



PROVIDER NEWSLETTER

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Links to additional articles:

Pharmacy Department

Managing Pain Safely Program: Enhancing Short Term Use

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/MPS216.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:

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

Formulary Reminders:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FormRem216.pdf>

Health Services Department

How Culture Influences Health Beliefs:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/CCC216.pdf>

Wheelchair/Specialty Equipment Pilot Program :

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/Wheels216.pdf>

Claims Department

Important Provider Notices:

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

Billing Tips for ICD10:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/ICD10216.pdf>

Member Services Corner:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/MSC216.pdf>

Member Rights & Responsibilities:

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

Quality Improvement Department

QI Department Updates:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/QI216.pdf>

Information Technology

eCHDP and ACA Mandated CAQH CORE

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/IT216.pdf>

Provider Relations Department

Interpretive Services Language Line:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/Interpret1115.pdf>

From the Desk of PHC CEO Liz Gibboney

A peek into the [near] future ...

Over the past couple of years much of the discussion here at PHC revolved around expansion. Expanding our coverage into eight new Northern California counties and California’s expansion of Medi-Cal through the ACA. Although each of these expansions had significant challenges, it resulted in many more individuals gaining access to quality health care. Today, we are preparing for another Medi-Cal expansion in California that will grant full-scope Medi-Cal benefits to approximately 170,000 children throughout the state. Beginning as early as May of 2016, children between the ages of 0-19 who meet all Medi-Cal eligibility requirements, regardless of immigration status, will now have access to Medi-Cal. Ensuring that our most vulnerable populations have access to quality care is paramount in making our communities healthy. The Medi-Cal expansion for children regardless of immigration status is a big step in realizing our mission to help our members, and the communities we serve, be healthy. We celebrate California’s leadership in this area and we look forward to providing care for these children in a few short months.

In addition to the upcoming Medi-Cal expansion, we are excited about being selected by the state to pilot a new “Alternative Payment Method (APM)”. This pilot will change how some of our community health centers are paid. Currently, most of our contracted community health centers have to see a patient in person in order to get full payment from the state, in addition to what PHC pays for.

Under this new pilot, health centers will be able to get paid for doing phone visits, emails, group appointments, and even video visits. Having this flexibility will improve access to care for health center patients.

Each of these changes and others that will be occurring in the next year or so, are significant in delivering quality health care to our members and your patients. We look forward to continuing to work closely with you to improve the health of our communities.

In Partnership,

Lung Cancer Diagnosed Later for Patients with Medi-Cal

by Robert Moore, MD MPH

Last July, Joe Cruz (his name has been changed) was diagnosed with metastatic lung cancer, which carries a very poor prognosis.

He was not very surprised: he read the labels on cigarettes. Joe has smoked for 45 years, since he was 15 years old, averaging a pack per day. In the back of his mind, Joe believed that if he thought too much about the possibility of cancer, it might somehow cause him to develop cancer, so he did not seek medical help when his chronic cough started producing blood-tinged sputum 9 months ago. It wasn't until he developed right sided hand and arm weakness that Joe sought attention, because he knew that unilateral weakness was a symptom of a stroke and that the key to treating a stroke was to seek out medical help right away.

The MRI scan of his brain did not show a stroke, but instead showed multiple metastases. A Chest CT confirmed that the likely primary was in his right lung.

Joe's story is reflective of a disturbing pattern. In late 2014, the Cancer Committee at NorthBay Medical Center in Fairfield did a study comparing the staging of lung cancer with insurance status, and found that Partnership HealthPlan members are more likely to be diagnosed with stage 4 cancer, compared to those with commercial insurance. They further noted a very low rate of screening for lung cancer using the 2014 U.S. Preventative Services Task Force recommendation:

“The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.”

In 2015, Solano County oncologists reached out to major Solano County primary care providers to urge them to talk with smokers about early symptoms of lung cancer and to recommend CT scan screening where appropriate.

This is not a problem limited to Solano County. A PHC study of lung cancer diagnosis in Shasta County found a similar high rate of very late stage diagnosis.

The rate of lung cancer in the Medi-Cal population is higher than the state average. The smoking rate among adults with Medi-Cal is roughly double that of the population as a whole.

In 2015, we found that only 37 patients in all 14 counties had a CT scan to screen for lung cancer, out of an estimated 9000 non-dual eligible smokers between the ages of 55 to 80. We extrapolated smoking rates in the Medi-Cal population to generate this estimate.

These numbers are very disturbing: our patients smoke more, are diagnosed with Lung Cancer later and are barely being screened at all. Primary care clinicians (and some specialists) are in the best position to have an impact on this, in three ways:

- **Help patients quit smoking.** For patients who smoke, encourage them to quit, assess their motivation and readiness to quit and counsel appropriately. Use nicotine replacement if needed and consider referring to the state smoking cessation hotline (1800 NOBUTTS)
- **Screen for lung cancer.** Set up technology and workflow supports to identify adults between age of 55-80 with a history of 30-pack years or more of smoking. Flag and refer them for annual screening CT scans. Generate practice and clinic level reports to see how well this change is going. Let's see if we can get 2016's total over 100 individuals screened, at least!
- **Warn smokers** (and past heavy smokers) of the warning signs for lung cancer (which are non-specific), for which they should seek immediate medical attention.

Partnership Health Plan cannot reliably identify members who use tobacco from the data we have, and the interventions are best done by the health care provider they trust. We are counting on you. Help save lives by making these changes in your practice, starting this month!

Partnership HealthPlan Values Your Opinions Provider Satisfaction Survey

We have contracted with an outside vendor, Morpace, to conduct our annual Provider Satisfaction Survey during March and April. Your input helps guide us to better deliver excellent customer service to our network.

Please respond to the survey at your earliest convenience.

Behavioral Health Treatment Services

On February 1st, Behavior Health Treatment (BHT) for children diagnosed with Autism Spectrum Disorder (ASD) will be transitioned to Partnership HealthPlan of California (PHC).

BHT is comprised of professional services and treatment programs that develop or restore the functioning of an individual with ASD to the maximum extent practicable. This includes, but is not limited to, Applied Behavioral Analysis (ABA) and other evidence-based behavior intervention programs.

We are working closely with the state and with local providers to determine credentialing, authorization and billing processes.

If you receive questions about this benefit, please contact PHC Member Services Department at (800) 833-4155. We are working with the families on a case by case basis to assist with diagnosis and treatment planning.

PHC Medi-Cal Billing Limit Change

We have heard that six months is not enough time to accomplish the billing activities for our members. We have responded with a simple 12 month billing limit, extending the current 6 month billing limit to a 12 months.

Partners In Fighting Fraud

Fraud related losses in healthcare programs add up to 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.

PHC's Anonymous Fraud Hotline - (800) 601-2146 | Medi-Cal Fraud Issues - (800) 822- 6222

eCHDP—Submitting PM160 Claims Electronically

The Information Technology Department at PHC worked with a third party vendor, MedAid Consulting, LLC (eCHDP®) to electronically collect and receive claims from CHDP providers. After a series of testing with eCHDP®, we are now live with this program. Now, the approved CHDP providers can send their PM160 claims to PHC electronically. Any new CHDP provider who is interested in sending PM160 claims electronically can contact eCHDP® to sign up. Please note that eCHDP® will be required to send a test file on behalf of each CHDP provider before obtaining approval for sending production claims.

MedAid Consulting, LLC (eCHDP®)
Email: support@echdp.com
www.echdp.com

The PHC Provider Newsletter and all its articles are available online at
<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx>

Contact Us:

Partnership HealthPlan of California
(707) 863-4100 www.partnershiphp.org

Important Numbers - Claims Mailing Addresses

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

PartnershipAdvantage
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

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.

Quality Improvement Corner

HEDIS Update:

- PHC's HEDIS 2016 Medical Record Retrieval Project is underway. Your site can expect to receive a phone call from our medical record retrieval vendor, Enterprise Consulting Solutions (ECS) .
- For additional resources including HEDIS 2016 webinar series, measurement set, and FAQs, please visit our HEDIS webpage at:
<http://www.partnershiphp.org/Providers/Quality/Pages/HEDISLandingPage.aspx>

QIP Update:

- We are in the process of compiling the 2014-15 PCP-QIP Evaluation. The evaluation provides a summary of performance results for the PCP-QIP participants. We will share the evaluation with the network.
- We are wrapping up the ICD-10 Conversion. The process is expected to be done soon, and the list of codes list will be posted on our website in March 2016.

Please keep an eye out for the 2016-2017 Measure Development Provider Comment Period in March 2016. Please send us your preliminary comments at QIP.partnershiphp.org