Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS Issue 27 Winter 2023

In this Issue

Initial Health Assessment (IHA)

For all Medi-Cal (PHC California) managed care members within 120 days of enrollment, primary care providers must perform an initial health assessment (IHA), which is a California Department of Health Care Services (DHCS)- approved Individual Health Education Behavioral Assessment (IHEBA) tool. During the IHA, the Provider assesses and manages the acute, chronic, and preventative health needs of the Member.

An IHA must be completed for all members and periodically re-administered according to requirements in the PHM Policy Guide and MCP Contract requirements.

An IHA:

- Must be performed by a Provider within the primary care medical setting.
- Is not necessary if the Member's Primary Care Physician (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.
- Must be provided in a way that is culturally and linguistically appropriate for the Member.
- Must be documented in the Member's medical record.

An IHA must include all of the following:

- A history of the member's physical and mental health;
- An identification of risks;
- An assessment of the need for preventive screens or services;
- Health education; and
- The diagnosis and plan for treatment of any diseases.

PHC California plan providers should document member outreach attempts and any member refusal to complete either an IHA or the SHA. This information needs to be reviewed annually and a full reassessment every three to five years.

Visit us 24/7 on the web:
PHP: www.php-ca.org
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Medi-Cal

Medi-Cal Providers

The California Department of Health Care Services (DHCS) launched a statewide public information, education, and outreach campaign to raise awareness about the return of the Medi-Cal eligibility renewal process for more than 15 million Medi-Cal members. The campaign, scheduled to run through June 2024, seeks to inform Medi-Cal members about the renewal process and guide them to take the necessary steps to keep themselves and their families covered.

The messages and information in this document can help and direction to individuals covered by Medi-Cal. These materials are intended to facilitate outreach efforts to these individuals during the Medi-Cal renewal process.

To help make sure that your members keep their Medi-Cal coverage and access to their health care providers, Medi-Cal covers vital services that help you and your family stay healthy.

Patient's Frequently Asked Questions and Answers

» When is my renewal due?

- o All Medi-Cal members have their eligibility reviewed once per year. Everyone has a different renewal month.
- o You will get a letter in the mail that tells you your renewal month.
- o You can check your renewal month in your online account.
  - Log into BenefitsCal.
  - You can also create a new account.
  - If you don't know how, go to KeepMediCalCoverage.org.

» Do I need to complete a Medi-Cal renewal form?

- o Not all Medi-Cal members need to complete a renewal form.
- o Some people will be renewed automatically.
  - Your local Medi-Cal office will review the information they have. They also check other government databases.
  - If they confirm you are eligible, they will renew you. You will receive a notice that you have been renewed. You do not need to do anything else.
- o Others will need to provide additional information.
  - Your local Medi-Cal office will send you a renewal form. It will be in a bright yellow envelope.
  - If you receive a form, you must complete it. You must also submit the additional information it requests. You must do this to keep your coverage.

»How can I submit my renewal?

- o The quickest and easiest way to complete your form is online. Log in or create an account with BenefitsCal.
  - You can complete your renewal through the mail. Follow the instructions on your renewal form.
  - You can complete your renewal over the phone. Call the number on your renewal form. There might be a long wait time; put your phone on speaker and take the time to get the assistance you need.
  - You can complete your renewal in-person. Go to your local Medi-Cal office. Let them know the reason for seeking help. They will direct you to the appropriate person. Every Medi-Cal office has different ways to attend to their Medi-Cal members, have patience.

» Do I need to complete separate renewals for me and my child(ren)?

- o Yes, your child(ren) may be eligible for coverage even if you are not. Make sure you submit renewal information for all children in the household who have Medi-Cal.

» Can I get help completing the renewal form?

- o Yes, help is available. For assistance, contact your local Medi-Cal office or a Health Enrollment Navigator.

» I did not submit my renewal form or information. I got a notice that my coverage is ending. What can I do?

- o If you get a renewal form and do not complete it, your Medi-Cal will end.
- o If it is less than 90 days from the date on the letter:
  - Submit your renewal form or missing information. Your local Medi-Cal office will determine if you still qualify. You do not need to complete a new application.
- o If it is more than 90 days after the date on the letter:
  - You must complete a new Medi-Cal application.

» I received a notice that I am no longer eligible. I think I am still eligible. What can I do?

- o You can ask your local Med-Cal office to review your case if you are denied, Contact your local Medi-Cal office.
- o If they cannot help you, you can ask for a Medi-Cal Fair Hearing.
  - You can submit an online request here.
- o You can also call the State Hearings Division toll free at (800) 743-8525.

» **What if my child(ren) is no eligible for Medi-Cal?**
- o If your child(en) no longer qualify, your notice will explain why and when coverage will end.
  - Even if you don't think you're eligible, complete the Medi-Cal renewal form. Kids may still qualify for Medi-Cal even if their parents do not qualify. Medi-Cal income limits are different for kids.
  - In a family of four making about $79,000 in household income, the kids could be eligible for Medi-Cal and parents for Covered California. For more information, contact your local Medi-Cal office.
  - Do you Live in San Francisco, San Mateo or Santa Clara County? Even if you're not eligible for Medi-Cal, your child could be eligible for the County Children's Health Initiative Program (CCHIP). For more information, contact your local Medi-Cal office.

» **What if I believe I or my child(ren) was determined ineligible in error?**
- o If you think your coverage is denied, delayed, reduced, or stopped, you can ask your local Medi-Cal office to review your case. You can also ask for a State Fair Hearing about your eligibility. Submit an online request here, or call the State Hearings Division toll free at (800) 743-8525.

» **What if I am no longer eligible for Medi-Cal?**
- o If you do not qualify for Medi-Cal because you are over the income limit, you may be eligible for financial help to lower your monthly premium for a health plan through Covered California.
- o Look out for important communications from Covered California, including an envelope that says, "Stay Covered with Covered California." If you receive a notice asking to confirm your plan, respond right away. You will have the option to change your plan or cancel.
- o Visit CoveredCA.com or call Covered California's service center at (800) 300-1506 to learn more.

This process can affect our PHC California members. Please remind your PHC California/Medi-Cal patients to please update their contact information or household information as soon as possible by contacting their local county Dept. of Public Social Services (DPSS) office via phone at (866) 613-3777 or online at https://www.yourbenefits.laclrs.org/ybn/SignInPage.html.

This will help your patients keep their Medi-Cal coverage after the end of the COVID-19 PHE. Members may call Member Services for assistance with their redetermination paperwork if needed.

Keeping our members covered is part of keeping them in care.

HEDIS

What is HEDIS®? (Healthcare Effectiveness Data and Information Set)

HEDIS is an acronym that stands for Healthcare Effectiveness Data and Information Set. It is a widely used set of performance measures in the managed care industry. HEDIS was developed and is maintained by the National Committee for Quality Assurance (NCQA). HEDIS has become more than a set of performance measures and has evolved into an integral system for establishing accountability in managed care.

HEDIS reporting is mandated by the Centers for Medicare & Medicaid Services (CMS) for regulatory compliance. HEDIS data is collected through a combination of surveys, provider medical record audits, and insurance claims data. To ensure the validation of HEDIS results, the data is rigorously audited by certified auditors using NCQA's process design. Health care providers and staff must become familiar with HEDIS to understand what health plans are required to report to demonstrate the quality of patient care performed by the Plans Network Providers.

Data collection for HEDIS begins with queries of the claims or encounter data. If claims data does not include evidence that a service was provided within the required time frame, then the health plan must review the medical record to determine if care was provided. For some measures, data is only collected from claims. There are measurement sets for different types of insurance the provider may accept which are categorized as Commercial, Medicare, and Medicaid. Currently, AHF Managed Care processes Medicare and Medicaid HEDIS however, every physician practice may have several other insurance contracts that require HEDIS submission.

Health care providers can significantly improve HEDIS scores by submitting accurately coded claims for services provided and by maintaining accurate, legible, and complete medical records. Claims must reflect documentation within the medical record. Claims are the most efficient method for reporting HEDIS measures and decreasing the number of medical record reviews needed.

We need your help to increase our HEDIS scores and show the great work that our providers are doing for our members!

The Positive Healthcare Quality Department promotes and fosters accountability of network and affiliated health personnel for the quality and safety of care and services provided to Positive Healthcare members.

One of the ways to evaluate the effectiveness of our quality improvement activities in producing measurable improvements in the care and services provided to our members/your patients is evaluated by HEIDS ratings.

HEIDS ratings for selected Measures by plan for the 2023 (2022 reporting year) measurement year.

HEIDS ratings for selected Measures by plan for the 2023 (2022 reporting year) measurement year.

Screening	Name of Screening	Gender and Age Range for Screening	How Often	PHP-CA Member Participation	PHC-CA Member Participation
Breast Cancer Screening	Mammography	Women 50 through 74 years of age	Every 2 Years	50.00%	48.00%
Colo-Rectal Cancer Screening	Colonoscopy Or Cologuard	All members 45 through 75 years	Every 10 Years or Every 3 Years	72.00%	42.00%
Controlling Blood Pressure	Blood Pressure	All members 18 years of age and older	Last One Taken in Calendar Year	75.00%	71.00%
Medication Reconciliation after Discharge from Hospital (Transition of Care)	Notation of medications prescribed or not upon discharge	All members 66 years of age and older who had an acute or non-acute inpatient discharge	30 days after every hospital discharge	59.00%	n/a
Advance Care Directive	Advance directive, five wishes, living will or surrogate decision maker	All members 66 years of age and older	Every Year	62.00%	n/a
Pain Assessment	Standardized pain assessment tool	All members 66 years of age and older	Every Year	95.00%	n/a
Functional Status Assessment	Notation of Activities of Daily living (ADL)	All members 66 years of age and older	Every Year	96.00%	n/a
Medication Review	Medication review conducted by a prescribing practitioner.	All members 66 years of age and older	Every Year	88.00%	n/a
Below are screening only for members with a diagnosis of diabetes					
Hemoglobin A1c Control for Patients With Diabetes	HbA1c test	All members 18-75 years of age with diabetes	Every Year	74.00%	65.00%
Blood Pressure Control for Patients with Diabetes	Blood Pressure	All members 18-75 years of age with diabetes	Every Year	73.00%	64.00%
Kidney Health Evaluation	Microalbumin or urine test for protein	All members 18-75 years of age with diabetes	Every Year	56.00%	n/a
Retinal Eye Exam	Dilated eye exam	All members 18-75 years of age with diabetes	Every year or year prior if negative for retinopathy	69.00%	41.00%

Healthy Hearts

As a healthcare professional or clinician, you play an important role in helping patients manage and control their health conditions, including hypertension.

Uncontrolled hypertension is the primary contributor to the morbidity and mortality rate for cardiovascular disease patients.
Using evidence-based strategies is the most effective and sustainable contributor to cardiovascular disease prevention, including controlling risk factors such as hypertension and high cholesterol.

Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies

This guide aims to inform decision-making by translating complex evidence into specific public health actions that end users can take to address heart disease, stroke, and other cardiovascular conditions within their practice and communities.

This guide serves as a resource for

- State and local health departments.
- Decision makers.
- Public health professionals.
- Clinicians.
- Other individuals with an interest in implementing effective public health strategies to improve cardiovascular and cerebrovascular health.

The 18 strategies that are highlighted in this Guide were carefully reviewed and selected through a process that is described in the full PDF version of Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies

Strategies Included in the Best Practices Guide

The strategies included in Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies were selected based on a rigorous review process.

The guide's strategies are grouped by commonalities they share in action and serve as overarching approaches public health practitioners can take to prevent and manage heart disease and stroke.
Read more, below, about the 18 strategies included in the guide. Asterisks indicate new strategies that were incorporated in this version of the guide.

Coordinating Services for Cardiovascular Events

These strategies explore aspects of the medical care provided following a cardiovascular or cerebrovascular event.

1. Cardiac Rehabilitation to Support Recovery from Cardiac Events*
2. Emergency Medical Service Systems for Stroke Treatment*
3. Public Access Defibrillation*
4. Stroke Center Certification*

Engaging Organizations to Promote Cardiovascular Health

These strategies explore activities and approaches for promoting cardiovascular and cerebrovascular health.

5. Reducing Sodium to Prevent and Manage Hypertension*
6. Workplace Health Promotion to Prevent and Manage Heart Disease and Stroke*

Implementing Technology-Based Strategies to Optimize Cardiovascular Care

These strategies utilize technology to inform clinical decision making to support patients in maintaining their cardiovascular and cerebrovascular health.

7. Clinical Decision Support Systems
8. Telehealth*

Leveraging Community and Clinical Public Health Workforces

These strategies leverage and combine different sectors of the health workforce to provide high-quality care to prevent and/or manage complications from heart disease and stroke.

9. Community Health Workers
10. Community Paramedicine*
11. Collaborative Drug Therapy Management
12. Community Pharmacists and Medication Therapy Management
13. Tailored Pharmacy-Based Interventions to Improve Medication Adherence*
14. Team-Based Care to Improve High Blood Pressure Control

Supporting Patients in Cardiovascular Disease Self-Management

These strategies enable patients to better manage their conditions by expanding access to medical care and through support, counseling, tools, and education.

15. Lifestyle Modification Programs to Control Hypertension*
16. Reducing Out-of-Pocket Costs for Medications
17. Self-Management Support and Education
18. Self-Measured Blood Pressure Monitoring with Clinical Support

*Indicates new strategies that were incorporated in this version of the guide.
requires that external subject matter experts peer-review certain documents. External peer review increases the quality and credibility of documents the federal government distributes to the scientific community and the public. Further information is available in the Centers for Disease Control and Prevention. Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies. Centers for Disease Control and Prevention; 2022. doi:10.15620/cdc:122290

CAHPS Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members' overall experiences with the delivery of health care. Data for this survey was collected from PHP and PHC California between the months of March and May of 2023 and it addresses topics that help drive member satisfaction with overall health care such as communication skills of providers and ease of access to health care services.

The CAHPS® member survey consists of approximately 70 questions and measures the satisfaction of the member with the health plan, provider accessibility, patient/provider relationship, and communication. Several questions related to member satisfaction with the provider are included and may provide opportunities for improvement in the everyday routine of the practice.

The PHP/PHC California CAHPS results reflect the percentage of members who answered 'Usually' or 'Always' to the survey questions:

CAHPS Results 2023	PHP CA
Getting Needed Care	72.7%
Getting Appointments and Care Quickly	77.5%
Customer Service	85.9%
How Well Doctors Communicate	89.5%
Care Coordination	77.2%
Getting Needed Prescription Drugs	89.9%

CAHPS Results 2023	PHC CA
Getting Needed Care	72.5%
Getting Care Quickly	75.3%
Customer Service	93.2%
How Well Doctors Communicate	96.5%
Coordination of Care	96.7%

Community Health Workers (CHW)

What Do They Do?

CHW will work on locating patients who have fallen out of routine care for various reasons.

CHW will contact patients who meet the requirements to be contacted:

- No provider appointment between 6-12 months
- Missed 2 or more appointments in 6-12 months and have no follow-up appointments scheduled
- Referred by a medical provider
- Follow-up on patients who are back in care after their 2nd completed Appointment

How Do They Do It?

CHWs are provided with communication equipment and tools to reach out to patients via phone calls, messages, emails, postal mail, voicemails, and home visits if needed.

CHW investigates and checks patients' charts in the electronic medical record and uses SalesForce as the main portal to find targeted patients.

Why Do They Do It?

CHWs help with re-engaging eligible patients in care. They collaborate with the clinic front desk staff and practice managers to schedule appointments for re-engaged patients and keep them in care for a year at least.

A Message from Provider Relations

We Want to Hear Your Feedback

The PHP and PHC California health plans would like to know how we are doing and because you are a VIP (very important provider) we value your feedback! Every year PHP and PHC California conduct a Provider Satisfaction Survey to obtain honest and insightful feedback from our network providers. Our plan utilizes this provider feedback to create action plans for process improvement to ultimately enhance the overall provide experience with our plan members.

Your role as a PHP and PHC California network provider is not only instrumental to our mission but also crucial to our membership population. During your day-to-day operation, you may collectively come in contact and/or coordinate with many of our internal departments such as Provider Relations, Claims, Utilization Management, Care Coordinators, Member Services & more. After these engagements, we would like to know if PHP and PHC California health plan staff and support were able to meet and/or exceed your expectations.

Understanding the value of honest communication and feedback can be critical to any relationship; whether business or personal. To build a stronger relationship with our network providers we would like to open up the lines of communication by actively listening to what our network providers have to say about their experience with PHP and PHC California health plans. In the coming months, we will send out Provider Satisfaction Survey notifications before to the actual survey distribution. We encourage all of our network providers to use your voice by sharing your experience; one survey at a time!

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Pharmacy Message

Benzodiazepines and Opioids

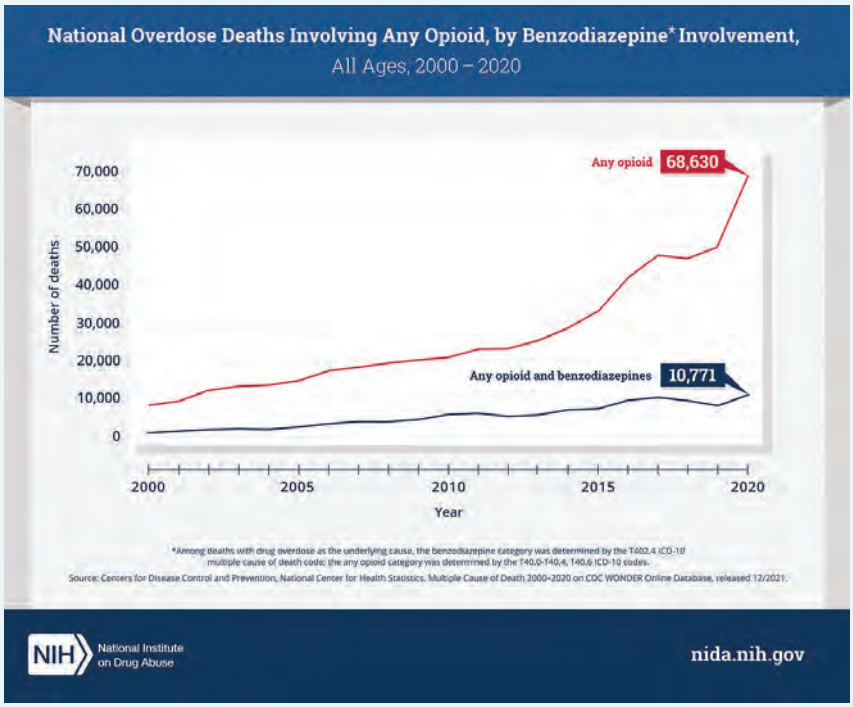
Patients taking opioids in combination with other central nervous system depressants–like benzodiazepines, alcohol, or xylazine–increase the risk of life-threatening overdose.

National overdose deaths involving any opioid, by Benzodiazepine involvement for all ages in 2000-2020:

- Any opioid deaths: 68,630
- Any opioid and benzodiazepines deaths: 10,771
- In 2020, 16 percent of overdose deaths involving opioids also involved benzodiazepines

The most common opioid used is Benzodiazepines (sometimes called "benzos") work to calm or sedate a person, by raising the level of the inhibitory neurotransmitter GABA in the brain. Common benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin), among others.

Researchers have also found benzodiazepines in the illicit opioid supply in some areas, which may mean that people are taking benzodiazepines in combination with illicit opioids knowingly or unknowingly.



Co-Prescribing Opioids and Benzodiazepines

Every day, nearly 200 Americans die after overdosing on opioids. Combining opioids and benzodiazepines can increase the risk of overdose because both types of drugs can cause sedation and suppress breathing–the cause of overdose fatality–in addition to impairing cognitive functions. Research shows that people who use opioids and benzodiazepines concurrently are at higher risk of visiting the emergency department, being admitted to a hospital for a drug-related emergency, and dying of drug overdose.

For example, a cohort study in North Carolina found that the overdose death rate among patients receiving both types of medications was 10 times higher than among those only receiving opioids. A study among U.S. veterans with an opioid prescription found that receiving a benzodiazepine prescription was associated with an increased risk of drug overdose death in a dose-dependent manner.

The Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain recommends that clinicians use particular caution when prescribing benzodiazepines concurrently with opioids and consider whether the benefits outweigh the risks. Both prescription opioids and benzodiazepines now carry U.S. Food and Drug Administration boxed warnings on their labels highlighting the potential dangers of using these drugs together.

People being prescribed any medication should disclose all other substances and medications they use and consult with their healthcare teams about avoiding or managing the risks of using certain medications and substances in combination.