PARTNERSHIP
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PROVIDER NEWSLETTER

Fall 2018 | Volume 24 | Issue 3

Links to additional articles:

Pharmacy Department
Pharmacy Updates
https://goo.gl/4dv8BJ
Opiate Formulary Changes—Managing Pain Safely
https://goo.gl/opXjLK
The current PHC Formularies on our website:
http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx

Compliance Department:
HIPAA: Protecting Member/Patient Information
https://goo.gl/9hDFGM

Member Services Department:
Member Portal
https://goo.gl/XdBPPs

Health Services Department:
Working with Diverse Populations
https://goo.gl/PqKDmk

Claims Department
CHDP Transition: Frequently Asked Questions
https://goo.gl/VQCm6E
Important Provider Notices:
http://www.partnershiphp.org/Providers/Claims/Pages/Important-Provider-Notices-Medi-Cal.aspx

Quality Department:
Quality Corner:
https://goo.gl/8rRSdu

Provider Relations Department
Interpretation Services
https://goo.gl/9JGSV1
Interpretive Services Language Line:
https://goo.gl/SwcBnx

From the Desk of CEO Liz Gibboney

Online Provider Directory – We Appreciate Your Input

In our Spring 2018 Provider Newsletter, we announced the launch of our Online Provider Directory. The Online Provider Directory is one of the tools we created to help you provide quality care to our members to help them be healthy and stay healthy.

Since the launch of the Online Directory, you have given us suggestions to make it easier to use, and quickly find what you need: not only for our members, but also for you, our providers.

One change that many requested was to bring back the printable version of the directory. We brought it back. We have a team that is dedicated to keeping it up to date, and the team posts new versions every Friday.

We also made screen changes to the online directory – it now has a more similar feel as our website and has an easy-to-follow menu on the left where you can choose to select PCP or Specialist, Primary Care Site, Specialty, Facility, and Report Inaccuracies.

We added instructions on how to use the Search feature, a Glossary of Terms in Spanish, Russian, and Tagalog (we are changing this feature to be compliant with DHCS). Additionally, if nothing is found for a search field for a provider the word, None, is displayed instead of dashes.

But we did not stop there! We put red stars next to required search fields, and added Help Tips to assist users receive the information they need.

These are just a few new features that we added. Next time your Provider Representative visits your site, ask them to show you all the extra helps we built in to the Online Provider Directory, time permitting that is.

Thank you for your continued support toward helping our members be healthy by sending us your suggestions on how to make our Online Provider Directory faster and easier to use.

Sincerely,

Substance Use Disorder Treatment, Part 2: Alcohol and Drug use and Health Care Expenses

In 2017, Partnership HealthPlan (PHC) spent $178 million to provide inpatient medical care for members with a primary or secondary diagnosis of a substance use disorder (SUD). This represents about 24 percent of all PHC-covered hospital costs (including costs for maternity and pediatric inpatient care).

Studies done at Kaiser South Sacramento found that an integrated approach to treatment of Substance Use Disorder (mainly Alcohol and Opioid Use Disorders) reduced inpatient hospital and ER visits, saving about $1.44 for every $1 spent on integrated treatment (combining SUD treatment, mental health treatment and physical health treatment). In terms of scale, the potential impact is impressive and inspiring.

PHC is pursuing three strategies to improve the quality of life for our members with SUD:

- A regional model for health plan administration of traditional SUD services
- Support for housing high cost members affected by homelessness
- Bolstering the treatment of SUD within primary care and acute care hospital settings.

Regional Model: First, PHC is in the midst of negotiations with the California Department of Health Care Services to develop a regional model for providing services to the Medi-Cal population. These services would include outpatient and residential treatment, as well as Opioid Treatment Centers or "Methadone clinics." The provider network for these services is very thin in our service area, so PHC is working to increase capacity. No other Medi-Cal Managed Care plan in California is seeking to integrate SUD services, although many other states in the United States have done so.

Homelessness: Second, the combination of homelessness with substance use is associated with high costs. Twenty three percent of inpatient expenses for 2017 were incurred by members who were homeless. Studies show that previous policies that required treatment of substance use before offering housing have mostly not helped. The current trend is "housing first", where housing plus intensive social support is provided, resulting in lower utilization of health care resources and more success in reducing substance use.

In 2017, the PHC invested $25 million to complement local funding to address homelessness, with particular emphasis on those with the highest use of resources.

Leveraging our Current Providers: Services addressing SUD on different levels can be provided in our current PHC network, including primary care and acute care hospital settings.

Primary care can include medication-assisted therapy for opioid use disorder and home or community based alcohol withdrawal management. When provided with behavioral health counselling (in many of our Health Centers), this integrated environment has proved successful. Substance use services provided by primary care clinicians is paid by PHC when provided by PHC primary care or mental health clinicians who are addressing mental health conditions such as depression and anxiety.

Current PHC initiatives support our goal to reduce the burden of SUD in our community:

- PHC's successful Intensive Out-Patient Care Management program (IOPCM) provides intensive outpatient care management though agreements with community organizations (mostly Health Centers). About 40 percent of individuals in this program have some type of SUD.
- PHC seeks to decrease the number of individuals newly addicted to opioids through limits on initial opioid prescriptions that follow CDC guidelines, part of our Managing Pain Safely initiative.
- PHC is supporting two innovative community-based programs for high risk individuals: the Petaluma Sober Circle and La Clinica Vallejo's Transition Clinic.
- PHC is hosting a series of educational events promoting improved care for pregnant women and newborns who are exposed to opioids. The next will be on October 1, with support from the California Healthcare Foundation. Follow this link to register: https://opioidexposureinpregnancy.eventbrite.com

For <u>acute care hospitals</u>, voluntary inpatient detox (VID) is covered by state Medi-Cal, but is under-used. Prior to implementation of the Affordable Care Act in 2014, VID was not covered in acute care hospitals. State guidance on Treatment Authorization Request criteria was vague, but was clarified this year (as summarized in the <u>Spring PHC Provider Newsletter</u>). When the state finally did announce coverage, it was not widely publicized and unclear billing requirements led to lack of success with reimbursement. For any acute care hospitals reading this newsletter, here they are:

- Claims must include a specific phrase in Box 80 {"Remarks" field) on the claim form when billing DHCS for VID for Medi-Cal managed care beneficiaries. The phrase that must be included in Box 80 is "Voluntary Inpatient Detoxification" or "Voluntary Inpatient Detox."
- VID TARs should also be submitted with the VID special handling (SH) code, which is "VID".

Our <u>Hospital Quality Symposium</u> in August featured speakers describing the benefits of initiation of Medication Assisted Therapy for opioid use disorder in the inpatient and emergency department settings.

Summary: PHC has three strategies for addressing the high costs associated with SUD: integration of SUD services at the health plan level, support of "housing first" for homeless individuals with SUD, and support of SUD services provided by physical health providers.

To be successful, we will need to have sustained and meaningful communication with many of our community partners, persuading them to make programmatic changes and work together in new ways.

We at PHC are committed to doing the hard work necessary to make this happen, for the good of our members, our community, and the taxpayers of California.

PHC Wellness and Recovery Program

PHC staff, community partners and providers continue to focus on the integration of behavioral health (mental health and substance use) services which includes:

•   Identifying ways we can help PCPs and other providers better deal with substance use issues in the context of their overall health care services – are there trainings that would be helpful? On-site support for use of medication to treat alcohol or drug substance uses?

•   Encouraging providers to incorporate substance use treatment where practical – for instance, to encourage Beacon/ mental health providers to address substance use if it is associated with the patient's depression or anxiety

•   Identifying other resources that can help address this large community issue, including State fee-for-service payments for voluntary inpatient detox programs; MAT expansion grantees funding for some community efforts; potential grant opportunities to address the needs of the criminal justice population, etc.

Other efforts include our focus on data and how it can most effectively be shared among behavioral health and non-behavioral health providers and, of course, our implementation of the comprehensive substance use treatment system in the 8 "regional model' counties. We are still working with the State on this effort but hope to "go live" January 2019.

Claims Mailing Address - Important Numbers

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

PHC Care Coordination
Asthma, Diabetes, ESRD
(707) 863-4276

Quality Improvement
Upcoming Quality Improvement Events

ABCs of Quality Improvement
At this free, all-day training, participants will be introduced to the Model for Improvement, learn how to develop aim statements, measures, and PDSA cycles. In addition, learn how to use data to measure quality and drive improvement. Registration is free and CMEs and CEs will be offered.

Date: August 29, 2018 (Wednesday)
Time: 9 a.m. - 4:30 p.m.
Location: Sequoia Conference Center - Eureka
Registration: https://www.eventbrite.com/e/abcs-of-quality-improvement-tickets-46304334511

Date: October 3, 2018 (Wednesday)
Time: 8:30 a.m. - 4:30 p.m.
Location: DoubleTree by Hilton Hotel & Spa Napa Valley - American Canyon
Registration: https://abcofqi100318.eventbrite.com

EMR Remote Medical Record Retrieval for HEDIS 2019

Partnership HealthPlan of California (PHC) is offering the opportunity to retrieve medical records from your site for the Healthcare Effectiveness Data and Information Set (HEDIS) 2019 season via Electronic Medical Record (EMR) Remote Access through our contracted third party vendor.
EMR Remote Access utilizes a secure connection from a provider site's EMR to our third party vendor to enable highly trained nurse reviewers to retrieve medical record documentation off-site.
Due to the multiple variables that occur throughout the season, we have found EMR remote access yields great success in timely retrieval. EMR remote access significantly reduces the amount of resources that are required from the provider site when utilizing other methods such as:

- Scheduling
- Printing
- Mailing
- Faxing
- Space accommodations for technicians

Additional requests and site visits for documentation
PHC will work alongside our contracted third party vendor to collect the information needed to establish EMR remote connection, setup an EMR demonstration, and ensure timely and accurate retrieval. We highly encourage your site to select EMR Remote Retrieval for HEDIS 2019. For more information on how to establish EMR remote access, please contact us using the information provided below.
Thank you for your continued support and cooperation with our annual HEDIS project!
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