AUGUST 2026

MPM PROVIDER QUALITY NEWSLETTER

To access the materials referenced in this newsletter, please go to:

- https://www.medpointmanagement.com/provider-resources/
- Click on **"Quality Management Information"** and then **"2026 Quality Newsletters."**
- All materials are listed in one PDF document.
- Please also note that MedPOINT's Reference Guides are available under **"HEDIS 2026 Health Plan Guides and Resources"** and **"MedPOINT Resources"**.

MedPOINT MANAGEMENT

Join the MPM Quality Discussion Board!

MPM's Quality Management Discussion Board has an all-new landing page! Be sure to check out the Discussion Board's new look here: Pointing Healthcare In The Right Direction - MedPOINT Management. ➔

By joining the discussion forum, you can connect with a vibrant community of network providers, clinicians, and staff who are actively involved in exchanging ideas, seeking answers, and discussing optimal strategies for effectively implementing quality measures.

Our platform fosters collaboration and promotes the sharing of best practices to ensure the delivery of high-quality, cost-effective healthcare. The discussion board hosts various topics that you can peruse but be sure to make your own post to make the most of the platform. We look forward to reading and interacting with your discussions!

Your source for up-to-date information

Standard vs. non-standard supplemental data
Quality Measures

Role of MPM Quality Specialists compared to Health Plan QM Staff Roles
Quality Measures

HEDIS vs. STARs vs. IHA AMP
Quality Measures

Cancer Screening Reporting & CPT-II Codes
Quality Measures
Coding Tips and Tricks

Bridging Cultural and Linguistic Gaps to Improve Vaccination Rates

Every August, National Immunization Awareness Month serves as a reminder of the critical role vaccines play in preventing disease and protecting community health. As providers prepare for back-to-school physicals, annual wellness visits, and preventive care discussions, it is important to recognize that vaccine decisions are often influenced by more than clinical recommendations alone. Cultural beliefs, language barriers, health literacy, and historical experiences with the healthcare system can significantly impact a patient's willingness to receive recommended immunizations. National Immunization Awareness Month is recognized annually in August and highlights the importance of routine vaccination across all age groups.

California's diverse populations bring a wide range of cultural perspectives regarding health, wellness, and preventive care. Some patients may have concerns rooted in cultural traditions, religious beliefs, misinformation obtained through social media, or previous negative healthcare experiences. Others may face challenges understanding vaccine recommendations if health information is not provided in their preferred language. When these barriers are not addressed, opportunities to improve vaccination rates and protect vulnerable populations may be missed.

The Importance of Culturally Responsive Vaccine Conversations

Research and experience consistently demonstrate that patients are more likely to accept health recommendations when they feel heard, respected, and understood. A culturally responsive approach encourages providers to engage patients in open dialogue, listen to concerns without judgment, and acknowledge the role that culture may play in healthcare decisions. Rather than assuming resistance or hesitancy, providers can foster trust by asking questions, exploring concerns, and providing clear, evidence-based information tailored to the patient's unique circumstances.

Simple communication strategies can make a significant difference:

- Use plain language and avoid medical jargon.
- Ask open-ended questions to understand concerns.
- Utilize the teach-back method to confirm understanding.
- Respectfully explore cultural beliefs that may influence decision-making.
- Emphasize shared goals of protecting individual, family, and community health.

Leverage the California Immunization Registry (CAIR2)

CAIR2 serves as California's statewide immunization information system and can help providers improve vaccine compliance, coordination of care, and patient outreach. Providers can use CAIR2 to:

- Verify patient immunization histories when records are incomplete or patients receive care from multiple providers.
- Identify patients who may be overdue for recommended vaccines.
- Reduce duplicate vaccinations by reviewing existing records before administering vaccines.
- Improve vaccine reporting and continuity of care across healthcare settings.
- Support quality improvement initiatives aimed at increasing preventive care compliance.

Review Recommended Vaccines During Every Visit

Many missed vaccination opportunities occur when immunization status is not reviewed during routine visits. Consider implementing standing workflows to review vaccine needs during:

- Annual wellness visits
- Sports and school physicals
- Chronic condition follow-up appointments
- Transitional care visits
- Medicare Annual Wellness Visits

Use Reminder and Recall Strategies

Patients are more likely to remain up to date when practices proactively communicate vaccine needs. Consider:

- Automated text, email, or phone reminders
- Multilingual outreach materials
- Patient portal notifications
- Follow-up calls for high-risk populations

Providing reminders in the patient's preferred language can improve engagement and understanding.

Ensure Language Access During Vaccine Discussions

California's diverse population includes many individuals with limited English proficiency. When discussing immunizations:

- Offer qualified interpreter services when needed.
- Provide translated Vaccine Information Statements (VIS) when available.
- Use culturally and linguistically appropriate educational materials.
- Confirm understanding using teach-back techniques.

Address Vaccine Hesitancy with Cultural Sensitivity

Understanding a patient's cultural background can help providers address concerns in a respectful and effective manner. Rather than focusing solely on correcting misinformation, providers can build trust by:

- Listening to concerns without judgment.
- Acknowledging cultural beliefs and experiences.
- Sharing evidence-based information in a clear, relatable manner.
- Encouraging questions from patients and family members.

Key Takeaway

August is National Immunization Awareness Month where we highlight the importance of vaccination in all stages of life. Vaccines and other types of Immunizations are known to be safe and effective at preventing illness and diseases in people of all ages. One age group in particular is the Children and Adolescents that require multiple immunizations from Birth to Teen years. Although the U.S. Center for Disease Control and Prevention (CDC) has made recent changes to the childhood immunization schedule, the American Academy of Pediatrics (AAP) stated they will continue to recommend routine immunization for protection against eighteen diseases, including RSV, hepatitis A, hepatitis B, rotavirus, influenza, and meningococcal disease. The California Department of Public Health (CDPH) also agrees with the AAP recommendations and will continue to ensure Californians have access to safe, effective vaccines. Healthcare providers, clinical staff and non-clinical staff play a critical role in encouraging parents and patients to stay current with their vaccinations.

As parents and children are getting ready to head back to a new school year, this is a great opportunity to remind parents and caregivers about the importance of scheduling an Immunization appointment or a Well-Child Visit, which helps children stay on track with growth and development, support physical and mental health, get important screenings and stay up to date on vaccines.

National Immunization Awareness Month provides an opportunity for providers to strengthen vaccine outreach efforts through culturally responsive care and effective language access services. By recognizing the diverse factors that influence healthcare decisions, providers can create meaningful conversations that build trust, improve understanding, and support informed vaccination choices. Every patient deserves access to clear, culturally appropriate information that empowers them to make decisions that protect their health and the health of their communities. Please visit the California Department of Public Health for a comprehensive list of vaccine resources including immunization schedules, school requirements, Vaccine Information Statements (VIS), and more: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/providers.aspx

Provider Satisfaction Survey

The winner for the PSS Raffle is Dr. Emmeline Chan (Bella)!

5 Questions about E/M and Annual Wellness Visits

Q1: Can a provider reference a previous Evaluation and Management (E/M) note instead of re-documenting the history and exam portion?

A1: Yes. The 2019 CMS Physician Fee Schedule Final Rule states, "when relevant information is already contained in the medical record, practitioners may choose to focus their documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed." The assessment and plan portion of the note must still stand alone.

Q2: Are Annual Wellness Visits covered by the 2019 E/M guidance allowing a provider to reference previous documentation completed during the calendar year?

A2: This is a bit of a gray area. The AWV is not technically an E/M visit but reliable sources (e.g. AAFP) state that components of the AWV can be completed in advance as part of pre-visit planning and in practice this is commonly done. Providers copy these components into their AWV note or indicate they reviewed the previous information from a prior date. Blood pressure and BMI should be repeated on the day of the visit. The assessment and plan portions of the AWV note must still stand alone.

Q3: If a Medicare Advantage patient already had an Annual Wellness Visit with a previous payer during the calendar year, is another one necessary?

A3: Most clinicians and CMS view this as not medically necessary, but Medicare Advantage plans may choose to cover wellness services more frequently than original fee-for-service Medicare (this is why Medicare Advantage plans can allow an AWV once a calendar year instead of 11 full months apart). Plans typically don't have timely access to the prior payers' claims and want to know as soon as possible about their new members' health status. Therefore, the new plan may request another one.

Q4: When the patient already had an Annual Wellness Visit under the previous payer during the calendar year, how can providers reconcile the plan's request for a new AWV with the fact that it may not be medically necessary?

A4: This is at the plan's discretion, but providers often utilize the practice of referencing previous documentation completed during the calendar year. The patient should be seen again face-to-face or on video. This may be an E/M visit with modifier 25 added and a separately documented AWV visit. The provider references the previously completed AWV note and indicates that the findings were reviewed and if there were any pertinent changes. Blood pressure and BMI should be repeated on the day of the visit. The assessment and plan portions of the AWV note must still stand alone. If the plan requests the visit documentation, also include the previously completed AWV note.

Q5: Can providers code Annual Wellness Visits as G0468 or 993xx?

A5: G0468 is an FQHC billing code that health center billers add when they submit to Medicare to ensure the health center receives the enhanced PPS wraparound rate for AWV visits. It is not a service code, not part of the NCQA value set, and should never be submitted without an accompanying service G-code (G0402, G0438, or G0439). If the G0468 is submitted to the IPA or health plan it will usually be ignored. A health plan may say they accept G0468 alone for AWV credit, just as they sometimes say they will accept AWVs coded with a 993xx preventive visit code, but this is not correct billing practice and is not recommended. For non-managed care patients where the health center is submitting directly to Medicare for fee for service payment, health centers should include both the service G-code and the G0468 billing code.

August Resources

- **The Language Assistance Program –** The Language assistance program (LAP) makes it easy for you to follow language service requirements. You can request no-cost interpreter services for your patients. For more information this document will be posted on our MPM website.
- **Breast Cancer Screening webinar –** Join the L.A. Care for an overview of breast Cancer Screening. Learn more about sharing data around breast cancer and screening. Demonstrate why breast cancer screening is important and more. This flyer will be attached to our MPM newsletter for more information.

Breast Cancer Screening

L.A. Care HEALTH PLAN
For All of L.A.

Webinar

Wednesday, August 26th, 2026
12:00 p.m. – 1:00 p.m.

Join the L.A. Care for an overview of Breast Cancer Screening. Learn more about:

- Share data around breast cancer and screening
- Demonstrate why breast cancer screening is important
- Health disparities – which communities are most impacted by breast cancer and gaps in screening?
- Action-oriented approach – Strategies to improve breast cancer screening (what are best practices)?

Presenters:

- **Molly Black**, Director of Early Detection at the American Cancer Society
- **Dr. Heather Bittner Fagan**, MD, MPH, FAAFP with ChristinaCare

Who should attend:

- Clinicians (i.e.: MDs, PCPs, OBGYNs, NPs, RNs, MAs)
- Case Managers, Social Workers, Community Health Workers/Promotores de Salud
- Front and back-office staff

Register here

Questions? Email quality@lacare.org