



# PROVIDER NEWSLETTER

## Fall 2022

### INSIDE THIS ISSUE

From the Desk of Liz Gibboney.....	1
Chief Medical Officer Robert Moore, MD, MPH .....	2
Contact Us .....	3
Important Information.....	4

### *Links to additional articles:*

#### Pharmacy Department

**Medi-Cal Rx TAR Requirement Changes**

<https://tinyurl.com/Rx82022>

**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/4mvzjfym>

#### Member Services Department

**Access Member's Rights & Responsibilities on our Website**

<https://tinyurl.com/MbrRights>

#### Health Services Department

**Care Coordination: Case Management Services**

<https://tinyurl.com/CaseMgm522>

#### Population Health

**Effective Communication May Include Auxiliary Aids & Services**

<https://tinyurl.com/PopH2022>

#### Claims Department

**Claims Modifiers: What You Need to Know**

<https://tinyurl.com/Claims82022>

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

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

#### Quality Department Corner

**PHC HEDIS® Newsletter**

**Fall 2022**

<https://tinyurl.com/QI82022>

#### OpEx/PMO Department Corner

<https://tinyurl.com/PMO82022>

#### Information Technology Department

**Online Security and COVID-19:**

<https://tinyurl.com/bddzscaw>

#### Provider Relations Department

**New Interpretive Services Intake Process**

<https://tinyurl.com/INT82022>

**Fraud, Waste, and Abuse:**

<https://tinyurl.com/4s7ye68p>

**Credentialing Provider Rights & Responsibilities:**

<https://tinyurl.com/y5sra29f>

**PCP Access & Availability Standards:**

<https://tinyurl.com/f9bp98n4>

**Interpretation Services:**

<https://tinyurl.com/kd7zzfed>

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

### **Advancing and Innovating Medi-Cal under CalAIM**

Partnership HealthPlan of California (PHC), in collaboration with the Department of Health Care Services (DHCS), has officially implemented CalAIM, the ambitious five-year initiative designed to improve Medi-Cal members' access to care and health outcomes. In January, PHC rolled out two of these programs: Enhanced Care Management (ECM) and Community Supports (CS).

Phase II of the CalAIM initiative began on July 1 and included the addition of PHC counties that did not have Whole Person Care programs. Approximately 691 PHC members are enrolled and receiving ECM services across all regions. A total of 310 CS services are actively authorized for use by PHC members and range from housing transition and short-term post hospitalization housing to recuperative care and medically tailored meals. PHC has contracted with 26 ECM providers and 23 CS providers.

To support the expansion of ECM and CS, PHC announced our CalAIM Grant Program in March. The intent of the grant program was to provide funding to ECM and CS providers in order to invest in the expansion and enhancement of their program capacity and capabilities. PHC's CalAIM Grant program awarded nearly \$16.5 million to providers. As we look forward, there are several new opportunities for grant funding that is intended to support expanded services across our 14-county service area.

We are excited to continue advancing and innovating Medi-Cal under CalAIM and collaborating with the community and providers to help our most vulnerable Medi-Cal members by integrating social services and health care to address both social determinants of health and health equity.

For additional information about CalAIM, visit [PHC's CalAIM page](#) at

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

## Health Equity: What it Means for PHC and our Providers

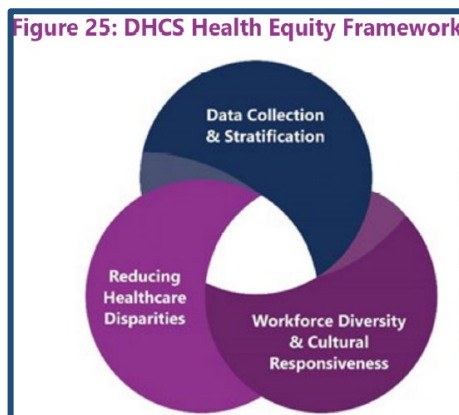
The topic of Health Equity is now everywhere: special issues of Health Affairs and JAMA, legislation, regulatory mandates, etc.

What does it mean for PHC and you, our health care providers?

The Department of Health Care Services (DHCS) has a nice framework for thinking about Health Equity in their 2022 Comprehensive Quality Strategy. It divides Health Equity into three categories of actions:

3. **Measurement:** Activities related to accurately measuring disparities and inequities. This includes a planned several-year effort to collect Sexual Orientation/Gender Identity information as part of the Medi-Cal eligibility process (in addition to current gathering of race/ethnicity/language data). Overall quality data and outcomes can then be analyzed for each of the demographic groups for which we have data, to look for differences or disparities. These differences may be found at the county, health plan, or provider level, depending on the individual measure characteristics. Example: the rate of BP control is significantly lower for Black men, with resulting increased incidence of stroke and heart attack.
4. **Interventions:** Once disparities or inequities are documented, they can be analyzed to look for drivers or underlying causes. This analysis can then be prioritized into some potential action plans or interventions to close disparities/reduce inequities. There are two major potential causes of confirmed inequities in vulnerable populations:
  - a. Bias/discrimination: If a health care professional or support staff make treatment decisions or recommendations based on implicit bias or even explicit assumptions about patients' values and options, based on their race/ethnicity/language or other trait, and withholds valuable care disproportionately to one group compared to another. Example: Post-partum nurses who don't educate new Latina moms about breastfeeding because they assume that Latina mothers prefer to bottle feed. Provider Intervention: Staff education to understand implicit and explicit bias and learn to counteract it. Societal intervention: Educate each other and particularly our children to understand implicit bias at a younger age and learn to compensate for it, so that those that choose to work in health care don't come with biases to be unlearned.
  - b. Systemic or Socio/Cultural/Economic Factors: Different levels of income, family support, educational attainment, quality of housing, neighborhood safety may be associated with different demographic groups and be a major driver for unequal health outcomes. Example: Differential rates of obesity, hypertension and diabetes in different demographic groups, which lead to differential morbidity and mortality rates. Provider Intervention: Extra in-reach and out-reach activities, including addressing key social needs to have the health care team overcome the underlying socio-cultural factors and improve health care quality outcomes in spite of the underlying systemic factors. Societal intervention: Support Federal, State and Local policies and interventions which reduce the underlying social and economic factors driving the difference.

Figure 25: DHCS Health Equity Framework



3. **Supporting a Culture of Diversity, Equity, and Inclusion (DEI)** in the workplace. Strictly speaking, activities to support DEI in the health care workplace are a societal-level intervention to reduce bias and inequities, but the ideals of DEI in a health care organization support that organization's propensity to the meaningful interventions listed above. **Examples:** Designating someone in the health care organization's leadership to spend time and energy focusing on equity; supporting an employee equity committee that reviews HR data and practices for potential interventions.

PHC will follow DHCS's lead and direction in using the NCQA Health Equity Framework as a foundation for extending our previous work in population health/health equity to a new national standard. This new standard includes all three activities above: better measurement of disparities, focused and effective interventions to reduce/eliminate disparities, and activities to support DEI among our staff.

We encourage you to work towards improving health equity, in these same three realms.

1. Use data you have in your electronic systems to analyze for disparities that you may be able to detect better than PHC, which is using only county-provided demographic data usually self-declared in the Medi-Cal eligibility form.
2. When you identify potential disparities either from the data analysis in step 1 or from direct feedback from patient complaints or feedback, evaluate options for how to reduce this disparity.
3. Discuss any changes your company can make to support staff having a greater understanding of implicit bias, the historic roots of racism and other discrimination, and ways to compensate for this.

Finally, put your organization's plan in writing and review it periodically at all staff meetings, to keep the momentum in the right direction.

We all need to do our part to make our health care delivery system more equitable. Thank you!

**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  
(800) 809-1350

The **PHC Provider Newsletter** and all linked articles are available online at [www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx](http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx)

For the most current **P&T Drug Benefit updates and changes**, please see PHC's Drug Benefit Updates webpage. Updates from P&T are posted on PHC's web site quarterly in the P&T Drug Benefit Updates webpage: [www.partnershiphp.org/Providers/Pharmacy/Pages/PT-Formulary-Changes.aspx](http://www.partnershiphp.org/Providers/Pharmacy/Pages/PT-Formulary-Changes.aspx)

The **PHC Covered Drug Lists** web page at [www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx](http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx) contains links to the following drug coverage information: (1) Quarterly P&T changes for the PHC medical drug benefit (drugs injected or otherwise given to a member in a doctor's office, clinic or outpatient hospital); (2) the list of Medi-Cal covered medical drugs and (3) the State Medi-Cal RX covered drug lists.

**Pre-Authorization information** for both PHC medical drug requests and Medi-Cal Rx (pharmacy drugs) can be found at <http://www.partnershiphp.org/Providers/Pharmacy/Pages/Prior-Authorization-Forms.aspx>

If you would like a copy of UM criteria utilized for PHC's medical drug benefit, please contact PHC at (800) 863-4155.

Please visit the Provider section of our website at [www.partnershiphp.org](http://www.partnershiphp.org) to view **PHC's Medi-Cal Provider Manual** including all Policies, Procedures and Guidelines.

### Important Information

**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 [www.partnershiphp.org](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, 8:00 am through 5:00 pm, Monday through Friday. Calls received after business hours will be returned on the next business day.

**PHC Case Management Services:** PHC provides case management for all members in need of better support and assistance in managing their health, coordinating services and getting connected to care. This includes PHC's own Complex Case Management program to address a broad spectrum of needs around medical and behavioral health care, as well as social supports, community referrals and linkages for things such as transportation, caregiver support, disease management programs, to name a few. If you have a member that you feel would benefit from PHC's Case Management or Complex Case Management services please refer them directly to PHC's Care Coordination Dept. by contacting our department at 800-809-1350 You can also email your referral directly to the Care Coordination Dept. by filling out the referral form located on our website here: [www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx](http://www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx)

### Important Reminder: Provider Preventable Conditions Must Be Reported

By law providers must report all Provider Preventable Conditions (PPCs) to DHCS and PHC.

For guidance on reporting Provider Preventable Conditions, please visit the DHCS website at [https://www.dhcs.ca.gov/individuals/Pages/AI\\_PPC.aspx](https://www.dhcs.ca.gov/individuals/Pages/AI_PPC.aspx)

