

PROVIDER NEWSLETTER

Winter 2021

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Links to additional articles:

Pharmacy Department

Pharmacy Corner: Medi-Cal Rx and DUR Education

<https://tinyurl.com/y7a3eweu>

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/448668tx>

Member Services Department

Access Member's Rights & Responsibilities on our Website

<https://tinyurl.com/29s2nbn3>

Health Services Department

Population Health Corner: Meeting the Needs of Your Culturally Diverse Patients

<https://tinyurl.com/4565bkh3>

Care Coordination: PHC Case Management Services

<https://tinyurl.com/5pjnxr22>

Claims Department

Claims Corner: Common Claim Rejection Reasons

<https://tinyurl.com/3p5mench>

Important Provider Notices:

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

Quality Department

Quality Corner:

<https://tinyurl.com/br8saapz>

OpEx/PMO Department

OpEx/PMO Department Corner

<https://tinyurl.com/92zbt9r3>

Information Technology Department

Online Security and COVID-19:

<https://tinyurl.com/ftjn4kw>

Provider Relations Department

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

Transforming Medi-Cal through CalAIM

Chances are you have at least heard of the new CalAIM program - California Advancing and Innovating Medi-Cal. As with any transformation of this magnitude, CalAIM programs will continue to evolve even as we are implementing them, so our collective patience and understanding will be critical in making the most of this opportunity.

Fortunately, the California Health Care Foundation has put together an excellent overview of the Department of Health Care Services' vision for transforming Medi-Cal at <https://www.chcf.org/publication/calaim-explained-overview-new-programs-key-changes/#summary>

On January 1, 2022, the first two CalAIM initiatives will start – Enhanced Care Management (ECM) and Community Supports (formerly known as In Lieu of Services). Approximately 700 PHC members who are currently being served by Whole Person Care pilots in five PHC counties (Mendocino, Sonoma, Marin, Napa, and Shasta) will transition the new ECM initiative, and the remaining counties in the PHC service area will transition on July 1, 2022.

We are excited for the new opportunities CalAIM brings: to collaborate with the community and providers in new ways; to begin maximizing the tools in the community to help our most vulnerable Medi-Cal members; to begin integrating social services and health care to address social determinants of health and health equity. Realizing the goals and vision of CalAIM will take long-term dedication to building a system of care for the whole person. PHC may serve some of the most rural counties in the state, but one thing is evident: Our communities have some of the most deeply devoted individuals and organizations when it comes to building a healthy community for all. It is a steep hill; together we can get there.



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

Back to the Future: Refocusing on Prevention and Chronic Disease Care

The COVID-19 pandemic has had a number of ripple effects on the health of your patients, beyond the consequences of COVID infection and stress-induced exacerbation of mental health status. Many clinical quality metrics saw plummeting performance in the past 2 years. For example, the proportion of those with a diagnosis of hypertension whose blood pressure is controlled dropped by over 10%. A major driver is decreased in-office visits where blood pressure is checked, with a relatively small proportion of patients using home BP monitors to follow their own blood pressure. Drops in well-child visits, breast, and cervical cancer screening are other examples.

The summer wave of the delta variant of COVID-19 led to increased infection rates, staffing disruptions, and new vaccination recommendations. It is becoming clear that COVID is so infectious and the level of protection from infection conferred by vaccination and prior infection is transient, so it will not be disappearing, but rather become an endemic disease for the foreseeable future.

With this in mind, it is a good time to remind ourselves of other health issues facing the patients you serve, issues that were often deferred by patients and clinicians in the midst of the waves of pandemic cases. This includes core preventive activities, like screening for breast cancer, cervical cancer, use of nicotine products, and misuse of alcohol and other drugs. It includes control of chronic conditions hypertension, diabetes, asthma and COPD.

In the next couple of months, we encourage you to pause, take a breath and start to think about how you will re-engage your organization with these important core preventive and chronic disease activities!

REMINDER TO ALL PROVIDERS

Providers **must** bill claims to PHC with both the billing NPI and the **rendering provider NPI**. This is a requirement and allows for faster reimbursement. Please also note that PHC will be moving to a new claims platform in the summer of 2022 and Taxonomy codes will be required to ensure appropriate rate of reimbursement with the new system. This spring, PHC will send providers the new system implementation education calendar.

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.

New Benefit and Services for January 1, 2022

What is CalAIM?

CalAIM stands for California Advancing and Innovating Medi-Cal and is a Department of Health Care Services' (DHCS) five-year initiative to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing a broad delivery system and program and payment reform across the Medi-Cal program for specific populations of health – homeless, high utilizers, and members with serious mental illness or substance use disorders.

What is Enhanced Care Management (ECM)?

Enhanced Care Management is a new PHC benefit designed to address both the medical and non-medical needs of PHC's members. Members' needs will be addressed through improved care coordination, integrating services, facilitating community resources, improving health outcomes, and decreasing inappropriate utilization and duplication of services. The ECM benefit will be interdisciplinary, high-touch, person-centered. It will be provided primarily through in-person interactions where PHC members live, seek care, and prefer to access services.

ECM can help by:

- Providing a Lead Case Manager to every ECM member, that will assist with coordinating care across medical, dental, behavioral health, and social support needs
- Arranging transportation to and from important appointments
- Assistance with filling out paper work for important items such as housing applications
- Connecting to community resources that will further benefit and meet members' needs

What are Community Supports?

These are non-traditional Medi-Cal services under CalAIM that PHC may offer. The purpose of Community Supports is to provide for social or other vital life style needs that will prevent expensive medical needs in the future.

- Medically tailored meals to support specific dietary needs required by the condition of a member and reduce the burden of grocery shopping and meal prepping
- Housing transition, deposits, and tenancy services to assist members in finding, securing, and maintaining stable housing
- Personal care or homemaker services to aid in members' daily needs and reduce burden on them and their family in caring for their complex conditions

For more info, please visit <http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

PHC Interpretive Language Services

Partnership HealthPlan of California (PHC) provides telephone interpretive services for PHC members with limited English proficiency. Providers may access Language Line Services 24 hours a day

We have transitioned to a new Interpretive Language Services provider, AMN Healthcare.

Telephone Language Services can be accessed by dialing (844) 333-3095. Providers will be asked to provide the following at the start of the call: PHC number, Provider Site Name and City, Member ID (if applicable). The PHC number can be found in the [provider directory](#). Information for Interpreting Services is now available in the [Provider Portal](#). Please visit <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx> for additional information and guidelines to set up Video Remote Interpreting

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

Contact Us:

(707) 863-4100

www.partnershiphp.org

Confidentiality Statement

Protecting Member Confidentiality

Partnership HealthPlan of California places a high value on maintaining our members' confidentiality. We have developed a Confidentiality Policy in order to ensure that our members' medical and/or other personal health information is handled in a confidential manner to avoid unauthorized or inadvertent disclosure of such information.

Please refer to the PHC Provider Manual for the full Confidentiality Policy.

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: <http://www.partnershiphp.org/Providers/Pharmacy/Pages/PT-Formulary-Changes.aspx>

The PHC Medi-Cal Formulary web site also contains the current PHC Formulary and other information, including restrictions, recent updates, how to request an exception, generic availability, and other pharmacy processes. <http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.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. 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. "

Case Management Services includes case management for pregnancy care, diabetes, people who are **Seniors and Persons with Disabilities** and other PHC members who could benefit from case management. Members do not need prior approval from their PCP or PHC to get case management services. Call the PHC Care Coordination Department at 800-809-1350 to learn about PHC's Case Management Services.

Pursuant to NCQA Standards for Utilization Management, PHC makes the following Statement:

PHC recognizes the potential for underutilization of care and services and takes appropriate steps to monitor for this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage.

PHC does not offer incentives or compensation to providers, consultants or health plan staff to deny medically appropriate services requested by members, or to issue denials of coverage.
