

Thank you for trusting us with your health for 20 years!

living healthy

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A newsletter for the members of Central California Alliance for Health

LA ALIANZA • THE ALLIANCE



CENTRAL
CALIFORNIA
ALLIANCE
FOR HEALTH

20th ANNIVERSARY

CREATING HEALTH CARE SOLUTIONS

1996-2016

Alliance Medi-Cal benefit change

As of January 1, 2016, the acupuncture and chiropractic benefit for Alliance Medi-Cal members has changed.

Alliance Medi-Cal members may have a total of two of any of the following services per month. They do not need a referral:

- Acupuncture
- Chiropractic
- Podiatry (note: Some podiatry services require prior authorization—an OK from the Alliance)
- Occupational therapy (note: Additional occupational therapy services require prior authorization)
- Speech therapy (note: Additional speech therapy services require prior authorization)
- Spiritual healing (prayer)

Members may have two of the same service per month. Or they may have a combination of two of the listed services per month. For example, a member may have two acupuncture visits in the same month. OR they may have one acupuncture visit and one chiropractic visit in the same month.

If a provider feels a member may benefit from having more acupuncture visits for pain management, the provider may send the Alliance an authorization request. The Alliance may approve an authorization request for additional acupuncture visits for pain management (up to 20 visits per authorization). The number of authorizations a provider may request will be based on the



medical needs of the member.

If you have questions about this benefit change, call Member Services, Monday through Friday, from 8 a.m. to 6 p.m., at **1-800-700-3874**.

» IMPORTANT NOTICE:

Member Services will not be available the following dates and times due to companywide and departmental meetings.

March 24 Closed from
12:30 to 3:15 p.m.
June 16 Closed from
noon to 4:15 p.m.

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primary care providers

What is a PCP?

Think of your Primary Care Provider (PCP) as your gateway to the world of health care.

He or she will be your first stop when you're sick and when you need advice about staying well.

PCPs can be general practice or family practice doctors, pediatricians, or internists. You can also choose a clinic or medical group to be your PCP. Among other things, your PCP will:

- Guide all of your health care
- Treat a wide range of health issues
- Help prevent health problems
- Refer you to other doctors as needed

Over time, your PCP will get to know your health history and help you make good choices so you can stay well.

Picking your doctor, group or clinic.

You can find a PCP by looking in your Provider Directory in the PCP section. Or, for the most up-to-date information, go to our website, www.ccah-alliance.org.

1. Click on the Members page.
2. Then click on the "Choose or Change Doctors" link to the left.
3. Click "Primary Care Provider section of the Online Directory" under "How Do I Pick a PCP?"
4. Pick your health plan (Medi-Cal, IHSS, Healthy Kids or Medi-Cal Access Program) from the Health Plan drop-down box.
5. Pick "Primary Care Physician (PCP)" from the provider category drop-down box.
6. Make sure you look for a PCP who is taking new patients. To find a PCP who is taking new patients, check the "Accepting new patients" box.



7. Then pick your county.
8. Then call Member Services to let us know who you want.

If you were an established patient of a PCP in our network before becoming an Alliance member and want to see if you can pick that doctor as your Alliance PCP, call Member Services. We will have to get approval from the provider. Established means that you were seeing that doctor on a regular basis within the last year.

GETTING AN APPOINTMENT

How long should you have to wait?

We know it is important for you to get care when you need it. But it is not always possible for a doctor to see you right away. You may have to wait longer for some types of appointments than others. For example, you should be able to get an urgent care (care when you are sick) appointment sooner than an appointment for a regular checkup.

We work with the doctors and clinics in our network to make sure you can get care when you need it. We have always done this because we know it is important.

Type of care you need	Time to get an appointment
Urgent care	Within 48 hours of when you call
Non-urgent primary care	Within 10 business days of when you call
Non-urgent specialty care	Within 15 business days of when you call
Non-physician, non-urgent mental health care	Within 10 business days of when you call
Non-urgent diagnostic services	Within 15 business days of when you call

Health plans in California have to meet certain standards for access to care. The regulations to put this law into place are called the Timely Access to Nonemergency Health Care Services standards. There are different standards for different types of appointments.

In the chart above are the

standards for different types of appointments. The waiting times for an appointment may be longer if the provider feels that it will not harm your health if you have a longer wait.

If you feel you are not getting care when you need it, call Member Services at **1-800-700-3874**.

Confused by referrals and authorizations?

Do you know when you need a referral from your Primary Care Provider (PCP) before getting a service? What is the difference between a referral and an authorization? Are you able to go to a noncontracted provider? What about an out-of-area doctor?

The rules of your health plan can be confusing. But if you don't follow them, your services may not be covered. Here is information to help you follow the rules of your plan.

Referrals. If you are assigned to an Alliance PCP, you **must** have a referral to see another doctor. There are some exceptions to this. Please see the box at right for a list of some exceptions.

If your PCP thinks you need to see another doctor, he or she will fill out a Referral Consultation Form. Your PCP sends a copy to the doctor you are being referred to and a copy to the Alliance. The referral is how the other doctor and the Alliance know your PCP has approved the visit. If we don't have a referral, we will not pay the claim from the other doctor.

Authorized referrals. In most cases, your PCP will refer you to a doctor in our service area. Our service area includes Santa Cruz, Monterey and Merced counties. If your PCP refers you to a doctor out of our service area, he or she will need to get approval (also called

authorization) from us in advance. This is called an **authorized referral**. It is called this because we have to authorize, or approve, the referral before you can see the other doctor.

If you are an Alliance Healthy Kids, IHSS or Medi-Cal Access Program member, you will need an authorized referral if your PCP is referring you to a doctor that is not contracted with the Alliance—even one in our service area.

Prior authorization. The Alliance has to approve some

services, procedures, medications and equipment before you get them. This is called **prior authorization**. The provider who is going to perform the service must fill out a **request for prior authorization**. The provider sends it to us online, by fax or by mail. We will review the request and any medical records the provider sends. If the service, procedure, medication or equipment is medically necessary and a covered benefit, we will approve the request. We will let the provider know, and then you can get the service. If we deny a request, we will let you and the provider know. You will be able to file a complaint if you disagree with our denial.

Services that do not require a referral	
All Alliance members	» Emergency services: You are covered 24 hours a day, 7 days a week
Alliance Medi-Cal members	You can go to any provider that accepts Alliance Medi-Cal for these services: » Family planning services: includes pregnancy testing and birth control » Sensitive services: includes testing and treatment of sexually transmitted diseases and termination of pregnancy You can go to any OB-GYN provider in the Alliance's service area that accepts Alliance Medi-Cal for these services: » Annual well-woman exam, Pap smear and breast exam » Pregnancy services
All other Alliance members	» Annual well-woman exam, Pap smear and breast exam » Pregnancy services You can go to any contracted OB-GYN provider within the Alliance's service area for these services.
There are other services that do not require a referral. For more information, see your Evidence of Coverage/Member Handbook.	

Formulary changes

Drug name	Used for	Action
» True Metrix	Diabetes glucose meter	Added
» Butalb/APAP/caffeine 50-300-40 capsule	Migraine	Added (Quantity limit of 180 per 30 days)
» Hydrocodone/ibuprofen 7.5mg-200mg tablet » APAP w/ codeine 300mg-60mg	Pain	Added (Quantity limit of 180 per 30 days)
» Pseudoephedrine/cetirizine 5mg-120mg tab ER 12H » Pseudoephedrine/Fexofenadine 60mg-120mg tab ER 12H » Pseudoephedrine/Fexofenadine 180mg-240mg tab ER 24H » Pseudoephedrine/Loratadine 10mg-240mg tab ER 24H	Allergy and congestion	Added
» Fexofenadine 30mg/5ml oral susp » Loratadine 5mg rapid dissolve tablet	Allergy	Added
» Azelastine 205.5mcg nasal spray	Allergic rhinitis	Added
» HepaGam B vial » HyperHEP B S-D syringe and vial » Nabi-HB vial » Imogam Rabies-HT	» HyperTET S-D syringe » HyperRAB S-D vial » Prevnar 13 syringe » Pneumovax 23 vial » Adacel Tdap syringe	Vaccine Added
» Levocetirizine 5mg tablet	Allergy	Part of the step therapy. Requires trial and failure of cetirizine.
» Hydrocodone/APAP tablet (all strengths) » Tramadol 50mg tablet	Pain	Quantity limit change: 180 tablets per 30 days
» Hydrocodone/APAP solution (all strengths)	Pain	Quantity limit change: 2700 mls per 30 days
» Oxycodone/APAP tablet (all strengths) » Oxycodone IR tablet (all strengths) » Methadone tablet (all strengths)	Pain	Quantity limit change: 120 tablets per 30 days
» Morphine sulfate ER tablet (all strengths) » Hydromorphone tablet (all strengths)	Pain	Quantity limit change: 60 tablets per 30 days
» Morphine sulfate ER solution (all strengths)	Pain	Quantity limit change: 300 mls per 30 days
» Butalb/APAP/caffeine 50-325-40 capsule	Migraine	Quantity limit change: 180 capsules per 30 days



Do you have questions about your health? The Alliance can help!

Call the FREE Alliance Nurse Advice Line for answers 24 hours a day, 7 days a week at **1-844-971-8907**.

Do you need help managing your health? Call the Case Management Line at **1-800-700-3874, ext. 5512**. Or if you

would like health education information, please call the Health Education Line at **1-800-700-3874, ext. 5580**.

You can talk to someone in our Care Management team from 8 a.m. to 5 p.m. Monday through Friday.

Are you pregnant or planning a pregnancy?

The Comprehensive Perinatal Services Program (CPSP) and the Alliance provide support services to help you have a healthy pregnancy and a healthy baby.

CPSP provides a wide range of support services to eligible pregnant women, from conception through 60 days postpartum, such as:

- Check-ups once a month or more, the whole time you are pregnant
- Tests to check your health and the health of your growing baby
- Prenatal vitamin/mineral supplements (300-day supply)

- Referrals to the Women, Infants and Children's Nutrition Program; genetic screening; dental care; family planning; pediatric care; domestic violence; and more
- Follow-up care up to two months after your baby is born
- Information on pregnancy, birth, breastfeeding, and baby care
- Information on healthy eating while you are pregnant
- Help with how to cut down or quit smoking, drinking or using drugs
- A place to discuss your family issues and needs



The Alliance *Healthy Moms and Healthy Babies* (HMHB) Program also supports pregnant women. You can earn up to **\$50 in gift cards** when you see a doctor:

- During the first 12 weeks of pregnancy or within 6 weeks of joining the Alliance

- Within 3 to 8 weeks after having your baby
- For more information about the Alliance HMHB program or on CPSP providers in your county, please call the **Alliance Health Education Line at 1-800-700-3874, ext. 5580.**

Why is it important to have your Initial Health Assessment?

The Alliance and your Primary Care Provider (PCP) are here to help you stay healthy. You can start by making a visit to see your PCP for an Initial Health Assessment (IHA) exam within the first four months of when you become an Alliance member.

We all know that emergencies could happen to any one of us at any time. In the event of an emergency, it is important

to have an established PCP who knows about your health background and problems. PCPs are your first line of defense in getting well and staying healthy.

The IHA exam is vital because it includes preventive screenings. Many health problems, if caught early, can be reversed through lifestyle changes. When you learn more about your health, you are more equipped to make better

» **STAY HEALTHY AND WIN!** Did you know that when you complete an IHA exam within the first four months of enrollment, you will be automatically entered into a one-time monthly raffle for a \$50 gift card?

health choices.

You can also think of the IHA exam as a chance for you to see if your new doctor is a good match for you. Just as your doctor is getting facts about you, you will be getting facts

about them too.

This exam is fully covered by the Alliance and at no cost to you. To schedule a visit, please call your PCP. (Their phone number is located on the front of your Alliance card.)

ALLIANCE WEIGHT WATCHERS SUPPORT PROGRAM

Healthy body + healthy mind = happy life

Have you heard about the Alliance's Weight Watchers Support Program (WWSP)? Meet Missy, an Alliance member who turned her life around when she joined the Alliance WWSP.

Missy's journey began at the end of 2014, when she was referred by her Primary Care Provider (PCP) to the program. From the start she was very positive and ready to make healthy lifestyle changes. At her first Weight Watchers (WW) meeting, she weighed in at 500 pounds. Nine months and 30 WW meetings later, she has lost close to 100 pounds and feels like she has gained her life back.

Prior to joining the program, her ability to move was limited, and she needed help with many of her daily activities. She relied on a walker, family and friends to get around. About seven months into the program, she was able to walk without her walker, just one of the many goals that she has fulfilled since she joined the program.



Missy feels she has gained the freedom to help herself and others as well. She also noticed a major increase in her energy, feels she can work better and has not had to rely on any pain medication. She is working on making these lifestyle and behavioral changes permanent and has made plans to ensure she reaches her goals. She is now actively living the life

she wants and is grateful for all the support she has received to get her here and beyond.

Who can join? The Alliance offers scholarships in the form of vouchers to eligible Alliance members to attend weekly WW meetings. Members who would like to enroll in the program must be referred by their PCP.

To be eligible for this

program, members must:

- Have the Alliance as their primary health insurance plan
- Have a body mass index (BMI) of 30 or above
- Be at least 15 years old

For more information about the WWSP and other health education and disease management programs, please call the Alliance Health Education Line at **1-800-700-3874, ext. 5580.**

We can help you find a doctor

One of the best ways to stay well is to work closely with a doctor. If you don't have one already, we can help.

To find a doctor in our network, call Member Services at **1-800-700-3874**. Or you can use our online directory on our website, www.ccah-alliance.org.

This simple step can lead to a healthier you.