



PROVIDER NEWSLETTER

Spring 2015 | Volume 21 | Issue 1

From the Desk of PHC CEO Jack Horn:

Today, providing access to quality health care requires strong relationships with many organizations from the state level to the counties, on down to the providers and community groups that work daily in keeping our members healthy. Of all these different organizations, those in each community (physicians, providers, safety net organizations, etc.) are critical in delivering access to quality care.

With the understanding that community groups know the needs of their communities, we announced a \$1 million Local Innovation Grant Initiative in December. Designed to support new and innovative approaches to improving access to primary and specialty care, the grant will fund creative ways to solve local access issues. The awarding of grant money will occur in the beginning of March.

Many of you have heard of the double threat to physician payments. The State is implementing a 10 percent provider cut. And, the end of paying Medicare rates to Medi-Cal primary care was December 2014. PHC will be absorbing the 10 percent cut and will continue the Medicare rates for contracted primary care physicians.

In the delivery of care, it is important to regularly review member benefits for opportunities to supplement care.

We are excited to announce that beginning on February 1, 2015, eligible PHC Medi-Cal members will now receive podiatry and vision benefits.

While not mandated by the state, these benefits will have a significant impact on the lives of those in need of the services. I would like to thank all those who provided input throughout the development process of offering these additional benefits.

The enhanced payments, Innovation Grant and the addition of podiatry and vision benefits are just a few examples of ways that we are working with our communities to improve the health of all that we interact with. Please continue to reach out to us to discuss opportunities to help our communities.

Additional Update

In January we released our 2013-2014 Annual Report that highlights a very successful growth year. As you know during this time we expanded into eight new Northern California counties and welcomed new members as a result of the state of California's Medi-Cal expansion on January 1, 2014. These two events more than doubled our membership in a single year. Today our membership is just over a half a million at 514,293. You can find the 2013-2014 Annual Report on our website under About Us.

Again, thank you for all your commitment and dedication to improving the health of your community.

-Jack Horn, CEO, Partnership HealthPlan

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Contact Us:

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(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

New Plastic Member ID Cards

Members new to PHC will be receiving a new plastic ID card. Many of your patients will continue to use the paper cards; they do not need to be replaced with the plastic ones unless they become damaged or are lost.



To view a larger version, [click here](#)

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

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: The Impact of Culture on Health Care Delivery

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

Treatment Authorization Requests

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

Tools to Assist Providers in Helping Patients Quit Smoking

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

Claims Department:

Important Provider Notices

http://www.partnershiphp.org/Provider/MC_PRNot.pdf

Member Services Department

Member Rights & Responsibilities

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

Quality Improvement Department

HEDIS, QIP, Performance Improvement Academy Updates

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

Where Can You Get Help for Your Patients With Epilepsy?

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

Staying Healthy Assessment Survey

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

Provider Relations Department

Summary of PCP Access and Availability Standards

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

Interpretive Services Language Line

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

New Covered Benefits for PHC Members

We are pleased to announce that in December 2014, the Board of Commissioners of Partnership HealthPlan of California (PHC) authorized increased benefits for PHC members to fill in some important gaps in Medi-Cal coverage. These are covered by PHC; they are not new state Medi-Cal benefits. Here is a brief description of the changes:

Effective February 1, 2015:

Vision: PHC has restored optometry coverage for all PHC members. This includes yearly examinations by optometrists and coverage for glasses and frames every two years. This benefit is provided largely through our delegated network provided by Vision Service Plan (VSP). Most optometrists accept VSP, but there is a backup system for areas without VSP; contact your local Provider Relations representative if you have questions or issues. No PCP referral is needed for routine optometry services.

Podiatry: PHC has restored podiatry coverage for all PHC members. Like other specialists, a referral is required for members capitated to a PCP; special members do not need a referral. Some surgical services with require a Treatment Authorization Request (TAR), but routine office services will not require a TAR.

Effective in the next few months:

Chiropractic Care Coverage: (Estimated effective date April 1, 2015) Covered for members with chronic back pain on over 120mg Morphine Equivalent Dosage (MED)/day, for up to 12 visits per year. A referral is required from the PCP, which covers one visit. The Chiropractor then submits a TAR with necessary documentation to the PHC Utilization Management department for evaluation of medical necessity.

Acupuncture Coverage: (Estimated effective date April 1, 2015) Covered for pain in the lower back, osteoarthritis if the hip or knee, or for migraine headaches. Like Chiropractor coverage, up to 12 visits per year are covered; a RAF is required from the PCP of capitated patients, and the doctor of acupuncture must submit a TAR for visits after the first visit.

Cardiac Rehabilitation: (Estimated effective date May 1, 2015) Phase 2 Cardiac Rehabilitation services will be covered for patients with most cardiac conditions. A TAR is required. A maximum of 36 visits are covered, depending on the severity of the symptoms.

Additionally, there have been changes to existing enhanced benefits:

Pulmonary rehabilitation: (Estimated effective date May 1, 2015) Members with severe COPD are currently covered; additionally, those with pulmonary fibrosis will now be eligible as well. Additional codes have been added, and the exact severity criteria have changed slightly.

Nutrition Services (estimated effective date April 1, 2015) will no longer require a RAF or a TAR when performed by a Registered Dietician (RD). Standard documentation and medical necessity requirements remain, should be in the medical record, and are subject to audit. This will streamline the billing process and hopefully increase the number of providers providing RD services.

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
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Behavioral Health Treatment Benefit for Children Diagnosed with Autism Spectrum Disorder

Partnership HealthPlan of California (PHC) Case Managers for Special Programs actively work with providers, families and Regional Centers toward implementing the Behavioral Health Treatment benefit for children with a diagnosis of Autism Spectrum Disorder. When families or providers contact PHC, they are told that they need a prescription from their primary care physician for the behavioral therapy. The physician does not need to submit a RAF. The Behavioral Health Treatment provider submits a Treatment Authorization Request (TAR) to begin a diagnostic evaluation by a psychologist to determine a diagnosis of Autism Spectrum Disorder, specifically Autism, Pervasive Developmental Disorder or Aspergers. During the behavior assessment, which may involve several meetings with the family and child, the provider assesses needs and develops goals and objectives. The assessment determines how many hours are needed for treatment, the request for hours is made, and treatment begins.

If you have any questions, please contact the Care Coordination department at (800) 809-1350 and ask to speak with a Special Programs Case Manager.

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.

QI Department Performance Improvement Academy (PIA)

Improvement requires change and change can be hard! The Partnership Improvement Academy is a space for clinicians, administrators, and staff to gain quality improvement expertise from industry leaders and peers. We provide training and technical assistance opportunities designed to help your practice optimize population health, enhance the patient experience, promote provider and care team satisfaction, and foster a culture of continuous quality improvement. Want to be added to our distribution list to learn about upcoming opportunities? Email ImprovementAcademy@partnershiphp.org.

A Reminder About Treatment Authorization Requests (TARs)

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. Providers have 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.