



4665 Business Center Dr. Fairfield, CA 94534

Provider Newsletter

Winter 2013-2014 Volume 19 Issue 4



Health Plan News from PHC Executive Director Jack Horn

The New Year has brought many exciting opportunities to PHC. The implementation of multiple provisions of the Affordable Care Act, the conversion of 34,000 CMSP (“Path2Health”) members into managed care Medi-Cal coverage and the deepening relationships with our new partners in the northern counties have kept PHC staff engaged and highly motivated to excel. These are truly exciting times in healthcare.

At the same time, we are aware of the challenges that lie ahead.

How do we further our mission: *“to help our members and the communities we serve be healthy”* – in a broader way and in such a rapidly changing environment?

There are three very positive things to share as we move forward:

- PHC has contracted with an expert in the field of behavioral health, Beacon Health Strategies. This important new partnership will allow PHC to administer the state’s expanded mental health benefits under Medi-Cal in an effective and cost-efficient way, using Beacon’s integrative approach to physical and mental health. Beacon will also be a great asset to us in enhancing our provider network, connecting members with care, managing billing services and providing care management.
- As former CMSP recipients are brought under Medi-Cal managed care, there is greater opportunity to reach and serve this vulnerable population. Many of these individuals are higher acuity than others in PHC’s membership. The managed care model and care coordination that we offer can benefit these members greatly. In addition, our previous experience with the conversion of Healthy Families members into our model of care has informed our decisions in developing new infrastructure and internal processes to accommodate added members.
- The Affordable Care Act has called for increasing Medi-Cal Primary Care Services in calendar year 2013-2014 to match the level of Medicare payments. PHC is pleased to be able to make these enhanced payments to its provider network. Because the ACA provision covers only a two-year time span, we will not tie those payments to specific billings, but instead send checks for the enhanced amounts directly to the physicians providing primary care services. You will be getting more details about this exciting new development from your PHC Provider Relations representative.

As always, the work that PHC does for its members and the general community cannot be achieved without the critical working relationships we have with our medical providers.

We thank you for taking this exciting journey with us.

Happy New Year!

CLAIMS ICD-10 TESTING

PHC will begin accepting ICD-10 test files January 6, 2014. Testing will continue up to the October 1, 2014 effective date, but PHC encourages all providers and vendors to complete their testing well before the deadline of October 1, 2014.

Test files will be handled in the order in which they are received. Those in first will be reviewed and completed first.

As a reminder, the implementation date for ICD-10 diagnosis coding is October 1, 2014. All claims with dates of service on or before October 1, 2014 need to be submitted with an ICD-09 diagnosis code and all claims with dates of service on or after October 1, 2014 will need to be submitted with an ICD-10 diagnosis code.

Please visit our website for Important Provider Notice #156 regarding the HIPAA EDI – ICD-10 Conversion at:
http://www.partnershiphp.org/MC_Prov/Notices/PN0156%20ICD%2010%20Conversion.pdf

In This Issue:

From the Desk of Jack Horn, CEO

From Medical Director Robert Moore, MD MPH Safe Prescribing of Opioid Medications

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

Pharmacy

The 2013 PHC Formulary is available online at:

http://www.partnershiphp.org/Pharmacy/Formulary_2013.pdf

Updates to the current Formulary can be viewed at

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

2013-2014 Influenza Season Update

<http://www.partnershiphp.org/Provnews/Flu14.pdf>

Claims Corner

Claims ICD10 Testing

Quality Department

QI Department & HEDIS© Updates

The New Law for Personal Beliefs Exemptions

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

The New Staying Healthy Assessment Form

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

Health Services

Cross-Cultural Connection: Making Effective
Communication a Priority to Protect Patient Safety

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

Mental Health Benefit

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

Substance Abuse Resources

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

Member Services

Member Rights and Responsibilities

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

Protecting Member Confidentiality

Compliance Department

Required Training for Providers & Provider Office
Staff

Information Technology

EDI and Claims Testing

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

Provider Relations

PHC Standards for Timely Access to Care

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

MENTAL HEALTH BENEFIT

Effective January 1st 2014, Medi-Cal has expanded outpatient mental health benefits.

PHC has partnered with Beacon Health Strategies (Beacon) to help manage mental health benefits for most PHC Members with mild to moderate mental health conditions in need of outpatient mental health services.

Calls related to outpatient mental health services can be connected to Beacon at (855) 765-9703.

For more information, please visit

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

Required Training for Providers & Provider Office Staff

Did you know that there are several training topics that you and your staff must take? This month we'll cover required trainings already on PHC's website. In future newsletters we'll continue to provide information on new training requirements, and how you can fulfill them.

Sensitivity Training for those serving Seniors and Persons with Disabilities (SPDs)

DHCS requires plans like PHC to begin offering sensitivity training for providers and provider office staff that have SPD members. PHC uses the DHCS' training tools, which are posted on the provider section of PHC's website at

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

We also have CDs that can be mailed to your office in case you do not have broadband access. Providers should notify PHC (using the contact information in the training tool) that they have completed the training. Already completed SPD training with another Health Plan? Just let us know and provide documentation to us and we'll cross you off the list!

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



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

Safe Prescribing of Opioid Medications

“Don’t take off an airplane if you don’t know how to land.” Part 1 of a series

In the last decade, the use of chronic opioid medications in the United States has quadrupled, as has the rate of accidental death from opioid overdose, making it as common a cause of death as automobile accidents. The per capita use of opioids is higher than any other country in the world. The number of babies exposed to prescription opioids in utero has jumped, causing a significant increase in medical costs for these newborns. In the midst of this, the pendulum of medical thinking on the use of opioids has swung dramatically from “give as much opioids as a patient needs for chronic pain” to “high dose opioids for chronic pain is harmful, except in pain at the end of life or associated with active cancer.” This shift is causing great stress to most of the health care delivery system.

Because opioid overuse originates in prescriptions for opioid pain medications written by health professionals, health professionals must work together to reverse this trend. Based on his/her skill level, the PCP should prescribe appropriate analgesics when indicated for the initial management of pain. In starting analgesics for new onset acute pain, the possibility that the acute process will evolve into a chronic pain syndrome should be kept in mind. Chronic pain is defined as pain lasting longer than normally expected for the healing of an acute injury or tissue inflammation, usually in the range of 3-6 months.

“Don’t take off an airplane if you don’t know how to land,” applies to prescription of chronic opioid medications. It can be rephrased: “Don’t escalate opioid medications if you don’t know how to taper them.” Future articles in this series will review the topic of “landing the airplane,” a much more complex and medically challenging topic than today’s. Here are three key messages that all prescribers of opioids can take home today:

1. In patients without a terminal condition or active cancer, do not escalate opioid doses above 120mg per day of Morphine Equivalent Dose (MED).
2. In patients without a terminal condition or active cancer, who are already above 120mg per day of Morphine Equivalent Dose (MED), do not further increase their opioid dose if they say their pain is not adequately controlled. If you are uncomfortable tapering them, at least do NOT escalate the dose further, as it only makes it harder for you or another clinician to taper later. Increased doses do not provide long-term pain relief; they generally will decrease functioning and increase pain.
3. Patients with drug addiction (not just dependence) should be referred to substance abuse treatment, where methadone or buprenorphine may be prescribed. Physicians without expertise in substance abuse treatment should not prescribe opioids to these patients, if they are not in treatment for their substance abuse. This includes patients with toxicology screens showing use of methamphetamines.

Most experts world-wide advocate a maximum of 120 mg oral MED daily to decrease the risk of overdose and opioid-induced hyperalgesia. This does not mean doses should be escalated to this point in all patients. Many are well-controlled at lower doses. PHC recommends this 120 mg MED limit be used as a community standard for patients with non-cancer, non-terminal pain. See our PHC recommendations for safe opioid prescribing in the PCP & Specialist Prescribing Guidelines at <http://www.partnershiphp.org/Provider/MPXG5008PCP.pdf> for a table of Morphine Equivalent Doses (MED) and detailed references on this topic. When patient already at 120 mg MED report insufficient pain control, the dose of opioids should not be increased further. A frank discussion with the patient on the risks of doing so should be conducted.

Chronic pain is defined as pain lasting longer than normally expected for the healing of an acute injury or tissue inflammation, usually in the range of 3-6 months. In this guideline, we are not addressing chronic pain associated with cancer or a terminal disease, conditions in which treatment goals and needs are different than in chronic non-cancer pain.

Use of opioid pain medications for chronic non-cancer and non-terminal pain should be weighed carefully by any prescriber. Chronic use of opioids is associated with an increased risk of addiction, habituation, and tolerance. When combined with alcohol use or with other sedating medications such as benzodiazepines and muscle relaxants, opioid use is associated with an increased risk of accidental overdose and motor vehicle accidents. In addition, chronic use of opioids in high doses can cause opioid-induced hyperalgesia, which ultimately generates increased pain and debility. Unlike acute pain or pain related to metastatic cancer or end-of-life care, the goal of opioid therapy in chronic non-cancer, non-terminal pain is improved functioning, not necessarily elimination of pain.

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>. We are committed to working with each community/county we serve to facilitate development of community-wide standards to help eliminate adverse outcomes.

We will go into more detail in the next newsletter.

Our website:

<http://www.partnershiphp.org/>

Provider Services:

<http://www.partnershiphp.org/Provider/Provider.htm>

Online Services:

<https://secure.partnershiphp.org/>

Important Numbers

PHC Care Coordination

Asthma, Diabetes, ESRD &
Growing Together Prenatal Programs
(707) 863-4276

PHC Provider Relations Department

(707) 863-4100

QI Department & HEDIS® Updates

- PHC’s QI Conference, “Improving Quality: Ideas You Can Use”, is now open for registration. It will be held at Hyatt Vineyard Creek Hotel & Spa in Santa Rosa, 9am-4pm (check-in and breakfast start at 8am) on March 27, 2014. The cost per PHC-affiliated participant is \$50 To register, visit www.phcqiconference2014.eventbrite.com The conference agenda is posted on our website at http://partnershiphp.org/Provider/MC_QIP.htm We strongly encourage you register by February 21 to guarantee your space.
- HEDIS® 2014 is kicking off; expect to begin hearing from RecordFlow (PHC’s 3rd party vendor for Medical Record Retrieval) late February for scheduling.
- Visit our HEDIS® webpage to access a recording of our HEDIS® 2014 orientation, 2014 HEDIS® measures, and contact information: http://www.partnershiphp.org/Provider/MC_HEDIS.htm

PHC WELCOMES THREE NEW PROVIDER RELATIONS REPRESENTATIVES!

PHC is pleased to introduce three new provider relations representatives to its Northern Region: Jennifer Chancellor, Ray Phillips, and Michele Swift. Ray is based in the Redding office, while Jennifer and Michele are based in the Eureka office. Ray, Michele, and Jennifer bring many years of valuable experience working with providers in the areas they serve. They look forward to working with you and your office staff! Welcome, Jennifer, Ray, and Michele!



Jennifer Chancellor
Humboldt & Trinity
(707) 430-4875



Ray Phillips
Shasta & Siskiyou
(707) 430-4849



Michele Swift
Del Norte, Humboldt & Trinity
(707) 430-4874

Provider Relations Representative Phone Numbers:

Solano County – Jean Levato
(707)863-7980

Napa County – Necole Montgomery
(707) 863-4531

Yolo County - Jill Tarap
(707) 863-4243

Sonoma County – Judy Paul
(707)863-4544

Marin County – Stephanie Nakatani-Phipps
(707) 863-4531

Mendocino County – Melissa Perez
(707) 420-7695

Lake County – Gloria Turner
(707) 420-7628

Protecting Member Confidentiality

Partnership HealthPlan of California places a high value on maintaining our members’ confidentiality. We maintain a Confidentiality Policy in order 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.