

Medicare Part D

Key Points



Effective 1/1/06 Alliance members who have both Medicare and Medi-Cal coverage (“dual eligibles”) will no longer have their outpatient drug benefit under the Central Coast Alliance for Health (the Alliance). This will affect approximate 14,000 Alliance dual eligible members. Their new Medicare drug benefit will be administered by one of the Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plan (MA-PDP) that contract with the Centers for Medicare and Medicaid Services (CMS) to provide coverage in California.

CMS will automatically enroll dual eligibles into the Medicare Part D Prescription Drug Program and assign them to one of eight PDPs that have been approved to accept auto-enrollees in California. If the member wants to select a different PDP, they must enroll by 12/31/05 in order for their selection to be effective 1/1/06. If a dual eligible is already enrolled in a Medicare Advantage plan that provides prescription drug coverage, they will remain in that plan unless they make a change. The following is a brief description of the new prescription benefit through Medicare:

- Alliance members must be entitled to Medicare Part A and/or Part B.
- Alliance Medicare/Medi-Cal members will not pay premiums or a deductible for Part D.
- Members will have drug co-pays of \$1/\$3 (generic/brand) not paid for by the Alliance. These co-pays will be the responsibility of the member.
- Members who reside in a long term care (LTC) facility will be exempt from drug co-pays.

Continued on Page 2

New Web Based Services Available

Checking a member’s eligibility is now as simple as going to our website, logging on with an assigned User ID and password, then entering the member’s ID and date of service. Eligibility status results take a few seconds to appear and includes a confirmation number and print function. Our web based service has the capacity to search the eligibility status of up to ten members at once, and includes PCP linkage information, CCS status, and identifies other health coverage. Another web feature includes access to members’ prescription history, and medication contracts by member’s PCP and emergency room physicians only. Our IT department is currently working on the final steps of a claims search function that will allow web users to check the status of a claim. To obtain an Alliance web account, go to www.ccah-alliance.org, click on the web services log-in icon, and follow the instructions. If you have questions about our web based services, call Laurie Hester in the Provider Services Department at 430-5537.*

Correct and Clarify

In the article titled “Alliance Care IHSS Takes Off” from the September 2005 Provider Bulletin, we stated:

Alliance Care IHSS members are linked to a PCP. PCPs are paid fee for service at 130% of the Santa Clara Medicare reimbursement rate.

This should read: 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. (For Healthy Families and Healthy Kids members, PCPs are paid at 130%.)

Medicare Part D - Key Points -

Continued from Page 1

- Drug formularies will vary depending on the PDP, as CMS is only requiring a minimum of two drugs in each of 146 therapeutic classes to be covered.
- CMS is requiring comprehensive coverage in the following classes: Anticonvulsants, Anti-psychotics, Anti-depressants, Chemotherapy agents, Anti-retrovirals (HIV/Aids) and Immunosuppressants.
- The following drugs are excluded from the Medicare drug benefit: medications for anorexia, weight loss, or weight gain; fertility agents; agents for cosmetic purposes or hair growth; prescription vitamins and minerals (except prenatal vitamins and fluoride preparations); cough and cold agents; nonprescription drugs; barbiturates and benzodiazepines.
- Plans must have an exception process, through which a provider or member may request that a plan cover a non-formulary medication when it is medically necessary. They also must have a process in place to handle transition issues for newly enrolled members.
- The Alliance will be responsible for covering those Medi-Cal covered drugs that are specifically excluded from the Medicare benefit, when medically necessary, other than cosmetic and fertility agents.
- A complete list of drugs that are not covered under Medicare Part D is available at www.ccah-alliance.org under Provider Services section.
- The Alliance will still pay for member's other health costs not covered by Medicare.

Please advise your Alliance Medi-Cal members with Medicare coverage NOT to opt out of the new Medicare prescription drug plan as they will no longer have CCAH prescription drug coverage beginning January 1, 2006.✘



Billing Tips

- Avoid using dot matrix and light ink printers. Alliance scans claims using Optical Character Recognition (OCR) software, which may not be able to interpret data from such printers.
- An original signature is required on all hardcopy claims. The signature must be written, not printed.
- Do not staple your hardcopy claims as it delays processing time.
- Pharmacy providers: When billing for metric quantity, use decimals.
- Before submitting your hardcopy claims, remove side perforations. Using side perforations delays claim processing time.
- Use appropriate fonts: 10 point font or larger (not to exceed the size of the field).
- Review monthly Medi-Cal bulletins for ongoing updates by going to www.medi-cal.ca.gov.
- **Medical Supplies:**



Medical Supply Invoices

- ✓ Invoices **cannot** be older than 1 year from the date of service.
- ✓ Invoices must be dated **prior** to date of service billed.
- ✓ Any explanatory information added to the invoice by the provider to assist in the reimbursement process may **only be handwritten**. Typed information will result in the claim being denied.
- ✓ Catalogs or price lists must **not** be dated more than five years prior to the date of service.
- ✓ Include the catalog/price list front cover page indicating the type of catalog and price list used (manufacturer's wholesale, dealer or distributor), as well as the catalog date.

Continued on Page 3

Billing Tips - Continued from Page 2

Medical Supplies on Computer Media Claims (CMC)

- ✓ When billing medical supplies electronically, indicate the catalog name, item number and page number in the *Comments* section.

- **Durable Medical Equipment**

“By Report” DME Catalogs

- ✓ Claims that do not include all of the documentation listed below or are not submitted with a MSRP that was established prior to August 1, 2003 will be denied.
 - Manufacturer’s purchase invoice or the MSRP dated prior to August 1, 2002
 - Item description
 - Manufacturer name
 - Model number
 - Catalog number
- ✓ If the claim includes items that were not available prior to August 1, 2003, the date of availability must be documented in the *Reserved for Local Use* area (Box 19) and providers must attach the initial catalog page(s) and MSRP(s) that list the item(s).

Internet Catalogs

- ✓ DME and medical supply catalogs obtained from the Internet are not acceptable. Claims submitted with pages from Web-based catalogs will be denied.⌘

Calling All Contracts!

Have you signed and returned your revised Alliance contract to us? The Provider Services Department sent out newly restated Agreements to our Primary Care, Referral Physician, Allied, and SNF providers. Our goals with this contract restatement are to streamline the existing Agreement by merging previous amendments into the body of the contract, and to include new regulatory requirements and board policies, such as Quality Based Incentives (QBI) for Primary Care Physicians. **This Agreement requires your signature prior to the January 1, 2006 effective date.** If you have not done so already, please sign and return this Agreement as soon as possible.

Providers who serve as both a PCP and as a Referral Specialist, received a PCP Agreement and a Referral

Agreement. **Both agreements must be signed and returned.**

If you have any questions regarding this Agreement, please contact Angelique Milhouse, Provider Services Manager, at (831) 430-5531 or your Provider Service Representative.

Thank you for our cooperation!⌘



Formulary Changes November 2005

ADDITIONS:

- ✓ Glimepiride (Amaryl)
- ✓ Hydrocodone/APAP 10/325 (Norco)-max 120/30days
- ✓ Hydrocodone/APAP 10/500 (Lortab)-max 120/30days
- ✓ Labetolol (Normodyne)-Code 1 restricted to use during pregnancy only.
- ✓ Olopatadine (Patanol)
- ✓ Simvastatin (Zocor)-Generic will be available June 2006.

Preferred Non-Formulary (2nd line)
Proton Pump Inhibitor (PPI):

Prevacid Solutabs will be the preferred non-formulary PPI. The cost of each Prevacid Solutab is \$3.40. The cost of Protonix is \$4.10 and all other branded PPI’s \$5.00 each.

Current authorizations for Prevacid capsules for all members, except members that will be covered by Medicare starting in January 2006, will be terminated. Whenever possible, all Prevacid should be changed to Solutabs.

For dual eligible members that will be covered by Medicare Part D, please consider using the Medicare Prescription Plan PPI. Prescription omeprazole will be the formulary PPI of most Medicare Plans. The Alliance will continue to have Prilosec OTC on the formulary.⌘



Referring Members to California Children Services (CCS)

CCS is a California State program available for children under 21 years of age with certain physically disabling conditions or certain serious chronic health conditions that need specialized medical care. This program is available to all children whose families meet certain medical, financial and residential eligibility requirements. Family income is not a factor for children who:

- 1) Need diagnostic services to confirm a CCS eligible condition.
- 2) Were adopted with a known CCS eligible medical condition.
- 3) Are applying for services through the Medical Therapy Program.
- 4) Are Medi-Cal beneficiaries, full scope, no share of cost.
- 5) Are Healthy Family's subscribers.



When to Refer

A referral to CCS should occur whenever the Primary Care Physician suspects or identifies a possible CCS medically eligible condition in an Alliance member who is under 21 years of age. Referrals to CCS

require prior authorization and are submitted to the local county CCS program on a Service Authorization Request (SAR) form.

Local CCS Contacts

CCS Santa Cruz County
Phone: (831) 763-8900 Fax: (831) 763-8910

CCS Monterey County
Phone: (831) 755-5500 Fax: (831) 783-0720

Lynol Elliott-Greenspon
CCS Liaison for the Alliance
Phone: (831) 430-5562
Fax: (831) 430-5850



Information on CCS medically eligible conditions may be found at www.dhs.ca.gov/pcfh/cms/ccs/ ✕

Non-Emergency Transportation Requirements

The Alliance covers non-emergency medical transportation services as stated in Title 22, Section 51323, "when the beneficiary's medical and physical condition is such that transport by ordinary means...is medically contraindicated and transportation is required for the purpose of obtaining needed medical care." A Physician Statement of Disability For Non-Emergency Transportation form must be completed by member's physician and faxed to 831-430-5853 for authorization purposes. Additional information on Alliance transportation requirements can be obtained by calling 831-430-5625 for transportation in Santa Cruz county, and 831-430-5616 for Monterey County transportation. ✕



Upcoming Meetings

Managed Medical Care Commission Meeting

December 7, 2005 January 25, 2006
February 22, 2006

All Managed Medical Care Commission meetings are open to the public. Contact Gabriela Carvalho at (831) 430-5500, ext. 5602 for meeting location or cancellation information.

Physician's Advisory Group

March 1, 2006, Green Valley Grill, 6:30-8:30 pm

Santa Cruz County Member Services Advisory Group

February 27, Alliance Scotts Valley Office, 10 am-Noon

Monterey County Member Services Advisory Group

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

Reaching Teens on Their Terms

Less than half of Alliance teens get a well-care visit each year. To learn what works to get teens in your door, the Alliance conducted five regional focus groups. Participants represented the diversity of Alliance members age 12 to 18 years.



The teen focus groups and an accompanying parent survey explored health beliefs and practices, experience with providers, and suggestions for improving services to teens.

Here is what we learned:

- **Drug and alcohol use, stress, and body image** were the top health concerns for local youth.
- Many teens felt their provider did not know or understand them very well, especially their **sexuality, culture, and home life**. For example, many participants speak a language other than English at home.
- Teens rated their **communication** with providers lower than parents did. Teens would like providers to talk to them at their level, to use plain language but not talk down.
- Concern about **confidentiality** is a significant barrier for teens. They would like more privacy in the reception area, and they would like to talk to the doctor without parents present. About half were concerned that the doctor would disclose confidences to their parents.
- Most parents (of all races/ethnicities) are willing to leave the exam room so that their teen can be alone with the doctor.

For a copy of the complete report, please contact Lilia Chagolla, Health Programs Coordinator, at 831-430-5569 or lchagolla@ccah-alliance.org.

Guidelines for Adolescent Preventive Services

The national Guidelines for Adolescent Preventive Services (GAPS), published in 1997, advocated for a shift from acute care model to a health promotion model for adolescents. GAPS addresses developmental, psychosocial, and biomedical aspects of teen health.

GAPS recommends an annual well visit for your patients age 11 to 21 years. The Alliance will reimburse fee-for-service for this annual visit.

GAPS recommendations include:

- Guidance on development, diet, physical activity, healthy lifestyles, and injury prevention
- Screening for eating disorders, sexual activity, alcohol & drug use, tobacco use, abuse, school performance, depression, and suicide risk
- Physical assessment including blood pressure, BMI, and comprehensive exam
- Tests: cholesterol, TB, STDs, and pap smear
- Immunizations

View the complete guidelines on the American Medical Association website, www.ama-assn.org.

Free Tools

Call 831-430-5569.

- California Minor Consent Laws – provider pocket card
- “What We Say Here, Stays Here” – 8.5” x 11” exam room poster
- New Body Basics Provider Toolkit (or download all four Adolescent Health provider toolkits from www.ahwg.net)
- List of local referrals for youth

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

Free, Onsite Training for Providers

Learn to recognize and address patients' language and literacy needs with free training offered by the Alliance Provider Services Department.

Your Provider Services Representative will come to your staff meeting or another time at your convenience. Choose one of the fun, interactive trainings described below.

Working with Interpreters In-service

This training features a revealing role play on video followed by discussion to identify the dangers of using an untrained interpreter. A second role play illustrates how clinicians can guide untrained interpreters for better patient outcomes. Your Representative will then train staff how to access professional interpreter services paid for by the Alliance for Alliance members.

Health Literacy In-service

This training is based on the American Medical Association toolkit and video, "Help Your Patients Understand." Participants hear patients' stories, then experience first hand what it is like to struggle to read medical instructions. Your staff identify solutions that will work in your office.

Free Tools

Either training includes an Alliance Cultural & Linguistics Services folder filled with tools for your practice.

To arrange your free training, contact your Provider Services Representative or call the Provider Services Department at 831-430-5540.

Communicating with a Deaf or Hard of Hearing Person

The Alliance will arrange for an American Sign Language interpreter for your appointments with hearing impaired Alliance members. Contact our Transportation and Language Coordinator at 831-430-5625. Try to give a week's notice to ensure a qualified interpreter will be available.



Tips from the Deaf & Hard of Hearing Service Center

Don't be afraid to talk to a Deaf or Hard of Hearing Person. We would love to talk with you if you are willing to take the time to talk with us! Try these tips. If all else fails, use a pen and paper.

- Be sure your face and lips are visible and you are in a well lighted area.
- Do not chew anything or cover your mouth with your hands.
- Speak naturally.
- Don't exaggerate your mouth movements, talk slowly, or shout.
- Use gestures and facial expressions.
- If you know some signs or finger spelling, use them.
- Be patient.
- Be yourself!

Adapted with permission from Deaf & Hard of Hearing Service Center, Inc. For more information, resources or referrals, please call 831-753-6540.

For more information on Alliance cultural and linguistic services or health education programs, contact the Senior Health Educator at 831-430-5570 or iglatt@cchah-alliance.org.



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066 • (831) 430-5500
 1000 S. Main St., Suite 313 • Salinas, CA 93901 • (831) 755-8220

Do you have new staff or staff that need a refresher course on any of the following Alliance procedures?

Checking Eligibility?

Referring Members?

Accepting Referrals?

Requesting Treatment Authorizations?

If your answer is YES, send your staff to one of the following:

- Alliance Lunch Sessions -

(All Lunch Sessions are from 12:00 – 1:30 with lunch included)

<u>Lunch Session Location</u>	<u>Date</u>	<u>Number of Staff</u>	<u>Office Name & Phone #</u>
<input type="checkbox"/> Central Coast Alliance For Health 1600 Green Hills Road, Suite 101, Scotts Valley	1/12/06	_____	_____ <small>(Phone Number)</small>
<input type="checkbox"/> Central Coast Alliance For Health 1000 South Main Street, Suite 313, Salinas	1/20/06	_____	_____ <small>(Phone Number)</small>
<input type="checkbox"/> Watsonville Community Hospital 75 Nielson Street, Conference Rooms 1 & 2, Watsonville	1/31/06	_____	_____ <small>(Phone Number)</small>

Please RSVP no later than one week prior to Lunch Session date by:

1. **Checking the box next to the desired location.**
2. **Include # of staff attending.**
3. **Include staff names in the space below.**
4. **Fax this form to 430-5857.**

Staff Attending: _____

In This Issue

- 1 Medicare Part D - Key Points
- 1 New Web Based Services Available
- 1 Correct and Clarify
- 2 Billing Tips
- 3 Calling All Contracts!
- 3 Formulary Changes November 2005
- 4 Referring Members to California Children Services (CSS)
- 4 Non-Emergency Transportation Requirements
- 4 Upcoming Meetings
- 5 Health Programs Update
 - Reaching Teens on Their Terms
 - Guidelines for Adolescent Preventive Services
- 6 Cultural Crossroads
 - Free, Onsite Training for Providers
 - Communicating with a Deaf or Hard of Hearing Person
- 7 Workshops Coming Soon

Alliance Holiday Office Hours

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

Christmas Holidays - December 23 & 26, 2005

New Year's Day - January 2, 2006

Martin Luther King Jr. Day - January 16, 2006

President's Day - February 20, 2006

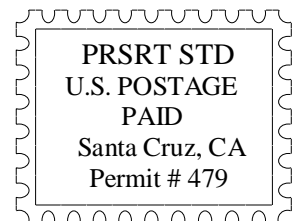
Changing your address, Medi-Cal # or Tax ID #?

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, SUITE 101

SCOTT'S VALLEY, CA 95066



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