



PROVIDER NEWSLETTER

Winter 2015 | Volume 21 | Issue 4

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Links to additional articles:

Pharmacy Department

Influenza Vaccine for the 2015-2016 Season:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FLU1115.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 are currently posted in ePocrates and can also be viewed at:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FormChg1115.pdf>

Formulary Reminders:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/FormRem1115.pdf>

Health Services Department

Cross Cultural Connection: Disability & Health Equity: <http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/CCC1115.pdf>

Lung Cancer Screening Low Dose CT Scan:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/LDCT1115.pdf>

Claims Department

Important Provider Notices:

<http://www.partnershiphp.org/Providers/Claims/Pages/Important-Provider-Notices-Medi-Cal.aspx>

Member Services Department

Member Services Corner:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/MSC1115.pdf>

Member Rights & Responsibilities:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/mbrsvcs1115.pdf>

Quality Improvement Department

QI Department Updates:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/QI1115.pdf>

Establish Care for your new PHC patients:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/newpt1115.pdf>

Preventing Falls Through Appropriate Medications:

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/Falls1115.pdf>

Provider Relations Department

PHC Standards for Timely Access to Care

<http://phcwebsite/Providers/Medi-Cal/Documents/Provider%20Newsletter/Access1115.pdf>

Interpretive Services Language Line:

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

From the Desk of PHC CEO Liz Gibboney

Investing in Our Community of Providers

Beginning this summer we completed two major initiatives for which the focus was increasing and improving our communications with you, our providers. We redesigned and improved the usability of our Provider Manual and redesigned our Provider Online Services Portal.

Our Provider Manual redesign focused on two key updates, usability and search functionality. The manual is now web-based, increasing access to the documents you need and use most often. The sections of the Provider Manual have not changed, however we redesigned the table of contents to make it easier to use and navigate while providing a consistent look and feel throughout. We added a fully functional search feature that is accessible from all sections and pages of the manual. You can now use the search feature on all the web pages to find any document in the Provider manual.

This summer we launched Phase I of the redesign of our Online Services Portal. The needs of our provider network combined with our expanding member population had pushed the system beyond its capacity.

Phase I featured improved access to eligibility verification, capitation information, and member hospitalizations. Changes to member eligibility information ARE displayed the same day in many cases. Additionally, users have reported that with the redesign, the site responds more quickly.

On November 1, 2015, we launched Phase II of the site redesign. The priorities for this phase included updates to eEligibility, Eligibility Download, and Capitation and Patients in Acute Care reports.

We conducted trainings webinars for providers to introduce them to the redesigned site throughout October and November. The site can be accessed at <https://provider.partnershiphp.org>. Contact the Provider Education Team at eSystemsSupport@partnershiphp.org for more information.

We would like to get your feedback on these provider-focused communication initiatives as well as any suggestions for other provider-focused initiatives to undertake in 2016. Contact our Provider Relations Department at 1-800-863-4150 with your comments.

In Partnership,

Liz Gibboney, CEO of Partnership HealthPlan of California

Challenging Patients, Trauma Informed Care, and Patient Autonomy

Consider the following challenging scenarios:

Scenario 1: A 25 year old man taking chronic opioid pain medications has a routine urine toxicology screen at their primary care clinician's office which tests positive for methamphetamines. A second test confirms this result. The clinician discusses the results with the patient.

Scenario 2: A mother brings in her adolescent for a health maintenance examination. The parent believes the risks of vaccination exceed the benefits, and the child has never been vaccinated. The primary care clinician has a policy of not accepting patients who are not vaccinated, to protect the health of her other patients. The clinician discusses this policy with the mother.

Scenario 3: A 40 year old woman with depression, fatigue and myalgias reads about chronic Babesiosis on the internet, and remembers a tick bite several years ago. She becomes convinced that she has chronic Babesiosis. Tests for Babesiosis are negative, but she pays cash to see a non-PHC contracted physician she finds on the internet, a "specialist" in chronic Babesiosis, who recommends long term treatment with Mepron. PHC defers authorization for this medication, requiring a consultation with a board certified infectious disease specialist first. The specialist evaluates the patient and determines that she does not have chronic Babesiosis, and that her symptoms have another cause. The specialist discusses his assessment with the patient.

These three scenarios have two things in common: a patient and a clinician with fundamental difference of opinion about what type of medical care they need; a difficult conversation, with deep emotional undercurrents, is about to take place.

What is the best outcome from these conversations, where there is an irreconcilable, strong difference of opinion between a clinician and their patient?

Now that PHC covers some 500,000 members in 14 counties, we see many of these types of scenarios: from patient complaints, patient requests to change PCP, and from provider requests to disenroll patients.

Let us start with some examples of suboptimal outcomes:

Suboptimal outcome 1: The clinician announces to the patient/parent that they will no longer see the patient in their office, and sends the patient out of the office without referring them to another provider, and providing no continuity of care. The office manager calls PHC to discharge the patient.

Suboptimal outcome 2: The patient becomes defensive and angry; the clinician responds with anger and an ultimatum. The patient swears at the clinician and their office staff and storms out.

What would a good outcome look like?

First and foremost, the clinician would navigate the difficult conversation with **respect** for the patient as an individual and for their **autonomy**, and use language and non-verbal communication which encourages the patient to do the same for the clinician.

Second, **no bridges are burned** that lead to the patient having no source of primary care outside the hospital emergency room.

Third, the conversation led by the clinician would **reinforce** the **professionalism** and **compassion** of the clinician. The clinician comes away from the conversation feeling **proud of their communication ability in difficult situations**, instead of feeling bad about having to talk about the topic.

Some PHC clinicians are particularly skilled at navigating scenarios such as these, and offered us these tips:

Tips for navigating difficult conversations:

1. Prepare and plan. Think about specific language you will use; anticipate likely patient reactions and how you will respond.
2. Train yourself and your office staff on “Trauma Informed Care.” This involves understanding the link between early childhood adverse childhood events (emotionally traumatic) and behavior in later life. This helps reframe difficult patients from being “troublemakers” volitionally creating emotional chaos in their path to being victims of emotional trauma, responding to stress the way their brains have been programmed by these earlier experiences.
3. Take some time to listen and understand the patient before deciding on how to approach the difficult issue at hand.
4. Present the source of conflict as a patient choice, describing logical consequences of each choice that do not involve punitive responses.

Here are how these principles could be applied to the scenarios presented earlier:

Scenario 1: Clinician explores the patient’s substance use history, screens for adverse childhood events, makes a warm handoff to a local substance use disorder program for evaluation of induction with Suboxone. Clinician offers to continue to see patient to provide other primary care needs and refers patient for acupuncture treatment.

Scenario 2: Clinician listens closely to understand the mother’s concerns and beliefs about vaccinations, and explains non-judgmentally the reasons for the office policy on vaccination. The mother still declines, and is offered a list of other clinicians in the community accepting un-vaccinated children, and the phone number at PHC’s member services department to call to request re-assignment if she doesn’t change her mind about not vaccinating. The clinician provides phone advice services for 30 days, until the parent has a chance to establish care with a new primary care site.

Scenario 3: The specialist presents his assessment in a non-judgmental way, empathizes with the patient’s suffering, and promises to work with the PCP to understand the source of the patient’s distress and develop a plan to help. Navigating these conversations successfully is not easy or automatic; it requires preparation, training and resolve. Such conversations represent the heart of our profession; as such, they are worthy of our energy to continually improve.

Resources:

“Urine Toxicology Screening for Patients Using Chronic Daily Opioid Therapy” Recorded webinar available at:
<http://www.partnershiphp.org/Providers/HealthServices/Pages/MPSPastEvents.aspx>

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.

Health Services

Helpful Hints for TAR Submissions

In order for the Utilization Management department to accurately process your TAR please provide the following information when submitting your TAR.

- Member and Provider Demographics
- ICD 10 Diagnosis code
- CPT/Procedure codes
- MD signature

It is very important to provide clinical documentation to support the medical necessity of the requested service. This may include but is not limited to:

- History and Physical
- Specialty Consultation reports
- Pertinent test results
- Documentation of attempted alternative conservative treatment and its outcome.

Any extenuating circumstances that should be taken into consideration during the review process.

Provider Relations

Online Services Site Redesign

In order to increase user satisfaction, improve stability, functionality and speed, we redesigned the PHC Online Services platform. The new site has increased security, faster data display, easier user ID management, and more!

This is a new site, with a new web address:

<https://provider.partnershiphp.org>

The first phase will consist of 5 modules which include User management, eEligibility, capitation reports, monthly eligibility download and patients in acute hospital report. More modules will be rolled out as we finish testing them.

Training opportunities are available on an ongoing basis via webinar; registration information for the webinars can be found by visiting the online services portal at <https://secure.partnershiphp.org/>