

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

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WATCH WEBINARS ABOUT HPSM'S DIVERSE MEMBER POPULATION

In 2021, HPSM began hosting a series of webinars geared towards educating our providers about our diverse membership and the unique challenges they face. These webinars align with HPSM's goal of reducing health disparities, which are identified in the annual Population Needs Assessment. Examples of some of the most recent webinars include:

- **HISPANIC HERITAGE MONTH** Learn what we mean when we say "Hispanic" versus "Latino" and how HPSM recognizes and uses these imperfect terms.
- **DIABETES AWARENESS MONTH** Learn about resources available to HPSM members dealing with type 1 and type 2 diabetes from HPSM staff and community members.
- **BLACK HISTORY MONTH** A thoughtful and important conversation about the role that race has played in health care, particularly in the United States.
- **ASIAN AMERICAN AND PACIFIC ISLANDER (AAPI) HERITAGE MONTH** Dive into the nuances of HPSM's AAPI community and how we plan to address critical issues this diverse community faces in 2022 and beyond.



► Make sure your communications preferences are up to date so you can hear about future webinars and learning opportunities! Visit <https://providers.hpsm.org/changerequestprovider>.

SUPPORT FOR PEDIATRICIANS IN THE FIGHT AGAINST COVID-19

Vaccination against COVID-19 continues to be a priority in our community, and for HPSM members in particular — many of whom are at a higher risk of exposure to COVID-19 or at higher risk of acute outcomes. Throughout the pandemic, providers have been at the forefront of this fight against the virus. With vaccinations now available for children six months to five years old, we want to highlight several resources available to you — and some new resources in particular for pediatricians:

- **COVID-19 Response Unit (CRU)** San Mateo County Health's COVID-19 Response Unit (CRU) can provide a range of support to HPSM providers — from technical assistance to in-clinic staffing support for vaccination events.
- **Vaccinator Resources** Help members build vaccine confidence, find funding opportunities and more on the HPSM provider website.

Learn more about these resources at

www.hpsm.org/provider-covid-resources/vaccine-resources.



CAREADVANTAGE TRANSITIONS TO D-SNP IN 2023

Starting on January 1, 2023, all Cal MediConnect (CMC) plans in the State of California will change to Dual Eligible Special Needs Plans (D-SNPs). This includes HPSM's CareAdvantage CMC plan. The following are some key points about the transition to CareAdvantage D-SNP.



- All current CareAdvantage providers will automatically become CareAdvantage D-SNP network providers, so they can continue to see their patients with no gaps in coverage or care. Reimbursement rates will NOT change. Referral authorization for outpatient services will still not be required.
- CareAdvantage CMC members will be automatically enrolled into CareAdvantage D-SNP (unless they enroll in HPSM's original Medi-Cal plan or another D-SNP).
- CareAdvantage D-SNP will continue to manage HPSM members' Medicare benefits as well as coordinate their Medi-Cal benefits.
- CareAdvantage D-SNP will cover many of the same Medicare and Medi-Cal benefits that members get now through CareAdvantage CMC. Some benefits will be enhanced. Stay tuned to learn more.

Members will begin to receive information about the D-SNP transition in September. If you would like to join HPSM's CareAdvantage provider network, or you have questions about how D-SNP may affect your practice, call Provider Services at **650-616-2106** or email psinquiries@hpsm.org.

DHCS EXTENDS AND EXPANDS MEDI-CAL COVERAGE FOR PREGNANT AND POSTPARTUM INDIVIDUALS



Prior to August 2020, pregnant individuals who were eligible for and received Medi-Cal or the Medi-Cal Access Program (MCAP) during the last month of pregnancy remained eligible for 60 days postpartum. In 2020, DHCS temporarily extended this coverage through a state program so that a pregnant individual diagnosed with a maternal mental health condition could remain eligible for Medi-Cal or MCAP coverage for up to one year after the last day of their pregnancy.

This coverage was temporary and set to expire in March 2022; however on April 1, 2022, DHCS authorized extending it under provisions of the American Rescue Plan Act (ARPA), and expanded it. If you care for pregnant patients, here's what you need to know:

- Under provisions of ARPA, California is opting to extend the postpartum care period for currently eligible and newly eligible pregnant individuals, and broaden the scope of coverage to **full-scope Medi-Cal benefits** during both the pregnancy and postpartum periods.
- The postpartum coverage period for individuals receiving pregnancy-related and postpartum care services, as of April 1, 2022, will expand to include **an additional ten months of coverage** following the current 60-day postpartum period for a total of 12 months, **without requiring a mental health diagnosis**.
- Under Continued Eligibility for Pregnancy (CEP) rules, pregnant individuals who are eligible under a Medi-Cal program will maintain coverage through their pregnancy and the extended postpartum coverage period, **regardless of income changes, citizenship or immigration status**. These individuals shall maintain continuous eligibility in their full-scope pregnancy and postpartum coverage through the 12-month postpartum period.

▶ Learn more about the Postpartum Care Extension at <https://bit.ly/DHCSpostpartum>.

PROVIDER RESOURCES

HPSM'S POPULATION HEALTH MANAGEMENT (PHM) PROGRAM

HPSM's PHM Program is designed to make it easier for our providers to help their patients get and stay healthy. PHM offers several highly unique support programs aligned with our commitment to keeping our community healthy. Here is a look at how these programs help your patients reach their health goals.

ASTHMA PROGRAM

The Asthma Program helps members diagnosed with asthma avoid preventable attacks. As part of the program, HPSM's Pharmacy Unit informs primary care providers (PCPs) of members with uncontrolled asthma about the following:

- Inpatient or emergency department visits due to asthma
- Medications recently dispensed

HPSM's Pharmacy Unit also advises PCPs to reach out to members with uncontrolled asthma to discuss their medication and asthma action plan. Members with asthma are automatically opted into the program if they meet either of the following criteria:

- Have uncontrolled asthma
- Have not recently picked up their controller prescriptions

Pediatric members with asthma are referred to the San Mateo County Home Visiting Asthma Program. Members can join or opt out of that program when the County contacts them for the first time. To find out more about the pediatric program, call HPSM's Health Promotion Unit at **650-616-2165**.



BABY + ME PROGRAM

All HPSM members who are pregnant or birthing parents are eligible for this program. Baby + Me promotes timely care and health for the parent and baby, from the start of pregnancy to birth and beyond. HPSM Health Promotion staff help connect participating pregnant people, birthing parents and their families to many great community resources. Plus, participants can earn up to \$100 in Target GiftCards™ for going to two appointments.

- Participants who visit their provider within the first 12 weeks of pregnancy get a \$50 Target GiftCard™
- Participants who visit their provider between 1 and 12 weeks after having their baby get a \$50 Target GiftCard™

Visit <https://tinyurl.com/bdfafzva> for an overview of how Baby + Me creates a "roadmap" to a healthy pregnancy, birth and baby. Eligible members can sign up for the Baby + Me program at www.hpsm.org/baby-and-me. Or they can call HPSM's Health Promotion Unit at **650-616-2165** to join or opt out.

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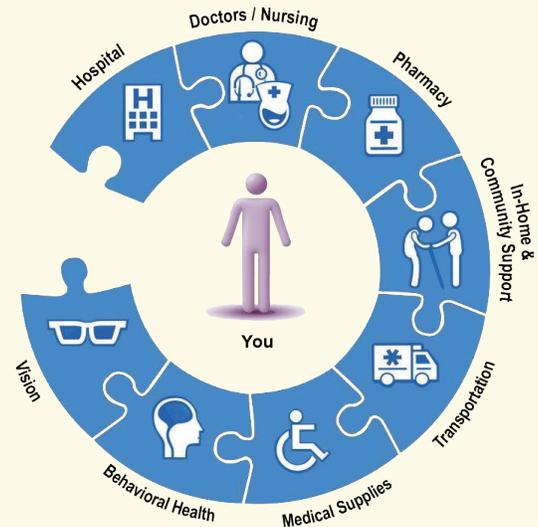
CARE TRANSITIONS

This outreach program is for members who have had an inpatient hospital stay and are being discharged home or to another care setting. Coordinating post-discharge care helps the patient's care team better manage their outpatient or post-acute health and avoid readmission. After the member leaves the hospital, a Care Transitions Coach helps them follow their care plan and reduce their chance of returning to the hospital. The Care Transitions Coach:

- Works with the member's case manager and social worker on their care plan
- Helps the member get care from their PCP
- Tells the member's family about what kind of care they may need

A Care Transitions Coach either visits eligible members in the hospital or calls them after their hospital stay to ask if they want to join the program. Members can opt in or out at that time.

This is a voluntary program. An HPSM Care Coordination Case Manager calls members identified as needing care transitions upon discharge. Members have the right to opt in or out of the program at that time.



COMPLEX CASE MANAGEMENT

Complex Case Management is a program for members with multiple chronic conditions, co-morbidities (presence of two or more medical conditions) and/or co-existing functional impairments (such as sight impairment and mobility limitations). This highly valuable program aims to help members navigate the health care system and improve:

- Overall care delivery
- Health outcomes
- Psychosocial supports to help meet members' mental, emotional and social needs

It also promotes connection with HPSM programs, community resources and other health care providers. This helps members move towards reaching their health goals. The program achieves its goals through a partnership between an HPSM Case Manager, the member and their PCP. The Case Manager works with the member and their authorized representatives to:

- Identify and prioritize their problems, goals and interventions
- Identify barriers and develop a solution-focused care plan
- Refer them to helpful resources
- Assist the member in managing complex health issues or critical events
- Develop a follow-up schedule within specific time frames

A Case Manager calls eligible members to ask if they want to join the program. Members can opt in or out at that time. To learn more, visit www.hpsm.org/cc or call **650-616-2060**.

To refer a member for Complex Case Management, please complete the form at www.hpsm.org/provider-forms.

PROVIDER RESOURCES

PRE-DIABETES AND DIABETES SUPPORT PROGRAMS

If you treat HPSM members who have pre-diabetes or diabetes, there are two programs you can refer them to for support and education.

DIABETES SELF-MANAGEMENT SESSIONS (FOR PATIENTS AT SMMC CLINIC)

Patients with pre-diabetes or diabetes can get one-on-one phone, video or in-person sessions (in English or Spanish) with a Diabetes Educator. They explain the basics of pre-diabetes and diabetes as well as how healthy eating and exercise can prevent type 2 diabetes or reduce the risk of diabetes-related complications. PCPs receive follow-up recommendations and updates from the Diabetes Educator.

To qualify, HPSM members must be patients at San Mateo Medical Center's (SMMC's) 39th Avenue clinic who have been diagnosed with pre-diabetes or diabetes type 1 or 2.

To refer a patient, complete a referral form via SMMC's eClinical Works (eCW) system and assign the referral to either Innovative Care Clinic's Diabetes Educator or Nicky Reynicke. If you need assistance locating the referral form or have questions about the program, email nreynicke@smcgov.org.

HPSM'S DIABETES PREVENTION PROGRAM (DPP)

This evidence-based 12-month lifestyle change program for HPSM Medi-Cal and CareAdvantage members with pre-diabetes is designed to prevent or delay the onset of type 2 diabetes. Members get advice from a trained Lifestyle Coach on how to make healthy lifestyle changes, like eating better and being more physically active. They also get educational materials and group support. HPSM provides DPP to eligible HPSM members at no cost.

To qualify, patients must:

- ✓ Be an HPSM Medi-Cal or CareAdvantage member
- ✓ Be at least 18 years old
- ✓ Have no previous type 1 or type 2 diabetes diagnosis
- ✓ Not be pregnant
- ✓ Not have end-stage renal disease
- ✓ Have a body mass index (BMI) of at least 25, or at least 23 if self-identified as Asian
- ✓ Meet one of the following criteria:
 - Have a blood test result in the prediabetes range within the last 12 months:
 - Hemoglobin A1c test: 5.7%–6.4%
 - Fasting plasma glucose: 100–125 mg/dL
 - Two-hour plasma glucose: 140–199 mg/dL (oral glucose tolerance test)
 - Have a gestational diabetes diagnosis in a previous pregnancy (Medi-Cal members only)



To refer a patient, complete the DPP Provider Referral Form at www.hpsm.org/providers-dpp. To learn about the program, members can visit www.hpsm.org/dpp or call HPSM's Health Education Unit at 650-616-2165.

TELEHEALTH PLATFORMS: PROVIDER OBLIGATIONS AND OPTIONS

Because the nationwide COVID-19 public health emergency (PHE) declared by the U.S. Department of Health and Human Services (HHS) in January 2020 is still in effect, health care providers covered by Health Insurance Portability and Accountability Act (HIPAA) Rules may still use a range of telehealth platforms to communicate with patients and provide services. However, some of these technologies, and the way they are used by covered health care providers, may not fully comply with HIPAA requirements. The PHE is expected to expire this year, so if your practice hasn't already transitioned to using HIPAA-compliant platforms, it is important to do so now to ensure seamless delivery of telehealth services to patients.



The information below is designed to help providers choose HIPAA-compliant telehealth platforms. It includes a list of platforms that can be used while the PHE remains in effect and after it ends. We provide this information only to make providers aware of their obligations and options—not to mandate the use of any specific platform.

TELEHEALTH PLATFORMS WITH INTERIM APPROVAL DURING THE PHE

Federal guidance regarding which platforms covered health care providers can use during the PHE remains relatively permissive. For example, the Office of Civil Rights (OCR) does not currently impose penalties for noncompliance with HIPAA Rules against covered health care providers who deliver telehealth services in good faith. As such, providers can still use the following popular applications that allow for video chats to provide telehealth:



TRANSITION TO A HIPAA-COMPLIANT PLATFORM AS SOON AS POSSIBLE

Providers using any of the products above for telehealth are encouraged to start switching sooner rather than later to HIPAA-compliant video communication platforms that:

- Provide additional health care privacy protections
- Are HHS-approved
- Offer HIPAA business associate agreements (BAAs)

These are some of the platforms that meet these requirements:



► For more information, read HHS's "Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency" by visiting <https://tinyurl.com/2r5drxmh>.

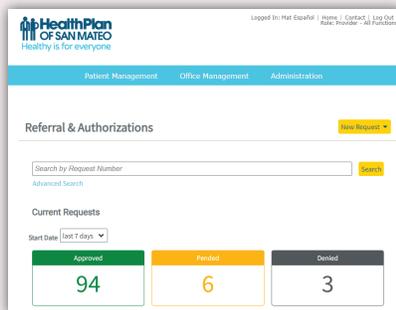
HOW TO CHECK AUTHORIZATION STATUS ON THE PROVIDER PORTAL

You and your staff can quickly check the status of authorizations online anytime using HPSM's Provider Portal at www.hpsm.org/provider-portal-login. Here's how!

1. **Log in to the Provider Portal**, then hover your cursor over Office Management in the blue menu and click Referrals/Authorizations.
2. **Choose from two search options:**

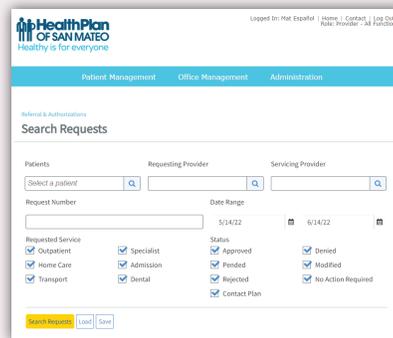
Simple Search

Type the prior authorization (PA) number into the **Search by Request Number** field, then click the **Search** button.



Advanced Search

In Simple Search, click the Advanced search link below the **Search by Request Number** field for additional search options (including the patient or provider name and date range), then click the **Search Requests** button.



3. **The status of your authorization will appear on the screen**

For authorization requests submitted prior to the date of service, status should be available within 72 hours for urgent requests and five business days for routine requests.

▶ Learn more about HPSM's prior authorizations process at www.hpsm.org/provider/authorizations.

CAREADVANTAGE MAKES HEALTH CARE EASIER FOR YOU AND YOUR PATIENTS

If you have patients who:

- Live in San Mateo County
- Have both Medicare Parts A & B and full-scope Medi-Cal

Let them know they can join CareAdvantage!

Tell them to call **650-616-1500** or (toll-free) **1-888-252-3153** (TTY: dial **7-1-1**)

Accepting CareAdvantage patients also benefits providers with:

- ✓ Competitive reimbursement rates
- ✓ No annual deductible
- ✓ No referral authorization required for outpatient services
- ✓ One local contact for questions

▶ Learn more at www.hpsm.org/join-careadvantage.



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 LGBTQIA+ 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 LGBTQIA+ experts at the San Mateo County Pride Center.

RESPECT PATIENTS' 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 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 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.

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

CLINICAL CORNER

IT'S TIME TO CATCH UP ON YOUTH WELL VISITS AND VACCINES!

Due to the COVID-19 pandemic, many children and adolescents missed well visits and recommended vaccinations. Well visits help keep young people healthy by providing a space for tracking growth and development milestones, sharing information, discussing health concerns and getting recommended vaccines. The decline in well visits, and therefore vaccinations, can leave children and adolescents vulnerable to vaccine-preventable diseases such as measles. Summer provides a great opportunity to catch your pediatric patients up on recommended vaccines so they are ready for the next school year.

Childhood/adolescent well visits and vaccination rates dropped for HPSM members during the first year of the COVID-19 pandemic (measurement year 2019 to 2020):

Measure

Measure	% point drop
Well-child visits in the first 15 months of life (6+ visits)	28.0
Adolescent well-care visits (12-21)	4.0
Immunizations for adolescents (Combo 2)	26.7

Young HPSM members also lag behind their peer San Mateo County residents as a whole in getting a first COVID-19 vaccination dose:

5-11 year-olds	6.6
12-15 year-olds	26.7

It's time to catch up! Invite your patients to come in for well visits and get recommended vaccines. Here are some ways you can do this:

- ✓ Call or send reminder notices when patients are due for well visits and/or vaccines.
- ✓ Share the safety measures your clinic has in place to protect them from COVID-19.
- ✓ Let your patients know whether your clinic offers well visits by phone, video or in person. Make sure to mention that all well visits, whether by phone, video or in person, are available at no cost to HPSM members.
- ✓ When your patients come in for other health concerns, offer to give them catch-up vaccines while they are there and schedule follow-up well visits.
- ✓ Offer vaccine clinics for patients who are up-to-date on their well visits but due for vaccines.

Be sure to tell 12–21 year-old HPSM members that are seen at Daly City Youth Clinic that they can get a \$25 Target GiftCard™ for going in for their well visit

- ▶ Share your success stories with HPSM on how you are bringing back your pediatric patients for routine well-care and vaccinations. Email us at HealthEducationRequest@hpsm.org.

KEY PHASES OF PEDIATRIC VACCINATION TO FOCUS ON INCLUDE:

0-2 years old	3-6 years old	11-12 years old	16-17 years old
<ul style="list-style-type: none"> ● Hep B ● RV ● DTaP ● Hib ● PCV13 ● IPV ● MMR ● Varicella ● HepA ● Starting at 6 months, Flu vaccine 	<ul style="list-style-type: none"> ● DTaP ● IPV ● MMR ● Varicella ● Starting at age 5, COVID-19 vaccine ● Flu 	<ul style="list-style-type: none"> ● COVID-19 ● Tdap ● HPV ● MenACWY ● Flu 	<ul style="list-style-type: none"> ● MenACWY ● COVID-19 ● Flu

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MANAGING ONGOING BEHAVIORAL HEALTH DEMAND

HPSM's behavioral health providers are helping our members get the care and services they need, especially as demand has risen during the past two years.

To ensure HPSM members continue to have timely access to these vital services, behavioral health providers are encouraged to follow these **four tips**:

1. **Regularly review active patients to determine whether they still meet medical necessity criteria** Review the criteria at <https://tinyurl.com/38vucc9m>.
2. **Conclude or transition services for patients who no longer meet medical necessity** If a patient no longer meets therapy criteria, but needs ongoing supportive services or case management, refer them for Complex Case Management using this form: <https://tinyurl.com/bdhr8hvt>.
3. **Transition patients who require higher levels of care to Behavioral Health and Recovery Services (BHRS)** HPSM's Medi-Cal benefit covers mild to moderate mental health services. If a patient's symptoms become severe or get worse, refer them to BHRS Specialty Mental Health Services using this form: <https://tinyurl.com/bde7xver>.
4. **As you close out client cases, update us on your availability to accept new referrals** Call **650-616-2580** or email HPSM_BH_Provider_Availability@hpsm.org.

▶ For more resources for behavioral health providers, please visit www.hpsm.org/provider/behavioral-health.

NURSE ADVICE LINE (NAL) COVID-19 VACCINE PROTOCOLS

The NAL is available for HPSM members who have questions about the COVID-19 vaccine. Triage nurses are prepared to assess reaction concerns by asking specific questions about which vaccine dose was received, as well as the onset and severity of specific symptoms. Callers with questions about the vaccine's safety are advised of its safety and efficacy, and that its side effects are similar to other vaccines, such as the flu shot, tetanus or shingles. Other talking points include that normal COVID-19 vaccine symptoms are more common after the second vaccine shot, usually last one to three days, and may include local and systemic side effects such as pain at injection site, fever, headache and fatigue. Over-the-counter fever medicines (either acetaminophen or ibuprofen) are recommended to help treat fever and pain.

TRIAGE PROTOCOLS WHEN MEMBERS HAVE QUESTIONS ABOUT VACCINE REACTIONS

Triage nurses will assess symptoms and follow care advice protocols depending on which type of post-vaccination reaction a member is experiencing: *local, systemic or anaphylactic (rare and severe allergic reaction)*.

- ▶ Callers with specific local and systemic reactions that persist beyond two to three days, or become worse, are advised to see or have a telemedicine visit with their primary care provider (PCP) within 24 hours or 3 days, depending on severity and duration.
- ▶ Callers with a chronic condition or weak immune system **and** fever >100.0 F that starts two or more days after vaccination are advised to talk with their PCP via telemedicine within four hours. If their PCP is not available, members are advised to go to urgent care or call another telemedicine provider within this time frame.
- ▶ Callers who have difficulty breathing or swallowing within two hours after injection are told to call **911**.

HPSM's Nurse Advice Line is available to all HPSM members, free of cost

- Toll-Free: **1-833-846-8773**
- Open 24/7, 365 days a year
- Staffed by Licensed Registered Nurses (RNs)

If you have questions about HPSM's NAL, call Provider Services at **650-616-2106**

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 www.linkedin.com/company/healthplanofsanmateo

TAKE HPSM'S PROVIDER COMMUNICATIONS SURVEY

To better inform and support our valued network providers, we need to know what you think of the communications you receive from HPSM as well as how you prefer that we communicate with you.

Taking HPSM's Provider Communications Survey is your opportunity to help us understand and meet your communication needs.

The survey only takes about five minutes to complete. We will use your survey responses to improve and streamline our provider newsletter, website pages and announcements.

Also, every office that takes the survey is automatically entered to win a \$50 Amazon gift card!

► Please take the Provider Communications Survey at www.hpsm.org/provider-comms-survey.

