Meeting Agenda

May 20, 2016

1. Standing Agenda Items
   1.1. Welcome and Introductions – Chairperson Patrisia Contreras-Vigil, Patient Services Manager, Olé Health
   1.2. Approval of Minutes
   1.3. Review of Agenda

2. Presentation
   2.1. Mental Health Services for PHC Members – Neville Wall, MBA, Manager of Provider Relationships, Beacon Health Options

3. Old Business
   3.1. None

4. New Business
   4.1. PHC Update – Sonja Bjork, COO
   4.2. Report from Physician's Advisory Committee – Mark Netherda, MD, Regional Medical Director
   4.3. Report from the Claims Department – Rebecca Mannella
   4.4. Report from Provider Relations – Bonnie Fries, Provider Online Data Specialist
   4.5. Community Events, Health Fairs and Trainings: All Attendees

Meeting Adjourned
**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**MEETING MINUTES**

**Committee:** Provider Advisory Group (PAG)

**Date/Time:** March 18, 2016  12:30 p.m. – 1:30p.m.

**Members Present:**
- Fairfield: Bill Byrnes, Seturam Pandurangi, MD, Carlye Wilder, Andre Radaza, Beau DeFehr. Minerva Arellano, Maggie Galacia-Mendoza, Tara Sharifzadeh, Pam Sakamoto, Teresa Alba, Santa Rosa: Zuo Fen Hauf, MD, Jacqueline Wood, Kai Nissley, Cheryl Coulter, Sue Gallagher, Mills Matheson, MD, Redding: Jeff Bosworth, MD, Janeen Newsome, Fang Chen
- Eureka: Donna Barton

**PHC Staff Present:**
- Fairfield: Sonja Bjork, James Cotter, MD, Peggy Hoover, Karen Goelz, Dianna Rodekohr, Takishka Wright, Betsy Campbell, Jean Levato, Necole Montgomery, Lynne DiModica, Jill Tarap, Ledra Guillory, Carol Parker
- Santa Rosa: Lynne Scuri, Mark Netherda, MD, Stephanie Phipps
- Redding: Jennifer Oakes, Sharon McFarlin, Tara Fogliasso, Kim Bergeron, Nai Chadderdon
- Eureka: Michelle Swift, Jennifer Chancellor, Cody Thompson

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>DISCUSSION/CONCLUSIONS</th>
<th>RECOMMENDATIONS / ACTION</th>
<th>DATE RESOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Standing Agenda Items</td>
<td>1. None.</td>
<td>1.</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>1.1. Welcome and Introductions</td>
<td>1.1. Meeting called to order by Chairperson Bill Byrnes. Bill welcomed participants from Santa Rosa, Redding, and Eureka via video conference.</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>1.2. Approval of Minutes</td>
<td>1.2. Minutes from 1/22/2015 reviewed and approved.</td>
<td>1.2. Approved.</td>
<td></td>
</tr>
<tr>
<td>1.3. Review of Agenda</td>
<td>1.3. Agenda was reviewed and approved.</td>
<td>1.3. Approved.</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Presentations | 2. Seturam Pandurangi, MD, gave a presentation to the group on Seasonal Allergies (see Attachment).  
  - Allergies are among the most common chronic conditions worldwide, and symptoms can range from mild discomfort to dangerous allergic reactions.  
  - Chronic diseases frequently followed by PCP physicians such as cough, asthma, eczema, rhinitis, and sinusitis may be referred to a Specialist in Allergy and/or Immunology for diagnosis and treatment.  
  - The Allergist or Immunologist can help patients identify allergic triggers, manage chronic symptoms as well as prevent and treat life-threatening reactions. | 2. Presented as information only | 3/18/2016 |
### 4. New Business

#### 4.1. PHC Updates and Report from Physicians Advisory Committee

<table>
<thead>
<tr>
<th>4.1.1.</th>
<th>Sonja Bjork, Chief Operating Officer at Partnership HealthPlan of California presented updates on recent activities at PHC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪</td>
<td>On 2/1, Behavioral Health Treatment (BHT) for children diagnosed with Autism Spectrum Disorder (ASD) was transitioned to PHC. We have contracted with BHT providers in all 14 counties to provide treatment services to PHC members diagnosed with ASD.</td>
</tr>
<tr>
<td>▪</td>
<td>Beginning as early as May, roughly 4,000 children who meet Medi-Cal eligibility requirements, regardless of immigration status, will now have access to care through PHC.</td>
</tr>
<tr>
<td>▪</td>
<td>Access to care continues to be an issue, and recent provider recruitment strategies at PHC have resulted in about 39 new providers.</td>
</tr>
<tr>
<td>▪</td>
<td>At their recent meeting, Consumer Advisory Committee members reviewed topics for focus groups and for the member newsletter.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.2.</th>
<th>James Cotter, MD, Regional Medical Director at Partnership HealthPlan of California reported to the group on PHC Programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪</td>
<td>Ten of the eleven counties targeted to start the Health Homes Pilot Program for Patients with Complex Needs State initiative fall under PHC. The HealthPlan will be reaching out to Community Based Adult Services (CBAS) and Primary Care sites with the State's needs assessment.</td>
</tr>
<tr>
<td>▪</td>
<td>The six month Palliative Care pilot being conducted at four practice sites is coming to an end. PHC’s Board has approved an extension of funds to cover the program until the State’s benefit kicks in (between October 2016 and January 2017).</td>
</tr>
</tbody>
</table>

#### 4.2. Lynne DiModica, Provider Education Specialist, gave an update on e-CHDP.

| ▪ | After a series of testing with eCHDP®, we are now live with this program. Approved CHDP providers can contact eCHDP® to send their PM160 claims to PHC electronically. |

#### 4.3. Jean Levato, Senior Provider Relations Representative, updated the group on the latest activities in the PR DEPT

<p>| ▪ | We have contracted with an outside vendor, Morpace, to conduct our annual Provider Satisfaction Survey during March and April. Your input helps guide PHC to better deliver excellent customer service to our network. Providers are asked to please respond to the survey at their earliest convenience. |
| ▪ | The Third Next Available Appointment (3NA) phone Survey will be coming soon. |</p>
<table>
<thead>
<tr>
<th>5. Provider Questions, Topics of Interest, Announcements, and Upcoming Events</th>
<th>5. None</th>
<th>5. Presented as information only.</th>
<th>3/18/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Adjourned</td>
<td>Next Scheduled meeting: May 20, 2016 in Napa County.</td>
<td></td>
<td>5/20/2016</td>
</tr>
</tbody>
</table>

*PHC – Provider Advisory Group – March 18, 2016 in Solano County

Minutes prepared and submitted by: Carol Parker

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Bill Byrnes

Chairperson Bill Byrnes 3/28/2016

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Date
MENTAL HEALTH SERVICES FOR PARTNERSHIP HEALTHPLAN MEMBERS

Beacon Health Strategies is the behavioral health partner of Partnership HealthPlan. Use this information to access mental health services for Partnership HealthPlan’s Medi-Cal members.

Beacon covers individual and group therapy, psychiatric consultation and psychological testing for Partnership HealthPlan members with mild to moderate impairments. Members do not need a PCP referral to access mental health services, but must undergo a brief telephonic screening to ensure their condition is mild to moderate. If the member’s condition is severe, Beacon will assist in transitioning the member to the county Mental Health Plan for care.

CALL BEACON AT 855.465.9703 TO:

- Get information on available mental health services
- Locate mental health providers
- Get help making a routine or urgent appointment
- Check a member’s benefits and eligibility
- Get decision support related to prescribing psychiatric medications from a Beacon psychiatric advisor
- Request support coordinating a member’s care
- Learn about mental health care treatment services offered by the County Mental Health plan

NOTE
Emergency and acute services, such as hospital care, crisis response, and rehabilitation programs continue to be provided by the county mental health plan.

CONTACT
When you call Beacon, let us know that you are a PCP or that you’re calling on behalf of a PCP. Our staff will help you immediately or connect you with a clinician, if necessary. If you call outside of business hours, you will be automatically transferred to our clinical service team for urgent concerns.

Call Beacon at 855.465.9703 or access our online PCP toolkit at www.beaconhealthstrategies.com
MENTAL HEALTH CARE
Mental health benefits are available to people with Medi-Cal. You can get services through your Medi-Cal managed care plan or your county mental health plan.

Partnership HealthPlan works with a company called Beacon Health Options to help you connect with mental health services you need.

WHAT SERVICES ARE AVAILABLE?
Therapy – individual or group
Psychiatric consultation
Psychological testing

WHO CAN ACCESS SERVICES?
The mental health services listed above are a covered benefit to Partnership HealthPlan members through Beacon Health Options.

HOW CAN I GET SERVICES?
Call Beacon at 855.765.9703 and a mental health expert will ask you a few questions. Then the expert will help you find a provider nearby. You may also get help connecting with your county-operated mental health plan if you need more intensive mental health services.

WHAT DOES BEACON DO?
Beacon has a network of doctors and therapists who provide mental health services. We will help you connect to care. Our professional staff will ask you a few questions and then give you a referral to an in-network provider or connect you to your local county mental health plan.

CAN COMMUNITY PROVIDERS MAKE REFERRALS TO BEACON?
Yes. Beacon accepts referrals from our health plan partners, community behavioral health providers, primary care providers and facilities. Use the contact information below to reach us.

Providers can download a referral form online at: www.beaconhealthoptions.com

DOES BEACON OFFER ANY SUBSTANCE USE SERVICES?
No. Medi-Cal substance use services are not available through Beacon. These services are managed by your county’s behavioral health department.

HOW CAN I REACH YOU?
You or a family member can call Beacon Health Strategies and talk to a mental health professional. Your doctor, nurse or social worker can call us too.

Beacon Health Options
855.765.9703
TTY: 800.735.2929

Monday – Friday
8:30 a.m. – 5:00 p.m.

www.beaconhealthoptions.com
Beacon Health Options: Our Mission

We help people live their lives to the fullest potential.

This shared mission guides our purpose.

Everything we do matters and how we do it helps us improve the lives of those we serve.
Beacon has staff in local offices in all of the communities where we work.

- Managers of Provider Partnerships who work with the network
- Local clinical staff to support care coordination and referrals
# Beacon’s Role in Managing Behavioral Health Services

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td>• Contracting and Credentialing</td>
</tr>
<tr>
<td></td>
<td>• Individual outpatient providers</td>
</tr>
<tr>
<td></td>
<td>• FQHCs; community clinics</td>
</tr>
<tr>
<td></td>
<td>• County MHP/ contractors</td>
</tr>
<tr>
<td><strong>Claims</strong></td>
<td>• Payment: Electronic and Paper</td>
</tr>
<tr>
<td><strong>Utilization management</strong></td>
<td>• Clinical review of outpatient claims and peer-to-peer outreach</td>
</tr>
<tr>
<td><strong>Quality Management &amp; Improvement</strong></td>
<td>• Quality Management Reporting</td>
</tr>
<tr>
<td></td>
<td>• HEDIS and As Required by DHCS</td>
</tr>
<tr>
<td><strong>Care Coordination</strong></td>
<td>• For members with complex co-morbidities, ensuring coordination between physical and behavioral health care</td>
</tr>
<tr>
<td></td>
<td>• Single point of contact for care coordination</td>
</tr>
<tr>
<td><strong>PCP Support</strong></td>
<td>• Psych Consults: Beacon Physician Advisors Panel</td>
</tr>
</tbody>
</table>
Medi-Cal Behavioral Health Care: Divided across three systems

<table>
<thead>
<tr>
<th>Medi-Cal Managed Care Plan</th>
<th>County Funded &amp; Provided Mental Health Services</th>
<th>County-funded Substance Use Disorder Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Maternity and newborn care</td>
<td>✓ Medication management</td>
<td>✓ Outpatient Drug Free</td>
</tr>
<tr>
<td>✓ Pediatric services, including oral and vision care</td>
<td>✓ Assessment and treatment planning</td>
<td>✓ Intensive Outpatient</td>
</tr>
<tr>
<td>✓ Ambulatory patient services</td>
<td>✓ Individual and group therapy</td>
<td>✓ Residential Services for pregnant women</td>
</tr>
<tr>
<td>✓ Prescription drugs (carved in)</td>
<td>✓ Crisis intervention</td>
<td>✓ Narcotic Treatment Program</td>
</tr>
<tr>
<td>✓ Laboratory services</td>
<td>✓ Crisis stabilization</td>
<td>✓ Naltrexone</td>
</tr>
<tr>
<td>✓ Preventive and wellness services and chronic disease management</td>
<td>✓ Adult crisis residential services</td>
<td>✓ Inpatient Detoxification Services</td>
</tr>
<tr>
<td></td>
<td>✓ Medication management</td>
<td>✓ (Administrative linkage to County AOD still being discussed)</td>
</tr>
<tr>
<td>Mental health services for Mild to Moderate Impairments</td>
<td>✓ Individual and group therapy</td>
<td></td>
</tr>
<tr>
<td>✓ Medication management</td>
<td>✓ Psychological testing</td>
<td></td>
</tr>
<tr>
<td>✓ Individual and group therapy</td>
<td>✓ Behavioral health treatment for ASD</td>
<td></td>
</tr>
<tr>
<td>✓ Psychological testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Behavioral health treatment for ASD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Defining the Bright Line Between Mild to Moderate vs Significant Impairments

To be eligible for County-Funded Mental Health Services ALL of the following must be true:

1. **Diagnosis:** Must fall within one or more of the 18 specified diagnostic ranges
2. **Impairment:** The mental disorder must result in one of the following:
   a) Significant impairment or probability of significant deterioration in an important area of life functioning
   b) For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patient’s mental illness or condition
3. **Intervention:** Services must address the impairment, be expected to significantly improve the condition, and the condition would not be responsive to physical health care–based treatment.

Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210
Ways to Refer Members for Services

**Members**-
may self-refer by calling Beacon at 855-765-9703, by viewing our website and choosing a provider who is accepting new members, or by going to a Beacon provider to seek services.

**Family Members**-
may refer a member for services by calling Beacon.

**PCPs**-
may refer members for service by completing the PCP Referral Form and faxing to 866-422-3413.

**Behavioral Health Providers**-
may refer members to other services by completing the PCP Referral Form and faxing to Beacon.
Form Purpose:
Streamline PCP referral process on one form

Request:
1. PCP decision support: phone conversation with Beacon psychiatrist.
2. Refer a member for OP BH services.
3. Refer a member for care management support.

Get the Form:
1. Download a copy at beaconhealthoptions.com
2. Email MediCal_PHP @beaconhealthoptions.com

Form Completion:
1. Complete member info or attach a face sheet/printout from your EMR
2. Select ONE referral reason per form:
   • PCP decision support
   • Referral for OP BH services
   • Referral for Care Management
3. Provide basic background info on the members.
   *Medications and suspected diagnosis are important to streamline decision support with psychiatrist.
Using the Screening Form to Determine Level of Impairment

Form Purpose:
1. All integrated sites must screen Medi-Cal members to ID appropriate payer source.
2. Mild to Moderate = bill Beacon
3. Significant = Refer to County or for FQHCs bill DHCS directly

For Integrated Sites:
1. Do NOT fax the form to Beacon if you intend to keep the member and treat them at your level of care.
2. Fax the form ONLY if requesting an outside referral or support making a referral into the county.

Form Completion:
1. Complete member info or attach a face sheet/printout from your EMR
2. Check boxes that apply in each list
3. Use algorithm to inform level of care
4. Be specific on what you are requesting & provide relevant member hx to prevent need for member rescreening
5. Beacon will follow up with referral source on outcome
Form Purpose: Streamline transfer of care of members between Beacon and Counties (This form is only to be used by Beacon and Counties)

Request:
1. Step down from County level to Beacon mild to moderate.
2. Step up level of care from Beacon mild to moderate to County level.
Questions?
Overview

Partnership HealthPlan of California (PHC) has instituted prescribing guidelines to safeguard the health and well-being of our members. Our goal has been to reduce unnecessary increasing doses of opioids for patients already on high doses. This June, PHC will further its mission by adopting the Center for Disease Control and Prevention (CDC) recommendations for using opioid pain medications for acute pain. These recommendations will coincide with the organization’s Managing Pain Safely (MPS) initiative. According to the CDC, the lowest effective dose of fast-acting opioid prescriptions should be prescribed for 3 days or less; more than 7 days will rarely be needed. If more medication is needed, a Treatment Authorization Request (TAR) will be required to ensure the treatment is safe and appropriate.

- **Important**: At this time, our MPS program is expanding its focus to include all short acting (immediate-release) opioid analgesics with utilization restrictions.
- These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.

Program Highlights -Effective June 1, 2016

**Table 1:** Summary of Short-Acting Opioid Formulary Changes for Tablet/Capsules

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>New Formulary Quantity Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP WITH CODEINE</td>
<td>TABLET</td>
<td>300MG-15MG, 300MG-30MG, 300MG-60MG</td>
<td>QTY LIMIT #30/90 DAYS.</td>
</tr>
<tr>
<td>HYDROCODONE BIT/APAP</td>
<td>TABLET</td>
<td>10MG-325MG, 5MG-325MG, 7.5MG-325MG</td>
<td></td>
</tr>
<tr>
<td>HYDROMORPHONE HCL</td>
<td>TABLET</td>
<td>2MG, 4MG, 8MG</td>
<td>Note: Quantity limits apply to all short-acting opioids within the 90-day timeframe.</td>
</tr>
<tr>
<td>LEVORPHANOL TARTRATE</td>
<td>TABLET</td>
<td>2MG</td>
<td>These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.</td>
</tr>
<tr>
<td>MORPHINE SULFATE</td>
<td>TABLET</td>
<td>15MG, 30MG</td>
<td></td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>TABLET</td>
<td>5MG, 10MG, 15MG, 20MG, 30MG</td>
<td></td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>CAPSULE</td>
<td>5MG</td>
<td></td>
</tr>
<tr>
<td>OXYCODONE HCL/APAP</td>
<td>TABLET</td>
<td>10MG-325MG, 5MG-325MG</td>
<td></td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>TABLET</td>
<td>50MG</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Summary of Short-Acting Opioid Formulary Changes for Solution/Liquid/Syrups

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>New Formulary Quantity Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP WITH CODEINE</td>
<td>SOLUTION</td>
<td>300MG/12.5ML 120-12MG/5ML</td>
<td>CODE 1 RESTRICTION &amp; AGE LIMITS APPLY. DAILY LIMIT &amp; QTY LIMIT APPLY. &lt;=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.</td>
</tr>
<tr>
<td>HYDROCODONE BIT/APAP</td>
<td>SOLUTION</td>
<td>2.5-167/5ML 7.5-325.15ML</td>
<td>DAILY LIMIT APPLIES AS LONG AS QTY IS &lt;=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.</td>
</tr>
<tr>
<td>MORPHINE SULFATE</td>
<td>SOLUTION</td>
<td>100MG.5ML 10MG/5ML 20MG/5ML</td>
<td>DAILY LIMIT APPLIES AS LONG AS QTY IS &lt;=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.</td>
</tr>
<tr>
<td>GUAIFENESIN/CODEINE PHOSPATE</td>
<td>LIQUID</td>
<td>100-10MG/5ML</td>
<td>NEW DAILY LIMIT APPLIES. 30ML IN 1 DAYS. &lt;=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL. 3 FILLS PER YEAR.</td>
</tr>
<tr>
<td>PROMETHAZINE/PHENYLEPH/CODEINE</td>
<td>SYRUP</td>
<td>6.25-5-10</td>
<td>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</td>
</tr>
<tr>
<td>PROMETHAZINE HCL/CODEINE</td>
<td>SYRUP</td>
<td>6.25-10/5ML</td>
<td>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</td>
</tr>
<tr>
<td>P-EPHEP HCL/CODEINE/GUAIFEN</td>
<td>SYRUP</td>
<td>30-10-100</td>
<td>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</td>
</tr>
<tr>
<td>P-EPHEP HCL/COD/CHLORPHENIR</td>
<td>LIQUID</td>
<td>30-10-2/5ML</td>
<td>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</td>
</tr>
</tbody>
</table>

Frequently Asked Questions

**Question 1:** Patient has been filling their current formulary short-acting opioid without any problems, will the pharmacy receive a claim rejection?

**Answer:** No. If the patient has not had any changes to the treatment regimen, the pharmacy will not receive a claim rejection. The new short-acting quantity limits will not affect patients on stable, ongoing short-acting prescriptions (i.e. same strength, same quantity).

**Question 2:** When a claim is blocked/denied at the dispensing pharmacy due to the initial prescription quantity exceeding 30 tablets, will a TAR be needed?

**Answer:** Yes, a TAR will be needed however, if the prescription is for acute pain and the claim will approve for 30 tablets, it is recommended that the pharmacy dispense the 30 tablets and submit a TAR for full quantity.

**Question 3:** Patient has two prescriptions, one for 30 tablets and a second for another quantity, what does the pharmacy do?

**Answer:** The pharmacy should fill the prescription for the 30 tablets and submit a TAR immediately for the other prescription.
Call In to Our Office Hours to Have Your Questions Answered

Partnership HealthPlan of California (PHC), has instituted prescribing guidelines to safeguard the health and well-being of our members.

To coincide with the new Center for Disease Control and Prevention's (CDC) recommendations for prescribing opioids, in June, PHC will be implementing a new quantity limit for fast-acting opioids.

According to the CDC, the lowest effective dose of fast-acting opioid prescriptions should be prescribed for three days or less; as more than seven days will rarely be needed. If more medication is needed, a Treatment Authorization Request (TAR) will be required to ensure that the treatment is safe and appropriate.

Important Notes

- At this time, our MPS program is expanding its focus to include all fast-acting (immediate-release) opioid analgesics with utilization restrictions.
- These limits will not affect patients on stable, ongoing fast-acting opioid prescriptions.

Questions?

Contact: Danielle Niculescu, QI Project Manager, HS Quality Improvement
707-420-7617 | DNiculescu@partnershiphp.org

Call-In Date
May 23, 2016

Time
Noon – 1 p.m.

Call-In Number
1 866-951-1151

Conference Call Room Number
9879782

Call to Speak With
PHC’s Chief Medical Officer
PHC Medical Directors
PHC Pharmacy Team

Important Notes

- At this time, our MPS program is expanding its focus to include all fast-acting (immediate-release) opioid analgesics with utilization restrictions.
- These limits will not affect patients on stable, ongoing fast-acting opioid prescriptions.
eSystems Update
Partnership HealthPlan is excited to announce Phase II of our Redesigned Online Services Platform will be launched in July 2016!!

PHC has started testing on this next phase of our Redesigned Online Services Platform (https://provider.partnershiphp.org).

Phase II consists of the modules eClaims, ER Notification and Advice Nurse Reports.

eClaims offers multiple search options, including First Name only with Date of Birth & Date of Service. You can search by Tax ID, CIN Number or Claim Control Number.

Under the eClaims module you will be able to review eChecks, submit eCIFs & Re-CIFS, view claim letters and Remittance Advice.

ER Notification has the capability to set up email alerts. When ER Notifications are sent to a provider under their NPI/Tax ID, an alert will be sent to the email on file. You can set up the alerts to be daily, weekly, monthly and instantly.

Phase II updates will be posted on Partnership HealthPlan website: www.partnershiphp.org
eSystems Phase II
eClaims Menu
# ER Notifications

## eAdmin - ER Notification Alerts

<table>
<thead>
<tr>
<th>RS1 Number</th>
<th>AlertEmail</th>
<th>Alert Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td><a href="mailto:dica@hp.org">dica@hp.org</a></td>
<td>Instantly</td>
</tr>
<tr>
<td>94</td>
<td><a href="mailto:tsmang@hp.org">tsmang@hp.org</a></td>
<td>Instantly</td>
</tr>
</tbody>
</table>
# PHC - Advice Nurse Reports

All items checked

- Select Provider Profiles

- CIN: 

- Search

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>CIN#</th>
<th>Member#</th>
<th>PCP Name</th>
<th>PCP Address</th>
<th>Marked As Read By</th>
<th>Marked As Read Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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PHASE II UPDATES

Provider Online Services Portal

This summer we will be launching Phase Two of our Provider Online Services redesign. This next phase will include:

- eClaims (Code look up, eCIF, Re-CIF, eChecks, and more)
- ER Notification
- Advise Nurse Reports

For more updated information about the launch of the redesign click here.

Also, if you don’t have an eAdmin for the new Provider Online Services you will need to sign-up before Phase Two launches.

Click here for more information.
SB75
Health Care for all California Children
Health Care for all California Children

Under a new state law, children under 19 years of age are eligible for full-scope Medi-Cal benefits, regardless of immigration status, as long as they meet all other eligibility requirements.

Up to 12,500 known children are eligible for Full Scope Medi-Cal under PHC starting 6/1/2016.

Impacted children fall into several categories.
Approximately 450 PHC Healthy Kids members will transition to full-scope PHC Medi-Cal.

- An automatic process; no additional application required
- Remain with current PCP
- Change from fee for service to capitation model
- Potential changes in vision, dental and mental health networks
Best estimates: about 8,100 children will transition.

- Also known as Kaiser Permanente Child Health Plan
- Not current PHC members
- Due to HIPAA rules, little information available
- Must apply for Medi-Cal; not automatic transition
- Kaiser Kids open until 12/31/2016
- Goal for children to stay at Kaiser under PHC
There are approximately 4,000 OBRA members in PHC counties

- Restricted scope Aid Codes
- SOC, pregnancy and emergency services only
- May or may not be current PHC members
- Automatic transition
- Need to select a PCP
Ongoing Activities

- PHC Care Coordination Department: ensure continuity of care, identify CCS-eligible children.
- PHC Member Services Department: respond to inquiries from families and caregivers.
- County Health Initiatives (CHIs): reach out to impacted families, encourage enrollment Medi-Cal.

Every effort will be made to maintain assignment to current PCP.