

PROVIDER NEWSLETTER

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Links to additional articles:

Pharmacy Department

Pharmacy Corner:

<https://tinyurl.com/yx2wgpnb>

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/w3a6kpe>

Member Services Department:

Member Rights & Responsibilities

<https://tinyurl.com/st8kqxv>

Health Services Department:

Introducing PHC's Community Resource Page

<https://tinyurl.com/vfef6k9>

Claims Department

Medicare

<https://tinyurl.com/tu9wlmv>

Important Provider Notices:

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

Quality Department:

Quality Corner:

<https://tinyurl.com/rob22qz>

Provider Relations Department

PR Corner

<https://tinyurl.com/t9am4t7>

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

Health Equity – A fair opportunity to be healthy

During the week of January 20-25, 2020, Partnership HealthPlan of California held its inaugural Health Equity Week. With the observance of Martin Luther King, Jr. Day on January 20, it was a fitting time to highlight PHC's growing work in health equity.

When I started working in health care, the ultimate goal was to increase coverage and reduce the number of those in our community who go without health insurance, and thereby go without access to preventive care. For years, that goal seemed unattainable – too expensive, too politically charged, just too hard. But, with persistence and courage, we are almost there! With the passage of the Affordable Care Act, coupled with California's steady march toward Medi-Cal coverage for those ineligible for other programs, we are closer than ever to achieving that milestone. But there is so much more to a healthy community than health coverage, a primary care provider, or an affordable prescription.

Enter health equity. Working toward health equity is acknowledging that Americans experience health care in very different ways, with inequities in health status existing across age, race and ethnicity, disability status, citizenship, language, where you live - rural vs. city, or sexual orientation and gender identity, and a number of other categories.

Imagine just a few examples:

- My doctor wants me to see a specialist in a city that is five hours away from where I live. I don't have anyone to take care of my kids and I can't take them with me, so I can't even think about going to a specialist.
- I have a hard time understanding what my doctor tells me but I am too embarrassed to say anything, so I just nod my head.
- I was born female but identify as a man. When I am at my doctor's office, I get strange looks from other patients and the staff don't look me in face. Sometimes I leave before I see the doctor because I am so uncomfortable.

As with so many daunting challenges, acknowledging the issue – in this case, that health inequities exist – is an important first step. That is one of the reasons why PHC has a team dedicated to health equity and why we are raising our collective awareness.

When we achieve health equity in our communities, it will mean that everyone has a fair opportunity to be healthy. This goes well beyond making sure someone has a PHC card and a doctor to call. It also means that we recognize that some groups of our members face additional barriers and we all have a role in identifying those barriers and working hard to overcome them. Healthy equity means that different circumstances call for different resources and different approaches. We aim to address health disparities, of all kinds, with compassion and through use of impactful and relevant data to guide our efforts and energies.

We look forward to joining you in this important work!

Sincerely,

Liz Gibboney



Prop 56 (Tobacco Tax) Incentive Programs Update

As noted in the Autumn Provider Newsletter, 2019 marked the beginning of many large changes in how the State of California allocates funding raised by the 2016 California Healthcare, Research and Prevention Tobacco Tax Act, commonly referred to as Proposition 56.

This article summarizes the current status of these many changes, based on information provided by the Department of Health Care Services (DHCS). For a more detailed version of the article, please visit <http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/CMO%20FULL%202020.pdf>

Directed Payments

Late in the budget process, last Spring, the California Medical Association successfully led an effort to continue the very popular directed payment program, in which contracted physicians who do not work at Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and Tribal Health Centers receive supplemental payments based on office visit encounters, aimed at making the overall per visit rate in the neighborhood of a Medicare rate. DHCS took more than 6 months to give direction to the health plans on how to implement this, so the most recent incentive checks did not include encounters after June 30, 2019. In the next few months, we expect to be able to “catch up” on incentives for encounters taking place on or after July 31, 2019.

Loan Repayment Program

In January and early February, 2020, the second year of applicants to the CalHealthCares program sent in their applications for up to \$300,000 in loan repayment. The program has funding for at least three more years, targeting clinicians less than 5 years out of residency, who will commit to serve largely MediCal patients for at least 5 years. Special weighting was given for primary care providers seeking to serve in rural areas. For more information, see the official program website: <https://www.phcdocs.org/Programs/CalHealthCares>

Value Based Payment Program (VBPP)

This program started on July 1, 2019, providing incentives based on claims submitted for 17 different clinical services. FQHCs, RHCs and Tribal Health Centers are **not** eligible. In November, PHC hosted a webinar which provided the most up-to-date information on the VBPP, available here: <https://register.gotowebinar.com/register/5804409147576509442>

Family Planning Incentives

Like the VBPP, the family planning incentives began on July 1, 2019. Again, FQHCs, RHCs and Tribal Health Centers are **not** eligible. The most up-to-date information on these incentives were also covered in the same webinar with the VBPP (see link above).

Developmental Screening

Payments took **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!** This incentive is paid through claims, but the incentive payment will supplement the usual fee for these services.

For more details on this program see the PHC webinar:

<https://partnershiphp.webex.com/ec3300/eventcenter/enroll/register.do?siteurl=partnershiphp&formId=154224082&confId=154224082&formType=1&loadFlag=1&eventType=1&accessType=viewRecording&internalPBRecordTicket=4832534b00000004d9fee75abc0cef80435de19c3819de07ea240924e34157722af1b26c7e905f5a>

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

Screening for Adverse Childhood Experiences (ACEs)

Payments for ACE Screenings **will take effect on January 1, 2020**. FQHCs, RHCs, and Tribal Health centers 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!** This incentive is paid through claims, but the incentive payment will supplement the usual fee for these services. The developmental screening webinar above also covers ACEs.

Behavioral Health Integration Grants

DHCS is supporting Integrated Behavioral Health (IBH) through a grant-like structure, which they are calling an incentive program. The application timeframe is closed as of January 21; no further applications can be accepted. The Grant period/project term is April 1, 2020 until December 31, 2022.

Awardees will likely be notified in April. If you have any questions about the program, please check the state website: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx

Vision Service Plan (VSP) Update - Restoration of Adult Medi-Cal Optical Benefits

After eliminating adult eyewear benefits for Medi-Cal eligible recipients 21 years of age or older in 2009, the State of California DHCS reinstated adult eyewear benefits (lenses, frame, and dispensing) effective January 2020.

Per Medi-Cal, all providers are instructed to use Prison Industry Authority (PIA) optical laboratories to fabricate lenses for dates of service on or after January 1, 2020.

Eyewear benefits for your Medi-Cal patients are effective on January 1, 2020.

To confirm eligibility of material coverage, please review your patients' Record Report, available on VSPOnline on Eyefinity.

More information is available in the VSP Provider Reference Manual: VSPOnline on Eyefinity.com

IMPORTANT: Billing Medi-Cal Members

Per DHCS, Providers are prohibited from billing or seeking reimbursement from Medi-Cal members which include but not limited to: co-payments, deductibles, and/or fees for missed appointments.

Federal statute also requires states to have safeguards to ensure that services are provided in the "best interests" of the client. These regulations and statutes may be found at 42 U.S.C. § 1396a(a)(14), 42 C.F.R. § 447.15, and 42 U.S.C. § 1396a(a)(19), respectively.

The Centers for Medicare & Medicaid Services (CMS) has consistently advised that, based on its interpretation of these federal statutes and regulations, Medicaid members must not be charged for missed or cancelled appointments. Current Medicaid policy does not allow for billing beneficiaries for missed appointments, in part, because if no service was delivered, no reimbursement is available. In addition, missed appointments are not a distinct, reimbursable Medicaid service, but are considered a part of providers' overall cost of doing business.



Provider Newsletter

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.