PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

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PROVIDER NEWSLETTER

Summer 2021

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Links to additional articles:

Pharmacy Department
Pharmacy Corner: Medi-Cal Rx Delay
https://tinyurl.com/5h8yjenz

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/y45tqlyf

Member Services Department:
Member Rights & Responsibilities
https://tinyurl.com/st8kqxv

Health Services Department:
Population Health Corner
https://tinyurl.com/3yn8hhc

OpEx/PMO Department
OpEx/PMO Corner
https://tinyurl.com/6a8uhn9x

Claims Department
Claims Corner
https://tinyurl.com/2wkdlpr8

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

Quality Department:
Quality Corner:
https://tinyurl.com/yvy9w5mr

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

Provider Relations Department
New ePrompts Module
https://tinyurl.com/57pbf2yb
Fraud, Waste, and Abuse
https://tinyurl.com/qq6vwlw
Credentialing Provider Rights & Responsibilities
https://tinyurl.com/wxwbqsd
PCP Access & Availability Standards
https://tinyurl.com/rpnryrc
Interpretation Services
https://tinyurl.com/tropeda

From the Desk of CEO Liz Gibboney

A year ago, California was facing the potential for a historic deficit as vital measures were implemented to reduce the spread of COVID-19. Many business were temporarily closed with only essential businesses remaining open due to shelter-in-place orders. It is clear these measures saved lives. COVID-19 devastated our communities and placed an overwhelming stress on the health care safety net that is tasked with caring for the most vulnerable populations in our communities. Since March 2020, PHC's membership increased by 14 percent to over 607,000 members.

Thankfully, the potential historic deficit did not occur, and California now has a record surplus. On May 14, 2021, Governor Gavin Newsom rolled out his proposed 2021-2022 budget that includes $75.7 billion in budget surplus. The budget proposes unprecedented investments in the health care safety net and health equity including:

- $12 billion to address homelessness
- $3.5 billion for youth behavioral health
- $1 billion to expand Medi-Cal to all eligible individuals over 60 years old, regardless of immigration status
- CalAIM – Enhanced Case Management, In-Lieu of Services, Population Health Management

It is exciting to see long sought after programs receive funding and to see additional investment in the Medi-Cal population. It will be critical to work collaboratively to take what we have learned this past year in developing foundational changes to our health care system. To address health inequities, to eliminate homelessness, and ensure everyone has access to quality care. This will be hard work, but I look forward to challenging ourselves to implement effective programs that will provide quality care for generations. A stronger safety net makes our communities healthier for everyone.

Thank you,

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

Clinical Quality Measures and Health Equity

Health equity is the focus of much attention recently. Both the National Council on Quality Assurance (NCQA) and the California Department of Health Care Services (DHCS) are looking for ways to measure and remediate inequities.

A major limitation to analysis of health equity in the Medi-Cal population, is that the data available on race, ethnicity, language and gender is self-identified at the time of Medi-Cal enrollment based on limited standardized categories offered by the state. While some of you may gather more detailed demographic data, such as gender identity, sexual orientation, or more nuanced ethnicity information, it is not captured in a standardized way and not reported to the health plan or the state, so no analysis based on this more detailed demographic information is possible outside of the provider-level databases. A policy priority for making health equity analysis more precise will be to standardize more detailed race/ethnicity/gender etc. data collected from beneficiaries at the time of application.

PHC is able to use basic member-level ethnicity data that is systematically collected to evaluate certain clinical data elements as part of HEDIS administrative measures (such as breast cancer screening) or hybrid measures collected as part of the PCP QIP (such as blood pressure control). Outcome data, like maternal mortality or neonatal mortality, is not coded in a way that we can generate accurate rates within PHC data (county level and state level mortality data is available from the California Department of Public Health (CDPH).

There are three patterns that we find with this approach:

- Worst outcomes for individuals who self-identify as African American/Black (across different counties and different providers): Hypertension and Diabetes control
- Apparent worse outcomes for African American/Black population (Actually due to a statistical anomaly, where global access to care challenges for all ethnicities in geographic areas with a high proportion of the population being African American/Black make overall PHC numbers lower.
- Outcomes about the same for white and Black PHC members: Asthma control, breast cancer screening cervical cancer screening, and childhood immunizations.

As this illustrates, not all health disparities are a reflection of inequities. If a socially favored demographic (such as white males) has a worse health status, this disparity would not be considered a reflection of systematic bias or unequal privileges. Such ethnic disparities (in the setting where all groups have Medi-Cal, and so all the comparison groups have low income) may be associated with *other* factors which could be considered inequities. Examples include, living in a rural area with less access to medical care or having a higher exposure to factors that increase health risk, such as housing instability or substance use.

These examples demonstrate the challenges DHCS and NCQA will have as they try to define standardized equity measures that asses the performance of health plans. Nonetheless, looking for disparities using the data we have is well worth the effort, to allow a thoughtful contemplation of associations and potential causal factors that we may be able to address.

This is even truer for you, our providers. We encourage you to discover outcome or service disparities and potential inequities in the population of patients you serve, and to look for underlying causes that might be amenable to intervention.

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Provider Newsletter

The Importance of Blood Pressure Monitoring

by Colleen Townsend, MD, PHC Regional Medical Director

Controlling blood pressure decreases heart attacks and strokes which decreases suffering and death. PHC aims for a goal of 80% of our members with hypertension to achieve BP control at <140/90. When patients are given tools to support self-management, the medical providers can work more effectively with their patients to make meaningful change in blood pressure control.

PHC has expanded its distribution of BP monitoring devices for PHC members. Contracted clinical providers can submit requests directly to PHC for eligible members at no cost by submitting a completed Medical Equipment request form. Upon receiving the provider request, PHC will send the device directly to the member via routine delivery (ie: 2-3 days). The Medical Equipment request forms can be found on the PHC website at http://www.partnershiphp.org/Providers/Medi-Cal/Documents/OnDemandTrainingWebinars/Flyers%20and%20Bulletins/Medical%20Equipment%20Distribution%20Services%20Guidelines.pdf

Clinical providers requesting the device must educate members on the proper use and setup of the device. This includes set up of any remote patient monitoring options if needed. For more information, please contact request@partnershiphp.org

Pediatric Blood Lead Testing Requirement

PHC is working with Primary Care Providers (PCPs) in compliance with AB 2276 and All Plan Letter 20-016 on the enhanced oversight of pediatric Blood Lead Testing. Each quarter, PHC sends a list of pediatric members aged 6 months old to 6 years old who do not have recorded blood lead testing information. As a **PHC PCP**, providers will be required to:

- Reach out to patients due for testing and provide education and testing according to All Plan Letter 20 -016.
- Document in detail the reason for not ordering a Blood Lead Test, including getting the parent or guardians signature.
- Confirm receipt of the list of members that need a Blood Lead Test (each quarter your Provider Relations representative will reach out to you to confirm receipt of the list)

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
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

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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