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PROVIDER NEWSLETTER Summer 2022

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<u>Pharmacy Department</u> New Blood Pressure Monitors Medi-Cal Benefit <u>https://tinyurl.com/RxA522</u> Pharmacy Corner: <u>https://tinyurl.com/RxB522</u>

The current PHC Formularies on our website: http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx

<u>Compliance Department</u> HIPAA: Protecting Member/Patient Information: <u>https://tinyurl.com/4mvzjfym</u>

<u>Member Services Department</u> Access Member's Rights & Responsibilities on our Website <u>https://tinyurl.com/MbrRights</u>

<u>Health Services Department</u> Care Coordination: Case Management Services <u>https://tinyurl.com/CaseMgm522</u>

<u>Population Health</u> Staying Healthy Assessment – What Is It and Why Is It Important? <u>https://tinyurl.com/Pop522</u>

<u>Claims Department</u> Claims Corner: Common CIF vs. Re-bill <u>https://tinyurl.com/Claims522</u>

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

<u>Quality Department Corner</u> <u>https://tinyurl.com/Qual522</u>

OpEx/PMO Department Corner https://tinyurl.com/OpEx2022

Information Technology Department Online Security and COVID-19: https://tinyurl.com/bddzscaw

Provider Relations Department

Accessing Mental Health Services for PHC Members https://tinyurl.com/8dvnayhk 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

A note to providers: In March, PHC experienced a system disruption due to an unauthorized party accessing our systems. During the time that PHC systems were unavailable, we took the necessary steps to ensure that members could still receive the care they needed, including pausing TAR requirements for urgent care. We have now successfully and safely restored systems after a rigorous third-party security review and appreciate your patience during this time.

As we all know, health care has faced significant changes over the last 10 years. The Department of Health Care Services' (DHCS) CalAIM initiative promises to make meaningful changes to the delivery of Medi-Cal benefits into the future, as we welcome the ability to address our members' health needs through non-traditional services, such as housing, meals and respite services.

As we look forward, there are several new opportunities for grant funds that are intended to support expanded services across our 14-county service area. In the coming weeks, watch for announcements regarding housing/homeless programs, student behavioral health, and health equity. We are committed to helping these funds come back to our communities. And as we approach July 1, we continue to meet all implementation milestones for the go-live of Enhanced Care Management and Community Supports for all of our counties, along with new programs starting January 2023. We are excited for the transformative nature of CalAIM to bring whole person-care to all Medi-Cal beneficiaries, and address social drivers of health.

I appreciate the outreach and support many of you provided to PHC in recent weeks. PHC continues to be very special place, and together we will continue to fight to serve our members and communities as we have done for the past 28 years.

Wake up your Mirror Neurons

In the days before virtual visits and patients wearing masks, I would enter the exam room by greeting the patient, smiling, and looking at them. So much information is communicated in this way. With our demeanor, we can convey caring, respect, and dignity. The patient, in turn, communicates mood, level of confidence, social/language/economic status, and (importantly) understanding.

My visits with patients are now either virtual (video or phone) or in-person with both provider and patient wearing a mask to prevent potential COVID transmission. This is affecting my ability to assess the patient's mood and understanding, and makes it harder to quickly gain the trust of new patients.

Neuro-psychology experiments show that many human interactions (including social learning, empathy, and transfer of emotions) depend on the <u>Mirror Neuron System of the brain</u>. This system works best when a <u>person experiences</u> <u>more complex sensory input</u>. For example, a 2-dimensional view of a face on a video screen is less effective at influencing the Mirror Neuron System than an in-person interaction, where <u>body posture</u>, <u>body motion</u>, <u>and context</u> <u>add meaning</u>. The greater activation of the Mirror Neuron System when we are in the presence of others helps explain the excitement we now feel with interacting in-person with friends and colleagues, compared to previous video interactions.

The Mirror Neuron System also rapidly and unconsciously allows us to interpret the emotional state of others based on facial expressions. The eyes and the mouth are most expressive, so covering the mouth with a mask to prevent disease transmission decreases the information available to our mirror neuron system.

In many health care settings, routine mask wearing is still required. How can we make up for the loss of ability to see the facial expressions of the mouth? <u>Interviews of women in countries</u> where face coverings are common for religious reasons suggest three compensatory mechanisms that we can learn.

<u>Eyes:</u> First, learn to communicate emotion more effectively with our eyes. This takes a bit of practice. It requires us to spend a little more effort making eye contact and intentionality in connecting eye expression with emotional status.

<u>Non-facial body language</u>: Gait, character of a handshake, posture, and use of hand expressions can convey much emotional context. Clothing and grooming contain additional clues. These are difficult to see over video visits, but can be very helpful for in-person visits where the patient is masked.

<u>Voice:</u> Verbal expressiveness can convey information lost when visual cues are not present. This can be more subtle, depending on language concordance, personalities and habits of the clinician and their patient. I have seen a few clinicians who have remarkable natural capacity to strongly connect with patients, even on phone visits. Most of us can learn to master our greeting of patients on phone or video visits to build a sense of trust and empathy. As the clinician starts thinking about the differential diagnosis, options for testing, how many patients are waiting, and any personal stressors, our verbal expressiveness may lose some of its empathic quality.

For an excellent and very readable review of the many ways we communicate non-verbally, see *The Power of Body Language*, by Tonya Reiman.

For leaders and managers working with co-workers and community partners, these same compensatory mechanisms can be used for virtual interactions, but at a price. The level of engagement from virtual conferences and meetings is often significantly compromised, resulting in less interactive dialogue, less productive debate, and less synergistic learning. In particular, partners and policymakers are not cooperating and solving problems as effectively. To overcome this, we must strive to leverage in-person interactions. If infection safety is a concern, we can meet outdoors (particularly good for meetings with a meal) or in a well ventilated indoor setting with sufficient distance to minimize risk of airborne infection but close enough to see each other's expressions and body language. Judicious use of rapid COVID antigen tests also has a role.

This is our new normal. We owe it to our patients, our organizations, and ourselves to put our Mirror Neuron Systems back to work.



Contact us: (707) 863-4100 www.partnershiphp.org

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

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

The PHC Covered Drug Lists web page at

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 <u>http://www.partnershiphp.org</u> 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.

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: <u>http://www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx</u>

Highlights from Quality Department

COVID-19 Vaccination Incentive Program

In August 2021, the Department of Health Care Services (DHCS) allocated \$350 million to Managed Care Plans (MCPs) to help address vaccination rates in the Medi-Cal population. PHC developed a vaccination plan to help address low vaccination rates through various methods including member incentives, grants to community organizations, incentives to primary care clinicians, member outreach, a pharmacy engagement program, and a media campaign.

For more information on the COVID-19 Incentive Program, visit: <u>http://www.partnershiphp.org/Providers/Medi-Cal/Pages/PHCCOVID-19VaccineIncentiveOutreach-aspx</u>

Virtual ABCs of Quality Improvement Webinar Series

For information on the ABCs of Quality Improvement Webinar Series visit: <u>http://www.partnershiphp.org/Providers/Quality/Documents/Performance%20Improvement%202022/AB</u> <u>Cs%20Flyer 3 1 22 COMMS FINAL 04 07 22.pdf</u> Or email us at ImprovementAcademy@partnershiphp.org

New Claims System Implementation – Health Rules Payor (HRP) – Postponed

Due to our recent system disruption, we will be postponing the July 5, 2022, go-live of Health Rules Payor (HRP), Partnership HealthPlan of California's (PHC) new claims system. Additionally, any scheduled system testing has been stopped until further notice. PHC is continuing to work diligently with third-party specialists to safely restore full functionality to all affected systems. It is important that we allow the restoration process to be completed before launching the new HRP claims system.



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