



# PROVIDER NEWSLETTER

Winter 2017-18 | Volume 23 | Issue 4

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### *Links to additional articles:*

#### Pharmacy Department

#### Medication Synchronization

<https://goo.gl/eFqamy>

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

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

#### Compliance Department:

#### Partners In Fighting Fraud

<https://goo.gl/c81sg6>

#### Health Services Department:

#### Drug Medi-Cal

<https://goo.gl/WkcJaK>

#### Genetic Testing

<https://goo.gl/Bs3MXy>

#### Cross Cultural Connection:

<https://goo.gl/3NH7YM>

#### Claims Department

#### Claims CIF vs Appeal

<https://goo.gl/aELn3z>

#### Important Provider Notices:

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

#### Member Services Corner

<https://goo.gl/6hXxDz>

#### Quality Department:

#### Quality Corner:

<https://goo.gl/6Q53JD>

#### Provider Relations Department

#### Interpretation Services

<https://goo.gl/9JGSV1>

#### Interpretive Services Language Line:

<https://goo.gl/SwcBnx>

## From the Desk of CEO Liz Gibboney

### Our 2017 Member (PHC Provider) Satisfaction Survey

The results are in, and we could not be more pleased with the outcome of our annual Member Satisfaction Survey. We use this annual survey to keep our fingers on the pulse of the counties we serve and to identify areas of opportunity.

I am proud to announce that **86 percent** of individuals responded positively to the care they receive from providers. Additionally, **91 percent** rated PHC highly. In fact, over the last three years, these scores have only increased, which is a testament to your dedication to providing high-quality health care to some of the most vulnerable populations in the counties we serve.

We could not provide quality health care without your overwhelming support for new initiatives such as Telehealth, mild-to-moderate mental health services, the Palliative Care pilot and many more. Creating partnerships and developing relationships with our providers, communities and other stakeholders, ensures these initiatives will be successful. The high satisfaction scores are simply a reflection of our commitment to being partners with you.

As you know, we are a mission-driven health plan. Our mission is *To help our members, and the communities we serve, be healthy.* We still have a long way to go before we achieve our mission, but with the future initiatives such as NCQA accreditation and improving HEDIS scores, we will continue to take steps toward helping our members be healthy.

Thank you!

Sincerely,

## New Benefit -- Intensive Palliative Care

We recently expanded our community-based Palliative Care pilot to a full benefit available to members throughout our service areas.

### Palliative Care

Palliative Care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative Care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs of patients and their families. This includes conversations that define the patient's goals of care and planning for future intensity of care provided, which may define specific plans for the future and documenting them in an Advance Directive or Physician Order for Life Sustaining Treatment (POLST).

In a survey of Californians in 2011, 17 percent of people surveyed had heard of Palliative Care, although 73 percent had heard of hospice care. Palliative Care is finally coming of age because of SB 1004 that was passed in 2014.

### Partners in Palliative Care Pilot

In the fall of 2015, we piloted a community based Palliative Care program. The goal was twofold; it supported our mission to help our members and the communities we serve be healthy and, it helped to focus program development around what would become a State benefit.

Our pilot showed that improving symptom management and attention to patients' social needs resulted in lower costs overall for enrolled members. In particular, hospitalizations were markedly lower comparing both pre and post enrollment data and when compared to similar controls. Most importantly, patient and family satisfaction was very high, with 95 percent highly satisfied. Additionally, the pilot met our triple aim of better care: lower costs, and high patient satisfaction. Based on the success of the pilot, we extended the benefit to several of our counties much earlier than the January 2018 requirement.

### Eligibility

Consistent with the State guidelines for the benefit, we offer palliative care to members with an expected survival of one year or less, who have poor functional status, and who have one of four covered diagnoses: Stage III or IV Cancer, CHF with an EF < 30 percent or significant co-morbidities, COPD with oxygen requirement, and end stage liver disease. There are a few other criteria, however, we provide care to our members who need more help at the end of life, but who are not ready for hospice care. The main criterion includes members willing to have home based care, who participate in Advanced Care Planning discussions, and avoid hospital care and emergency department visits.

### Expanded Availability of Palliative Care

We have contracted with several organizations that currently provide Palliative Care services in eleven of our counties and are in the process of contracting with several organizations and hope to have coverage in all 14 counties we serve in the near future.

If you are interested in referring patients for Palliative Care services, click [here](#) for contact information for palliative care organizations in your county.

If you are interested in becoming a contracted palliative care organization, please contact Barbara Selig at [bselig@partnershiphp.org](mailto:bselig@partnershiphp.org) or (707) 420-7826.

### Annual Disclosure Statement

PHC recognizes the potential for underutilization of care and services and takes appropriate steps to monitor for this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage. PHC does not offer incentives or compensation to providers, consultants or health plan staff to deny medically appropriate services requested by members, or to issue denials of coverage.

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#### MCPN0289 – 2017 HCPC/CPT Code Updates Effective 10/1/17

Effective 10/1/2017, PHC will implement the 2017 changes to the CPT and HCPCS code sets. New codes were added and some old codes were deleted. Other codes have specific billing requirements, such as being limited to specific diagnoses or requiring modifiers.

The changes are reported in detail in our Important Provider Notice #289 on our website. Click [here](#) to view them.

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#### Physician Satisfaction Survey—The Results Are In!

Our annual Physician Satisfaction Survey was conducted by external vendor, Morpace, during April and May 2017. The Plan received an overall rating of 95%

Items identified for process improvement include:

- How to use the PHC Formulary
  - Additional education regarding the PHC referral and TAR processes.
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### Quality Department

#### Immunizations for Adolescents (IMA)

We all know how difficult it is to get teens in for well child visits, not to mention to get all their immunizations. The Centers for Disease Control (CDC) recommends children receive their Meningococcal, Tdap, and HPV vaccines before their 13th birthday.

IMA is a HEDIS measure, which monitors the percentage of adolescents 13 years of age who have had their meningococcal conjugate vaccine, tetanus vaccine, diphtheria toxoids and acellular (Tdap) vaccine, and human papillomavirus (HPV) vaccine by their 13th birthday.

- Meningococcal - At least one meningococcal conjugate vaccine, with the date of service on or between the member's 11th and 13th birthdays.
- Tdap - At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, with a date of service on or between the member's 10th and 13th birthday.
- HPV - At least two human papillomavirus (HPV) vaccines, with different dates of service on or between the member's 9th and 13th birthdays.

Exclusions criteria:

- Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday.
- Anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011.

The 7th grade Tdap visit is a good time to educate, when you have the patient and their parents in the office. In an attempt to increase meningococcal rates, a local entity started to rephrase the way they were presenting the option to parents, which increased their vaccine rates immensely! When parents brought their 7th graders in for the Tdap, instead of saying, "Since you are here for the Tdap, I see the meningococcal and HPV are due, would you like to get them today?" the provider rephrased it as, "I see you are in for the Tdap today, let's get the meningococcal and HPV vaccines done today as well." It was not phrased as a question, more as a recommendation, and parents seemed to take it well. Tdap rates went up 26% and meningococcal vaccination rates went up a whopping 71% for this provider!

Following are some best practices to help improve these vaccine rates:

- Mentally linking the Tdap with the meningococcal and HPV
- Rephrasing how the vaccines are offered to the patients

## Upcoming Quality Improvement Events

### Intro to HEDIS 2018 Webinar

This webinar will provide a comprehensive overview of the medical record retrieval process including a high-level time-line of HEDIS activity, highlight changes to the 2018 Measurement Set and provide key resources and contact information. We encourage anyone in your quality staff, and/or medical records staff to join us.

Tuesday, November 7, 2017

Noon to 1 p.m.

Register: <https://attendee.gotowebinar.com/register/1695579256899069443>

### Webinar Series: Master Your Measures!

The final webinar of this series provides in-depth details of our measurement set. Learn more about individual QIP measure specifications, how they relate to PHC's HEDIS project, the data collection process for each, and most importantly... best practices to improve your rates.

Part 3: Well-Child Visits, Childhood Immunizations, Immunizations for Adolescents, and Asthma Management

Tuesday, November 14, 2017

Noon to 1 p.m.

Register: <https://register.gotowebinar.com/register/7618066753530323970>

### ABCs of Quality Improvement - SAVE THE DATE! MARCH 17, 2018

At this free all-day training participants will be introduced to the Model for Improvement, learn how to develop aim statements, project measures, PDSA cycles, and learn how to use data for quality improvement. Registration is free and CMEs and CE's will be offered.

Wednesday, March 7, 2018

Santa Rosa, CA

A registration link will be provided closer to the event date.

For a full list of all the events and trainings offered by the Quality Improvement Department, [click here](#).

## IT CORNER

### PHC to partner with SacValley MedShare, Redwood Community Health Coalition and NorthBay Health Care to build internal Clinical Data Repository (CDR)

PHC is actively working on building an internal Clinical Data Repository (CDR) where it can store patient clinical data that it receives from various sources. Among other things, PHC requested the pilots to provide encounter alerts, lab data, continuity of care documents and narrative reports. PHC has partnered with Allscripts to build the infrastructure and connections with hospitals, clinics and Health Information Exchanges to receive patient clinical data and make it available to PHC staff to support various health services related projects to improve patient health outcomes. Currently, the IT infrastructure setup is in progress and very soon development and testing will begin which will help bring in required clinical data from established sources. The initial phase of this project will be completed in the spring of 2018.

## Claims Mailing Addresses - Important Numbers

| Medi-Cal                   | Partnership Advantage      | Healthy Kids               | PHC Care Coordination   |
|----------------------------|----------------------------|----------------------------|---|
| Attn: Claims Department    | Attn: Claims Department    | Attn: Claims Department    | Asthma, Diabetes, ESRD & Growing Together Perinatal Programs - 1 (800) 809-1350 |
| P.O. Box 1368              | P.O. Box 610               | P.O. Box 3172              |   |
| Suisun City, CA 94585-1368 | Suisun City, CA 94585-0610 | Suisun City, CA 94585-3172 |   |