

PROVIDER NEWSLETTER

SUMMER 2019 | Volume 25 | Issue 2

INSIDE THIS ISSUE

From the Desk of Liz Gibboney	1
Chief Medical Officer Robert Moore, MD, MPH.....	2
Proposition 56 Remittance Advice.....	2
Provider Advisory Group (PAG)	2
Quality	3
Care Coordination	3
Important Numbers	4

Links to additional articles:

Pharmacy Department

Pharmacy Corner:

<https://tinyurl.com/y6szph8b>

The current PHC Formularies on our website:

<http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx>

Compliance Department:

HIPAA: Protecting Member/Patient Information

<https://goo.gl/9hDFGM>

Member Services Department:

Member Rights & Responsibilities

<https://goo.gl/jvbHvd>

Health Services Department:

Care Coordination Corner

<https://tinyurl.com/y52wysb2>

Key Motivational Factors for Patients to Quit Smoking

<https://tinyurl.com/y3kduxa5>

Claims Department

CMS1500 Required Fields

<https://tinyurl.com/y5hqtzms>

Important Provider Notices:

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

Quality Department:

Quality Corner:

<https://tinyurl.com/y2tgpq5k>

Provider Relations Department

Credentialing Provider Rights & Responsibilities

<https://goo.gl/4PpwCh>

PCP Access & Availability Standards

<https://goo.gl/eb3nUp>

Interpretation Services

<https://goo.gl/YRLzDa>

Information Technology Corner

<https://tinyurl.com/yxd3xe6d>

From the Desk of CEO Liz Gibboney

In March, the California State Auditor released a report on children's preventive health services titled "Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services" Among the highlights was the finding that annually about 2.4 million children enrolled in Medi-Cal are not receiving the preventive services promised to them under the Medi-Cal program, especially when compared to other states' Medicaid programs.

The California State Auditor's report identifies a number of serious gaps, but provides us opportunities to improve on the quality of care delivered to children in the Medi-Cal population. Additionally, Governor Newsom has expressed that children will be a focus of his administration. This is exemplified in his appointment of pediatrician Dr. Nadine Burke Harris as California's first Surgeon General.

Over the past several years, PHC has implemented a number of programs and campaigns addressing children's services, including, but not limited to, the Quality Improvement Program incentives, community immunization campaigns, birthday club incentives to encourage well-child visits, and the Growing Together Perinatal Program. While we already work closely with local health centers, county health departments and community safety net organizations, our collective efforts will need to be enhanced quickly in frequency and scope to meet new requirements.

The collaborations that we have established over the years will be critical in addressing the barriers surrounding pediatric preventive services. While the State begins to identify solutions on a state-level, we are moving forward with efforts to drive change in our service area. Our Project Management Office is painstakingly reviewing the audit report and additional guidance released from the Department of Health Care Services (DHCS) to identify all requirements and to identify organizational responses for each. For many measures, we will be required to reach the 50th percentile nationally, retroactive to January 1, 2019.

There is no single solution to increasing the utilization of children preventive services, so we must be creative through technology, provider recruitment (workforce development), and old fashioned grass roots efforts. As we begin to implement strategies to improve the health of our children through preventive services, I am confident that we will be working closely alongside you. In the rural counties we serve, strong community partnerships are the only way to implement lasting change.

Thank you for all your hard work and dedication.

Liz Gibboney



Increased attention on pediatric preventive care

“Providing all of the children in California with a healthy start is one of the best investments our state can make. That is why California will continue to lead the nation in supporting and uplifting children and families in our policies.” -- Governor Gavin Newsom, El Dia de los Niños proclamation, April 29, 2019.

On March 5, the California Department of Health Care Services (DHCS) announced a sweeping overhaul on their oversight of access and quality of care provided by managed care plans in California. This was a pre-emptive response to a scathing report issued by the California State Auditor a few days later, entitled: “[Millions of Children in Medi-Cal Not Receiving Preventive Health Services.](#)”

Three major changes that will impact our primary care provider network are:

1. A more intrusive and detailed medical record review process starting in 2020
2. Converting the Prop 56 MediCal payment enhancements that target non-FQHC, non-RHC, non-Tribal health clinicians, from pay-for-volume to pay-for-performance.
3. Major changes in the clinical measures the state is requiring health plans to report each year, effective back to January 2019.

While there is a lot to absorb, here is an important headline:

Most children with Medi-Cal are missing pediatric well-visits.

The three measures of pediatric well-visits are:

1. Six well-child visits before a baby turns 15 months of age (i.e., not missing any well-child visits).
2. Annual well-child visits for children ages 3 through 6.
3. Annual adolescent well visits for ages 12 through 21.

These visit frequencies follow the recommendations of the American Academy of Family Physicians, and the American Academy of Pediatrics.

PHC used claims data to estimate the gap between where we are now, and the 50th percentile of Medicaid nation-wide (the new DHCS minimum performance level). The gap is large in all of our regions.

For example, for the first measure of well-child visits before 15 months of age, here is the percentage of children who have had six preventive visits:

Northwest region: 11%

Northeast region: 8%

Southwest region: 21%

Southeast region: 22%

The national Medicaid median for this measure is 66%.

Closing the gap on well-child visits will likely have a collateral benefit of increasing vaccination rates, helping an additional two more measures (the child and adolescent immunization rates), both of which are also below the 50th percentile in our Northern regions.

Two major drivers of well-child visits are access of children’s health care providers, and office systems to ensure scheduling and reminders for these well child visits. Clinicians need to be on board with the schedule, but unlike diabetes control or asthma medication ratios, their time and prescribing behavior are not critical to success. The administrative side of practices are the key.

All three of these measures are likely to be in the PCP QIP next year (only the 3-6 year old well-child visit is in the 2019 PCP QIP).

Given the gaps, we strongly urge all offices caring for children to review their own data and office practices now, so changes that increases in the rate of well-child visits can be made *this* year.

Children do deserve a strong start. Thanks for supporting this important effort!

Quality Measure Highlights

Partnership HealthPlan of California (PHC) is pleased to introduce a new resource to assist providers with improving measure performance. The Quality Measure Highlights are documents on HEDIS measures for which PHC is held accountable by the Department of Health Care Services (DHCS). They also align with most of the Primary Care Provider Quality Improvement Program (QIP) clinical measures. Each Highlight includes the measure specifications, guidance on compliant and non-compliant documentation, and strategies to improve on measure performance. The Highlights can be accessed on our website at

<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>

Notifying PHC of Provider Changes

Provider offices must notify PHC at a minimum of 90 days prior to any site relocation, closure, addition or joining another organization.

This also applies to practitioners that leave or are new to your office.

Failing to report changes and/or moves can result in Authorization issues and non-payment of claims.

Complete the PHC [Provider Information Change Form](#) found on our website in the Provider Manual, Section 4 – MPPR208 or contact your Provider Relations Representative for assistance.

Online Services Phase III

Years ago, we developed an online platform for providers to verify member eligibility. Advancements in technology caused our infrastructure to become outdated. In order to increase user satisfaction, improve stability, functionality and speed, we began to redesign the platform.

Phase I was launched 7/31/15, consisting of 5 modules including eligibility. Phase II was launched in 2016 and included claims and CIF features.

We are pleased to announce Phase III, which was launched on April 22, 2019. Phase III includes 3 authorizations modules:

- eRAF
- eTAR Outpatient
- eTAR Inpatient

New options in the authorizations module include:

- Update to and standardization of eRAF Pop-Up
- Submit attachments
- Up to 80% of eRAF auto-adjudicate in “real time”

Our online services web address: <https://provider.partnershiphp.org>

Training opportunities are available via webinars and in person. Please visit the PHC website for more information on webinars and trainings. Questions can be emailed to eSystemsSupport@partnershiphp.org.



Provider Newsletter

CLAIMS MAILING ADDRESS

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

PHC CARE COORDINATION

Asthma, Diabetes, ESRD
(707) 863-4276

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

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

For the most current P&T Formulary updates and changes, please see PHC's P&T Formulary Changes Webpage. Updates from P&T are posted on PHC's web site quarterly in the P&T Formulary Changes webpage.

Please visit the Provider section of our website at <http://www.partnershiphp.org> to view PHC's Medi-Cal Provider Manual including all Policies, Procedures and Guidelines. PHC Utilization Management (UM) Criteria and Policies are available online by accessing the PHC Medi-Cal Provider Manual. The Provider Manual can be found by visiting the Providers section of our website at <http://www.partnershiphp.org>. UM criteria is located under the Health Services category (Section 5) within the Provider Manual.

Online Services Redesign – Completed!

As PHC undertook the redesign of Provider Online Services, we envisioned an integrated, secure, intuitive, and efficient online platform where providers can submit requests electronically, while providing eligibility, clinical and non-clinical information at their fingertips. We believe we have delivered this with the release of Phase 3 of the Online Services redesign.

Previous phases have successfully implemented the redesign of these modules: User Management/eAdmin, Eligibility, Clinical, and claims Modules

Phase 3 now adds the ability for providers to enter electronic referrals, treatment authorizations (TARs), and TAR Corrections to the redesigned Online Services. We worked closely with internal and external stakeholders and gathered nearly 1200 requirements to provide a solution to meet current business needs and future objectives.

Using the redesigned Online Services, providers can now use these modules:

- | | | |
|----------------------|---------------------------------|--------------------------------|
| eRAF Entry | Outpatient eTAR Entry | Inpatient eTAR Entry |
| eRAF Status Checking | Outpatient eTAR Status Checking | Inpatient eTAR Status Checking |
| | Outpatient eTAR Corrections | |

We want to thank you for the collaboration in building our redesigned Online Services. We are very pleased to report that the eEligibility module alone gets almost 1.25 million hits every month. We are incredibly happy for our providers to have new Authorization modules and we need your support to make this transition successful.

Providers can still enter authorizations using the **previous site until June 1, 2019**. Please encourage the adoption of the new site at <https://provider.partnershiphp.org/UI/Login.aspx>.

If you are interested in more information, or would like to connect a provider to training opportunities, our Provider Relations Education team is hosting and recording webinars, which can be found on our website at: <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx>.

If additional support or questions arise, please reach out to eSystemsSupport@partnershiphp.org.