From the Desk of CEO Liz Gibboney

Medi-Cal Rx Transition delayed until April 1, 2021

Accepting change is easiest when we are prepared. As you may be aware, in the coming year Medi-Cal Pharmacy Benefits (Medi-Cal Rx) will be administered through the fee-for-service (FFS) delivery system. The Administration’s stated goal in transitioning pharmacy services for managed care to FFS is to standardize the Medi-Cal Rx benefit statewide under one delivery system and apply statewide utilization management protocols to all outpatient drugs.

This is a significant transition, and we want to do our best to prepare. Whether it be additional training or education, we want to help where we can. PHC is dedicated to ensuring that our members have the smoothest transition possible and that access to services are minimized.

The state will be offering education to providers and pharmacies. The Medi-Cal Rx website (https://medi-calrx.dhcs.ca.gov/home) is updated consistently with new information and we encourage all involved to visit it frequently.

For more information, please visit:
- Medi-Cal Rx Frequently Asked Questions: https://medi-calrx.dhcs.ca.gov/home/faq/
- Medi-Cal Rx Web Portal and Training Registration: https://medi-calrx.dhcs.ca.gov/home/education/

We understand and appreciate that your work helps us sustain our mission to help our members, and the communities we serve, be healthy. Together, our priority is always our members and patients, and doing our best to support their care, and we aim to do that with this Medi-Cal Rx transition.

Thank you,
Enhanced Oversight of Pediatric Lead Screening Requirements


These actions are in response to a California State Audit report (https://www.auditor.ca.gov/pdfs/reports/2019-105.pdf) noting low rates of testing, state-wide, including the counties served by PHC, in particular in our northeastern counties (Shasta, Siskiyou, Trinity, Lassen and Modoc counties). The American Academy of Pediatrics notes that even small elevations in blood lead levels are associated with cognitive impairment (https://pediatrics.aappublications.org/content/138/1/e20161493). In addition to the well-known risk from lead-based paint used in older homes, lead exposure can occur from water pipes (see results of study of lead levels in water fountains at public schools in California), contaminated soil, and some foreign manufactured candies, toys and pottery. The proportion of children who screen positive for elevated lead levels ranges from 1 to 13% in PHC counties (see https://calpirg.org/feature/cap/get-lead-out-statewide-map).

The major new oversight requirements are:

If providers elect not to order the screening, but must document in detail, the reason for not conducting the screening. Documentation should include signature of parent/guardian who refused screening or the reason signature could not be collected. PHC will be required to audit compliance with this requirement by conducting chart audits.

Beginning January 1, 2021 PHC must identify, at least quarterly, all members aged 6 months to 6 years who have no recorded blood lead screening, and reach out to the members directly to recommend lead screening, and to pass this list on to PCPs who are also expected to reach out to these members to remind them of the need to get tested.

Federal and State law requires (https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf) clinicians caring for Medi-Cal patients to conduct blood lead screening on all children at age 12 and 24 months of age, and to talk about potential lead exposures at every well-child visit from 6 months to 6 years of age. If your practice has not been ordering routine lead testing, you will want to start planning to change this, now that enforcement is being enhanced.

Larger practices should strongly consider building capacity for capillary lead testing in their health centers, to decrease the inconvenience and greater stress of routine venous lead testing.
IMPORTANT NOTICE

On February 1, 2021, with direction from the Department of Health Care Services (DHCS), PHC will change the term "Special Member" to **Direct Member**. Please note that this is a name change only and will not impact members' benefits. Please contact your Provider Relations Representative with questions.

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**Pediatric Member Outreach**

California’s Department of Health Care Services has made it a priority for all managed care plans to reach out to pediatric members in support of well-child Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive care services. Partnership HealthPlan has obtained DHCS approval for a multi-faceted approach to promote these preventive care services, including:

**Direct Member Outreach:**

Develop and send a direct mailer to existing/eligible members aged 0-7 who have not received preventative care services within the 180 days preceding September 30, 2020 (per DHCS timelines). These postcards are being sent November 2, 2020 to all PHC families with one or more children falling within the ages of 0-7 years old.

**On-Going Preventative Care Outreach Activities:**

In addition to the direct member outreach, PHC believes strongly in a comprehensive outreach effort to educate families about preventative care for their children. Such efforts will include:

- **Member Newsletter** - The 2021 Winter newsletter will include information about preventative care services under EPSDT, and will be sent to all member households.

- **Website and Member Portal** ([https://member.partnershiphp.org/](https://member.partnershiphp.org/)) – Posted information about preventative care services on our external website, including information about how members can contact the plan for more information.

- **Growing Together Program** - PHC has expanded our perinatal outreach program to include a new outreach program for all children new to PHC and less than 3 years old. During our outreach, we emphasize the importance of well-child visits, all recommended immunizations, and blood lead testing, per DHCS recommendations. We have revised our outreach materials significantly and are field-testing them for the remainder of 2020.

We know that well-child and preventive care remain a high priority for you and your practice. The Population Health department will strive to keep you informed of our efforts to support our shared mission, and we are happy to answer any questions you have regarding this outreach initiative.

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Contact Us: (707) 863-4100  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 website 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.

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