JUNE 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"**.

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

Health Literacy: A Hidden Driver of Quality Outcomes

Effective communication is more than just sharing information, it's ensuring your patients understand and can act on it. Health literacy, or a patient's ability to obtain, process, and comprehend health information, is a major factor in achieving positive health outcomes. Research shows that **nearly 9 out of 10 adults in the U.S. have difficulty using health information**, which can lead to missed medications, poor chronic disease management, and avoidable hospitalizations.

The Teach-Back Method: Ensuring Understanding

One of the simplest and most effective tools providers can use is the Teach-Back Method. Teach-back is not a test—it's a way to confirm that patients understand instructions in a safe, supportive way.

How it works:

- **Explain clearly:** Provide instructions or health information in plain language.
- **Ask the patient to repeat:** Invite them to "teach back" what they understood in their own words.
- **Clarify if needed:** If the patient misses key points, explain again using different wording.
- **Confirm understanding:** Repeat until the patient can accurately describe the steps or instructions.

Example:

- Provider: "I've explained how to take your blood pressure medicine. Can you tell me how you will take it at home?"
- Patient: "I'll take one pill in the morning with breakfast and one at night before bed."
- Provider: "Perfect! That's exactly right."

Using Teach-Back matters for improving **patient safety,** enhances chronic **disease management,** supports **quality metrics,** and **fosters trust.**

Tips for Implementing Teach-Back

- Use plain, jargon-free language. Avoid medical terms when possible.
- Keep instructions short and focused; one or two key points at a time.
- Pair Teach-Back with written or visual aids. Illustrations and easy-to-read handouts reinforce understanding.

If you would like more information on cultural competency, health literacy, and the Teach-Back Method, please see the HICE Cultural Competency & Patient Engagement Module available here https://storhicelibrary.blob.core.windows.net/library/documents/HICE_Cultural_Competency_&_Patient_Engagement_Training_for_Providers_and_Health_Plans_5.21.26.pdf

Appointment Scheduling Best Practices

Important reminders.

- **Medi-Cal: Well Child Visits (WCV)** Ages 3-21 years: Members can be scheduled anytime during the calendar year. 365 days does not need to pass from the previous well visit to schedule a member for their next well visit.
- **Medicare: Annual Well Visits (AWV)** – Goal is to complete ALL AWVs prior to July during the current year. 365 days does not need to pass from the previous annual well visit to schedule a member for their next annual well visit.

Best practices for specific visit-type scheduling involve several key components:

1. Determine the Visit Category & Duration

Different appointments require completely different lengths of time. Standard time-slot allocations typically include:

- **New Patient Consultations:** 30 to 45 minutes. (Requires time for intake forms and comprehensive evaluations).
- **Established Follow-ups:** 10 to 20 minutes.
- **Procedures & Physicals:** Time varies by complexity; often clustered on specific days or times.

2. Match Resources to Requirements

Specific visit types often necessitate specific resources:

- **Equipment:** Certain appointments (like ultrasounds, bloodwork, or EKGs) must be tied to rooms containing the proper machinery.
- **Staff:** Visits requiring a nurse practitioner, physician assistant, or medical assistant before the primary doctor need dual-provider scheduling.

3. Implement the Right Scheduling System

Choose the booking method that fits the specific visit type:

- **Cluster Scheduling:** Grouping similar visits (e.g., scheduling all school physicals on Wednesday afternoons) to improve staff efficiency and prep paperwork in batches.
- **Time-Specific (Stream) Scheduling:** Assigning a fixed, predetermined length of time based on the purpose of the visit to maintain a steady flow of patients.
- **Open Access (Same-Day):** Reserving block times specifically for acute or urgent access.

4. Patient Communication & Preparation

Once a specific type of visit is scheduled, it is crucial to communicate specific instructions.

- **Preparation:** Let the patient know if they need to fast, arrive early for paperwork, or bring specific records.
- **Reminders:** Utilize automated messaging to reduce no-shows, which are especially disruptive during highly specific, resource-heavy procedures.

5. Weekend and Walk-in Availability

Offer extended weekend hours for members to complete routine services (e.g., vaccines, lead testing, blood pressure readings, lab testing.

6. Group Appointments/Multidisciplinary Clinic Times

- **Patient Identification:** Utilize EMR registries to identify cohorts with similar needs (e.g., poorly controlled Type 2 diabetes or newly diagnosed patients.
- **Opt-in and Consent:** Because of group privacy, ensure patients are informed of the format and sign a participation consent waiver at booking.
- **Pre-visit Logistics:** Schedule a brief individual session or virtual touchpoint prior to the group for initial lab draws and biometric baselines (e.g., A1C, weight).
- **Billing and Coding:** Coordinate with your coding team; group medical visits are generally billed using standard E/M codes (such as CPT 99213 or 99214) depending on the complexity of the visit.
- **Reduce No-Shows:** Implement automated text or email reminders and provide travel/parking stipends if transportation is a barrier.

Consider Expanding Access to include Saturday Clinics

Recently, a participating health plan hosted a Saturday Well-Child Clinic from 9:00am to 4:00pm. Families began arriving before the clinic opened, and many parents expressed gratitude for the opportunity to bring their children in on a weekend, noting that weekday appointments were difficult to accommodate due to work schedules. The event also hosted a mobile mammogram service which yielded approximately 20 mammogram appointment completed.

Consider offering optional Saturday clinic hours for preventative care services such as annual physicals, cervical cancer screenings, well-child visits, and immunizations. Particularly during the summer months when many families have greater scheduling flexibility.

Many of our members face challenges attending appointments during the traditional workweek due to work, school, and family obligations. Saturday availability can provide a convenient alternative to help members stay current with their preventative care, improving access and patient satisfaction.

With children out of school for summer break, this is an ideal time to help families complete annual physicals, well-child visits, and recommended screenings before the new school year begins.

Opening Saturday may not always be possible; we highly encourage providers who have the capacity to consider offering limited weekend hours. Expanded access in this way can make a meaningful difference for members and will support preventative care goals across our community.

Men's Health & Diabetes: The Importance of Preventive Care

This month's newsletter focuses on men's health and the importance of routine diabetes management. Diabetes continues to be a significant health concern for men across the United States. According to the Center for Disease Control and Prevention (CDC), approximately 18% of adult men in the United States are living with diabetes which is nearly 1 in every 5 adult men. Additionally, many men with early kidney disease or diabetic retinopathy experience no symptoms, which allows these conditions to go unnoticed highlighting the importance of routine screenings.

According to the Mayo Clinic, type-2 diabetes is a chronic disease that occurs when the body cannot use insulin correctly, and there is a buildup of sugar in the blood. This increase in sugar levels over time will cause damage to the eyes, kidneys, nerves, heart and other organs this highlighting the importance of preventive care and routine screenings like HbA1c testing (GSD2), Kidney Health Evaluations (KED), & Diabetic Retinal Eye Exams (EED). Type-2 diabetes is more prevalent in older adults.

For men in California, diabetes remains a significant health concern. An estimated 1.6 million men across the state are living with diabetes. Regional data shows that diabetes vary considerably throughout California, with some areas experiencing substantially higher prevalence rates than others. Per CalRX, the highest rates are found in the Southern San Joaquin Valley (11.9%), followed by the Northern San Joaquin Valley at (11.4%) and the Los Angeles region (11.4%). Other regions with elevated prevalence include the Inland Empire (10.7%), San Francisco Bay Area (10.0%). Lower prevalence rates are seen in the Orange County region (9.90%), and San Diego-Imperial region (9.8%). Imperial County has consistently reported among the highest prevalence rates in California, highlighting the importance of targeted outreach, routine screening, and chronic disease management efforts in high-risk communities to reduce complications and improve long-term health outcomes.

Diabetes does not affect all populations equally. Among men in the United States, prevalence rates tend to be highest among American Indian & Alaska Natives, Hispanic/Latino, and non-Hispanic Black populations, while non-Hispanic White and Asian populations generally experience lower rates. These disparities highlight the importance of culturally responsive preventive care, early screening, and chronic disease management efforts aimed at improving outcomes among higher risk communities.

- **Hemoglobin A1c (HbA1c) Monitoring –** Regular Hemoglobin A1c testing remains one of the most important components of diabetes management. This test provides an average measure of blood glucose control over approximately three months and helps serve as an indicator of treatment effectiveness. Routine monitoring allows providers to identify patients

with uncontrolled diabetes, adjust treatment plans, and reduce the risk of long-term complications. Maintaining optimal levels of glycemic control have been shown to decrease the likelihood of kidney disease, neuropathy, retinopathy, and cardiovascular events. Also, regular completion of HbA1c testing allows providers to identify care gaps, monitor disease progression, and intervene earlier before complications become more severe and costly to treat.

- **Kidney Health Evaluation for Patients with Diabetes (KED) –** Diabetes is one of the leading causes of chronic kidney disease in the United States. Because kidney damage can develop gradually and often without symptoms, annual kidney health evaluation tests are essential for patients living with diabetes. The Kidney Health Evaluation for Patients with Diabetes (KED) measure encourages a blood and urine test that can help identify early signs of kidney disease.
- **EGFR (Estimated Glomerular Filtration Rate) –** The eGFR test is performed using a blood sample and measures how well your kidneys are filtering waste and excess fluids from your blood. Lower eGFR values may indicate declining kidney function and help providers identify chronic kidney disease in its early stages.
- **Urine Micro Albumin –** The urine microalbumin test evaluates whether small amounts of albumin, a protein normally retained in the bloodstream, are leaking into the urine. The presence of albumin is an early indicator of diabetic kidney damage. High levels of microalbumin allow providers to initiate treatment strategies to preserve kidney function.
- **Urine Creatinine –** The urine creatinine test helps measure the amount of creatinine, a waste product from muscle metabolism, in your urine. Which is another test that helps determine how well your kidneys are filtering waste products.

Primary care providers and clinics should be familiar with the specific laboratory tests and corresponding orders of codes required by the lab they currently work with. Due to the need for two different samples, there may be incomplete kidney health evaluations if not ordered correctly. Ensuring that the eGFR blood test, urine microalbumin test, and urine creatinine test are ordered according to laboratory's specifications with the proper test codes can help prevent missed opportunities. Establishing standardized workflows and maintaining communication with laboratory partners can improve compliance with preventive screening lab methods.

Diabetic Retinal Eye Exam (EED)

Diabetic retinopathy testing is performed to evaluate the health of the retina and identify early signs of diabetes related to eye disease. Testing may be completed through a comprehensive dilated eye examination performed by an optometrist or ophthalmologist or through retinal imaging technology that is reviewed by a specialist. Early identification of diabetic retinopathy is critical because patients may have significant retinal disease without experiencing any symptoms. Early detection can also aid providers in taking the correct course of action to slow disease progression and help preserve a patient's vision.

Primary care providers and clinical staff plan an important role in improving diabetic screening rates. Best practice includes identifying patients who are due for annual retinal exams, educating patients on the importance of diabetic eye care, generating timely referrals to eye care specialists when necessary. Providers should also track completed examinations within the medical record when seeing the patient.

Practices utilizing retinal imaging technology or cameras should ensure that images are reviewed and documented according to established clinical protocols. Clinics should also establish workflows for obtaining and documenting reports from ophthalmologists and optometrists to ensure screenings are accurately captured for quality reporting. Consistent outreach, patient education, and follow-up efforts can help close care gaps and reduce the risk among patients living with diabetes.

Works Cited Page

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18. American Academy of Ophthalmology. *Diabetic Retinopathy Screening and Clinical Practice Guidelines.*
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20. Centers for Disease Control and Prevention (CDC). *Diabetic Retinopathy and Vision Loss Prevention.*

June Resources

- **New Medical Necessity Criteria for Medi-Cal ABA –** Medi-Cal ABA Providers and Behavioral Health Providers are invited to join Health Net for an On-Demand Webinar. As of April20, 2026, the ABA medical Necessity criteria used by the health plan will transition from CASP to Centene policy CA.CP.BH.104 Applied Behavioral Analysis. This new tool will allow providers and the health plan to better customize ABA care to meet member needs and ensure that the care that members receive is the highest quality. This course is designed to acquaint providers with the new policy, highlight its advantages, and answer any questions that they may have. This document will be attached to our MPM Newsletter for more information.
- **Behavioral Health Training Series Update –** WellCare by Health Net Behavioral health training series is transitioning to a new Learning Management System. The main difference is that providers will now need to register for an account, which will allow them to sign up for multiple courses without having to register for each one separately. Webinars covering Behavioral Health, Adverse Childhood Experiences (ACEs), and other topics designed to support your work with CalAIM and various specialized populations. These sessions explore the history and impact of ACEs of lifelong health, Motivational Interviewing techniques, Social Determinants of Health, Cultural Humility, and more. This document will be attached to our MPM Newsletter for more information.
- **L.A. Care Lead Screening in Children Quick Reference Guide –** The California Department of Health Care Services (DHCS) requires blood lead screening for all Medi-Cal children under age of six, in accordance with All Plan Letter (APL) 20-016. L.A. Care Health Plan Providers must comply with both DHCS APL requirements and the HEDIS Lead Screening in Children (LSC) measure guidelines to ensure timely screening, reporting, follow-up, and compliance. Early identification of lead exposure helps prevent long-term developmental, neurological and compliance. For more information this document will be attached to our MPM Newsletter.
- **A Shared Focus on Access for Patients –** Because Care Can't Wait, SCAN maintains access standards that outline how quickly patients should be able to receive care once an appointment is requested. These standards help support our shared goal of giving patients access to clinically appropriate care in a smoother, more timely manner improving their experience and healthcare journey. To view Timely Access Standard timelines this document will be attached to our MPM Newsletter.
- **L.A. Care Clinical Connections –** Mental Health Awareness Month: Supporting Clinical Teams Well-Being, L.A. Care Tobacco-Free Program, Preventative Care Services Reminder, Examples of Preventative Care services Reminder, Using Contracted Providers, and 2026 L.A. Care Bi-Monthly Health Services Webinar Series. For more information on these topics, you can locate this document posted on our MPM Website.
- **Maternal Mental Health Screening Requirements (Revised Guidance) –** Please note that this document replaces the version previously distributed on June 2, 2026. It includes corrections and clarifications to Sections A, B, D, and F. You can locate this L.A. Care HP document posted on our MPM Website.

June 2026

Behavioral Health Training Series Update

Our behavioral health training series is transitioning to a new Learning Management System. The main difference is that providers will now need to register for an account, which will allow them to sign up for multiple courses without having to register for each one separately.

We offer webinars covering Behavioral Health, Adverse Childhood Experiences (ACEs), and other topics designed to support your work with CalAIM and various specialized populations. These sessions explore the history and impact of ACEs on lifelong health, Motivational Interviewing techniques, Social Determinants of Health, Cultural Humility, and more:

- California ACEs
- Culturally Appropriate Care
- Social Determinants of Health
- SBIRT (Screening, Brief Intervention, and Referral to Treatment)
- Trauma-Informed Care: Trauma Across the Lifespan

All trainings are listed on the CA Health Net website under **Behavioral Health Training Series**. Follow the instructions on the website to register for the training.

For more information, please contact our Clinical Provider Training Department at **BH_training@centene.com**

Adverse Childhood Experiences: The Study and Beyond
Wednesday, May 20, 2026

Register

Adverse Childhood Experiences, Part 2: The Study and Beyond
Monday, June 1, 2026

Register

TIC: Trauma Across the Life Span
Thursday, June 11, 2026

Register

DeEscalation Techniques
Thursday, June 11, 2026

Register

Poverty Competency
Tuesday, June 2, 2026

Register

Transitional Rent

Transitional Rent provides up to six months of rental assistance for eligible Medi-Cal members with qualifying behavioral health needs who are homeless or at risk of homelessness and transitioning from settings such as institutional care, incarceration, or the child welfare system. It is intended as a bridge to long-term housing stability, not a temporary solution, and requires a Housing Support Plan with a confirmed long-term housing funding source.

Transitional Rent may be used in allowable permanent or interim housing settings, depending on local availability. Members may not exceed a combined six months of Transitional Rent, Short-Term Post-Hospitalization, and Recuperative Care within a 12-month period. When Transitional Rent is authorized, the Plan must also authorize Enhanced Care Management (ECM) and the Housing Trio services to support housing placement and stability. Prior authorization is required, along with supporting documentation.

Learn more about this benefit by visiting the CalAIM Resources for Provider website > Transitional Rent: **https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#faqs.html**

Click Here for all Upcoming Trainings on CalAIM and Behavioral Health

Questions

For questions about this webinar, please email:

System of Care

*CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.*

L.A. Care HEALTH PLAN®

June 2, 2026

RE: Lead Screening in Children (LSC) Quick Reference Guide

Dear Participating Physician Group,

The California Department of Health Care Services (DHCS) requires blood lead screening for all Medi-Cal children under age of six (6), in accordance with All Plan Letter (APL) 20-016. L.A. Care Health Plan (L.A. Care) providers must comply with both DHCS APL requirements and the HEDIS Lead Screening in Children (LSC) measure guidelines to ensure timely screening, reporting, follow-up, and compliance. Early identification of lead exposure helps prevent long-term developmental, neurological, and behavioral harm.

Who Needs Blood Lead Screening

- All Medi-Cal children at 12 months and 24 months of age
- If undocumented, complete catch-up screening up to 72 months
- Screening is required regardless of perceived risk

Acceptable Tests & EBLR Reporting Requirements

- Capillary: Point-of-care (POC) blood lead testing
- Venous: Laboratory-based blood lead testing required for confirmatory testing and laboratory reporting
- Register with the California Department of Public Health (CDPH) Electronic Blood Lead Reporting (EBLR) Portal: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/pages/report_results.aspx
- Report all blood lead results (capillary and venous) regardless of value
  - Blood lead levels ≥ 3.5 µg/dL must be reported within three (3) working days of analysis
  - Blood lead levels < 3.5 µg/dL must be reported within 30 calendar days of analysis

Provider Responsibilities (All Plan Letter APL 20-016)

- Perform blood lead screening at 12 and 24 months of age
- Complete catch-up screening up to 72 months when prior screening is not documented
- Document test type (capillary or venous), blood lead level, plan of care, follow-up, and family education in the medical record
- Follow up and take appropriate action for abnormal blood lead results
- Document parental refusals/declinations (oral or written) in the medical record

- Utilize the L.A. Care Blood Lead Screening Declination Form when applicable: https://www.lacare.org/sites/default/files/pl1682a_blood_lead_declination_form_202309_0.pdf

L.A. Care Blood Lead Reports – Legacy Provider Portal

- L.A. Care provides monthly missing blood lead screening reports
- Provider offices must download and review reports at least quarterly
- Share reports with contracted clinics/providers and act on missing screenings
- Legacy Provider Portal Link: https://www.lacare.org/providers

If you have any questions or need additional assistance, please contact Quality Improvement at Quality@lacare.org.

Sincerely,

Quality Improvement
L.A. Care Health Plan

Please join Health Net for an On-Demand Webinar:

New Medical Necessity Criteria for Medi-Cal Applied Behavioral Analysis (ABA)

Who should attend?

- Medi-Cal ABA Providers
- Behavioral Health Providers

When:

Tuesday,
June 16, 2026
12:00 - 1:00 P.M. PST

Register

Registration information:

- You must pre-register for this webinar by selecting the **"Register"** button above.
- This webinar is offered via Zoom. You will receive the Zoom link and connection details after completing registration.
- At the end of the registration process, you will have the option to add the webinar to your calendar.
- During the webinar, you may access audio either through a call-in number or directly through your computer audio.

About the Webinar:

As of April 20, 2026, the ABA medical necessity criteria used by the health plan will transition from CASP to Centene policy CA.CP.BH.104 Applied Behavioral Analysis. This new tool will allow providers and the health plan to better customize ABA care to meet member needs, and ensure that the care that members receive is of the highest quality. This course is designed to acquaint providers with the new policy, highlight its advantages, and answer any questions that they may have.

This webinar will introduce providers to the new policy, review key updates and benefits, and provide an opportunity to ask questions to support a smooth transition.

Learning Objectives:

- Understand the transition to Centene policy CA.CP.BH.104 for ABA services.
- Identify key policy requirements and benefits.
- Apply the policy to authorization and documentation practice.

Questions:

For questions about this webinar, please email:

Partners in Performance

***Please note:** This is an optional educational webinar and not a mandatory training.

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CARE CAN'T WAIT

A Shared Focus on Access for Patients

June 16, 2026

Because **Care Can't Wait**, SCAN maintains access standards that outline how quickly patients should be able to receive care once an appointment is requested.

The following access standards—also included in the **2026 Provider Operation Manuals (POM)**—define expected timeframes and apply to all SCAN's provider partners and delegated medical group partners.

Provider Type	Appointment Type	Timely Access Standard
PCP/Specialist	Urgent Care appointment, no Prior Authorization	48 hours
PCP/Specialist	Urgent Care appointment, requiring Prior Authorization	96 hours
Non-Physician Mental Health Care or SUD Provider	Urgent Care appointment, no Prior Authorization	48 hours
Dental	Urgent Care appointment	72 hours
PCP	Non-urgent appointment	7 business days
Specialist	Non-urgent appointment	15 business days
Non-Physician Mental Health Care or SUD Provider	Non-urgent appointment	10 business days
Ancillary	Non-urgent appointment for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Dental	Non-urgent appointment	36 business days

These standards help support our shared goal of giving patients access to clinically appropriate care in a smoother, more timely manner, improving their experience and healthcare journey.

What's Next

In future communications, we'll share about tools SCAN is deploying to improve access, along with guidance on how SCAN works with providers to ensure our members can appropriately access care.

Who in your org is championing access? Let us know their name, email, title, and contact information **here.**

Have feedback or ideas on how we can improve access to care together? Contact **accesstocare@scanhealthplan.com**.

Thank you for your continued commitment and partnership.