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PROVIDER NEWSLETTER

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INSIDE THIS ISSUE

From the Desk of PHC CEO Jack Horn:

Partnership HealthPlan of California (PHC) works tirelessly alongside our partners to achieve our mission *to help our members and the communities we serve be healthy*. In partnering with providers it is important to ensure that quality care is delivered to our patients. One way we assess the quality of care members receive and PHC's performance is with the tool Healthcare Effectiveness Data and Information Set (HEDIS) developed by the National Committee on Quality Assurance (NCQA). HEDIS measures a number of different aspects of care from preventative to follow-up. Each of these measures helps in understanding the quality of care members are receiving and areas where PHC needs to devote additional resources.

As many of you are aware, between February 1 and May 15, PHC collected the necessary HEDIS information. In August, we will be reporting the full results of our HEDIS score to our board of directors. We are proud to inform you that our HEDIS score has improved from last year; we want to thank you for your tremendous efforts in delivering quality care. As we continue to strive to improve care, I would like to make two suggestions; first, ensure that patients are scheduled for all preventative care exams; and second, follow-up with patients that have ordered tests. These suggestions will greatly improve the health of our members and communities.

We understand that the HEDIS process can be burdensome on our providers and we are looking into ways to reduce this impact.

Next year we will begin reporting HEDIS based on four regions – Northwest, Northeast, Southwest and Southeast.

This change will allow for each county within a region to collectively contribute the necessary information for a single measurement. This will reduce the burden placed on providers in a single county to provide all the necessary data for a single measurement. Look for more information on this change in the coming months.
As we explore options for reducing your administrative burden, here are some ways you can help reduce your burden:

Ask PHC about allowing read-only remote access to your Electronic Health Records so we can remotely collect information from your records without having to interrupt your practice; and provide accurate and timely reporting on services
For additional information about HEDIS please contact us at (707) 863-4282 or HEDISMRA@partnershiphp.org.

Additionally, here are a few quick updates on other activities taking place at PHC:

Since January 1, 98,500 new PHC members have been added with about 600,000 new Medi-Cal applications pending statewide.

PHC will be hosting an open house at the new Redding office on August 26, 2014.

PHC's 3-year strategic plan (2014-2017) will focus on three areas: High Quality Health Care; Operational Excellence; and Financial Stewardship.

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

Jack Horn, CEO Partnership HealthPlan of California

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Provider Newsletter

Enhanced Payments for Primary Care Physicians

Section 1202 of the Affordable Care Act requires that certain Medicaid primary care services be reimbursed at Medicare rate for calendar years 2013 and 2014. This provision applies to designated evaluation and management (E&M) and vaccine administration services when delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine.

The State of California has developed a database through which physicians must complete an attestation form in order to qualify for the enhanced payment. A valid attestation is the only way a provider will receive an enhanced payment from Partnership.
Click here for more details.

To complete an attestation and for more information about this ACA provision, please visit:
http://files.medi-cal.ca.gov/pubsdoco/aca/aca_form_landing.asp

ICD-10 Testing

PHC would like to remind all providers that while the implementation of the new ICD-10 coding has been delayed, providers and vendors are strongly encouraged to test early to ensure that ICD-10 is fully ready.
Partnership HealthPlan of California (PHC) will not be delaying the testing process of ICD-10 and will continue to accept all tests submitted. Test files will be handled in the order in which they are received; those in first will be reviewed and completed first. Once a successful test has been completed providers will not need to do so again.

Click here for more information.

Links to additional articles:

Pharmacy Department
The 2013 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

PHC recommends utilizing the new PHC Pharmacy Formulary Search Tool, available on our website at
http://client.formularynavigator.com/Search.aspx?siteCode=9588242881

Formulary Reminders
http://www.partnershiphp.org/Provnews/FRem.pdf

Health Services Department:
Health Education Websites
http://www.partnershiphp.org/Provnews/HED.pdf

Cross Cultural Connection:
http://www.partnershiphp.org/Provnews/CCC.pdf

Care Coordination Department Expansion
http://www.partnershiphp.org/Provnews/CC.pdf

Pertussis Information & Immunization Resources
http://www.partnershiphp.org/Provnews/TDAP.pdf

Claims Department:
http://www.partnershiphp.org/Provnews/Claims.pdf

EDI Update
http://www.partnershiphp.org/Provnews/EDI.pdf

Important Provider Notices
http://www.partnershiphp.org/Provider/MC_PRNot.htm

Member Services Department

Member Rights & Responsibilities
http://www.partnershiphp.org/Provnews/mbrsvcs.pdf

Compliance Department

Reporting Fraud, Waste and Abuse
http://www.partnershiphp.org/Provnews/FWA.pdf

Quality Improvement Department

Updates
http://www.partnershiphp.org/Provnews/QI.pdf

PARTNERSHIP HEALTHPLAN of CALIFORNIA

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

Safe Prescribing of Opioid Medications, Part III - "Landing the Airplane Safely"

In the last decade, use of chronic opioid medications in the US has quadrupled, as has the rate of accidental death from opioid overdose, making it as common a cause of death as automobile accidents. Part I of this series, "Don't take off in an airplane if you don't know how to land," covered two key messages for all prescribers of opioids:

1. In patients without a terminal condition or active cancer, **do not escalate opioid doses above 120 mg per day of morphine equivalent daily**.
2. In patients without a terminal condition or active cancer, who are **already above 120 mg per day of morphine equivalent daily, do *not* further increase their opioid dose**. Increased doses do not provide long-term pain relief; they generally will decrease functioning and increase pain.

I then provided a framework for a community-wide initiative, called: "Managing Pain Safely: PHC's Initiative to Reduce Opioid Overuse"

In the final part of the series, I address perhaps the most challenging aspect of this initiative: how to manage patients **already taking greater than 120 mg morphine equivalents daily for more than 3 months**.

Approximately 1,400 (out of 450,000) Partnership patients in our 14 counties fall into this category. Of these, 25% had a dosage escalation in the last 6 months; only 2.5% had dosage decreases. It is important to not escalate doses further except in the cases of cancer and terminal pain.

Earlier this year, Andrea Rubinstein, MD, Director of Chronic Pain at Kaiser Santa Rosa, gave a presentation (co-sponsored by PHC) describing her approach to patients on high doses of opioids, entitled: "The Art (and Very Little Science) of Tapering Opioid Medications." Here are the highlights:

1. Patients taking high doses of opioids for an extended period are a diverse group, including patients who are pregnant, have a substance abuse disorder, those who are selling some or all of their medication, and psychologically fragile patients. Some patients fall into several of these categories. The approach for each group varies.
2. The clinician or team working with these patients should address these categories in this order:
    a. Terminal condition or active cancer
    b. Taking long term methadone or fentanyl
    c. Substance abuse
    d. Pregnancy
    e. Suspected diversion
    f. Psychological frailty or history of closed head injury
    g. Underlying chronic pain

    Click here for a flow-chart which shows this hierarchy in more detail.
3. The skill set for addressing each of these categories is quite specialized, so a team approach is critical to success. This is indicated graphically on the flow chart by color, with each color representing a different skill set or area of expertise. Patients should be assessed carefully to determine which category takes priority, because there are two categories that most primary care clinicians should be able to address by themselves:
    a. Terminal conditions or cancer
    e. Suspected diversion

    Many (but unfortunately not all) communities have substance abuse experts to whom patients can be referred. Both substance abuse and diversion may be detected through systematic, regular urine and/or blood testing for opioids and other drugs.
4. Just as pilots do not read a brief article and then try to land a plane, prescribing clinicians need some training to learn the technique for tapering opioids successfully for patients with underlying chronic pain but without the other conditions. This includes methods of communicating effectively with patients, as well as monitoring and tapering the opioids at an appropriate rate. PHC will work to promote trainings on this topic in the next year.

PHC has been selected to pilot the use of an system called SafeUseNow for our entire patient population. Prescription patterns of all controlled medications are analyzed for every PHC patient, and every provider is consequently assigned a risk score, indicating the composite risk of adverse patient outcomes, including potential abuse and diversion. In the fall, we will begin sharing this data with prescribing clinicians, along with recommendations for changes that will increase patient safety and decrease the risk score.

As a reminder, PHC has consolidated some best practices related to safe opioid prescribing into a series of recommendations, found at our website: http://www.partnershiphp.org/Provider/OpioidMenu.pdf

Our goal is to decrease the over-use of chronic opioid medications over the next two years, decreasing overdose deaths, opioid diversion, and healthcare costs, while improving the quality of life for our members, your patients. We can only be successful by working together on this effort.

Please click here to read this article in its entirety.

Provider Newsletter

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 Prenatal Programs
(707) 863-4276

Our website:
http://www.partnershiphp.org/

Provider Services:
http://www.partnershiphp.org/Provider/Provider.htm

Online Services:
https://secure.partnershiphp.org/

Rendering Provider NPI

As a reminder, PHC and Medi-Cal billing guidelines require the rendering provider's NPI be entered on all claims from the following provider types:

Acupuncturists	Orthotists	Portable X-ray providers
Chiropractors	Physical therapists	Prosthetists
Licensed audiologists	Physicians	Psychologists
Occupational therapists	Podiatrists	Radiology labs
Ophthalmologists	Speech pathologists	

This applies to services billed in institutional and professional formats, whether billed electronically or on paper.

Continue to include your billing NPI on the claim as well.

PHC encourages electronic submission of claims. For information regarding electronic submission, contact:

PHC EDI Production Support, Information Technology Department

Phone: (707) 863-4520 | Fax: (707) 863-4390

Email: EDI-Production-Support@partnershiphp.org

For practices that are required to bill claims on paper:

CMS-1500 Format: The rendering provider's NPI is entered in the unshaded area of column J for each service line.

UB-04 Format: The rendering provider's NPI is entered in the first box of Item 76 "Attending". Only one rendering provider may be entered per claim form.