

# PROVIDER NEWSLETTER

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### *Links to additional articles:*

#### Pharmacy Department

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

<https://tinyurl.com/w4h75h4>

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

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

#### Compliance Department:

##### **HIPAA: Protecting Member/Patient Information**

<https://tinyurl.com/y45tqlyf>

#### Member Services Department:

##### **Member Rights & Responsibilities**

<https://tinyurl.com/yy85xe27>

#### Health Services Department:

##### **Cultural Competency and Treating Patients with Chronic Conditions Go Together**

<http://tinyurl.com/qlet2fb>

#### Claims Department

##### **Medicare Crossover Claims**

<https://tinyurl.com/qvzlrz9>

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

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

#### Quality Department:

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

<https://tinyurl.com/ufdt8da>

#### Provider Relations Department

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

<https://tinyurl.com/y6vj3hup>

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

<https://tinyurl.com/y3zjgbyy>

##### **Interpretation Services**

<https://tinyurl.com/y4prhvbz>

## From the Desk of CEO Liz Gibboney

### Keeping members, providers, and the community informed during emergencies

California is no stranger to emergencies - wildfires, earthquakes, floods, and now Public Safety Power Shutoffs (PSPS). In response to the increased occurrences and intensity of these events Partnership HealthPlan of California (PHC) is committed to taking a proactive response in helping our communities.

Once alerted of a fire, PSPS, or natural disaster, the PHC Community Emergency Response Team (CERT) meets to discuss potential impacts to the communities we serve. CERT is comprised of PHC employees from each of our offices (Eureka, Redding, Santa Rosa, and Fairfield) with representatives from varying departments. The goal of this team is to gather as much information about the event, and the potential impacts to the health care delivery system in the area.

Some of the best information we receive is from you, our providers. As our Provider Relations team reaches out to providers in the community, we learn of the many great actions you are taking to ensure our vulnerable populations receive the care they desperately need. Thank you for support and collaboration!

During an emergency, PHC takes the following steps:

- Provide greater access to primary care and pharmacy services for those directly impacted by a community emergency.
- PHC staff visit emergency shelters to assist members.
- Provides updates and resources for members and providers on our website homepage, [partnershiphp.org](http://partnershiphp.org). Our Emergency Resources page, helps members find important phone numbers like our 24-hour advice nurse line, mental health services, and Member Services, Care Coordination and Pharmacy.
- Our nursing staff works with Long-Term Care facilities to find appropriate care for members who may become displaced.
- PHC Care Coordination and Member Service teams reached out directly to our most fragile members to ensure they continue to receive life sustaining care.
- The Emergency Resources page also provides links to Cal Fire, PG&E and other sites depending on the emergency. Providers and members can also find information on community resource centers and shelters during times of crisis.
- Keep our state regulator, the Department of Health Care Services, updated daily on provider network access impacts, patient transfers between health care facilities, and other issues unique to each emergency.
- And more.

It's during these emergencies that we experience the strength of our endless collaboration with you, our providers. We will continue to reach out and actively support each of our communities. Thank you for all that you do to keep our communities healthy, no matter the circumstances.

Sincerely,

Liz Gibboney



## Ways to Improve Mental Health Care for Pregnant Patients

The overall maternal mortality rate has declined in California since 2009, when the California Maternal Quality Care Collaborative was formed to standardize and optimize care for perinatal emergencies. As of 2013, it was just one-third of the national maternal mortality rate.

Behind this good news are **two disturbing statistics**.

First, the maternal mortality rate (defined as pregnancy-related death up to 42 days post-delivery) among African American women in California is about four times the rate for other ethnic groups. While experts attribute some of this difference to an increased prevalence of certain medical conditions that increases risk of pregnancy, another cause is subconscious bias (also known as implicit bias) among the medical and nursing staff caring for these patients, where symptoms of life-threatening complications are not taken seriously by their doctors and nurses.

To address the bias issue, Governor Gavin Newsom signed SB-464 Mitchell last month. This law will require mandatory training in implicit bias for healthcare providers serving pregnant women. The timing of implementation and the scope of providers affected will be defined in the months to come.

Second, a significant number of pregnancy-related deaths occurring within one year of delivery are due to maternal suicide. At least half of these are judged to be preventable, if better mental health services had been provided during and after pregnancy. For depressed women who do not die, their mental illness impacts bonding with their infant, which can have potential long term developmental impacts.

Two challenges to preventing, detecting and treating perinatal depression are lack of screening and lack of mental health professionals. While universal screening for depression during pregnancy and the post-partum period is considered the standard of obstetrical care, many women are not screened, and many who are found to be depressed on screening are not seen by mental health professionals to provide essential counseling.

There are several current options for providing counseling for pregnant and post-partum women who are depressed. Comprehensive Perinatal Services Programs (CPSP) serve about half of our pregnant members, and are required to have a mental health counselor as part of the team. The mental health provider network maintained by Beacon Health Options is another choice. A PHC member seeking counseling through Beacon is often given a list of three potential counselors to contact themselves. Our members may also specifically request assistance from Beacon in making an appointment, or reach out to the PHC Care Coordination department for help.

Earlier this year, the US Preventive Services Task Force (USPSTF) intensified the standard for mental health counseling of pregnant members, by recommending that all be screened not just for depression, but for *risk* of depression, and provided preventive counseling services if they are found to be at risk.

*Preventive counseling services* include education on the signs and symptoms of depression, how to seek help for when encountering psycho-social stresses during pregnancy, and how to use behavioral techniques to prevent these stresses from causing depression. USPSTF has stated that any pregnant woman at risk of depression who is insured by Medicaid should receive preventive counseling, a service that is available to all PHC members.

This new higher standard makes the demand for mental health services for pregnant women even greater. We encourage CPSP programs to increase their mental health capacity, both with licensed staff and potentially with health educators or case managers who may offer the preventive counseling services to pregnant members who do not need more intensive counseling directed to depression.

Furthermore, the Department of Health Care Services (DHCS) has announced some Behavioral Health Integration Grant opportunities, paid for with Proposition 56 tobacco tax dollars, starting in 2021. We encourage CPSP and large obstetrical care providers to strongly consider using this one-time opportunity for start-up funding to provide better integration of mental health and substance use services for pregnant patients. Reach out to your local PHC Provider Relations Representative, PHC Regional Manager or PHC Regional Medical Director to learn more.

### IMPORTANT: DHCS COMPLAINT REQUIREMENT

From the desk of Compliance Officer, Amy Turnipseed

In September, the Department of Health Care Services (DHCS) notified PHC that the plan had failed to comply in providing the State timely notice of changes to our provider network, including terminations. As a result, DHCS put PHC on corrective action.

**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 physicians/practitioners that leave or are new to your office.

A disruption in continuity of care causes great distress to our members, so please help by notifying PHC of a change to your location; a site closure; a physician either leaving or joining your office; or if you are joining or adding a new site. CMS regulations require PHC to keep the Provider Directory current.

#### Steps to Notifying PHC

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 physicians/practitioners that leave or are new to your office.

Complete the PHC Provider Information Change Form found on our website in the Provider Manual, Section 4 – MPPR 208 or contact your *Provider Relations Representative* and they can facilitate the change process.

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

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### Hidden in Plain Sight: Adolescent Substance Use Disorders

#### Part 1: Scope of the Problem and Treatment Opportunities

Adolescence is an important developmental stage with a unique sensitivity to environmental exposures and experiences. Early substance abuse can cause neurobiological changes that are strongly associated with increased risk of a substance use disorder (SUD), as well as poorer mental health, economic, and social outcomes. Most SUDs, and many psychiatric disorders, first present during adolescence, but the initial signs and symptoms may be subtle and difficult to differentiate from healthy adolescent development. Most substance users begin using in their teenage years; the vast majority develop a SUD in their early 20s.

Some troubling data:

- A marked increase in the number of youth who use marijuana every day
- Early use of marijuana is strongly associated with the development of an opioid use disorder
- Steadily increasing rates of co-occurring SUD and psychiatric illness for 18-25 year-olds
- Less than 10% of 18-25 year-olds with a SUD receive any treatment, and less than 30% of those receive evidence-based care.

Effective treatments include developmentally appropriate psychotherapy; behavioral, family, and social interventions; and, for some SUDs, medication treatment. Rates of remission are similar to the rates for adults, which match those for chronic medical conditions such as asthma or diabetes. Buprenorphine is safe and effective in the treatment of adolescent opioid use disorder (OUD), and more effective than behavioral treatment alone. The American Academy of Pediatrics recommends medication assisted treatment (MAT) for youth with opioid use disorder. Yet, less than 25 percent are prescribed medication, and for those under age 18, less than 2% receive MAT. Physicians must help patients receive diagnoses and obtain evidence based care. Clinicians have the opportunity, and the responsibility, to intervene during adolescence, and to harness the power of this sensitive neurobiological period so that young patients can optimize their well-being and life-long potential.

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## Provider Newsletter

### CLAIMS MAILING ADDRESS

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

### UTILIZATION MANAGEMENT

Questions about UM Authorizations  
(800) 863-4144

### 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>

**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. Staff are available to assist you with UM related questions or inquiries during business hours, 8:00am through 5:00pm, Monday through Friday. Calls received after business hours will be returned on the next business day.