

PROVIDER NEWSLETTER

Fall | 2020 | Issue 3

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Links to additional articles:

Pharmacy Department

Pharmacy Corner:

<https://tinyurl.com/yxfqsg98>

The current PHC Formularies on our website:

<http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx>

Current P&T Formulary updates and changes

<http://www.partnershiphp.org/Providers/Pharmacy/Pages/PT-Formulary-Changes.aspx>

Compliance Department:

HIPAA: Protecting Member/Patient Information

<https://tinyurl.com/y45tqlvf>

Member Services Department:

Member Rights & Responsibilities

<https://tinyurl.com/st8kqxx>

Health Services Department:

Best Practices for Serving Your Transgender and Gender-Diverse Patients

<https://tinyurl.com/y38asm36>

Claims Department

Claims Corner

<https://tinyurl.com/y3u2cow9>

Important Provider Notices:

<http://www.partnershiphp.org/Providers/Claims/Pages/Important-Provider-Notices-Medi-Cal.aspx>

Quality Department:

Changes to the LTC QIP

<https://tinyurl.com/y6jqholv>

Quality Corner:

<https://tinyurl.com/y2xoykej>

Information Technology Department:

Online Security and COVID-19

<https://tinyurl.com/vdxlacqe>

Provider Relations Department

Fraud, Waste, and Abuse

<https://tinyurl.com/qq6vwlw>

Credentialing Provider Rights & Responsibilities

<https://tinyurl.com/wxwbqsd>

PCP Access & Availability Standards

<https://tinyurl.com/rpnryrc>

Interpretation Services

<https://tinyurl.com/tropeda>

From the Desk of CEO Liz Gibboney

Launching of PHC's Wellness and Recovery Program



It's finally here! As you can see in the tagline under our new PHC Wellness and Recovery logo, "Hope is Here." That "hope" comes in the form of new substance use disorder (SUD) services that PHC is providing through our Wellness and Recovery (W&R) Program. As of July 1, 2020, Medi-Cal recipients in seven of our 14 counties – Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano – are now able to access the full continuum of substance use services. PHC is the only health plan providing these services, at the request of our counties and communities.

This one-of-a-kind program wouldn't have happened without the interest, hard work, and commitment from each county involved and PHC's Behavioral Health team. I'm thankful for your dedication to this multi-year project. Most importantly, I'm excited for our members, who will have access to services that were limited in the past.

Substance use services are critical to physical and mental health, and I'm proud that PHC is leading the way in recognizing the importance of including addiction services into our model, and in supporting the integration of physical, mental, and substance use health services.

The W&R Program provides an expansion of SUD benefits that previously were not covered under Medi-Cal to beneficiaries in the seven participating counties; three counties – Marin, Yolo and Napa – administer the same set of services for their Medi-Cal residents.

This launch comes at a critical time. The first half of 2020 has been a difficult one; these services are especially important during this time of anxiety and economic crisis, when we hear that substance use and other behavioral/mental health difficulties will be increasing.

Visit our website for more information - [here](#). For questions regarding the W&R program, please contact your Provider Relations Representative.

Thank you,

From the Desk of Chief Medical Officer Robert L. Moore, MD, MPH, MBA

“If it wasn’t documented, it didn’t happen.”

- Aphorism passed on to all health care providers in their training

Poor Documentation Is Not Solved by Electronic Health Records

One of the promises of Electronic Health Records was that it would make medical information more legible, and complete.

While computer text is undoubtedly more legible than most handwritten clinical notes, it does not solve the issue of incompleteness, and may make it worse. A long progress note can be created using templates and short-cuts, but sometimes a clinician fails to record the core information of the history of present illness and the part of the physical exam relevant to that complaint. When this happens, anyone reviewing the record would come to the conclusion that the quality of care in that visit was poor and unacceptable.

For example, a patient comes to the office complaining of back pain. The progress note includes a depression/anxiety screen, smoking history, alcohol history, review of current medications, and the medical assistant’s note of the chief complaint of back pain, for the past week since moving a heavy couch. The clinician documents no further history, and the physical exam notes that the heart sounds are normal, the lungs are clear and the patient is in no acute distress. There is no recorded back or neurological exam. The assessment is back pain, and an MRI is ordered.

This electronic medical record generated note not only gives the Partnership HealthPlan of California (PHC) medical directors no details by which to judge the medical necessity of the MRI request, it reflects either poor quality care by the clinician, or poor documentation by the clinician, and possibly both.

The consequence of this: a denial of the MRI request, the need for a repeat visit to do the relevant history and physical exam, and a delay in getting appropriate care for the member.

This issue is definitely not universal. In the process of conducting utilization management reviews and investigations of potential quality of care issues, we also encounter very complete and appropriate documentation that reflects a logical collection of historical information, a thoughtful physical exam and a delineation of the differential diagnosis considered.

Sadly, we encounter many progress notes that incompletely address the reason for the patient’s visit. When we bring this to the attention to the Medical Director of the organization, they are often unaware of the issue. This is perhaps even more concerning, that health care organizations don’t closely monitor the quality of medical records and clinical decision making.

One of the best resources to offer a clinician with poor documentation practices is the [UC San Diego PACE Medical Record Keeping](#) course. Having your clinicians periodically audit each other’s charts is another way to promote attentiveness to the quality of medical recordkeeping and clinical decision making. Having a standard set of review criteria is important; Family Practice Management has an [article](#) on this topic with an [example](#). In group practices and health centers, a best practice is to have the supervising clinician review a sample of charts on at least an annual basis, as part of a yearly performance evaluation.

One final note: excellent documentation practices help prevent medical liability lawsuits and licensure actions by California Medical Board/Nursing Board. It is better to have a system to improve documentation and decision making before such actions force the issue.

For a collection of de-identified humorous examples of actual medical records PHC has reviewed, see the www.phcprimarycare.org blog.

2020 Physician Satisfaction Survey

Thank you to all the physician offices that responded to the 2020 Physician Satisfaction Survey. We at Partnership HealthPlan appreciate the time and effort our providers put into completing the surveys. The response rate was 72%. Our overall satisfaction scores were very high, with only 1% of the respondents noting dissatisfaction with the Plan.

Feedback from the survey has enabled PHC to identify some areas to focus on for improvement. Specifically, the HealthPlan has developed a Process Improvement team to address concerns expressed by PCP providers that they may not routinely receive reports after their PHC patients have accessed mental health care and services.

Telephone and Video Visits: COVID-19

In response to the COVID-19 pandemic, it is imperative that providers practice “social distancing” whenever possible. However, patients must be able to continue to have access to necessary medical care. Accordingly, Partnership HealthPlan of California (PHC) providers must take steps to allow PHC members to obtain health care via telehealth when medically appropriate.

Unless otherwise agreed to by PHC and a provider, effective March 6, 2020 PHC will reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider’s description of the service on the claim.

The Medi-Cal benefits or services being provided by the provider must be clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth, subject to oral or written consent by the PHC member.

DHCS, state regulators, and PHC are encouraging video visits when medically appropriate. Some circumstances that limit the ability to provide services face-to-face and warrant telehealth services include the patient being quarantined at home or under guidelines of quarantine due to COVID exposure, etc. If the patient lives remotely and does not have access to the internet or if the internet does not support HIPAA compliance, etc., services provided telephonically are acceptable.

CLAIMS MAILING ADDRESS

Attn: Claims Department
P.O. Box 1368
Suisun City, CA 94585-1368

UTILIZATION MANAGEMENT

Questions about UM
Authorizations
(800) 863-4144

PHC CARE COORDINATION

Asthma, Diabetes, ESRD
(800) 809-1350

Contact Us: (707) 863-4100 www.partnershiphp.org

The PHC Provider Newsletter and all linked articles are available online at <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx>

For the most current P&T Formulary updates and changes, please see PHC's P&T Formulary Changes Webpage. Updates from P&T are posted on PHC's web site quarterly in the P&T Formulary Changes webpage.

Please visit the Provider section of our website at <http://www.partnershiphp.org> to view PHC's Medi-Cal Provider Manual including all Policies, Procedures and Guidelines.

PHC Utilization Management (UM) Criteria and Policies are available online by accessing the PHC Medi-Cal Provider Manual. The Provider Manual can be found by visiting the Providers section of our website at <http://www.partnershiphp.org>.

UM Criteria is located under the Health Services category (Section 5) within the Provider Manual. Staff are available to assist you with UM related questions or inquiries during business hours, 8:00am through 5:00pm, Monday through Friday.

Calls received after business hours will be returned on the next business day.

PHC Case Management Services

As a provider, you are probably aware that PHC's Care Coordination Department is available to help you provide services to our members. Did you also know that case management services are matched to the acuity of the member's need? These services are available to all our members, regardless of age or location.

Acuity 1 is for our members that need help accessing their benefits or providers. Members can be identified for these services by calling into PHC for help or by completing new-member surveys, and identifying access barriers. PHC's care coordination staff will help the member connect to a provider, get durable medical equipment or prescriptions filled, and connect to benefits like dental or vision care.

Acuity 2 is for our members that may have a change in their health status or need mild support in managing chronic conditions such as asthma or diabetes. This acuity is also appropriate for PHC pediatric members who need referral to, or are currently connected with a High Risk Infant Follow-Up program and specialty care center (HRIF). When enrolled these PHC members will receive support and assistance from the care coordination department to coordinate their medical, behavioral, and/or social needs while promoting an understanding of their health status and plan of care.

Acuity 3 is for those members that might be transitioning from one level of care to another level of care. An example of this might be that a member has been in a hospital for five or more days. Care Coordination will work with that member and his/her PCP to ensure that the member understands the discharge plan, and they are able to connect with the services and resources necessary for them to stay out of the hospital. Another example would be to assist a member and their family to identify the most appropriate time to transition a young adult from pediatric care to adult care.

Acuities 4 and 5 are for those members that have multiple unmanaged complex conditions and/or for those whom have difficulty navigating the healthcare system without intensive support of a case manager. For these members PHC's Care Coordination department offers Complex Case Management support services. Each case manager will work with the member to build an Individualized Care Plan that assists the member in accessing, understanding and coordinating medical, behavioral, and/or social needs across multiple cross sector health care partners.

Our team consists of Nurse Case Managers, Social Workers, and Health Care Guides to help these members remove, reduce, or bridge the barriers that are affecting their health.

If you believe you have a PHC member that would benefit from the services available from our Care Coordination Department, please refer then by calling 800-809-1350 or e-mailing the Care Coordination Help Desk at CareCoordination@partnershiphp.org (Southern Region) or CCHelpDeskRedding@partnershiphp.org (Northern Region). You can also use the link on our Provider Portal at <https://provider.partnershiphp.org/UI/Login.aspx>.

We look forward to partnering with you on behalf of our members.