

Provider Bulletin



March 2010

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Provider Services Department

The Provider Services Department would like to take this opportunity to thank you for partnering with Central California Alliance for Health. It is with your support that quality healthcare is being provided to over 190,000 Medi-Cal, Healthy Families, Healthy Kids, IHSS and AIM members throughout Monterey, Santa Cruz and Merced counties.

The Provider Services Department is dedicated to extending the highest level of customer service and support not only to you, our providers, but to your office staff as well. Our team includes Provider Services Representatives, Contract, Credentialing and Systems Specialists, Administrative Support as well as our Provider Services leadership.

The Alliance believes in keeping our providers informed with the most up-to-date information; while also ensuring your full understanding of the program and any changes or updates that may transpire. To that end, we offer easy access to our program information at the Alliance's website, www.ccah-alliance.org (select the "Providers" tab). The Providers portion of the Alliance website is dedicated to provide tools and information specific to your needs.

Your Provider Services Representative can also make individual or group presentations tailored specifically to meet your practice needs. Do you have questions about your claims, contracting, credentialing, member linkage, referrals, web services, electronic claim submission or authorizations? If so, contact your Provider Services Representative today. They are able to research and identify solutions to support the care you provide to our members.

The Alliance Contract Specialist prepares contracts for new and existing providers, while also assisting to ensure your contract is implemented appropriately. The Credentialing Specialist at the

Alliance is responsible for the oversight and coordination of processing your credentialing application, compliance and credential verification. Our Systems Specialist is available to support your use of our web services and to ensure the integrity of our provider data.

At the Alliance, we look forward to continuing our partnership with you and to provide you with the support you need continuing to provide excellent care to our members. Please feel free to contact the Provider Services Department at (800) 700-3874 ext 5504 with any questions or to obtain additional information.

We are pleased to introduce new Provider Services Staff!

Welcome Christy Casey as Provider Services Representative for Merced County. Christy brings extensive knowledge of health care management in both facility and physician settings, physician relations as well as contracting and credentialing. She is a resident of Hilmar, a small dairy community in Merced County, and enjoys traveling, her children's sporting events and the beach. Christy can be reached at the Merced office at (209) 381-5372 or ccasey@ccah-alliance.org.



Welcome Michelle Campos as the Provider Services Representative for North Santa Cruz County. Michelle brings extensive knowledge of our provider network, Alliance lines of business, policies and systems from her previous position as the Alliance's Grievance Coordinator. She also has experience in health care management support in both acute and skilled



nursing facilities. Michelle has a Bachelor's Degree in Health Science with an emphasis in Administration. In her spare time, she enjoys horseback riding, fishing with her family, and taking her Chihuahua to the dog park. She can be reached at (831) 430-5538 or mcampos@ccah-alliance.org.

Welcome Karina Smith as the Provider Services Representative for Salinas and the Monterey Peninsula. Karina has been with the Alliance for over 5 years and has held such positions as Provider Services Assistant, Claims Technician, and most recently as a Claims Adjudicator. She brings a wealth of knowledge in claims processing and provider support. Karina is a Santa Cruz County native and enjoys cooking and entertaining friends and family. Karina is located in the Scotts Valley and Salinas office and can be reached at (831) 430-5548 or ksmith@ccah-alliance.org.



Welcome Renee Rowe as the Provider Services Systems Specialist. Renee has been with the Alliance since December 2004. She started as a pharmacy technician in our Health Services Department and from there went on to contribute in Claims and Finance Department positions of our organization. Renee is excited to bring the knowledge she has accumulated to her new position and enjoys the continual process of learning. Renee likes biking to work, traveling, massage therapy and spending time with family. Renee is located in the Scotts Valley office and can be reached at (831) 430-5544 or rrowe@ccah-alliance.org.



Alliance's Regional Operations Directors
In 2009, to strengthen the Alliance's operations in Monterey and Merced counties, the Alliance hired Regional Operations Directors for each regional office. The Regional Operations Directors are responsible for overseeing our regional offices and management of Alliance programs within each of their communities. In addition, the Directors serve as regional community liaisons. Their leadership in the Salinas and Merced offices will ensure high quality customer service to Alliance members and providers and adherence to Alliance policy.

Lilia Chagolla is the Monterey County Regional Operations Director. Lilia joined the Alliance in 2004 and previously served as the Health Programs Manager overseeing the health and disease management programs. Prior to joining the Alliance, Lilia managed the Health Services Department for The Boys and Girls Club of San Francisco, and worked in the development and implementation of the Prenatal and Pediatric Outpatient Clinics for Dominican Hospital in Santa Cruz, California. Lilia holds a Bachelor of Science Degree in Community Health Education from San Francisco State University and attended Universidad Autonoma de Guadalajara, Mexico in 1992 studying Spanish and medical terminology. She resides in Capitola with her partner and her 12 year old daughter. In her spare time, Lilia enjoys meeting new people and playing soccer.



Jennifer Mockus joined the Alliance in November 2009 as the Merced County Regional Operations Director. Prior to joining the Alliance, Jennifer managed the maternal child health programs for the Merced County Department of Public Health. From 1991-2000 Jennifer provided public health case management to Santa Cruz County residents as a Public Health Nurse for Santa Cruz County Health Services Agency. Jennifer is a Public Health Nurse who has a Bachelors Degree in Nursing from California State University, Stanislaus. Although much of Jennifer's free time is spent on school activities with her 9 year old twin boys, she enjoys fishing at Lake McClure.



Congratulations to our Employee of the Year!

Angel Milhouse, Provider Services Manager, was the recipient of the 2009 Employee of the Year award. This award recognizes an employee making exceptional contributions to the Alliance in fulfilling our mission. Angel was acknowledged for her commitment and dedication to our expansion into Merced County. In preparation for the October 2009 launch date, she spearheaded efforts to



partner with Merced County providers and lead her team in building a comprehensive primary and specialty care network, which served to ensure access for over 68,000 Alliance members. Angel's remarkable judgment, tenacity, perseverance and leadership skills were critical to ensuring the success of our expansion into Merced County. Congratulations, Angel!

Alliance Updates ...

Healthy Families Co-Payments

The State recently implemented new Healthy Families co-payments in a three-tiered structure. The Alliance receives the co-payment amounts from the Healthy Families Program's external data vendor, which is not being updated regularly, resulting in a discrepancy between what the member's Alliance ID card indicates and what the member has been advised of from the Healthy Families Program.

If you have a patient that presents a letter from the State's Healthy Families Program that indicates a co-payment amount different from the Alliance ID card, the PCP Linked Member List, or the Eligibility Verification feature on your Alliance web account, please collect the amount stated in the letter. You may ask that the member contact our Member Services Department at (831) 430-5505 to correct the co-payment amount that appears in the Alliance system. The Alliance will continue to work with the Healthy Families Program to ensure all co-payment information is updated regularly.

Improvements to Referral Entry/Search and RA Search Now Available!

The Alliance recently introduced new features to the Web Account Service; Referral Entry, Referral Search and the online Remittance Advice (RA).

RA Search has been activated on the provider Web Services Account. You will now be able to view, print, and/or save your RA from this web page. Providers with Claims Search capability can now reprint or save the PDF of their own RA from this web page.

Referral Entry allows PCPs to submit referrals to the Alliance electronically. As with paper referrals, a PCP may only submit referrals for members linked to their practice. A referral number is automatically assigned to the electronic

referral upon the PCPs entry of the referral through the web account. The PCP can click on the referral number to view and print a referral summary. The PCP should fax a copy of the printed referral summary to the referral provider. The PCP does not have to mail or fax a copy of the electronic referral to the Alliance, as referrals submitted through the web account are automatically received by the Alliance.

Referral Search can be used to search for referrals made for an Alliance member. The goal is to provide referral providers with timely information regarding referrals, allowing for expedited scheduling for our members. Referral Search will facilitate billing as providers can obtain the referral number through the search function in their web account. This is valuable information because referral numbers must be included on the referral provider's claims. In addition, providers can view the scanned images of paper referrals submitted since October 2009. Providers may continue to use paper referral forms but are encouraged to use their web accounts for efficiency and accuracy.

To learn more about these features, please contact your Provider Services Representative.

New Well Care Visit Frequency Limitation effective January 1, 2010

The Alliance recently implemented a system change which expanded the frequency timeline allowed for Well Care Visits. This change allows more flexibility in scheduling well care visits for Alliance members.

The following system update has been implemented and all claims previously denied for exceeding frequency limitations have been identified and reprocessed using the new frequency guidelines noted below:

- **99391** - every 2 mos., ages younger than 1 yr now payable every 7 wks vs. 8.86 wks
- **99392** – every 3 mos., ages 1-5 now payable every 9 wks vs. 13.29 wks
- **99393** – every 12 mos., ages 5-11 now payable every 345 days vs. 372 days
- **99394** – every 12 mos., ages 12-17 now payable every 345 days vs. 372 days

Please be sure to use the correct CPT code based on the member's age at the time of the exam.

Sleep Studies and CPAP – Making Difficult Decisions in Diagnosing and Caring for Children with Obstructive Sleep Apnea

Last year, we used our claims information to get a better understanding of the utilization of diagnostic services for Alliance members. We noticed that there was a wide variation in the use of polysomnography (sleep studies) and non-invasive positive pressure ventilation treatment such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP). This was more pronounced in the pediatric age group. We brought this information to our Utilization Management Committee (UMC), which is composed of contracted Alliance physicians. The Committee was concerned and asked the utilization management staff to review indications for testing and treatment in this area with a focus on obstructive sleep apnea.

The Alliance uses evidence-based, outcome-focused clinical criteria for utilization decisions when available. In addition, we incorporate practice guidelines from professional societies and information from local and regional specialists. As you may know, sleep medicine is rapidly evolving – both in regard to clinical indications and technological capabilities of the medical equipment. We reviewed our current Milliman criteria as well as the American Academy of Pediatrics issued clinical practice guidelines for the diagnosis and management of childhood obstructive sleep apnea (OSA) syndrome. We also discussed diagnosis and treatment strategies with a pediatric pulmonologist from Lucille Packard Children's Hospital. A complete discussion of indications is beyond this newsletter. However, there were a few important points that we want to share with you:

- Sleep study testing for children is indicated when OSA is suspected.
- It is often difficult to differentiate between primary snoring and OSA. The latter should be suspected when there is:
 - habitual (nightly) snoring (often with intermittent pauses, snorts, or gasps).
 - disturbed sleep.
 - daytime neurobehavioral problems.
- Sleep studies performed in a lab (as opposed to in home) are still the “gold standard.”

- If OSA is diagnosed and tonsillar or adenoid hypertrophy is present, a tonsillectomy and adenoidectomy is considered the treatment of choice.

Every patient has unique needs and care decisions must take these into account. However, these points provide some guidance when caring for our members.

Please feel free to call Richard Helmer, M.D. at (831) 430-5588 or Julio Porro, M.D. at (831) 430-5551 if you would like more information or want to discuss this or other care issues.

Linking Administrative Members in Santa Cruz and Monterey Counties

Effective April 1, 2010, approximately 3,425 CCS, ESRD and Organ Transplant Administrative Members in total will no longer be Administrative Members. These previously Administrative Members will be linked to a Primary Care Provider (PCP) and will require a referral from their PCP to receive any non-self referral services from a referral provider.

This change is a further step in the Alliance's effort to improve medical outcomes for our members through effective case management. This change supports the Alliance's policy of providing a medical home for our members by ensuring their access to important preventative care by maximizing the patient-provider relationship to allow for coordinated care.

Please keep in mind that you will not be required to do referrals for members with open CCS cases, if the services needed are for their CCS eligible condition. Those members who become linked to a PCP as of April 1, 2010 may keep any existing specialty appointment during April 1, 2010 through May 31, 2010 without a referral being required. This is to ensure continuity of care during this transition.

This change has already been successfully implemented for Merced County Medi-Cal patients effective October 1, 2009.

Health Programs Update

Asthma Action Plans: Why Are They Important?

According to the *National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma*, written asthma action plans contribute to improving asthma control, especially in preventing or managing asthma exacerbations. Written action plans can also help increase a patient's self-perceived asthma control and confidence in self-management, which could result in fewer unnecessary ED visits, urgent office visits, and after-hours calls.

In order to encourage providers to develop written action plans for pediatric patients, the Alliance will reimburse \$20.00 for each action plan submitted. Patients must be Alliance members 0-18 years old, and the reimbursement is limited to the first asthma action plan submitted for each child during the calendar year. As of January 1, 2010, the \$20 reimbursement applies to all lines of business (previously only for Alliance Medi-Cal members).

Fax completed plans to ATTN: Health Services Administrative Assistant at (831) 430-5851.

Feel free to download blank asthma action plans at <http://www.ccah-alliance.org/formlibrary.html>.

However, any action plan with the standard components, including daily management and how to recognize and handle worsening asthma, will be accepted. Plans can also be submitted through your provider web account.

For questions about this or other Alliance Quality Improvement projects, call Andres Aguirre, Quality Improvement Manager, at (831) 430-5564. For questions about accessing your provider web account or downloading the asthma action plans from our web site, please call your Provider Services Representative.

Provider & Staff Language Capabilities

In order to determine whether we have an adequate provider network to meet the needs of our Limited English Proficient (LEP) members, the State requires us to identify which of our providers are fluent in languages other than English each year. **This information is also included in our printed and online Provider Directories.**

Your office should have recently received a blank "Provider Language Verification Form" via fax.

If you have not yet submitted your form, please complete the form inserted in this bulletin and fax to the Provider Services Department at (831) 430-5857 today.

IMPORTANT: We must be able to differentiate provider capabilities (MD, DO, NP, PA) from other medical staff (RN, LVN, MA) and non-medical staff (Office Manager, Receptionist, and Scheduler). Each provider's name must be included on the form; however, staff names are not required (but be sure to list the languages in which your staff has fluency on the bottom section of the form).

This year, we are starting a new process that will save you time! We are now able to enter into our system the information that you submit on this year's Provider Language Verification Form. In the future, we will generate an automated form with all of your information pre-printed. Starting in 2011, you will only be required to note any language changes from the previous year.

For questions, please call your Provider Services Representative or the Provider Services Department at (831) 430-5504.

Billing for Beneficiaries with Other Health Coverage

Providers are reminded that they may not refuse to provide Medi-Cal-covered services to eligible recipients with other health coverage (OHC). The Social Security Act 1902 (a) (25) (D) and 42 Code of Federal Regulations section 447.20 (b) require that a provider not refuse to furnish services covered under the state plan to an individual eligible for medical assistance on account of a third party's potential liability.

In most situations, providers are required to exhaust the recipient's OHC before billing Medi-Cal. In situations where OHC utilization is not required before billing Medi-Cal, providers are still encouraged to bill OHC first, as OHC plans often pay more than Medi-Cal. Generally, if the total paid by OHC is less than the amount payable for that service under the state plan, the balance will be paid by Medi-Cal, up to the maximum allowed amount.

What this means to you:

If you submit a claim to the Alliance for primary payment and our system shows the member has OHC, you will get a denial. In order to re-submit the claim for reconsideration of payment, please provide either the EOB with a denial from the OHC carrier, or a copy of termination from the OHC carrier. As per Medi-Cal guidelines, the provider is responsible to verify and submit the OHC determination with a claim. The Alliance system will be updated once we receive verification of OHC and forwarded to the State for an update to the State system. You may also complete the downloadable form available on our provider web site with the correct OHC information and fax it to the Alliance at (831) 430-5853 attn: COB Specialist.

Claims Corner

Attachments (including EOBs) must be submitted with *each claim* to which they pertain.

Use the appropriate field on your claim form for the Referral or TAR number when required.

Refer to the Medi-Cal Manual and Bulletins for assistance with your Medi-Cal billing, at <http://www.medi-cal.ca.gov>

Ways to expedite claims processing:

- Do not staple claims and/or attachments.
- Do not fold claims.
- Do not highlight information.
- Reconcile your RA in a consistent and timely fashion to reduce duplicate billing.

Intravenous Radiopharmaceutical Therapy Policy Update

Effective for dates of service on or after January 1, 2010, CPT-4 code 79101 (radiopharmaceutical therapy, by intravenous administration) is not reimbursable when billed with CPT-4 codes 36400, 36410, 79403, 90760, 90765 – 90768, 90780, 96360, 96374, 96375, 96408 and 96409.

Pemetrexed May Be Reimbursed When Billed with CPT-4 Code 96409

Effective for dates of service on or after January 1, 2010, HCPCS code J9305 (injection, pemetrexed, 10 mg) may be reimbursed when billed in conjunction with CPT-4 code 96409 (chemotherapy administration, intravenous, push technique, single or initial substance/drug). The provider manual previously stated that code 96413 was reimbursable when billed in conjunction with code J9305, which was incorrect.

Pulse Oximetry Reimbursement Limitation

Effective retroactively for dates of service on or after October 1, 2009, CPT-4 code 94670 (non-invasive ear or pulse oximetry for oxygen saturation; single determination) is reimbursable only to physicians when billed with no other services for the same recipient, by the same provider on the same date of service.

Access for Infants and Mothers (AIM)

Baby charges are only covered while mom is inpatient. Once the mom is discharged, the baby is not covered under AIM.

If you have any questions regarding topics discussed in "Claims Corner" please feel free to contact the Claims Department at (831) 430-5503.

New Alliance Providers

Please join us in welcoming the following new physicians to the Alliance:

Merced County

Referral Physicians/ Specialist

Brian Moore, MD (OB/GYN)
 Charles Slocumb, MD (OB/GYN)
 Duane Richey, MD (Radiology)
 E. Kip Hensley, MD (Plastic Surgery)
 Edward Vanek, DO (Orthopedic Surgeon)
 Francisco Alonso, MD (General Surgery)
 Hanimireddy Lakireddy, MD (Cardiology)
 James Huish, DPM (Podiatry)
 Kenneth Grossman, MD (Ophthalmology)
 Liautaud Prophete, DO (OB/GYN)
 Mani Nallasivan, MD (Cardiology/Internal Medicine)
 Mark Spitzer, DO (Otolaryngology)
 Richard Robinson, MD (General Surgery)
 Samuel Loreda, MD (OB/GYN)
 Sivakumar Munnangi, MD (Gastroenterology)

Primary Care Physicians

Alessandra D'Avanzo, MD (Family Practice)
 Benjamin Leonard, MD (Family Practice)
 Bhubanesh Bhatta, MD (Pediatrics)
 Brijesh Kadam, MD (Pediatrics)
 Chen-Yow Fuh, MD (Cardiology)
 Eduardo Villarama, MD (Family Medicine)
 George Chao, MD (Internal Medicine)
 Jelin Troung, MD (Family Practice)
 Joerg Schuller, MD (General Medicine)
 Kathikeya Devireddy, MD (Internal Medicine)
 Lidia Rodriguez, MD (Internal Medicine)
 Lidia Sanseau, MD (General Practice)
 Lorraine Nelson, MD (Family Practice)
 Maciej Ossowski, MD (Family Practice)
 Marie David, MD (Family Practice)
 Monique Sanchez, MD (Family Practice)
 Najeeb Ansari, MD (Pediatrics)

Paul Love, MD (Internal Medicine)
 Pushpendra Sharma, MD (Pediatrics)
 Richard Warness, MD (Family Practice)
 Robert Simenson, MD (Family Practice)
 Robert Butler, MD (Internal Medicine)
 Satnam Uppal, MD (Internal Medicine)
 Teresita Enad, MD (Internal Medicine)
 William Carter, MD (General Practice)

Monterey County

Referral Physicians/Specialist

George Chao, MD (Internal Medicine)
 Allen King, MD (Endocrinology)
 Hannah Kwon, MD (Anesthesia)
 John Fejes, MD (OB/GYN)
 Laurie Kleinman, MD (Physical Medicine)
 Neelima Vegesna, MD (OB/GYN)

Primary Care Physicians

Agnieszka Lech, MD (Internal Medicine)
 Debi Siljander, MD (Family Practice)
 Hami Ebrahimi, MD (Internal Medicine)
 Jordan De-Paz, MD (Family Practice)
 Kamala Randolph, MD (Pediatrics)
 Natalie Carasali, MD (Pediatrics)
 Vidya Bhandarkar, MD (Pediatrics)

Santa Cruz County

Referral Physicians/Specialist

Katherine Gabriel-Cox, MD (OB/GYN)
 Kristy Howard, DO (OB/GYN)
 Lori-Ann Tracy, MD (Emergency Medicine)
 Nicole Surdock, DPM (Podiatric Medicine)
 Scott Imahara, MD (Plastic Surgery)
 Trevor Williams, MD (General Surgery)

Primary Care Physicians

Tim Truong, DO (Pediatrics)

Formulary Changes

ADDITIONS:

Drug Name	Used to treat
Fenofibrate (generic for Lofibra)	High cholesterol (step therapy, must try other formulary drugs first)

DELETIONS:

Drug Name	Used to treat
Albuterol (generic for ProAir)	Asthma

Note: Cozaar and Hyzaar will be the first generic ARBs with an expected availability of April 2010. Conversion of other brand ARBs to generic losartan and losartan-hct will soon follow.

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Upcoming Meetings

Managed Medical Care Commission Meetings

Thursday March 24, 2010 Thursday April 28, 2010

All Managed Medical Care Commission meetings are open to the public and are held from 4:00pm-6:00pm. Contact the Clerk of the Board at (831) 430-5602 for meeting location or cancellation information.

Santa Cruz County Member Services Advisory Group

Next meeting date is Tuesday May 18, 2010, 10am-12pm, at 75 Nielson Street, Watsonville, CA.

Monterey County Member Services Advisory Group

Next meeting date is Wednesday, March 10, 2010, 12pm-1:30pm, at the Alliance Salinas Office, 339 Pajaro Street, Suite. E, Salinas, CA.

Quality Improvement Committee

Next meeting date is Monday March 15, 2010, 3:00-5:00pm at the Alliance Merced Office, Board Room, 530 West 16th Street, Merced, CA.

Alliance Holiday Office Hours

Central California Alliance for Health will be closed to observe the following holidays:

Memorial Day - May 31, 2010

