

Provider Bulletin

A Tribute to Dr. Richard Shapiro

September 22, 1963 - July 20, 2005



Compassionate, caring, cheerful, knowledgeable, responsive, attentive, professional, and kind are but a few of the words used to describe Dr. Richard Shapiro. One former patient of Dr. Shapiro's said, "Two things I could always count on from him were: a smile and a hug - and that is all I ever really needed." Dr. Shapiro was an Oncology Specialist, who became an Alliance provider in 1996. Dr. Shapiro died of heart failure on July 20th, leaving behind a community of family, friends, colleagues and patients who adored him. A website has been established for patients and friends to share memories of Dr. Shapiro. Upon reading these memories, you'll find Dr. Shapiro described as a larger than life individual who was a hero and friend to cancer patients facing a scary and uncertain future. We mourn the loss of this incredible doctor who treated over 200 Alliance members during the last nine years. Dr. Shapiro provided patients with quality care, compassion, and with a sense that life is just too much fun to allow cancer to interfere. He will be deeply missed and never forgotten. On behalf of everyone at the Alliance, we extend our most heart felt condolences to Dr. Shapiro's family, friends, office staff, and colleagues.

Dr. Shapiro's memorial website is:

www.three-amigos.com/drshapiro ✘

Alliance Care IHSS Takes Off

The Alliance's newest line of business, Alliance Care IHSS, began July 1, 2005. This collaboration with the Monterey County Public Authority will provide health insurance to 525 Monterey County In-Home Supportive Services (IHSS) workers. IHSS employees provide home and personal care services for elderly and disabled individuals, allowing them to remain in their own homes and communities. Eligibility for coverage is determined by the Public Authority based on the number of hours worked per month. Members pay a monthly premium for the coverage and copayments for some services.

Alliance Care IHSS members are linked to a PCP. PCPs are paid fee for service for Alliance Care IHSS at 110% of the Santa Clara Medicare reimbursement rate.

We want to thank those of you who have generously opened your practices and are accepting new patients under this line of business. If you are a primary care provider who has opened your practice to Alliance Care IHSS members, to avoid member confusion, please alert your office staff that these members will be calling to make their new patient exam appointments.

If you have any questions about Alliance Care IHSS, or would like to open up your practice to new members, please call your Provider Services Representative. ✘



Alliance Honors PCP HEDIS® Scores

The Central Coast Alliance for Health conducted selected HEDIS® quality studies in 2005. The results are in, and we're happy to report continuing trends in quality improvement. Independently audited, HEDIS® has become the gold standard for its definitions of what to examine, providing a level playing field to compare performance.

55 Alliance PCPs at or Above the 90th Percentile in One or More Measures - This year, the Alliance will honor 55 PCPs who scored at or above the 2004 National Medicaid Audit 90th Percentile in one or more measures, compared to 40 last year.



Alliance Overall Scores Continue to Trend Upward

The Alliance as a whole scored virtually at or above the 2004 National Medicaid Audit 90th Percentile for *Childhood Immunization*, *Well-Child Visits in the First 15 Months of Life*, and *Diabetic Eye Exam* measures.

Most other measures showed steady improvements over the last five years, including *Appropriate Use of Asthma Medications*, *Cervical Cancer Screening*, and *Adolescent Well-Care*, although there is still room for continued improvement regarding adolescents.

Reminder: The Alliance has incentives to help encourage teens to get their annual well-care visits. To find out more about this program, please contact The Alliance Quality Improvement Manager at 831-430-5571.

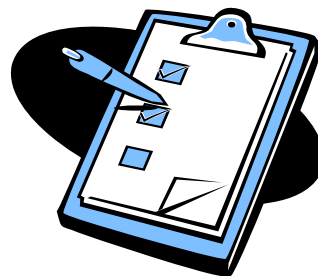
Quality Measures for 2006 Studies

The 2006 studies will review services delivered primarily in 2005, although some measures look back further. The state has chosen these measures for next year:

- Children's Health:
 - *Childhood Immunization Status*
 - *Annual Adolescent Well-Care Visits*
 - *Well-Child Visit, First 15 Months of Life*
 - *Well-Child Visit, 3-6 Years*
 - *Blood Lead Testing*
- Women's Health:
 - *Timely Prenatal Care*
 - *Postpartum Care*
 - *Breast Cancer Screening*
 - *Cervical Cancer Screening*
 - *Chlamydia Screening in Women*
- Chronic Disease Care:
 - *Diabetic Care*
 - ✓ *Annual Eye Exam*
 - ✓ *HgA1C*
 - ✓ *Lipid Screen*
 - ✓ *Nephropathy monitoring*
 - *Use of Appropriate Medications for Asthma*

Thank You!

The results of these studies reflect the quality care local physicians deliver to patients year-in and year-out. We welcome your feedback regarding our quality improvement programs, so our members can continue to receive the best possible medical care. If you have any questions regarding HEDIS®, we recommend the NCQA website at www.ncqa.org, or feel free to contact The Alliance Quality Improvement Manager at 831-430-5571.✘



An Update from the Santa Cruz-Monterey Managed Medical Care Commission

Provider Withhold Risk

In June the Commission reinstated withhold or “downside” risk in provider risk sharing contracts, beginning with the 2005 risk settlement. This follows the recent Commission decision to establish provider surplus budgets to ensure that funds are available to reward providers for access and efficiency.

Previously, the Commission decided in August, 2002 to suspend the use of withholds for PCPs since Medi-Cal inflation was not funded by the State. The Alliance did not want to penalize providers for the State freezing rates. With the recent decision to ensure funding for surplus, the effect of the state freeze is removed. Withhold risk is now reinstated as a strong incentive to be efficient, along with the potential for upside surplus opportunity.



Medi-Cal Encounter Data Policy

PCPs are encouraged by the Alliance to submit claims for all of their services, even though PCPs are “pre-paid” by capitation. Claims that are pre-paid via capitation are considered “encounter data.” Encounter data provides the details of patient visits with their PCP.

The Alliance needs PCP claims data to:

- better support Alliance quality studies.
- maximize state revenue rates based on Alliance cost experience.
- provide evidence of primary care access and services to Alliance members.

A new policy was approved during the June, 2005 commission meeting that requires a PCP to convert from capitated to fee for service Alliance payments if their encounter data submittal falls below benchmarks. During a twelve month period, if an Alliance PCP’s Medi-Cal encounter data either,

- falls below an average of one visit per member per year, or
- is one standard deviation below the mean of the rate of other PCP encounter data submittal,

then the PCP’s Medi-Cal payments will convert from capitation to fee for service payment at Medi-Cal rates, after a two month notice period. The PCP can convert back to capitation payment after demonstrating twelve months of fee for service claims submittal at an annual average rate above these benchmarks. This policy will take effect January 1, 2006 and will be based on retrospective measures of encounter data submittal.✕



Frequently Asked Questions about PCP Linkage

Q. How do Alliance members get assigned to a Primary Care Provider (PCP)?

- A.** All new Alliance Medi-Cal members are sent a new member packet when they first become eligible. The packet contains:
- New member welcome letter
 - Alliance ID card
 - Member Handbook
 - Provider Directory
 - Provider Selection Form and Postage Paid Envelope

The letter lets members know that they need to pick a PCP from the directory by the end of their first month of membership. It explains that if they don’t call or send the form back to the Alliance, they will be automatically assigned to a PCP.

Alliance Healthy Families members are given the opportunity to select a PCP at the time they apply for Healthy Families. If they don’t select one, we will assign them to one.

Frequently Asked Questions about PCP Linkage - Continued

Alliance Healthy Kids and Alliance Care IHSS members must select a PCP as part of the enrollment process. They are not allowed to enroll unless they select a PCP.

Q. How often can Alliance members change their PCP?

A. Alliance members can change their PCP as often as once a month, although we encourage our members to establish a relationship with a provider and stay with him or her.

Q. What are the rules for when a PCP change becomes effective?

A. Members are notified that if they want to change PCPs, the change will be effective the first of the **following** month. For example, if they call us on 7/5, the change will be effective 8/1. There are some situations in which we will allow members to make a change for the current month, but only if there are special circumstances.

Q. What if a patient is established with me, but gets assigned to another doctor and wants to see me?

A. It is the member's responsibility to let us know which PCP he or she wants. We only assign members if they do not choose a provider on their own. If a member doesn't tell us that he or she is established with your practice, we have no way of knowing.

Q. What if the patient is in my office when I find out he or she is linked to a different PCP?

A. It is recommended you verify eligibility for an Alliance member **prior** to their appointment. Your options for checking eligibility are:

1. Calling our automated eligibility verification system (available 24/7) at (831) 430-5501.
2. Monthly Eligibility List (Green Bar Report)
3. Using our provider eligibility verification fax form (please ask your Provider Rep for copies).
4. Calling our eligibility clerks at (831) 430-5502 a day or two before the member's appointment.
5. **Coming Soon** ... Alliance web-based Eligibility Verification. ✕



HIPAA Privacy Review

- May I leave a message on a patient's answering machine?
- May I use sign-in sheets or call out names in the waiting room?
- Is an authorization needed to send a medical record to another provider who is treating the patient? To a provider who is not treating the patient?
- Can I fax patient medical information to another physician's office?
- Is it allowable to disclose medical information to a law enforcement officer or an officer of the court?

It's been a little more than two years since the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule went into effect. As with most new things, you probably spent time on training and reviewing procedures to make sure that your office or clinic was in compliance. However, just because it's no longer new, the HIPAA Privacy Rule is still in effect. It might be a good time to make sure that everyone in your office or clinic knows what is and isn't allowed, with respect to disclosing a patient's protected health information. The Department of Health and Human Services, Office of Civil Rights has a web site that has answers to many common questions, including the ones listed above. The web site is www.hhs.gov/ocr/hipaa.

Please take some time to review this information with your office – medical privacy concerns us all. ✕

Reminders from the Claims Department

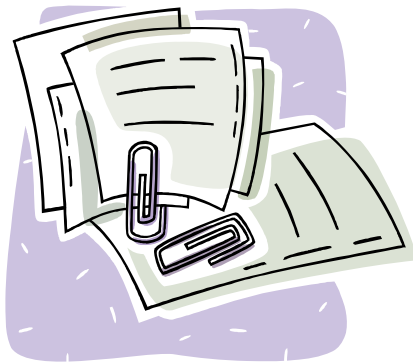
Please remember to refer to the Medi-Cal Manuals for the most current updates.

Attention Neurology Specialists:

As of 2/01/05, the Alliance adopted the Medi-Cal guideline stipulating that electromyography (EMG) and nerve conduction tests (procedure codes 95860-95875 and 95900-95904) require certification documentation. Please see the Medi-Cal Manual for the exact certification language requirement and range of ICD-9 diagnosis codes.

The Claims department is committed to processing your claims as quickly and accurately as possible. You can help us achieve this goal in a number of ways:

- ✓ The Alliance processes claims based on the date of receipt. Please remember to allow 45 days from the time you mail the claim before calling to inquire about claim status.



- ✓ Do **not** staple **anything**. Our scanning equipment requires that all staples must be removed, an incredibly time-consuming task. Our claims control staff guarantees that all claims and supporting documents will be kept together in exactly the order you put them in the envelope.
- ✓ Do **not** fold claims if at all possible. Folded claims must be unfolded and smoothed flat before entering the scanner. Use mailing envelopes that do not require you to fold your claims
- ✓ Make sure **all** non standard-sized attachments are taped on 8 ½ x 11 size paper. Failure to do this requires claims control staff to interrupt their workflow thus slowing the timely handling of your claims.

The Claims Department is available 9 AM to 4 PM, Monday through Friday: **831-430-5503 or 800-700-3874, extension 5503.**

Paper claims should be mailed to the Alliance using the following addresses to facilitate timely processing and payment.

Medi-Cal claims:

**ATTN: CLAIMS
ALLIANCE
PO Box 660015
Scotts Valley, CA 95067-0015**

Alliance-Healthy Families claims:

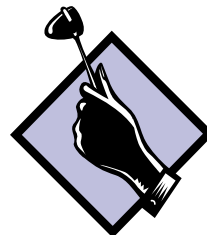
**ATTN: CLAIMS
ALLIANCE - HEALTHY FAMILIES
1600 Green Hills Rd.
Scotts Valley, CA 95066-9998**

Alliance-Healthy Kids Claims:

**ATTN: CLAIMS
ALLIANCE - HEALTHY KIDS
1600 Green Hills Rd.
Scotts Valley, CA 95066-9998**

Alliance-Care IHSS Claims:

**ATTN: CLAIMS
ALLIANCE - IHSS
1600 Green Hills Rd.
Scotts Valley, CA 95066-9998***



PCP Corner Referring Members to a Specialist

Whenever possible, please try to stay within the Alliance network of providers. In most cases, out-of-network services are not covered benefits.

If you need a current copy of the Provider Directory, please contact your Provider Services Representative, as listed below.

Monterey Peninsula/Watsonville Area Providers

Theresa Garcia 831-755-8220, ext. 6770

Salinas and South Monterey County Providers

Gabriella Calderon 831-755-8220, ext. 6763

Santa Cruz Medical Foundation; Santa Cruz County HSA; Planned Parenthood; Capitola Pediatrics Clinics

Laurie Hester 831-430-5537

All other Santa Cruz County Providers

Vanessa Killpatrick 831-430-5538*

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Free Online CME: A Family Physician's Guide to Culturally Competent Care

Alliance Holiday Office Hours

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

Labor Day - September 5, 2005

Veteran's Day - November 11, 2005

Thanksgiving - November 24-25, 2005*

Upcoming Meetings

Managed Care Commission Meeting

September 28

December 7

October 26

All Managed Care Commission meetings are open to the public. For specific times and locations please call Gabriela Carvalho at the Alliance.

Physician's Advisory Group

September 7, Green Valley Grill, 6:30-8:30 pm

November 30, Green Valley Grill, 6:30-8:30 pm

Santa Cruz County Member Services Advisory Group

November 28 - Watsonville Hospital, 10am-Noon

Monterey County Member Services Advisory Group

September 27; CCAH Salinas Office; Noon-1:30 pm

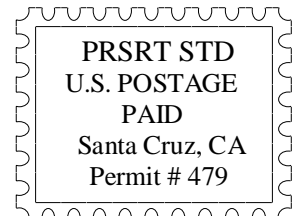
November 22, CCAH Salinas Office; Noon-1:30 pm

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.



1600 GREEN HILLS ROAD
SCOTTS VALLEY, CA 95066



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

Health Programs Update

September 2005



Alliance Children's Case Manager

Judi LeDuc, RN, is the Alliance Children's Case Manager. Judi coordinates care for our

children with special health care needs. Since the Alliance Board created the position in the Fall of 2001, Judi has made a difference in the lives of Alliance special needs children.

Judi identifies children through Referral Authorization Forms (RAF) referring patients for specialist services. She also receives direct referrals from physicians, parents, schools and community agencies. Judi contacts families to inform them about public and non-profit services that can help their child.

Judi helps families understand their Alliance benefits and what their child is entitled to through other agencies. By state contract, developmental evaluation and interventions for children are "carved out" to these agencies: Special Education Local Plan Area for children 3 to 22 years, Early Start for children under 3 years, San Andreas Regional Centers for developmental disabilities, and County Mental Health services.

Judi also helps families access appropriate services and navigate complex systems. For example, recently Judi assisted the mother of a boy with Down Syndrome who needed special adaptive eye glasses. With Judi's mediation, the local Lion's Club worked with the optometrist to meet this family's need.

For more information or to refer a child with special health care needs, contact Judi LeDuc at **831-430-5561** or jleduc@cchah-alliance.org.

Newborn Screening Requirements Expanded

A new state law effective July 11, 2005, adds 40 detectable treatable metabolic disorders to required newborn screening. This expanded program will ensure early identification and treatment for the one in 3,000 babies born in California with a treatable metabolic disorder. State law also requires that prenatal care providers distribute a State-produced booklet to all pregnant women under their care, prior to delivery.



To order free copies of the booklet, "Important Information for Parents about the Newborn Screening Test", call the California Genetic Disease Branch at **(510) 412-1542**. For more information, visit www.dhs.ca.gov/gdb.



New Phone Numbers for Health Services

Barbara Palla, MD, Medical Dir.	430-5550
Julio Porro, MD, Assoc. Medical Dir.	430-5551
Barbara Flynn, Health Services Dir.	430-5552
Rich Johnson, Pharmacy Dir.	430-5553
Bob Hayden, Health Services Mgr.	430-5554
Michele Beard, Health Programs Mgr.	430-5564
Isleen Glatt, Senior Health Educator	430-5570

Member Health Education Line
1-800-700-3874 x5580

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

Does Cultural Competence Matter?

Changing patient demographics are an unavoidable reality. The 2000 Census found that less than half of Californians identify themselves as “White, Non-Hispanic”. Californians report diverse cultures, and 40% report speaking a language other than English at home. More than a quarter of all Californians are foreign-born.

Cultural competence is a buzzword these days. But will it really make a difference in your medical practice? Why should you care to improve provider and staff skills?

Better Outcomes for Patients

- Non-White, non-Hispanic groups suffer disproportionate morbidity and mortality. In Healthy People 2010, our nation set a goal to eliminate health disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds.
- Cultural and language differences may cause misunderstanding and lack of compliance that have a negative impact on clinical outcomes.



Good Business Sense

- Improve patient satisfaction.
- Gain a competitive edge in the marketplace of diverse health consumers.
- Meet legislative, regulatory, and accreditation mandates.
- Decrease the likelihood of liability malpractice claims.
- Decrease the likelihood of a discrimination lawsuit based on Title VI of the Civil Rights Act of 1964.

Free Online CME: A Family Physician's Guide to Culturally Competent Care

Earn up to nine free continuing medical education (CME) credits while learning how to be more effective with your diverse patients. This web-based training is sponsored by the Office of Minority Health at the U.S. Dept. of Health and Human Services.

The training will help prepare you for difficult situations with patients or staff. Consider one of many case studies presented in the training:

A patient with diabetes and amputation refuses treatment. She believes that entering the hospital will kill her, and opts for her culture's traditional remedies. Her family physician desperately wants to work with the patient to manage her diabetes better. *But how?*

Training participants will learn how to practice patient-centered care, becoming aware of patients' explanatory models and negotiating treatment options in a culturally sensitive way. Participants will also learn how to educate staff.

To participate, go to:

<http://cccm.thinkculturalhealth.org>.

For more helpful tools, please visit the Alliance Provider Services pages at www.ccah-alliance.org.

We welcome your feedback.

For compliments, complaints or suggestions about *Cultural Crossroads* or *Health Programs Update*, please contact Isleen Glatt, Senior Health Educator at 831-430-5570 or iglatt@ccah-alliance.org