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PROVIDER NEWSLETTER

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From the Desk of CEO Liz Gibboney

What will the future hold?

The last few weeks has been quite the rollercoaster, but unlike your favorite amusement park ride, it is difficult to know where this ride will end. With so much uncertainty surrounding the direction of health care with repeal of the Affordable Care Act now likely, there is one indisputable fact, there are individuals in each of our communities in need of high-quality health care.

Over 163,000 Medi-Cal recipients have joined PHC due to the Medicaid Expansion made possible by the ACA. Statewide, that number jumps to 3.7 million. The prospect of returning millions of insured Californians to the ranks of the uninsured is unacceptable. We believe there is something for everyone at Partnership, regardless of one's political standpoint—we have a steadfast commitment to ensuring access to quality care in a cost-effective manner. And, we intend to continue to care for as many low-income residents as we can, working with each of you along the way.

What's next? Advocating on the state and federal levels for expedient and measurable ways to improve the health care system for low-income Californians. How can we reduce overall system cost, while ensuring you have the funding you need to provide excellent care? How can we encourage our members to engage in improving their own health outcomes, while getting the support they need from the health care system?

One thing is clear to me. We will need to partner with each of you in new ways, and we will need to challenge our own long-held beliefs about what cannot work, and find what can. Our team is already engaged in this challenge, and we look forward to tackling these issues with each of you.

In Partnership,

PARTNERSHIP HEALTHPLAN of CALIFORNIA

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

Words Matter: Evolving Definitions of Substance Use Disorder

Series on Substance Use Disorder (Part I)

Case study: A 45 year old woman with chronic obstructive pulmonary disease and peripheral neuropathy arrives to seek care in your office or facility. She smokes a half pack of cigarettes per day, drinks one 750 ml bottle of white wine daily, smokes marijuana once daily and uses prescription long acting Morphine for "chronic pain," lorazepam twice a day for "anxiety", and prescription short acting amphetamine salts for "attention deficit disorder". She states that she would like to stop smoking, because of her lung problem, but thinks of her alcohol and marijuana use as "recreational" and her prescription drug use as treatment of medical conditions. She emphatically states that she is only "addicted" to tobacco.

Question: Is she addicted to something else? Answer: Maybe?

The words drug abuse and drug addiction carry a significant stigma in our society, which results in individuals who are using substances in dysfunctional ways strongly denying that they are addicted or abuse drugs. This led the American Psychiatric Association to create a new terminology in 2013, as part of the newly released Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, affectionately known as DSM-5.

Substance use has a spectrum of labels, as currently standardized by DSM 5. Of note, the terms *addiction* and *abuse* which were widely misinterpreted and carried significant stigma, are no longer standard.

The spectrum is: Substance use; Substance mis-use; and Substance use disorder (SUD), further subcategorized as mild, moderate and severe

In DSM 5, Substance Use Disorders include: Alcohol Use Disorder; Tobacco Use Disorder; Cannabis Use Disorder; Stimulant Use Disorder (includes methamphetamines, cocaine, crack, medications used for ADHD); Opioid Use Disorder (Includes heroin, injecting other opioids, taking prescription opioids orally); and Others: Hallucinogens, Sedatives, Inhalants

These different substances are grouped together in the overarching category of all SUDs; they all share a similar common pathway in disruptions in the stimulus/response, reward, habit centers of the brain (shared also with compulsive gambling, and eating disorders). In spite of the final common pathway, different SUDs have critically different underlying biochemical, sociological, legal, psychological and sociological etiologies and pathways, such that they are often addressed by different staff, in different, separate settings.

In DSM-5, the diagnosis of SUD is based on the presence of at least 2 of 11 criteria; these can be divided into four clusters or groups, as follows:

Group 1: Impaired Control

- Substance use in larger amounts or over a longer period of time than was originally intended.
- Persistent desire to cut down on use or multiple unsuccessful attempts at cutting down or stopping use
- Great deal of time spent using substance or recovering from its effects
- Intense desire to use or craving for the substance

Group 2: Social Impairment

- Substance use resulting in failure to fulfill obligations at work, school or home
- Substance use causing or exacerbating interpersonal problems
- Important social, occupational, or recreational activities given up or reduced due to substance use

(continued next page)

Words Matter: Evolving Definitions of Substance Use Disorder (continued)

Group 3: Risky Use

- Recurrent use of substance in physically hazardous situations
- Continued use despite negative physical or psychological consequences

Group 4: Pharmacologic Dependence

- Tolerance to the effects of the substance
- Withdrawal symptoms with cessation of substance use

The number of criteria determine the severity of the SUD:

2-3: Mild SUD

4-5: Moderate SUD

6 or more: Severe SUD

This categorization system seems complicated at first, but it is the bedrock for diagnosis of all the individual Substance Use Disorders.

All of us in the medical profession need to be aware of our use of language and educate our patients on this use of language. It is not as easy as it seems. For example, the American Society of Addiction Medicine (ASAM) has not changed its name (would it change to ASSUDM?), and their reference book (the source for this newsletter article) is *Addiction Medicine*, published in 2016. In fact, they have their own standard "short" definition of addiction which is different from the DSM-5 terminology, which starts out as follows:

"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors." (See ASAM website for full definition.)

If ASAM hasn't changed their language yet, we in the non-SUD world can be forgiven, perhaps, taking a few years to become facile with the new words and their uses.

Next Provider Newsletter: Part II: Alternative Facts on Alcohol Detox

PHC Members Have the Right to Access Their Medical Records at No Charge

Confidentiality Policy CMP-10 states that PHC members may access their medical records by contacting their Primary Care provider, or the treating provider in instances where a member is not assigned to a primary care provider. Members are not charged for copies of their medical records.

Partnership HealthPlan of California's Mental Health Benefit

Do you have questions about mild/moderate mental health benefits for your patients? PHC has partnered with Beacon Health Options to help manage mental health benefits for PHC members with mild to moderate mental health conditions like depression or anxiety. In a recent survey, over 84% of relevant PHC members reported that they are better able to handle their problems and challenges as a result of receiving Beacon services. If you have patients that could benefit from mental health counseling, please refer them to Beacon, at (855) 765-9703.
Don't forget to check out the Beacon Health Options website to access a wide variety of resources available for providers!

Provider Relations Newsletter

Contact Us: **(707) 863-4100** **www.partnershiphp.org**

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

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

Reminder: 12 Month Billing Limit for Claims

The Claims billing limitation is 12 months for dates of service on or after July 1, 2014.
This applies to PHC members. It does not apply to services billed to fee-for-service State Medi-Cal.
Providers have 365 days from the date of service to submit claims to PHC. Claims received on the 366th day from the date of service will be denied by the system.
There are no exceptions or pro-rated payments beyond the 12 month billing limit.
Submit eCIF within 6 months of the original adjudication date.
Re-CIF (one time) within 90 days of date the original CIF is processed.
Submit crossover claims within 60 days of the date on the primary insurance
If you have any questions, please call Claims Customer Service at (707) 863-4130.

CHDP Program – Referral to Specialty Care:

When an issue is identified that requires referral to Specialty Care, member's assigned PCP submits an eRAF to the appropriate provider. If the child is a Special Member, the provider who completes the PM-160 form must facilitate a referral to specialty care. Follow up with the family to ensure that the referral appointment occurred. If the family is having difficulty completing the appointment, contact our Care Coordination Department. If you are having difficulty finding an appropriate physician to refer to, contact your assigned Provider Relations Representative for assistance.

A Special Thanks to the Participants in our Provider Advisory Group

PHC would like to express our sincere thanks to the facilitators for their support of the Provider Advisory Group, ensuring that the meetings run smoothly and stay on task:

Jacqueline Wood, Physician Relations Specialist, St. Joseph Health
Bill Byrnes, Clinic Manager, Community Medical Centers
Patrisia Contreras-Vigil, Patient Services Manager, Ole Health
Allyson Carraway, Manager, Internal Medicine and Pediatrics, Woodland Healthcare

The success of the Provider Advisory Group meetings also depends on the contributions of the presenters who inspire and educate us. We are highly appreciative of the value of their time and experience:

Neville Wall, MBA - Manager of Provider Relationships, Beacon Health Options
Debra McAllister, RN – Director, UM, Partnership HealthPlan of California
Melissa Rosel, MSN, FNP, Team Manager, UM, Partnership HealthPlan of California
Susan C. Stone, MD - Hospice & Palliative Medicine Specialist in Santa Rosa, CA
Seturam Pandurangi, MD - Allergy & Asthma Center, Fairfield
Bob G. Field MD - Ob/GYN at St. Joseph Annadel Medical Group