care coordination and population health initiatives, as well as accurately risk-adjust our population. High-quality encounter data reduces the

need for medical record collection and improves patient-level reports.

- **Talk to us about EHR integration**
In many cases, providers choose to give HPSM or its contracted partners access to their full electronic health records (EHR) for HPSM members. This lets us review records without asking your office to retrieve individual files. This can significantly reduce the burden of record collection for your staff. To set this up at your office or learn more, please contact Provider Services.

📞 If you have questions or concerns about data validation or retrieval, please contact Provider Services at **650-616-2106**.

will be rolled out to HPSM-contracted providers in waves from July to December 2019. *The new portal allows providers to check the status of authorization requests online for the first time.* We are also working with our vendor to explore an online submission feature, but we don't yet have a go-live date for this enhancement.

Q: What are the roles and responsibilities of DME Consultants in making decisions?

A: Durable Medical Equipment (DME) Consultants is a third-party organization of experts who HPSM contracts with. They review member requests for certain complex DME items, such as customized wheelchairs. In these instances, DME Consultants visit members at home to assess what they require

and whether other services or items may be needed. Dr. Cooper shared with the audience a representative sample of a DME Consultants report. The redacted 13-page document featured an in-depth assessment of the members' needs, including recommendations for additional services that were not originally ordered.

Thank you to all the providers who attended HPSM's PAR Forum. We greatly appreciate your participation and input, which we will consider when revising our processes. We plan to hold more forums on prior authorization and other important topics in the future. Keep an eye out for announcements here in *HealthMatters MD* as well as on our website.

Health *matters* MD



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