Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS Issue 31 Spring 2025

In this Issue

PHP HMO SNP

PHC CALIFORNIA

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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/or 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 Management, 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!

Positive Practice Spring 2025

Member Services Message- CAHPS • Be a Ten Today!

CAHPS

Each year the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent out to all our plan members. CAHPS reports are solely based on the members' (consumers) perception of their experiences with the health plan. These surveys ask your patients (our members) to rate and evaluate their experiences with the best possible answer being Always, Excellent, or 10!

The significance of CAHPS:

- It factors into our Medicare STAR ratings.
- CAHPS makes up about 30% of a health Plan's STARS composite score. A high STARS score affords the plan a higher reimbursement rate from CMS, providing the plan with the capability of improving our resources and staff support. Conversely, a low score (3 STARS or below), may result in the plan having their CMS contract terminated.
- It helps improve the quality of your practice and the patient experience of care with effective communication. The partnership is strengthened when the Health Plan, RNCMs, primary and specialty providers maintain open lines of communication about patient care, referrals and authorization timelines.

The scores must reflect the good care you are providing!
For this category the questions asked of your patients are:
In the last 6 months:

- when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- when your personal doctor ordered a blood test, x-ray, or other tests for you, how often did you get those results as soon as you needed them?
- how often did you and your personal doctor talk about all the prescription medicines you were taking?
- did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

Please help us increase the score for California and sustain the good Florida results. Some improvement tips are:

- When you refer a patient to a specialist, ask the patient to bring you a copy of the specialist report.
- Regularly talk to your patients about any specialists or other providers they have seen or need to see.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Set an expectation for the patient so they know when they will receive a follow-up call or test results.

Questions to ask your patients:

- How did your appointment go with the specialist?
- Did he/she explain the treatment plan to you?
- Were you comfortable with the information and how it was explained?
- Did you receive your results on any testing that was done?
- Do you need another appointment or do you have a follow-up appointment already scheduled?
- Do you have any concerns with the treatment you received or will need going forward?

IMPROVE

Provider Care Coordination by

ALWAYS being an EXCELLENT 10!

Smoking Cessation

Tobacco use is the leading cause of preventable illness and death in the United States. People living with HIV are 2-3 times more likely to be smokers than their age-matched HIV-uninfected counterparts.

According to the CDC, a smoker who has HIV are more likely to get HIV-related infections, including:

- Thrush (a mouth infection, also called oral candidiasis)
- Hairy leukoplakia (white mouth sores)
- Bacterial pneumonia
- Pneumocystis pneumonia, a dangerous lung infection

Smokers who have HIV are also more likely to get other serious illnesses than nonsmokers with HIV. They include:

- COPD (chronic obstructive pulmonary disease, a serious lung disease that causes severe breathing problems and includes emphysema and chronic bronchitis)
- Heart disease and stroke
- Lung cancer, head and neck cancer, cervical cancer, and anal cancer

Further, HIV-infected smokers may be at increased risk of poorer immunologic and virologic responses to ART.

Therefore, providers should ask patients about smoking as part of primary care management and current users should be asked about smoking at every visit. According to most surveys, patients are interested in smoking cessation. Brief (<3 min) tobacco dependence interventions are effective, and every tobacco user should be offered treatment.

Counseling and medication are effective when used by themselves for treating tobacco dependence. However, a combination of counseling and medication is more effective than either alone. Nicotine replacement therapies (NRTs) such as nicotine patches, gum, and lozenges, do not interact with ARVs and have low toxicity at recommended dosages, even in patients with cardiovascular disease. In moderate to heavy smokers, the "patch plus", a combination NRT regimens, have achieved better 6-month abstinence rates in several trials than the use of a single product. The nicotine patch is used to deliver a consistent level of nicotine, and the gum or lozenge is used to minimize symptom flares as needed during the day. Bupropion with the nicotine patch or bupropion with as-needed nicotine lozenges also achieved better 6-month abstinence rates in several trials than the use of the patch alone. Varenicline has been associated in rare instances with violent thoughts, intent, or actions toward oneself or others. It is a second-line medication for patients who have failed an appropriate trial of NRT, bupropion, or combination therapy in the past year. Patients being considered for or who are on varenicline should be screened, warned of, and monitored for suicidality and violence risk.

PHP /PHC California is pleased to offer its members a valuable and effective program to help members stop smoking…for good. Quit for Life is a comprehensive smoking cessation program that can help them stop using tobacco. **There is no cost to members for this program.**

The Quit for Life program includes many tools.

- Eight weeks of free patches or gum
- One-on-one calls with a trained Quit Coach
- A packet of written materials including a Quit Guide with resources
- Texts on the members' cell phone
- Website with e-learning tools, forums and access to a Web Coach®
- Access to a toll-free number to call for help seven days a week

Please refer your patients to sign up for Quit for Life:

Call: 1-855-252-4871
Join online: www.quitnow.net/ahf

Quailty Improvement Program

The Quality Improvement (QI) program is an evolving program that works to provide for the ever-changing needs of our plan members and providers. Every year, the QI program evaluates work accomplished, opportunities for improvement, and interventions to best assist you in improving your patients' health. QI also manages the Centers for Medicare & Medicaid (CMS) Five-Star Quality Rating System to evaluate the health plans' quality and performance. These ratings are updated annually and are presented in the form of stars. The program is a key component in financing health care benefits for PHP Plan Members. Five stars is the highest possible score and fewer stars indicate lower quality. QI partners with all departments and the medical staff to provide optimum care for our members and increase our plan's star rating. Currently, PHP Florida is a 4.5 STAR rating and PHP California is a 4 STAR rating. Some of the ways this is achieved is with HEDIS, the CAHPS Survey, and the HOS Survey:

HEDIS

The Quality Improvement Department is currently in the middle of our annual HEDIS Audit. The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry. The measurements are developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumer organizations and consumers to compare health plan performance to other plans and to national or regional benchmarks. To understand the terminology, whenever the HEDIS "Report" year is mentioned, it means that the data from the previous year was used. For example, for HEDIS reporting year 2025, the data will come from records from 2024. AHF Plan members are in the HEDIS data measurement set for the Medi-Cal/Medicaid or Special Needs Plan (SNP) Medicare as required by regulatory requirements by the Center for Medicare and Medicaid Services (CMS). This article will focus on the measures that are being reported by AHF. To maximize the scores, we have written the following information and tips. Please note: data can be retrieved electronically from claims coding to determine the score for a measure. This is known as administrative data and is run first. If there is no useable administrative data for a qualifying member for a specific measure – the medical record is requested and the data is retrieved via medical record abstraction. This is called hybrid data. A measurement score is determined by adding the administrative data "hits" and the medical record data abstracted. Administrative data is preferred to hybrid data since it is less labor and resource-intensive to obtain.

HOS

Medicare Health Outcomes Survey (HOS) is a patient-reported health perception survey used for our managed care members.

The goal of the HOS:

- To gather valid and reliable clinically meaningful data from our members that have many uses
- Target quality improvement activities and resources
- Monitor health plan performance and reward top-performing health plans
- Help beneficiaries make informed health care choices
- Advance the science of functional health outcomes measurement

Each spring a random sample of members is drawn and surveyed from each PHP (Medicare plan). The survey contains 6 Activity of Daily Living (ADL) items as the core items used to calculate the frailty adjustment factor. The survey also includes 12 physical and mental health status questions, one question about memory loss interfering with daily activities, and one question about urinary incontinence. The survey includes questions that address mental and physical health, physical and social functioning, pain, energy, and quality of life. Members are surveyed one year to collect a baseline and then surveyed again two years later to measure the change in health over time. **You CAN help improve HOS measures. Use a patient's annual wellness visit to discuss the following: Balance problems, falls, difficulty walking, and other risk factors for falls.**

- Suggest the use of a cane or a walker.
- Check blood pressure with the patient standing, sitting, and reclining.
- Suggest an exercise or physical therapy program.
- Suggest a vision or hearing test.
- Perform bone density screening, especially for high-risk members. The need for physical activity and ways to increase physical activity.
- Talk to the patient about the importance of exercise and physical activity.
- Discuss with the patient how to start, increase or maintain activity.
- Bladder control and potential treatments for bladder-control issues that may arise as the patient ages.
- Ask the patient if bladder control is a problem.
- If so, ask if it interferes with sleep or daily activities.
- Talk to the patient about treatment options. Physical and mental health.
- Ask the patient about physical and mental health compared to two years ago.
- Discuss ways to improve the status of both mental and physical health.
- Suggest the patient begins exercise programs or physical therapy if warranted.

These topics can be discussed by the office or nursing staff while patients are waiting to be seen, and can be addressed by the provider during the visit. PHP acts as your partner to facilitate the coordination of care and services.

Colorectal Cancer Awareness

National Colorectal Cancer Awareness Month, held in March each year, offers healthcare providers a valuable opportunity to educate their community about these diseases and promote awareness of the importance of colorectal cancer screening, prevention, and treatment.

According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in both men and women in the U.S. While the risk is slightly higher for men (4.3% chance of developing the disease), the risk remains high for women (4%). Every year, colorectal cancer claims the lives of nearly as many women as ovarian, cervical, and uterine cancers combined.

Thanks to several factors – including advances in prevention, screening, and treatment – colorectal cancer death rates have declined 53% among men and 57% among women from 1969 to 2017. Unfortunately, this comes alongside a rise in diagnoses for patients under 50 years of age and continued high rates of diagnosis and death for patients of African or Alaska Native descent. In addition, while screening rates tend to be higher for patients 45 years of age or older, rates are lower for younger patients. Since colorectal cancer has a 90.2% five-year relative survival rate if found at the localized stage, screening remains an imperative defense against the disease.

Healthy People 2030, a 10-year national health care initiative overseen by the Office of Disease Prevention and Health Promotion, has many objectives related to colorectal cancer, including reducing the death rate, increasing the proportion of adults who receive screening based on the most recent guidelines and increasing the proportion of people with colorectal cancer who get tested for Lynch syndrome.

This Colorectal Cancer Awareness Month, providers should counsel all patients aged 45years and older about the benefits of colorectal cancer screening and the options that PHP/PHC has available to members.

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.

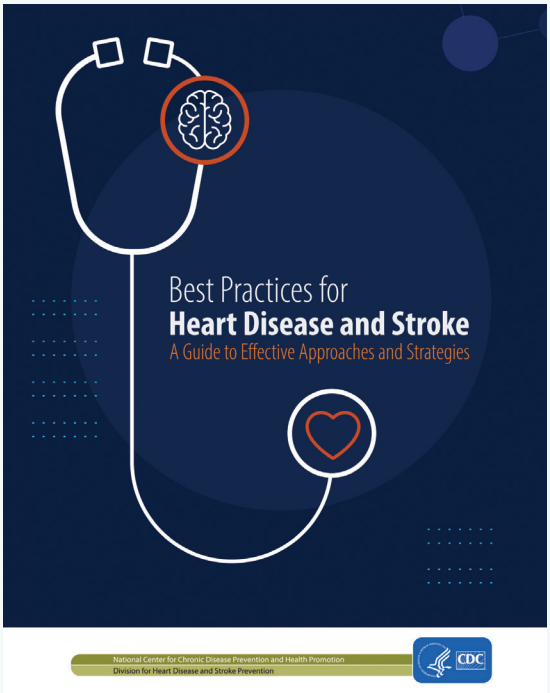
Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies

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

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 CPS 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 HCC front desk and Practice managers to schedule appointments for re-engaged patients and keep them in care for a year at least.

Calling All PHP/ PHC California Network Providers!

This is an invitation to Attend our PHP Member Advisory Committee Meetings! This is a great opportunity to engage with our PHP members, to support their needs, and further partner with us to improve the health of your patients in the plan.

What is the Member Advisory Committee (MAC)?:

The MAC is made up of health plan staff, members, providers and community advocates. We come together to discuss and help shape PHP's policies and operations. The MAC meetings guide the plan to better serve our PHP community throughout LA County.

The quarterly MAC meetings will have a standing agenda. It will include but not be limited to:

- Discussion of policy and procedure changes that impact the plan and its members;
- Presentation of important health education topics and materials;
- Reporting of plan updates and trends;
- Conversations about provider network access, utilization management timeliness, grievances, etc.;
- Sharing of member experiences that will help the plan improveoperations and delivery of services

2025 MAC CA Meeting Dates:

- Tuesday, May 6, 12:00 pm PST
- Tuesday, August 12, 12:00 pm PST
- Tuesday, November 11, 11:00 am PST

PHC California Medi-Cal Members

The Public Policy and Community Advisory (PPCAC) Committee is formed with health plan staff, members, community advocates, and providers. We meet quarterly to talk about the plan, performance, trends, policy decisions, any impending changes to the plan's benefits, and health educational materials.

2025 PPCAC Meeting Dates:

- Tuesday, March 11, 12:00 pm PST
- Tuesday, June 24, 12:00 pm PST
- Tuesday, September 16, 11:00 am PST
- Tuesday, December 9, 11:00 am PST

All meetings will be held virtually on Zoom. For more information about attending future MAC meetings, please contact PHP CA Provider Relations: CA Provider Relations mailbox – CAPR@ahf.org

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.

If the medical record contains complete information that was updated within the previous 12 months or if the IHA is not completed during the first 120 days of enrollment (i.e. member disenrolled before 120 days, member refuses, or all reasonable attempts to contact the member were unsuccessful), please ensure that this is documented in the medical record. Adult preventive screenings should continue as recommended by the United States Preventive Services Taskforce (USPSTF).