

# PROVIDER NEWSLETTER

Fall 2019 | Volume 25 | Issue 3

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## Links to additional articles:

### Pharmacy Department

**Pharmacy Corner: Inhaled Corticosteroid/Fomoterol as Preferred Asthma Controller:**

<https://tinyurl.com/y38p5dno>

**The current PHC Formularies on our website:**

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

### Compliance Department:

**HIPAA: Protecting Member/Patient Information**

<https://tinyurl.com/y45tqlvf>

### Member Services Department:

**Member Rights & Responsibilities**

<https://tinyurl.com/yy85xe27>

### Health Services Department:

**Care Coordination Corner**

**PHC Case Management Services**

<https://tinyurl.com/y5urygbb>

**Key Motivational Factors for Patients to Quit Smoking**

<https://tinyurl.com/y3kduxa5>

### Claims Department

**CMS1500 Required Fields**

<https://tinyurl.com/y5hqtzms>

**Important Provider Notices:**

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

### Quality Department:

**Quality Corner:**

<https://tinyurl.com/yxpus936>

### Provider Relations Department

**PR Corner:**

<https://tinyurl.com/y375hd9f>

**Credentialing Provider Rights & Responsibilities**

<https://tinyurl.com/y6vj3hup>

**PCP Access & Availability Standards**

<https://tinyurl.com/y3zjgbyy>

**Interpretation Services**

<https://tinyurl.com/y4prhvbz>

**Information Technology Corner**

**Online Services Redesign**

<https://tinyurl.com/yxd3xe6d>

## From the Desk of CEO Liz Gibboney

### Immunizations are a cornerstone to a healthy future

It's always fun to see pictures of the kids as they begin a new school year. It's one of those moments when we are reminded of how fast they grow. The start of a new school year is also a great opportunity to discuss the importance of immunizations during well-child visits.

This year, we have seen the worst measles outbreak since 1994. Declared eliminated in 2000, measles has made a comeback, in part, due to the mass sharing of erroneous information about immunizations.

As our children grow, we need to prepare them for a healthy future. Immunizations are critical to a healthy future.

This year the California Legislature is working to find solutions to increase immunization rates, specifically by tightening the oversight of medical exemptions. The goal of Senate Bill 276 by Sen. Richard Pan (Sacramento) is to identify and stop egregious issuing of medical exemptions. PHC has written a letter of support for this bill.

PHC promotes the importance of vaccinations throughout the 14 counties it serves. In early spring, PHC along with a coalition of providers in Del Norte and Humboldt counties, undertook a community outreach effort to encourage families to follow the CDC vaccination schedule for children ages 0 to 2. Additionally, we worked with elementary and middle schools and the Shasta County Health and Human Services Agency to educate students and held a poster contest to promote summer immunization clinics in the county. We are looking to expand these campaigns to other counties in our service area in the near future.

Immunizations are a cornerstone for a healthy community. We will continue to support efforts to educate our communities and ensure some of our most vulnerable members are prepared for a healthy future.

Sincerely,

Liz Gibboney



## Proposition 56 (Tobacco Tax) Version II:

### Loan Repayment, Substantial New Financial Incentives and Behavioral Health Integration Grants

*Note: the full version of this article is available here: <https://tinyurl.com/y6xxjhxr>*

You may have heard about changes in Prop 56 supplemental payments to doctors in California. What is going on?

First some background:

Back in 2016, the voters of California passed Proposition 56, also known as the California Healthcare, Research and Prevention Tobacco Tax Act. Approved by a 64% to 36% margin, it imposed a \$2.00 per pack tax on cigarettes and a proportional tax on other nicotine products, starting in April 2017. A large percentage of the money was earmarked to support Medi-Cal clinicians.

The funding for the first two years (2017-2019) mainly went towards supplemental payments for medical and dental clinicians caring for Medi-Cal beneficiaries. Clinicians working at Federally Qualified Health Centers, Rural Health Centers, and Tribal Health Centers were excluded. Payments though PHC were paid to contracted providers (both primary care and specialists), and were paid based on visit volume. These payments will continue through the end of 2019.

Five new Prop 56 Programs:

The California legislature and the Department of Healthcare Services (DHCS) will be using Proposition 56 funding very differently starting in 2019. Here are five major new programs:

**Loan repayment:**

For physicians and dentists who graduated in the last 5 years from residency who agree to see at least 30% MediCal patients. A first round of physicians awarded loan repayment has already been selected; at least one more round is planned in 2020. For more information, see <https://www.phcdocs.org/Programs/CalHealthCares>

**Value Based Payment Program (VBPP):**

Starting on July 1, 2019, seventeen clinical measures are eligible for supplemental payments. PPS-eligible providers are NOT eligible for this program. If you qualify for this program we strongly recommend a careful review of the full list of the specifications: [https://www.dhcs.ca.gov/provgovpart/Pages/VBP\\_Measures\\_19.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx)

**Developmental Screening and ACEs screening:**

Provider must complete an online training (being prepared by DHCS) to be eligible to participate. Payments for these will take effect on January 1, 2020.

FQHCs, RHCs, Tribal Health and other PPS providers are eligible, but they MUST bill with a Type 1 (individual NPI) in one of the three available fields (rendering, ordering, prescribing, billing) or they will not be paid! Developmental screening will be paid at a rate of \$59.90 based on use of CPT code: 96110, performed three times during well child visits at approximately 9 months, between 1-2 years and between 2-3 years of age. Standardized tools are not the same as the recommendations of the American Academy of Pediatrics. For details, please review the section of the CMS Core Measure Set Specifications starting on page 84: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>. ACE screenings will be paid based on the G9919 and G9920 codes. For children; using the PEARLS screening tools up to every 3 years. For adults: using the ACES screening tool once per lifetime per provider per patient. DHCS is working on translations of these tools and will post them online.

**Family Planning Incentives:**

DHCS says these are effective July 1, 2019. Significant bonuses (ranging from 200-400% of usual MediCal rates) for moderately or very effective contraception, or sterilization. FQHCs and other PPS providers are NOT eligible. No official specifications are yet available.

**Behavioral Health Integration Grants:**

A draft proposal has been circulated; for more details please read the full article here: <https://tinyurl.com/y6xxjhxr>

These new Prop 56 programs are worth the effort!

They help our members by promoting improved preventive care and control of chronic disease.

They help you, our providers, providing substantial additional revenues to support your office practice.

Additional information on these programs will be posted to [our PHC website](#) in the near future.

### Upcoming Quality Improvement Event

#### 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, and will learn how to use data for quality improvement.

Registration is free, and CME and CE credit will be offered.

<https://www.eventbrite.com/e/the-abcs-of-quality-improvement-tickets-66708528003>

**Date:** Wednesday, October 16, 2019

**Time:** 8:00 a.m. to 4:30 p.m.

**Location:** Partnership HealthPlan of California, 4605 Business Center Dr, Fairfield

**Contact:** Andrea Thomas (707) 863-4213 or [athomas@partnershiphp.org](mailto:athomas@partnershiphp.org)

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### HEDIS Medical Records Retrieval

HEDIS 2019 medical records retrieval closed May 9. Although a portion of HEDIS performance is based on Partnership HealthPlan of California's (PHC) claims and encounter data, medical record review is an essential part of HEDIS data collection. The following HEDIS measures reported to the National Committee for Quality Assurance (NCQA) and the Department of Health Care Services (DHCS) rely on medical record data collected from our provider site offices:

Cervical Cancer Screening

Childhood Immunization Status - Combo 3

Comprehensive Diabetes Care

Controlling High Blood Pressure

Immunization for Adolescents - Combo 2

Prenatal and Postpartum Care

Weight Assessment and Counseling for Nutrition and Physical Activity

Well-Child Visits in the 3rd, 4th 5th and 6th Years of Life

PHC knows your care team and staff are working hard to provide high-quality care and would like to thank you for your collaboration during HEDIS 2019. HEDIS 2019 Regional and County level performance will be available on the PHC webpage late July. For more information about the library of HEDIS measures PHC is required to report on and for previous year's performance, click [here](#).

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### Well-Child Visits

Well-child visits are an important healthcare milestone for patients, their parent/guardian, and provider. Unfortunately, this is a visit that does not happen as regularly as we would like.

This visit benefits the provider because it is an opportunity to monitor the child's health, growth, and development and to ensure they are meeting their milestones at the appropriate time frames. This is done by performing a health history, physical developmental history, mental developmental history, physical exam, and health education every year.

These visits are beneficial to the parent/guardian because they learn about areas of their child's health where they can strengthen their overall health and well-being. Also, a well-child visit helps to understand the individual care the child may need. The parent/guardian receives peace of mind knowing how their child is developing.

Most importantly this visit benefits the child. This provides the child with important and thorough care through the assessment of all avenues of the child's development and addressing any concerns that may arise. This should ideally be done at a scheduled visit so everything can be addressed and not at "sick" visits when the child is already not feeling 100%.

Understandably, sometimes the only way to see a patient is during a "sick" visit so try and maximize those visits. Covering the five key areas: health history, physical developmental history, mental developmental history, physical exam, and health education at any visit will keep you compliant. Keeping your time in mind, please remember this DHCS approved phrase, "development appropriate for age." When this phrase is used, where applicable, it is accepted for both mental and physical development.

Although we sometimes have to be creative on how well-child visits are completed, the best practice is always yearly well-child visits. Chart prep and using 'flags' in your electronic medical records can help you be compliant.

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## Provider Newsletter

### CLAIMS MAILING ADDRESS

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

### PHC CARE COORDINATION

Asthma, Diabetes, ESRD  
(707) 863-4276

**Contact Us:**                      **(707) 863-4100**                      *[www.partnershiphp.org](http://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.