

# PROVIDER NEWSLETTER

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### *Links to additional articles:*

#### Pharmacy Department

##### **Pharmacy Corner:**

<https://goo.gl/RfMJG3> ://

##### **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://goo.gl/pCfXi>

#### Claims Department

##### **Whole Child Model Billing Tips**

<https://goo.gl/mmnQrM>

##### **Important Provider Notices:**

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

#### Quality Department:

##### **Quality Corner:**

<https://goo.gl/D44vMw>

#### Provider Relations Department

##### **Credentialing Rights & Responsibilities**

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

##### **PCP Access & Availability Standards**

<https://goo.gl/eb3nUp>

##### **Interpretation Services**

<https://goo.gl/YRLzDa>

#### **Information Technology Corner**

<https://goo.gl/rWMJCD>

## **From the Desk of CEO Liz Gibboney**

It's amazing how a new Governor can make it feel as if we are entering a new era of health care. It was only five short years ago that California expanded Medi-Cal, and Covered California opened the state-based exchange; both are historical achievements in increasing access to health care. The pace of progress hasn't slowed and in many ways has become the new normal.

Governor Newsom came into office a few weeks ago and has provided an immediate breath of fresh air and excitement into health care throughout the state. We are eager to work alongside him to make our communities healthy. There's no doubt, the next few years will change health care for decades to come.

It's by no mistake that Partnership is in our name. We depend on active collaborations in each of our counties. We require the voices of our members, providers, counties, safety-net organizations, and many more to accomplish our mission.

As we know, rural Northern California faces many unique barriers to quality care than other parts of the state. Over the next few months and throughout Governor Newsom's tenure we will continue to seek your input to gain a better understanding of the full effect of his proposals on our communities at all levels. It's important that policy makers understand the unique needs of our service area and account for these specific needs. We will receive your input through systematic conversations at Board meetings, at our Advisory Committees, with Board of Supervisors, one-on-one conversations with our many partners, and more.

From our dynamic community collaborations we will be able to provide clear ideas and solutions to policy makers. Together as partners with a new Governor dedicated to health care, we will make our communities healthy.

Thank you,



Liz Gibboney

## **Diabetes Prevention Program Is a New Medi-Cal Benefit**

We are pleased to announce the launch of the Diabetes Prevention Program (DPP), a new Medi-Cal/Partnership HealthPlan of California (PHC) benefit. The DPP is an evidence based, lifestyle change program developed and certified by the Centers for Disease Control and Prevention. The program is designed to assist participants in preventing or delaying the onset of Type 2 diabetes. The DPP is modeled after a similar placebo controlled trial, which demonstrated that pre-diabetes can be “treated” with structured lifestyle changes including increased physical activity and healthier eating that results in a moderate weight loss of 5 - 7 percent. The group of individuals who completed the trial program and achieved this weight loss goal reduced their progression to diabetes at three years by 58 percent and by 27 percent at 15 years compared to the placebo group. The program consists of a structured curriculum of 22 classes over 12 months led by certified lifestyle coaches, which are usually in-person group sessions but can also be offered online or in some combination of both. Eligibility is based upon age >18 years, a diagnosis of pre-diabetes or a history of gestational diabetes, plus a BMI of >25 (>23 if Asian) and no diagnosis of Type 1 or Type 2 diabetes.

PHC, along with many of our sister health plans in California, is partnering with an agency called Solera to access the network of DPP classes and providers throughout California. Classes will be available in both English and Spanish with access to interpretation for other languages as needed. Our Provider Relations Department will be distributing printed materials about the DPP to our primary care sites in the coming weeks.

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## **Proposition 56 Remittance Advice**

If you are eligible for Proposition 56 Supplemental payments please note that you will need to use our Online Services portal to get these payment reports. Your eAdmin can give you access or you can send a message to the PR Ed Team at [eSystemsSupport@partnershiphp.org](mailto:eSystemsSupport@partnershiphp.org) and we will help you get set-up. Prop 56 – Remittance Advice is located in the Claims Module on the Online Services portal and you can search for your RA using a date range or by a claim number. On the portal you will also be able to export the report to Excel and print it.

*These Prop 56 Remittance Advice reports will only be accessible through our Online Services portal.*

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## **Partnership HealthPlan would like to extend a special thanks to the following providers for participating and presenting in our 2018 Provider Advisory Group Meetings:**

**Feb 2018**—Heart Health – Presenter: Lauren Tatge - Director of Operations, Coronado Vein Center

**May 2018**—Hepatitis C – Presenter: Marshall Kubota, M.D., Regional Medical Director, PHC

**August 2018**—Immunizations– Presenter: Sandra McMasters, Senior Health Educator, PHC

**November 2018**—Why Get a Diabetic Eye Exam- Presenter: Bradley Sandler M.D., Solano Eye Specialists

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### Upcoming Quality Improvement Events

#### ABCs of Quality Improvement

At this free, all-day training, participants will be introduced to the Model for Improvement, learn how to develop aim statements, measures, and PDSA cycles, and will learn how to use data for quality improvement. Two dates are offered this spring. Registration is free and CMEs and CEs will be offered.

**Date:** March 5, 2019 (Tuesday)

**Time:** 8:30 a.m. - 4:30 p.m.

**Location:** Hyatt Regency Sonoma Wine Country - Santa Rosa

**Date:** March 21, 2019 (Thursday)

**Time:** 8:30 a.m. - 4:30 p.m.

**Location:** Consolidated Tribal Health - Wellness Center - Redwood Valley

For more information, please email: [ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org)

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### All New Community Resource Webpage

We understand that it can be difficult to locate community resources. In an effort to provide members, and their providers with valuable community resources, PHC developed this webpage with access for each county. We invite you to tour by using the link below:

<http://www.partnershiphp.org/Community/Pages/Community-Resources.aspx>.

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### Billing Medi-Cal Members

During the Plan's most recent state audit, the Department of Health Care Services (DHCS) provided the following clarification based on PHC's Contract with DHCS and applicable laws regarding what is permissible in client payments under Medicaid:

**Providers are prohibited from billing or seeking reimbursement from Medi-Cal members which include but not limited to; co-payments, deductibles, and/or fees for missed appointments.**

Federal statute also requires states to have safeguards to ensure that services are provided in the "best interests" of the client. These regulations and statutes may be found at 42 U.S.C. § 1396a(a)(14), 42 C.F.R. § 447.15, and 42 U.S.C. § 1396a(a)(19), respectively.

The Centers for Medicare & Medicaid Services (CMS) has consistently advised that, based on its interpretation of these federal statutes and regulations, Medicaid members must not be charged for missed or cancelled appointments. Current Medicaid policy does not allow for billing beneficiaries for missed appointments, in part, because if no service was delivered, no reimbursement is available. In addition, missed appointments are not a distinct, reimbursable Medicaid service, but are considered a part of providers' overall cost of doing business.

### Claims Mailing Address - Important Numbers

#### Medi-Cal

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](http://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>

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.

### Quality Improvement: Initial Health Assessment

The Initial Health Assessment (IHA) is a thorough assessment conducted within 120 days of enrollment to Partnership HealthPlan of California (PHC). At a minimum, this should include a physical and mental health history, identification of high risk behaviors, preventative screenings, health education, diagnosis and plan for treatment of any diseases. These should all be located in the history and physical section of the patient's medical record. The second component necessary for the IHA is the Initial Health Education Behavioral Assessment (IHEBA). Two state approved templates are the Staying Healthy Assessment (SHA) and Bright Futures for pediatric patients.

If a member has been an ongoing patient of your practice and then becomes a PHC member, we are able to look back up to 12 months prior to date of enrollment for a history and physical and SHA.

The IHEBA or SHA consists of nine different periodicities, which must be completed during their allotted time frames. When a time frame covers multiple years, the form is not required to be completed each year, rather the provider and patient must together re-evaluate the questions annually. The provider must sign at each yearly re-evaluation.

Though this can be thought of as a time-consuming process, it is beneficial to both the provider and the patient. By completing and reviewing the SHA form, it helps build a stronger relationship between provider and patient, improving satisfaction and trust. This also allows for a more tailored plan of care for the patient regarding acute, chronic, and preventative needs.

In a perfect world, this would be attainable for all. In the real world, however, contact with all members is not so easily done. Please be sure to document your outreach efforts to get patients in for appointments. When health plans and/or the state come for visits, it is important that your efforts to contact and schedule members are visible. We have to always remember, if we do not document it, it did not happen.