

PROVIDER NEWSLETTER

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From the Desk of PHC CEO Liz Gibboney

Getting Care into the Community

Transition always provides a new energy within an organization. I'm thankful for the support from our founding CEO Jack Horn and the support I have received over the past few week from many of you as I step into the position of CEO here at Partnership HealthPlan of California (PHC). I strongly feel that our partnerships within each community that include providers, members, and other community-based organizations are what makes PHC a leader in providing quality care. It's these partnerships that allow for our initiatives like the Local Innovation Grants to get care into the community and to improve the health of our members.

One of the initiatives just approved is the increased reimbursement rate for all Long-Term Care Facilities (LTC) in our 14 counties. At our June Board of Commissioners meeting, the Board approved a two percent increase to the State LTC rate. It's estimated that this rate increase will place up to \$8.6 million back into the hands of the facilities. The population that requires services from LTCs are often some of the most vulnerable with a high rate of hospitalization if they do not receive the necessary care. Additionally, in September we will launch a Palliative Care pilot to help families become knowledgeable about health care options and make informed choices about the interventions they choose during the last years of life.

Increased rates for LTCs and the PHC Palliative Care pilot are just two examples of getting the right care into our communities in order to help them be healthy. As we continue to look at ways to improve the care provided to our communities, we will continue to rely on our strong partnerships within each community.

Thank you for your hard work and I look forward to continuing this important work with you.

In Partnership,

Liz Gibboney, CEO of Partnership HealthPlan of California

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Contact Us:

Partnership HealthPlan of
California
(707) 863-4100

Our website:

www.partnershiphp.org

Help Stop Fraud!

Fraud related losses in healthcare programs numbers in the billions of dollars each year. All programs, such as Medi-Cal and Medicare are susceptible. PHC asks that providers and their employees join the fight against fraud by referring suspicious and fraudulent activity to the resources listed below.

Resources: PHC's Anonymous Fraud Hotline - (800) 601-2146

Medi-Cal Fraud Issues - (800) 822- 6222

Online Services Site Redesign

In the mid-1990s, PHC developed an online platform to verify member eligibility. Over time, we added options for authorization, claims and quality improvement. Technology has advanced significantly since then and the infrastructure became outdated. Users became increasingly challenged with the limitations inherent in our original site.

In order to increase user satisfaction, improve stability, functionality and speed, we redesigned the platform. The redesigned site has increased security, faster data display, easier user ID management, and more!

This is a new site, with a new web address:

<https://provider.partnershiphp.org>

The changes will be introduced to the network in phases over the course of several months. The first phase will consist of 5 modules. The first 5 include User management, eEligibility, capitation reports, monthly eligibility download and patients in acute hospital report.

Training opportunities are available via webinar.

Functions related to authorizations and claims are unchanged for now. They will continue to be accessible through the original portal. We are actively redesigning these elements and will introduce them at a later date.

Start ICD-10 Testing Now

Before the October 2015 Deadline!

PHC would like to remind all providers that the deadline for implementation of the new ICD-10 coding is October 2015.

WE STRONGLY ENCOURAGE PROVIDERS TO GET THEIR TESTING DONE EARLY to avoid any delay in claim payment.

Our EDI department is ready and prepared to assist you. 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

Managing Pain Safely Program Updates

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/MPS815.pdf>

The current PHC Formularies are available on our website at:

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

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

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FormChg815.pdf>

Formulary Reminders:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FormRem815.pdf>

Health Services Department

Cross Cultural Connection: Interpreter

Services: <http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/CCC815.pdf>

Topical Fluoride Varnish a Medi-Cal Benefit: <http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FLUORIDE815.pdf>

Claims Department

Important Provider Notices:

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

Member Services Department

Member Rights & Responsibilities:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/mbrsvcs.pdf>

Quality Improvement Department

Quick Tips for Improving HEDIS Scores: <http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/HEDIS815.pdf>

Provider Relations Department

Summary of PCP Access and Availability Standards:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/PCPAccess815.pdf>

Interpretive Services Language Line:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/Interpret815.pdf>

Piloting Palliative Care Services for PHC Members

With the State struggling to write regulations for the new revenue-neutral palliative care benefit legislated in 2014, the California Healthcare Foundation (CHCF) has tapped Partnership HealthPlan of California (PHC) to test a model of palliative care services for patients nearing the end of their lives who are not candidates for hospice.

Defining a Medi-Cal Palliative Care Benefit

The palliative care benefit is **expected to begin in late 2016**. The idea was born of studies over the few last years showing that palliative care services, including support of advance care planning, psychosocial support, and home support services, in patients not ready to stop treating their underlying disease, improves quality of life while as well as cost savings, primarily by reducing inpatient hospitalization.

The California Department of Healthcare Services (DHCS) is gathering input from stakeholders, including community health plans like PHC, in order to implement the benefit. The requirement to make the benefit revenue neutral is challenging; Medicare offers no palliative care bundle of services, so dual eligible Medi-Cal Medicare beneficiaries would be eligible for a new benefit under the state Medi-Cal program, but cost savings would be mostly accrued to Medicare.

PHC Palliative Care Pilot

Partnership's decision to pilot a palliative care benefit stems from our commitment to advance care planning and palliative care, in a three year old program called **Offering and Honoring Choices**. It includes interventions at many different levels of health care in the counties we serve. The primary goal of the program is to ensure that our members' preferences around the care they receive when they are seriously ill are defined ahead of time, known, and followed.

PHC completed a 6 month planning process, sponsored by CHCF, in March, 2015. With the implementation of SB 1004 moving slowly, in PHC's board approved a palliative care pilot program in order to gain experience in administrating this benefit.

Test sites have been selected in Yolo, Napa, Humboldt, and Shasta counties. These pilot sites will be reaching out to local hospitals and health centers to refer eligible patients to the program.

Eligibility Criteria for PHC Palliative Care Pilot

- Residency in Napa, Yolo, Shasta, Humboldt, Trinity, or Mendocino counties.
- Medi-Cal primary insurance (no Medicare or other coverage). The state benefit will likely include dual eligible patients later on.
- Patient life expectancy is estimated by their personal physician to be less than 2 years.
- Not a candidate for a hospice program.
- Has one of the following diagnoses: Advanced Cancer, Congestive Heart Failure, COPD, Cirrhosis, Dementia, and Frailty Syndrome. In addition, there is a disease severity requirement; mild disease does not qualify.

We do not know what the criteria will be for the State benefit, so these criteria may change in 2016.

Services Provided in the Pilot include:

- Initial comprehensive assessment
- Acute management plan
- Pain/symptom management
- Advance Care Planning
- Completion of a POLST
- 24/7 telephonic support
- Assess caregiver support needs and refer and/or provide support
- Warm hand-offs from hospital and to hospice
- Case management

What you can do to prepare:

Not in a pilot county? Remember, the State benefit is coming soon, which will create a sudden increase in demand for nurses, social workers and physicians trained and experienced in palliative care. California State University, San Marcos has an Institute for Palliative Care with several on-line training options for nurses, social workers and case managers. We recommend you ask appropriate staff to complete this training soon, so they are ready for when SB1004 is implemented.



Important Numbers - Claims Mailing Addresses

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

Partnership Advantage
Attn: Claims Department
P.O. Box 610
Suisun City, CA 94585-0610

Healthy Kids
Attn: Claims Department
P.O. Box 3172
Suisun City, CA 94585-3172

PHC Care Coordination
Asthma, Diabetes, ESRD &
Growing Together Perinatal
Programs - (707) 863-4276

Member Services Corner

Don't Forget to Check Eligibility and PCP Assignment!

It is not uncommon for PHC members to lose Medi-Cal eligibility or change PCPs. To ensure that providers get reimbursed as appropriate for services provided, PHC would like to remind provider offices to always check eligibility and PCP assignment prior to providing the service. This can be done by using PHC's Online Eligibility System at www.partnershiphp.org or by calling our Integrated Voice Response (IVR) system at 800-557-5471.

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.

Health Services Corner

Treatment Authorization Request (TAR)

As a reminder, TARs should be submitted electronically via PHC's Online Services portal. Electronic submission will allow for more expedient processing. If online submission is not possible the TAR may be submitted via fax.

Routine TARs will be processed within 5 business days of receipt of all required documentation. If additional information is needed, the Provider will be notified in writing. The Provider has 14 calendar days from the date the TAR was originally received to submit the requested documentation.

Expedited processing is available for requests only if the provider indicates or PHC determines that the standard timeframe could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function. These TARs must be clearly marked "Urgent" with reason. Expedited appeals will be completed promptly, but no later than three (3) business days after receipt of the request. A TAR for elective non emergent surgery or procedure submitted urgently only due to the imminent date of service is not considered Urgent. TARs submitted under these circumstances will be processed as a routine TAR.

Correction TARS - The provider has up to 6 months from the approved date of the ORIGINAL authorized TAR to submit correction requests using our online services portal.

For more information, please contact the Utilization Management Department at 1-800-863-4144 or at 863-4133.