

Provider Bulletin



March 2007

Volume 11, Issue 1

State Health Care Reform

The New Year started out with a bang as Governor Schwarzenegger outlined his ambitious proposal for health care reform on January 8th. The Governor invoked the concept of “shared responsibility” in his proposal to cover all Californians, including the 6.5M uninsured. In concept, employers with ten or more employees would “pay or play” by spending at least 4% of payroll on health insurance, or by paying an equal amount into a purchasing pool. Individuals that do not receive coverage through an employer would be mandated to purchase at least a \$5K deductible plan, and those between 100-250% of the federal poverty level (about \$20K - \$50K gross income for a family of four) could receive sliding scale State subsidy in the purchasing pool. Legal resident adults under 100% FPL would join Medi-Cal, and all kids in families up to 300% FPL would join either Medi-Cal or Healthy Families.

No one can accuse Governor Schwarzenegger of “thinking small” when it comes to health care reform. We will all see his plan debated in the legislature and in public forums in the days to come.

Meanwhile, the past year presented steep challenges for the Alliance to simply maintain our local Medi-Cal reforms. Deficient State Medi-Cal revenue for local long-term care services created an \$8.3M annual shortfall for the health plan. Since the Alliance has been financially stressed by over four years of frozen State Medi-Cal revenue, we could not absorb this deficient funding and remain solvent. Only after the Alliance’s board threatened to terminate its Medi-Cal contract did the State agree to provide new revenue to the Alliance. Now with adequate long-term care revenue, the Alliance can begin the process of rebuilding its financial strength.

Even as State officials plan new reforms, we must continue to advocate for our already proven health plan that provides accessible, quality care for 86,000 local residents of the Monterey Bay region.

Non-Emergency Medical Transportation Benefit

Effective March 15, 2007 for Santa Cruz County and April 1, 2007 for Monterey County, Central Coast Alliance for Health has contracted with MV Transportation, Inc. to provide non-emergency medical transportation to Alliance Medi-Cal members.

Historically the Alliance has provided a transportation benefit far exceeding that provided by Medi-Cal. Due to spiraling costs (the Alliance spends four times more per member per year than that of any similar health plan for transportation) we are reducing the benefit to cover transportation service as defined in Title 22 of the California Code Regulations, Section 51323. In addition to the Title 22 defined benefit, the Alliance is also providing transportation for members receiving dialysis treatment. Under the transportation benefit, members are eligible for this service only if:

- The member’s medical/physical condition is such that ordinary public/private transportation is inadvisable, but transportation is required for the purpose of obtaining necessary medical care, **and**
- The member is receiving dialysis with no other means of transport, **or**
- The member is physically unable to sit and must be transported lying down on a litter, **or**
- The member requires wheelchair van transportation in which the member must be transported in the chair and cannot self propel or self transfer.

MV Transportation will schedule rides directly with members and determine eligibility for services. You may contact MV Transportation at 1-866-456-4991.

If a member has a lesser degree of disability than that described above, he or she may be eligible for low cost paratransit services through Metro ParaCruz Service (423-9380) in Santa Cruz County, or through MST Rides Program (373-8157) in Monterey County. Day bus passes will be provided on an exception basis for members who require transportation but do not meet any of the above criteria.

Congratulations to the following physicians and clinics that scored above the 90th percentile for one or more HEDIS measures for the year 2006.

Please join us in congratulating these providers for the high quality of care they provide for their Alliance patients. *Please note names with * were inadvertently omitted from the list printed in the December 2006 Provider Bulletin.*

Acacia Family Medical Group
 Vilma Aguas, MD
 Alisal Health Center*
 Capitola Pediatrics – Capitola
 Capitola Pediatrics – Freedom
 Clinica De Salud del Valle de Salinas
 Castroville
 Greenfield
 King City
 Salinas, Circle Dr.
 Salinas, Sanborn Rd.
 Soledad
 Clinica Del Valle Del Pajaro
 Dominican Pediatric Clinic
 Arthur Dover, MD*
 Joe Gallagher, MD
 George Mee Memorial
 Outpatient Clinic
 Greenfield
 King City
 Gonzales Medical Group
 Stephen Halpern, MD
 Steven Harrison, MD
 Carmen Hsu, MD*

Daniel Jardini, MD
 Laurel Family Practice Health
 Clinic
 Laurel Internal Medicine Health
 Clinic
 Laurel Pediatric Health Clinic
 Ariel Martinez, MD*
 Pediatric & Adolescent Medical
 Associates of the Pacific
 Coast
 Pediatric Medical Group of
 Watsonville
 Planned Parenthood
 Westside
 Watsonville
 Plazita Medical Clinic
 Madhu Raghavan, MD*
 Elias Rodriguez, MD
 Romie Lane Pediatric Group
 Salinas Pediatric Medical Group
 Salud Para La Gente
 Santa Cruz County Health Clinic
 Santa Cruz
 Watsonville

Santa Cruz Medical Foundation
 Downtown Office
 Santa Cruz – Main Office
 Watsonville
 Santa Cruz Women’s Health
 Center
 Seaside / Marina Health Clinics
 Josefa Simkin, MD
 Steven C. Smith, MD
 Soledad Medical Clinic
 David Stark, MD
 Michael Suval, DO
 Roberto C. Tongson, MD
 Valle Verde Medical Group
 Robert Weber, MD
 Western Medical Associates



Pharmacy Formulary Changes Effective March 14, 2007

Additions: Ventolin Inhaler HFA
 Zaditor Eye Drops, OTC

Deletions: Zaditor Eye Drops, Rx
 Patanol Eye Drops
 Elestat Eye Drops

All prescriptions for Patanol, Elestat and prescription Zaditor will need to be changed to OTC Zaditor or a TAR must be submitted. The cost of Zaditor is only \$12.00 compared to \$55.00 for prescription Zaditor and \$70.00 for Patanol and Elestat.

Lipitor low dose switch to generic alternatives:

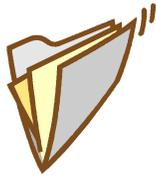
Current prescriptions for Lipitor with 10 mg, 20 mg and 40 mg tablets will be asked to be switched to one

of the generic formulary alternatives simvastatin, lovastatin, or pravastatin. Prescriptions for Lipitor 80 mg tablets, including ½ tablet for 40 mg daily dose, will not change. Medical justification will be necessary to continue prescriptions with Lipitor 10-40 mg tablets.

Equipotent doses of statins achieve a similar percent LDL lowering such as 35-40% with simvastatin 20 mg and Lipitor 10 mg daily. Lipitor, even with splitting of tablets, costs more than twice simvastatin.

If you have any questions about these changes, please contact Richard Johnson, Pharmacy Director, at 831-430-5553

State Law Affecting Patient Medical Records



Assembly Bill 800, which became effective January 1, 2006, requires all health facilities and primary care clinics, except long-term care facilities meeting certain criteria, to include a patient's principal spoken language on patient health records. To assist providers in complying with this law, the Alliance Provider Services Department is providing labels for recording each patient's preferred language. Please contact the Provider Services Department at 831-430-5540 to request a free supply of language labels for your patient's medical charts.

2007 CPT & HCPCS Codes

On January 1st, the 2007 updates to the Current Procedural Terminology, Fourth Edition, (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) Level II codes became effective for Medicare. The State Medi-Cal program has not yet adopted the 2007 updates, so please do not use the 2007 procedure codes to bill State Medi-Cal services until notified in a future Medi-Cal bulletin. The Alliance will **NOT** be adopting the 2007 CPT codes for Medi-Cal line of business until further notice; however, the 2007 CPT codes are effective for our non Medi-Cal programs, i.e., Healthy Families (HF), Healthy Kids (HK), and In-Home Supportive Services (IHSS) as of January 1, 2007.

Credentialing and Re- Credentialing

If you have recently received a Credentialing or Re-Credentialing packet from the Alliance, please complete the packet in its entirety and return as soon as possible. If we receive a packet that is incomplete, we cannot present it to the Peer Review Credentialing Committee (PRCC), which potentially puts you at risk for not maintaining an active credentialed status. Not maintaining current credentialing status with the Alliance may affect your contract status. We value your services to our members and want to assist you in maintaining your good standing in our network.

The PRCC meets in March, June, September and December.

ALERT! ALERT! ALERT!

The National Provider Identifier (NPI) Compliance Deadline is May 23, 2007!

GOT NPI?

The National Provider Identifier compliance date is right around the corner!

What is the "NPI number" and why do I need to apply for it?

The Health Insurance Portability and Accountability Act (HIPAA) mandates the use of the NPI, which is a National Provider Identifier number and a unique identifier for health care practitioners. All health care providers who choose to transmit any health information in electronic form will be required to obtain and use an NPI number.

Beginning May 23, 2007, the 10-digit NPI will replace the nine-digit Medi-Cal provider number as well as the health care provider identifiers in use today by other payers (i.e. Medicare, etc). Make sure that you register for your NPI now to allow time to share your number with anyone you submit claims to, as well as colleagues who need it to submit claims. This will ensure uninterrupted claim payments.

How do I apply for my NPI number?

If you have not yet registered, visit the National Plan and Provider Enumeration System web site at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Once you have been assigned a number from the National Plan and Provider Enumeration System (NPPES), *please fax the OFFICIAL documentation (email or letter) to your Provider Services Representative at 831-430-5857.*

Are you interested in a Claims Training?

We will gladly arrange a training or in-service with a Claims Specialist for your office if you are a new provider or just need a refresher. Please call 831-430-5531 to request the training.

Long Term Care Case Manager



Candise Pratt, RN
831-772-6640

Meet the Alliance Long Term Care (LTC) Case Manager, Candise Pratt, RN. When health challenges mean a member can no longer live at home, Candise is there to help. Serving as an advocate for patients and a resource for providers, she:

- Consults with hospital discharge planners regarding skilled nursing facilities (SNF) placement
- Makes referrals to services that can help members to remain at or return home
- Monitors SNF quality of care

For example, a provider asked for help for a member she felt could not continue to live at home safely. Our LTC Case Manager referred the family to resources so that they, along with their physician, could decide on the best level of care for the patient. When the member decided to go to a SNF, the Case Manager guided the grateful family through the placement process.

Candise visits SNFs regularly to review members' charts, discuss discharge planning goals, and help with social service needs. During 2006-2007, the Alliance will be focusing on improving care in the areas of diabetes management, physician visit frequency, informed consent, and appropriate use of psychotropic drugs and restraints.

We are currently recruiting a LTC Case Manager for Santa Cruz County. Interested RNs should check our website or call Lilia Chagolla at 831-430-5569. For now, Candise is serving both Santa Cruz and Monterey Counties.

A 5 Minute Obesity Consult

The national obesity epidemic is a primary cause of rising rates of diabetes and other chronic disease. What can the primary care provider do in a short office visit?

Medical research documents the efficacy of brief negotiation by physicians, particularly when targeted to the patient's current level of readiness to change. Try this 5 minute obesity consult for patients who are ready to start making small changes.

5 Minute Obesity Consult

Soft Drinks

- Cut down amount.
- Switch to diet sodas.
- Limit sports drinks, juice portions, and other sweet drinks.

Snacking

- Eat 3 meals a day and control portions.
- Reduce "grazing".
- Offer healthy snacks for children at set times.

Fast Foods

- Reduce frequency.
- Don't supersize!
- Choose water or diet soda.

Exercise

- Reduce screen time.
- Encourage active play.
- Walk. Aim for 10,000 steps a day.*
- Encourage families to be physically active together.*

*The Alliance offers a number of free tools to help families be more physically active. Members may call the Health Education Line at 1-800-700-3874 x5580 to request a pedometer, exercise video/DVD, or a referral to local free and low-cost exercise classes (supplies and referrals vary).

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

It All Starts at the Front Desk

Mrs. L. has a Hispanic surname and speaks with an accent. She is often upset when she calls or visits a health care provider's office and staff assume she does not speak or understand English. Sometimes this assumption leads staff to speak slowly and loudly. Other times they have a Spanish-speaking staff person interact with her. Although she is pleased that some providers have Spanish speakers on staff for families who need language assistance, she wishes they would ask about her specific needs.



This is one of several case studies provided by the National Center for Cultural Competence at Georgetown University.

As medical providers are striving to deliver more culturally responsive care, it is also important to consider patients' interactions with non-clinical staff. Cultural competence starts at the front desk as families strive to make appointments and check in.

Families' experiences are affected as much, if not more, by interactions with non-clinical staff both before and after the office visit. If front office staff demonstrate insensitivity, lack of respect, or assumptions about the family's economic status or culture, it may set the tone for the whole visit and affect future use of care.

- Families may be uncomfortable calling for advice or appointments, leading to delayed access to care.
- Patients may fail to make or keep follow-up appointments.
- Clinicians may lack information about the nature of the visit because the front desk has not been able to communicate effectively with the family.

By contrast, when front office staff welcome diverse patients and demonstrate respect, communication and health outcomes improve.

The National Center for Cultural Competence states, "Staff require organizational support to develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways." They recommend including front office staff in planning and training activities. Formal policies and procedures should define what resources are available to staff, how they should determine a family's need for interpreter services, and how they should serve individuals with other communication needs such as hearing impairment or limited literacy skills.

Staff training may include:

- Self-assessment with a simple survey tool
- Interacting effectively with individuals from diverse cultures
- How to access interpreter services
- How to work with an interpreter
- How to help people with low literacy skills
- Confronting bias, discrimination, and racism in health systems

How the Alliance Can Help

The Alliance offers tools and trainings to help providers assess and improve cultural competence among staff. To learn more, contact Isleen Glatt, Senior Health Educator, at 831-430-5570.

Adapted from: Bonheim S, "It All Starts at the Front Desk", Washington DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. From website: <http://gucchd.georgetown.edu/nccc> (accessed 11/2/06).

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Changing your address, Medi-Cal # or Tax ID #?

Please let us know as soon as possible to prevent a delay in payment. If your Tax ID changes, please submit a completed W-9 to the Provider Services Department.

Upcoming Meetings

Managed Medical Care Commission Meeting

March 28, 2007 May 23, 2007
April 25, 2007

All Managed Medical Care Commission meetings are open to the public. Contact Gabriela Carvalho at (831) 430-5602 for meeting location or cancellation information.

Physicians Advisory Group

June 6, 2007, TBA, 6:30-8:30

Quality Management Group

April 18, 2007, Possibly Virtual

Santa Cruz County Member Services Advisory Group

May. 28, Alliance Watsonville Community Hsp,
10 am-Noon

Monterey County Member Services Advisory Group

TBA, Alliance Salinas Office; Noon-1:30 pm

Alliance Holiday Office Hours

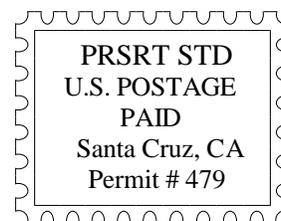
Central Coast Alliance for Health will be closed to observe the following holiday:

Memorial Day - May 28, 2007



**CENTRAL COAST
ALLIANCE
FOR HEALTH**

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SCOTTS VALLEY, CA 95066



Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5