

# PROVIDER NEWSLETTER

Spring 2018 | Volume 24 | Issue 1

## INSIDE THIS ISSUE

From the Desk of Liz Gibboney .....	1
From Chief Medical Officer Robert Moore, MD, MPH.2	
Member Services: Best Doctor Award.....	3
Annual Disclosure Statement .....	3
Important Numbers .....	4
Reminder: All Providers Must Enroll in Medi-Cal.....	4
PHC Provider Termination/Change Info.....	4
Quality Corner .....	4

## *Links to additional articles:*

### Pharmacy Department

#### **New Short-Acting Insulin**

<https://goo.gl/ztB76F>

#### **The current PHC Formularies on our website:**

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

### Compliance Department:

#### **Protecting Member/Patient Information**

<https://goo.gl/vWPpzY>

### Health Services Department:

#### **Coordination of Behavioral Health Services**

<https://goo.gl/puYJTh>

#### **Utilization Management Department**

<https://goo.gl/NbSm5u>

### Claims Department

#### **Claims: Reminders for the Appeals Process**

<https://goo.gl/VobjrP>

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

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

### Quality Department:

#### **Quality Corner:**

<https://goo.gl/q3xDzW>

### IT Department:

#### **Provider Directory Tips and Tricks**

<https://goo.gl/qYxecr>

### Provider Relations Department

#### **PR Corner:**

<https://goo.gl/3qdsM8>

#### **Interpretation Services**

<https://goo.gl/9JGSV1>

#### **Interpretive Services Language Line:**

<https://goo.gl/SwcBnx>

## From the Desk of CEO Liz Gibboney

### **New Online Searchable Provider Directory**

The PHC mission is to help our members, and the communities we serve, be healthy. Over the past few years we have added enhanced benefits (vision services for adults), started new programs (Primary Care Provider Recruitment support), increased access to providers (Telehealth and Quality Improvement Programs), and so much more. Each of these improvements were focused on helping our members and our communities be healthy, and stay healthy.

Ensuring that our members have access to the right care at the right time is important for their health. At the beginning of this year, 2018, we were excited to launch our new online searchable provider directory. This new tool is designed to place more information in the hands of our members and providers. Not only can members search for PCPs or specialists near their homes, they can also search for a pharmacy, lab, mental health provider, vision provider, and more. The new provider directory will be a valuable tool in helping our members access care when they need it.

The new provider directory is one more step towards our commitment to becoming NCQA accredited. Over the coming year, you will hear about other initiatives that will help us successfully reach NCQA accreditation. Each of these initiatives all have the same goal, helping our members and our communities be healthy.

Sincerely,



## Substance Use Disorder Treatment

### Part I: Alcohol and Drug Detox

As PHC and the state of California continue to move to increase services available for the treatment of Substance Use Disorder (SUD), the landscape will change for providers of medical care. The expanded benefit is already available in Napa and Marin Counties. In the next few newsletters, I will highlight several aspects of SUD care that clinicians need to understand. In this first installment, I will examine Withdrawal Management (also known as Detox).

#### **Alcohol and Drug detox: Where should it be done?**

While an individual taking a psycho-active substance may exhibit withdrawal symptoms, abrupt discontinuation from certain drugs/substances can carry greater risks of adverse health outcomes, and needs medical supervision. In other cases, a health care professional is not needed for patient safety when a substance is discontinued, but can be helpful for decreasing patient discomfort.

#### **Withdrawal/detox is different from sobering.**

In sobering, an intoxicated individual is psycho-neurologically impaired, and requires monitoring while the substance partially clears from the body, to a level of impairment that no longer requires medical monitoring. In some cases of more severe acute intoxication, medical evaluation and treatment is needed even before sobering is possible. Withdrawal occurs when a person who chronically uses a substance suddenly abstains from using the substance, such that it is being substantially cleared from the body, resulting in physiological and psychological symptoms in response to the relative absence of the substance. Note: The use of the term sobering in this context carries a different meaning than the state of “being sober” which implies longer term abstinence from one or all substance use for a period of time after acute withdrawal is over.

#### **Screening for Correct Level of Supervision of Withdrawal Management.**

While *use* of cannabinoids (marijuana) and stimulants (cocaine and methamphetamines) carries substantial health risks, *sudden discontinuation* from these drugs may be uncomfortable but not dangerous.

Supportive counseling is helpful, but medications for acute withdrawal are not generally required. Withdrawal of cannabinoids and stimulants be safely done in the outpatient setting, either at home or a residential facility.

Nicotine withdrawal has a number of medication options to reduce withdrawal symptoms, which are not covered here.

Opioid withdrawal can be treated with opioid tapers (methadone or buprenorphine), or with supportive treatment. Medications for specific symptoms (e.g. nausea, tremulousness, and diarrhea) may be given for patient comfort. Inpatient treatment for opioid withdrawal alone is rarely required.

Dangerous withdrawal syndromes can result from rapid decreases in amount ingested or totally discontinuing alcohol, benzodiazepines and some other sedative hypnotics. Inpatient treatment may be required, most commonly for alcohol withdrawal.

#### **Use the CIWA-Ar to evaluate detox risk**

The appropriate setting for managing alcohol withdrawal is done based on a careful evaluation of the individual patient as follows with risk stratification using as standardized scale, usually the Clinical Institute for Withdrawal Assessment for Alcohol or [CIWA-Ar scale](#), which measures the following:

##### Somatic Symptoms

1. Nausea and Vomiting
2. Tremor
3. Paroxysmal Sweats
4. Agitation

##### Neurologic Symptoms

1. Anxiety
2. Tactile Disturbances
3. Auditory Disturbances
4. Visual Disturbances
5. Headache

*continued next page*

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

#### Substance Use Disorder Treatment Part I: Alcohol and Drug Detox .....continued

The maximum possible score on the CIWA-Ar scale is 67. A score of greater than 15 (alone) is sufficient to justify inpatient admission for withdrawal management. A score of 10 or greater is an indication for benzodiazepines or anti-epileptics to modulate withdrawal symptoms. A score of greater than 8 with one of the following can justify inpatient admission for withdrawal management:

1. Multiple substance abuse
2. History of delirium tremens
3. History of withdrawal seizures or seizure disorder
4. Unable to find a safe lower level of care
5. Medical co-morbidities
6. Psychiatric co-morbidities
7. Pregnancy
8. Failed outpatient treatment

PHC members admitted to the hospital for medical conditions, who also go through alcohol or other drug withdrawal while hospitalized, are typically the financial responsibility of PHC. However, members voluntarily admitted for inpatient withdrawal management may be admitted to any acute care hospital, which would bill the State (DHCS) directly for this service. The state acronym for this is VID for Voluntary Inpatient Detox. A retrospective TAR with the attached history and physical exam justifying admission is required for payment. The CIWA-Ar scale should be calculated and included in this justification. See DHCS [All Plan Letter APL 18-001](#) for more detail.

While these patients are hospitalized, the discharge planner can work with local county SUD treatment programs to arrange outpatient follow up, vital for increasing the chances of long term sobriety.

Patients not requiring hospitalization for alcohol withdrawal can be managed in a home setting, with social support, or in a residential setting, with non-licensed support. Some residential facilities also allow patients to be admitted for sobering. Medically supervised outpatient detox facilities are virtually non-existent in our region, so if a patient is sent to a residential “social detox” facility, it is safest to assume the oversight will be similar to a patient at home being monitored by a family member/reliable friend.

*Summer 2018 Newsletter: Medical Evaluation of Patients Beginning Alcohol/Drug Treatment*

---

### Member Services: Best Doctor Award

We know that you work hard to provide exceptional care for our members and PHC is looking to recognize clinical staff by resurrecting our “My Doctor is the BEST!” award. In our upcoming 2018 Winter Member Newsletter, we’re asking members to nominate their doctors, nurses, physician’s assistants or specialists by responding to one or more of the categories below about them

- My doctor listens to me
- Was the information clear?
- I received the care I needed
- Other

Members are given a pre-paid form in the member newsletter and will have until the end of March 2018 to submit their nominations. We will select the top responses and publicly recognize those that have been acknowledged for providing exceptional medical care. We truly appreciate all that you do and are excited to showcase your service.

---

### PHC Annual Disclosure Statement

PHC recognizes that care and services may be under-used and takes steps to screen for this. Decisions made by PHC are based on appropriateness of care and if coverage is present. PHC does not give any sort of payment incentive or reward to providers, consultants, or staff to deny medically suitable services to members or to deny coverage.



## Provider Newsletter

### Claims Mailing Addresses - Important Numbers

#### Medi-Cal

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

#### Healthy Kids

Attn: Claims Department  
P.O. Box 3172  
Suisun City, CA 94585-3172

#### PHC Care Coordination

Asthma, Diabetes, ESRD  
(707) 863-4276

### Important Reminder

Per CMS Final Rule and DHCS, all providers must enroll in State of California Medi-Cal. If you have questions, please contact PHC Provider Relations Department at (707) 863-4100.

### PHC Provider Termination or Change in Location Information

Contracted providers are responsible for notifying PHC of contract terminations, site closures, and changes to locations. PHC Policy MP MR 208 also outlines our responsibility for notifying not only the appropriate PHC Departments, but State and/or Federal agencies of provider contract terminations (initiated by providers or PHC), including site closures and changes to location information.

To view the policy, please visit the Provider Manual at <http://www.partnershiphp.org/Providers/Policies/Pages/Section4.aspx>

Click [here](#) for the Provider Information Change Form

### Quality Corner

#### Important HEDIS Updates

There are several important updates as we prepare for the annual HEDIS season.

Health Data Vision, Inc. (HDVI), Partnership Healthplan of California's (PHC) contracted on-site medical records retrieval vendor, will begin contacting providers to schedule a date for on-site and provider method (fax/mail) medical record retrieval on Monday, February 12.

KDJ Consultants, PHC's contracted remote access medical records retrieval vendor, will outreach to all providers who have requested EMR remote retrieval by Monday, February 12. If your site would like to request EMR remote retrieval, please contact the HEDIS team as soon as possible by phone at (866) 828-2302 or by email at [HEDISMRA@partnershiphp.org](mailto:HEDISMRA@partnershiphp.org).

The 2018 HEDIS measurement set is now available by clicking [here](#). Visit the page for a list of clinical measures PHC will be reporting on for Measurement Year 2017 along with other HEDIS-related resources for your office.

Has your primary HEDIS contact information recently changed? Email us with updated information for your office at [HEDISMRA@partnershiphp.org](mailto:HEDISMRA@partnershiphp.org) to help us ensure a timely and efficient HEDIS 2018!

#### Upcoming Quality Improvement Events

To see a calendar of upcoming QI Events, please visit the PHC Quality and Performance Improvement Department section of the PHC Webpage at <http://www.partnershiphp.org/Providers/Quality/Pages/default.aspx>

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>