

Provider Bulletin

Awards for the Alliance

On April 24th, during the statewide conference in Sacramento on “The Culture of Quality”, the Alliance stepped forward to receive a **Quality of Care Award** from the State Department of Health Services for outstanding Health Plan Employer Data and Information Set (HEDIS) scores. HEDIS scores tell how much preventive care and care for chronic conditions are provided to health plan members. For example, are children getting immunized? Are teens seeing their PCPs for physical exams? Are asthma patients receiving the appropriate medication? HEDIS scores tell the story.

All HEDIS programs are very structured and audited so that health plan scores can be compared across the state, and across the nation. Of 33 Medi-Cal health plans in the state, the Alliance had the third highest scores and received the Bronze Award. This award truly honors the individuals who actually deliver the preventive services...**our network physicians**. We thank our providers whose commitment to quality care resulted in scores that were among the highest in the state.

On May 17th, the Alliance and Mary Boyd, a health care provider at Watsonville Community Hospital shared the **2006 Phil Rather Award for Leadership in Health Care** from the Pajaro Valley Community Health Trust. The Alliance was recognized for health care leadership qualities that reflect the spirit of the Rather Award. Phil Rather was former President of both the Watsonville Community Hospital (WCH) Foundation and the WCH Board of Directors. The Rather Award for Leadership in Health Care began in 1999 and serves to recognize and honor those whose contributions of time, effort or funding help make a difference in the quality of health care for Pajaro Valley residents. Alliance staff and board members are honored to have received this prestigious recognition.

Stanford Clinical Laboratory

As a reminder, your Alliance patients must be referred to a Stanford Lab Service Center for their lab tests. Certain pathology labs and pap smears may be sent to any lab for testing. The following two lab tests may be performed in CLIA licensed provider offices and billed to the Alliance: streptococcus, group A (CPT Code 87880) and urine pregnancy test (CPT Code 81025). If you have any technical or operational questions regarding Stanford Labs call the Stanford Customer Service number @ 877-717-3733. Stanford Patient Service Center locations, lab web portal, and lab test directory are available by going to: www.stanfordlab.com.



Alliance Web Services

Over 120 Alliance providers are using our web service to check member eligibility. If you're not one of the 120 provider offices with an Alliance web account, what are you waiting for? Checking eligibility through the Alliance web site is quick, efficient, and provides information not available on the State Medi-Cal website. For example, information available with an Alliance web account includes the name of member's PCP, other health insurance coverage, California Children's Services eligibility, and share of cost information. A PCP with an Alliance web account can also view their linked member's prescription history, and medication contract. Currently in the testing phase is a Claims Search web feature that allows users to search the status of claims. The Claims Search feature will be offered to contracted provider offices within the next few weeks. Alliance contracted providers may obtain a web account by going to www.ccah-alliance.org. If you have any questions about an Alliance Web account, please call Provider Services @ 831-430-5537.



The National Provider Identifier

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. This identifier must be used by HIPAA covered entities such as health care providers including individuals, such as physicians, dentists and pharmacists, and organizations such as hospitals, nursing homes, pharmacies and group practices, beginning May 23, 2007.

Health plans, including Medicare, Medicaid, private health insurance issuers, and all health care clearinghouses are required to accept and use NPIs in standard transactions by May 23, 2007. As a result of this mandate, the Alliance will be requiring the use of the NPI standard beginning May 23, 2007. This includes electronic transactions as well as paper claims, authorization and remittance advices.

The National Provider Identifier (NPI) is a unique, 10-digit, intelligence free numeric identifier replacing the different provider identifiers you currently use for each of the health plans that you do business with. The NPI will remain with the provider regardless of job or location changes. You may receive notices about the National Provider Identifier (NPI) from other health plans with which you do business; however, you need only to apply once. The same NPI is used for every health plan. Once you obtain your NPI, we ask that you wait for specific instructions prior to using the NPI.

There are several ways the NPI will help health care providers. The NPI will allow for simpler electronic transmission of HIPAA standard transactions, offer more efficient coordination of benefit transactions, reduce fraud and abuse, and provide better validation and verification of services.

We urge all healthcare providers to apply now for their NPI. The following website provides information about the NPI application process:

www.cms.hhs.gov/NationalProvdentStand/

Providers, Please SIGN Here

Medi-Cal requires providers or their designees to sign and date all claim forms and TARS. An original signature is required on all forms. Stamps, initials or facsimiles are not acceptable. When signing, use a black ballpoint pen. Claims are denied, and TARs are deferred if submitted without a signature.



Note: Be sure that the signature is within the boundaries of the designated field. Our equipment scans markings outside the boundaries of the field as data, which results in the need for manual review by claim examiners and extends the processing time of the claim.

Corrections: Cover incorrect data using correction tape and re-enter the correct information. Please do not use correction fluid.

PCP Referrals to Specialists

PCPs may occasionally experience access issues when referring a member for specialty care. When this occurs, the PCP should contact their Alliance Provider Service representative or call 831-430-5540 to obtain referral information. It is the PCP's responsibility to coordinate specialty care for their Alliance patients. Please do not instruct your patients to call the Alliance to find a specialist who will see them.

Formulary Changes in June 2006

Additions:

Allegra (fexofenadine)

Asmanex (mometasone) Inhaler

Ditropan XL (oxybutynin)-code 1 restricted to Urologist

Zoloft (sertraline)



Deletions:

Altace (ramipril)

Megace (megestrol)

Go to the Alliance website to view the entire formulary.

Nutrition Benefit Change

The Alliance Medical Nutrition Therapy (MNT) benefit has been revised effective 6/19/06. MNT is one of several health education programs that the Alliance offers as an “expanded benefit”, above standard benefits of Medi-Cal, Healthy Families, or commercial insurance. The MNT benefit covers brief education by a Registered Dietitian for medically necessary conditions. MNT is not intended to take the place of expected anticipatory guidance and nutrition counseling provided in the primary care setting. A RAF defining the medical necessity is required.

Medical Necessity Criteria

Policy changes mailed to MNT providers and PCPs in April clarified authorization for MNT. PCPs should refer only patients who meet one of the following criteria:

- A. Patients of any age with a medical diagnosis requiring a special or restrictive diet
- B. Adults (>21 years)
 1. Clinical obesity (BMI >30) with a co-morbid condition
- C. Children (2 – 20 years)
 1. Clinical overweight (BMI or wt/ht >95%)
 2. Failure to thrive (BMI or wt/ht >95%)
 3. Eating disorder
- D. Infants (<2 years)
 1. Clinical overweight (wt/ht >95%)
 2. Failure to thrive (wt/ht >95%)

Benefit Limit

The benefit is limited to three hours per member lifetime. However, if a patient later needs MNT for a different diagnosis, we will consider authorizing additional hours on a case-by-case basis.

For more information, please contact the Senior Health Educator at 831-430-5570.

Staying Healthy Assessment Revised

The California Department of Health Services (DHS) requires primary care providers to perform an Individual Health Education Behavioral Assessment (IHEBA) with each Medi-Cal managed care patient. The **Staying Healthy Assessment** is the mandated tool.

Tool Revised

DHS has now revised the Staying Healthy forms and released new translations in Spanish, Russian, Vietnamese, Chinese, Lao, and Hmong.



The forms have been updated to reflect current American Academy of Pediatrics guidelines. For example, the forms for Age 0 to 3 years and Age 4 to 6 years no longer mention Syrup of Ipecac for poisoning in children. To make translated forms easier for providers, the new translated versions are all bilingual, with the English subtext below each question. The accompanying patient handouts have also been updated.

How to Get New Forms

The Alliance sent new master copies and an order form to all PCPs with the April member list. Master copies in all languages are also available on our website.

Please dispose of outdated Staying Healthy forms and update your master copies. Use the Staying Healthy order form to request English or Spanish copies in bulk. To request copies of forms in other languages or another set of masters, please contact the Health Services Assistant at 831-430-5574.

Thank you for your willingness to better serve Alliance members. For more information about Staying Healthy or the IHEBA, please contact the Alliance Senior Health Educator at 831-430-5570.

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

Health Disparities

One of the most compelling arguments for improving cultural and linguistic competence in health care is to reduce disparities in health outcomes among different groups. The Alliance is part of a national effort to reduce health disparities as envisioned by Healthy People 2010, the nation's health goals for this decade.

Consider these examples collected by the U.S. Office of Minority Health:

- Latinos and African Americans are twice as likely as non-Hispanic whites to be diagnosed with diabetes. They are also more likely to suffer complications and death.
- Latina, Asian/Pacific Islander, and Native American women are more likely to die from cervical cancer than non-Hispanic whites.
- Infant mortality is highest for African Americans, at 2.4 times the white infant mortality rate.

Differences in health care access and quality are one cause of disparities. In 2002 the Institute of Medicine published a literature review which concluded that minorities are less likely than whites to receive medically necessary services across a range of health conditions and common procedures, even when controlled for patients' insurance status and income. The authors attribute the differences to both health systems inequities and to unconscious biases and stereotyping by healthcare providers.*

Alliance Data

To identify health disparities among our membership, the Alliance analyzes HEDIS data by ethnicity and age. This annual study measures how much preventive care is provided to plan members. By comparing rates for different

* Smedly, BD et al, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002.

subgroups, we can identify possible access barriers and focus quality improvement interventions.

For HEDIS 2005, the Alliance scored above the state Medi-Cal average in every measure. We identified the following differences by ethnicity:

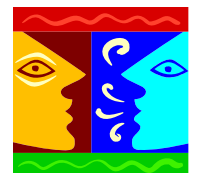
- Latino members had the lowest rate on appropriate use of asthma medications.
- African American members had the lowest rate of adolescent well-care, postpartum care, and early and regular prenatal care.
- Asian American/Pacific Islander members had lower rates of cervical cancer screening, diabetic eye exam, postpartum care and well-baby care.
- Caucasian members had the lowest rates for breast cancer screening, childhood immunization, and chlamydia screening.

However, all ethnic groups among Alliance members have better rates of preventive care on some measures than Caucasians. This may reflect better access to culturally competent care in our network than national averages. Together with our excellent providers, we will continue to work toward delivering quality preventive care to all Alliance members.

Help for Providers

Improved cross-cultural medicine skills help bridge gaps in language, culture, and health beliefs between patients and providers. Self-assessment allows providers and staff to identify areas for improvement. For a free assessment tool to conduct with your staff, contact the Senior Health Educator at 831-430-5570 or iglatt@ccah-alliance.org.

Also, check www.ccah-alliance.org for excellent online continuing education resources, including some sites that offer free CME units.



CENTRAL COAST ALLIANCE FOR HEALTH - Contact List -

We encourage you to contact the Alliance whenever necessary by telephone
Scotts Valley Office Main Phone Number: 831-430-5500
Salinas Office Main Phone Number: 831-755-8220

For information about the Alliance, go to the Alliance website @ www.ccah-alliance.org

TOPIC	DEPT / LOCATION	PHONE #
Eligibility Assistance		
Eligibility Clerks	Member Services	430-5502
Alliance Automated System		430-5501
State AEVS (Automated Eligibility Verification System) Share-of-Cost Eligibility		1-800-456-2387
Health Education	Health Services	430-5570
Medical Director	Health Services	430-5550
Inquiries Regarding Members		
Deletion of Member (PCP Only)	Provider Services	430-5540
Request for Administrative Member status due to medical condition	Health Services	430-5567 755-8220 ext. 6771
Missed Appt/No Show calls	Provider Services	430-5540
Members Services Reps	Salinas	755-8220 press 2
	Santa Cruz	430-5505
	Watsonville	430-5500 ext. 7308
Provider Complaints / Grievances	Provider Services	430-5531 430-5525
Recoveries or Other Insurance Recoveries	Finance	430-5621
Mental Health		
Monterey County Mental Health Department		1-888-258-6029
Santa Cruz County Mental Health Department		1-800-952-2335
Managed Health Network		1-800-327-0449

TOPIC	DEPT / LOCATION	PHONE #
Referral Authorization Forms (RAFs)		
Questions on RAFs	Health Services	430-5506
To order RAFs	Provider Services	430-5540
Treatment Authorization Requests (TARs)		
To Order TARs	California Dept. of Health Services	1-800-541-5555
Status of TARs	Health Services	430-5506
Access Coordinator / In Area Non-Emergency Transportation	Finance	430-5625
		430-5616
Interpreter Services	Finance	430-5625 430-5616
Other		
CCS – California Children’s Services	Health Services	430-5563
Claims Inquiries (between 9 am – 4 pm)	Claims	430-5503
Contract Questions	Provider Services	430-5533
Eligibility for Medi-Cal	Social Services	454-4131
Vision Service Plan	VSP	1-800-615-1883
Denti-Cal		1-800-456-2387
DME Issues	Health Services	430-5567 755-8200 ext. 6771
Pharmacy	Health Services	430-5577
Concerns about 1099’s	Provider Services	430-5540
Long Term Care Case Manager	Santa Cruz County	430-5565
	Monterey County	755-8220 ext. 6640
Stanford Lab		1-877-717-3733

All numbers are in the 831 Area Code unless otherwise noted.
 Still not sure who to call? When in doubt, call Provider Services at 430-5540

Please FAX documents to the appropriate department Fax #:

- | | |
|------------------------------------|---|
| Admin - 430-5852 | Provider Services 430-5857 |
| TARs & RAFs Auths - 430-5850 | Finance - 430-5853 |
| Pharmacy Authorizations - 430-5851 | Member Services, Santa Cruz - 430-5856 |
| Information Technology - 430-5855 | Member Services, Watsonville - 763-8530 |
| Claims - 430-5858 | Member Services, Salinas - 755-8226 |
| Human Resources - 430-5854 | Health Services - 430-5859 |

Please note: All Phone and Fax numbers are subject to change.

Effective: 5/16/06

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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

June 28, 2006 August 23, 2006

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

Physician's Advisory Group

Sept. 20, 2006, TBA, 6:30-8:30 pm

Quality Management Group

Sept. 6, 2006, Green Valley Grill, 6:30-8:30 pm

Santa Cruz County Member Services Advisory Group

Aug. 21, Alliance Scotts Valley Office, 10 am-Noon

Monterey County Member Services Advisory Group

Aug. 23, Alliance Salinas Office; Noon-1:30 pm

Alliance Holiday Office Hours

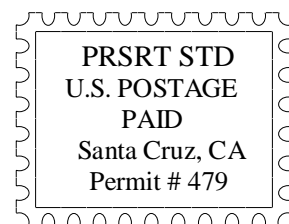
Central Coast Alliance for Health will be closed to observe the following Holidays:

Independence Day - July 4, 2006

Labor Day - September 4, 2006



1600 GREEN HILLS ROAD, SUITE 101
SCOTTS VALLEY, CA 95066



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