

# PROVIDER NEWSLETTER

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## From the Desk of PHC CEO Jack Horn:

If we have learned anything in the last few years, it's that the approaching years will be equally exciting when it comes to delivering care. As numerous reforms on the state and federal level take effect there will be many challenges that will need to be met. We developed our 2014-2017 Strategic Plan with these challenges in the forefront of our minds.

Created in partnership with representatives from hospitals, providers, public agencies, community clinics, consumers, and employees across all 14 counties, the Strategic Plan sets our organization on a path toward realizing our vision *to be the most highly regarded managed care plan in California* and furthering our mission *to help our members and the communities we serve be healthy*. As the Strategic Plan is implemented, we will be better positioned to nimbly and pro-actively manage challenges and leverage opportunities that arise in the ever-changing healthcare environment.

Our new strategic plan outlines the three key focus areas for PHC over the next three years:

- High Quality Healthcare
- Operational Excellence
- Financial Stewardship

Accomplishing the goals set in each of these three focus areas will require the efforts of both PHC and our partners.

I am confident that through collaboration we will be able to succeed and as a result, each of the 14 counties we serve will be healthier.

You can read the entire three-year strategic plan here:

<http://www.partnershiphp.org/about/StrategicPlan.pdf>

Additionally, here are a couple quick updates on other activities occurring at PHC:

Since January 1, 2014 PHC has added over 120,000 members (as of Oct. 1, 2014). We now have 486,339 Medi-Cal members; we anticipate our Medi-Cal membership will grow to over 500,000 once the estimated 350,000 backlogged applications statewide are processed.

Telehealth: PHC has contracted with TeleMed2U to increase member access to specialty care providers through telehealth. We launched our pilot program earlier this fall with three of our community health center partners: Open Door (Eureka), Northeastern (Susanville), and Shasta Community Health Center (Redding).

Thank you for all your hard work in serving our members and communities.

*Jack Horn, CEO Partnership HealthPlan of California*

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### Contact Us:

Partnership HealthPlan  
(707) 863-4100

### Our website:

[www.partnershiphp.org](http://www.partnershiphp.org)

### A Reminder from DHCS: Providers may not bill Members covered by Medi-Cal

"A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service..."

### 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."

### Start ICD-10 Testing Now

PHC would like to remind all providers that while the implementation of the new ICD-10 coding has been delayed, PHC will not be delaying the testing process of ICD-10.

We encourage all Providers to begin testing for ICD-10 readiness. Our EDI IT department is ready and prepared to assist you. Out of approximately 1900 providers, 51 have completed testing, 36 are in the testing phase and more than 1800 have not submitted a test file.

Test files will be handled in the order in which they are received; those in first will be reviewed and completed first. **WE STRONGLY ENCOURAGE PROVIDERS TO GET THEIR TESTING DONE EARLY to avoid any delay in claim payment.**

Once a successful test has been completed providers will not need to do so again.

October, 2015 will be here before we know it and we encourage everyone to start testing as soon as possible.

For more information and to begin the testing process, please contact PHC's EDI Enrollment & Testing Unit:

Phone: (707) 863-4527

Fax: (707) 863-4390

Email:EDI-Enrollment-Testing@partnershiphp.org

### Links to additional articles:

#### Pharmacy Department

The 2014 PHC Formulary is available online at: [http://www.partnershiphp.org/Pharmacy/Formulary\\_2014.pdf](http://www.partnershiphp.org/Pharmacy/Formulary_2014.pdf)

Updates to the current Formulary are currently posted in ePocrates and can also be viewed at:

<http://www.partnershiphp.org/Provnews/FormChg.pdf>

#### Formulary Reminders

<http://www.partnershiphp.org/Provnews/FRem.pdf>

#### Health Services Department:

**Cross Cultural Connection: Domestic Violence/Intimate Partner Violence in Communities of Color**

<http://www.partnershiphp.org/Provnews/CCC.pdf>

**Quit4Baby Program helps pregnant women quit smoking**

<http://www.partnershiphp.org/Provnews/Q4B.pdf>

#### Claims Department:

#### Important Provider Notices

[http://www.partnershiphp.org/Provider/MC\\_PRNot.htm](http://www.partnershiphp.org/Provider/MC_PRNot.htm)

#### Member Services Department

#### Member Rights & Responsibilities

<http://www.partnershiphp.org/Provnews/mbrsvcs.pdf>

#### Help Prevent Medi-Cal Fraud

<http://www.partnershiphp.org/Provnews/MSF.pdf>

#### Quality Improvement Department

HEDIS, QIP, Performance Improvement Academy Updates

<http://www.partnershiphp.org/Provnews/QI.pdf>

Provider Immunization Update for Children, Adolescents and Adults

<http://www.partnershiphp.org/Provnews/QII.pdf>

#### Provider Relations Department

New Behavioral Health Treatment Benefit for Autism

<http://www.partnershiphp.org/Provnews/BHT.pdf>

#### Interpretive Services Language Line

<http://www.partnershiphp.org/Provnews/IS.pdf>

## Addressing Concerns about PHC's Prior Authorization Changes for Opioids

PHC has begun a communication campaign with our pharmacy and clinician networks about some focused changes in prior authorization requirements for some opioid medications, effective October 1, 2014. We have been contacted with concerns and questions about the change, and we really appreciate feedback. It spotlights the relationship we have with our clinician network, and one of PHC's core values is to be responsive to you.

Here are some of the concerns and questions raised and an explanation or response to each:

**You are forcing us to stop or taper patients on high doses of opioids. We don't have other options for helping these patients with chronic pain.**

The October 1 change does not require stopping or tapering doses for those on high opioid dosing.

**Are you requiring the doctor's office or Health Center to fill out a Treatment Authorization Request (TAR) for these patients?**

No, it is the dispensing pharmacy which is responsible for completing all TARs.

**When is a dosage escalation of high dose opioid justified?**

Three justifications for careful increasing of dose of chronic opioids are: Terminal Conditions, Active Cancer, and Acute Injury.

**How can I refuse to increase the opioid dose when a patient demands a higher dose?**

It is helpful to give the following explanation to patients with chronic pain on high dose opioids who request increases in dosage. Here is an example:

"People who take high doses of opioid medications for long periods of time develop tolerance to the medication. Long-term use of pain medicines in high doses, like what you are now taking, can lead to changes in your pain nerves that can actually cause more pain. Increasing the dose further may lessen your pain temporarily, but the pain then returns, often stronger than before. This is called opioid-induced hyperalgesia. You may have already noticed this happening, since you were not started on high doses of pain medicine originally. You were started on low doses, but these doses kept being increased because your pain never really improved for long. If we continue this approach and keep raising your dose of opioids as your pain keeps breaking through the new higher dose – this is called tolerance – your risk of accidental death increases, your ability to function usually decreases, your pain level will end up right back where it is today even though you're on a higher dose, and you will be asking for even a yet higher dose of pain medicine. Ironically, the pain medicine itself is probably causing you more pain due to the way it affects your pain nerves. So continuing to go up more and more on your opioid dose will not help your pain for long and will likely make you become more disabled in the long term.

For this reason, increasing your dose of opioid is not the right thing to do for you, medically."

**Is this change related to the DEA mandated changes in October in the classification of tramadol (Ultram) and hydrocodone/acetaminophen combinations (Vicodin, Norco and others)?**

No, the reclassification of tramadol and hydrocodone (effective in October 2014) is unrelated to the focused changes to PHC's prior authorization requirements.

**Why is PHC doing this now?**

The underlying motivation for this change is to improve patient safety with prescription opioid medications, for public health, moral, and regulatory reasons.

For a more in-depth explanation of all of these questions, please go to:

<http://www.partnershiphp.org/Provnews/OQA.pdf>

If you have any concerns or questions regarding this new policy, please call us.

Thank you for your help and support.

*Robert L. Moore, MD, MPH, Chief Medical Officer, Partnership HealthPlan of California*

## Important Numbers

### Claims Mailing Addresses

<b>Medi-Cal</b> Attn: Claims Department P.O. Box 1368 Suisun City, CA 94585-1368	<b>Partnership Advantage</b> Attn: Claims Department P.O. Box 610 Suisun City, CA 94585-0610	<b>Healthy Kids</b> Attn: Claims Department P.O. Box 3172 Suisun City, CA 94585-3172	<b>PHC Care Coordination</b> Asthma, Diabetes, ESRD & Growing Together Perinatal Programs (707) 863-4276
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### Protecting Member Confidentiality

Partnership HealthPlan of California places a high value on maintaining our members' confidentiality. We maintain a Confidentiality Policy to ensure that the medical and/or other personal health information of our members is handled in a confidential manner to avoid unauthorized or inadvertent disclosure of such information. Please refer to the PHC Provider Manual for the full Confidentiality Policy.

### Rendering Provider NPI - PM160 Information Only Form

**Effective immediately, CHDP providers should enter the NPI associated with the Rendering Practitioner directly on the PM160 Information Only Form, in line and to the right of "RENDERING PROVIDER (PRINT NAME)".**  
 See example below.

Service Location Name, Address, Telephone number (Please include area code)	510	HEALTH PLAN CODE/PROVIDER NUMBER 	PLACE OF SERVICE
Partnership HealthPlan of California PO Box 1368 Suisun City, CA 94585			
Rendering Provider (Print Name) ABC Clinic 6789 Any Street Anytown, CA 12345	<div style="background-color: yellow; padding: 10px; border: 1px solid black;"> <b style="font-size: 1.2em;">NPI NUMBER HERE</b>                      Print or Stamp                 </div>		
_____ Signature of Provider	_____ Date		

**As with all information entered on the PM160 form, the NPI number must be clearly and legibly documented.** Some practices have used a rubber stamp with this information. They may continue to do so. This information is necessary for PHC to compile data related to Healthcare Effectiveness Data Information Set (HEDIS) and the Quality Improvement Program (QIP). PHC also uses the Rendering Provider information to comply with remittance of ACA monies, as required by the State.

If you have any questions, please contact your Provider Relations Representative.