

Provider Bulletin



The Alliance Launches New Website

The Central Coast Alliance for Health is pleased to announce the launch of our new website. Visit www.ccah-alliance.org to find a wealth of new information, resources and tools. Our website features include:

- **Web Account Services:** Check eligibility, view patient prescription lists, and research claims history online.
- **Provider Manual:** Now available online. Click on any item on the table of contents to go directly to the information you need.
- **Authorization Policies and Procedures:** Reference our policies for authorizing treatment.
- **Case Management:** Learn about the case management services at the Alliance.
- **Health Education:** Reference health education benefits, order health education materials, and download health tips for your patients.
- **CME Opportunities:** Find local CME opportunities and learn about online CME courses.
- **New Web Forms:** Update your contact information, order a credentialing packet, and make suggestions online.
- **Form Library:** Download all of the Alliance's forms.
- And much, much more...

If you already have a web account for checking eligibility and want access to the Claims Search feature, go to the web services login page and sign up again as a new user.

Medicare Special Needs Health Plan

On June 28th, 2006 the board of directors of Central Coast Alliance for Health approved a feasibility study for a Medicare Advantage Special Needs Plan (SNP). An Alliance SNP could potentially serve 14,000 local dual eligibles enrolled in both Medicare and Medi-Cal in the Monterey Bay region.

An Alliance SNP offers several ways to improve health care services for local, low income seniors and persons with disabilities including:

- One easy source of access to hospital, physician, pharmacy and allied services integrated for both Medi-Cal and Medicare, instead of multiple bureaucracies.
- Alliance disease and case management services, not currently available under the Medicare benefit.
- Local telephone and one-on-one advice and support from Alliance Member Services staff.
- Improved services to physicians to facilitate access to care.

We envision improved services to local providers as well, via:

- Possible opportunities to improve locally on federal Medicare payments.
- Possible payment incentives for quality of care and coding to maximize federal reimbursement.
- Streamlined claims processing and payment from the Alliance for Medi-Cal and Medicare crossover claims.
- Local support and problem solving for Medicare as well as Medi-Cal issues.

We encourage you to submit comments and/or questions regarding this project by going to www.ccah-alliance.org. Click on "Providers", and look for the link under "What's New". Our partnership with local providers is important to the success of this project and we are very interested in your feedback.

Alliance Billing Limits

Medi-Cal Share of Cost



A small percentage of Medi-Cal beneficiaries are required to pay a monthly deductible before they become eligible for Alliance Medi-Cal benefits. Share of cost refers to the amount of health care expenses a recipient must pay **each month** before Alliance Medi-Cal eligibility begins. Once a recipient's health care expenses reach a pre-determined amount, Medi-Cal will pay for any additional covered benefits for that month. Share of cost is an amount that is paid to the provider of health care services.

The provider who renders a service prior to the share of cost obligation being met may charge standard fees to the patient. When a fee is collected from the patient, the provider is responsible for entering the amount by using the state Medi-Cal website, point of service device, or by calling the Medi-Cal Automated Eligibility Verification System (AEVS) at 1-800-456-2387.

If a patient pays their share of cost for the service received and the provider's office neglects to apply the credit to the state system, the system will continue to show an unmet share of cost. Please be sure to credit the share of cost immediately after receiving payment. In doing so, the patient will be eligible for additional covered benefits through the end of that month.

Formulary Update Effective 10/06

ADDITIONS:

Venlafaxine (Effexor), generic tablets only

DELETIONS:

1. Atorvastatin (Lipitor)
2. Budesonide (Pulmicort Respules)
Will remain formulary for children under 6 years of age.
3. All diabetic meters and test strips except TrueTrack brand.



Refer to page 5 for additional information on Formulary changes.

The Alliance follows Medi-Cal Delay Reason Code/Billing Limit guidelines which include the following: **100%** reimbursement for claims submitted within **0 – 6 months** of the date of service; **75%** for claims submitted within **7 – 9 months** of the date of service; and **50%** for claims submitted within **10 – 12 months** of the date of service. Claims submitted beyond 12 months of the date of service result in zero payment. These guidelines are strictly enforced by the Alliance. Please be sure to submit claims in a timely manner to avoid a reduction in reimbursement due to billing limitations.

Is a TAR Needed?

Not sure of this answer? Use our "CPT Codes and TAR Inquiry" form and fax to 831-430-5506. You'll receive a response within 24 hours. Download this form by going to the CCAH web site, click on the Providers Home Page and then on the on Form Library.

Interpreter Services

Alliance providers are required contractually to offer a trained interpreter for LEP Alliance patients. The Alliance offers providers 24 hour telephone interpreter services access in order to communicate effectively with Alliance members who are limited in English proficiency (LEP). This service is provided by a company called Language Line Services. Highly skilled professional interpreters in over 150 languages are available just a phone call away through Language Line Services.



We highly recommend utilizing Language Line Services instead of medical staff, or a patient's family member who are not skilled interpreters. Using unskilled interpreters can result in unequal medical care for these patients. The use of professional interpreters may reduce the liability involved in an unclear provider-patient communication, in addition to ensuring quality health care.

-Reminders-

Refer Alliance members to Stanford Lab draw sites. The list of sites can be downloaded by going to www.stanfordlab.com and clicking on Patient Service Centers. Scroll down to the Central Coast Map.

Apply for your National Provider Identifier (NPI) by going to <https://nppes.cms.hhs.gov>. Fax the official document on which you received your NPI to Provider Services at 831-430-5857.

Make Your Wishes Known Promoting Advance Directives

Surveys indicate that less than 20-30% of Americans have completed advance directives to guide their health care in the event that a critical illness or injury leaves them unable to communicate.

Make Your Wishes Known is a new local initiative to promote advance care directives. It is a joint project of the Health Improvement Partnership of Santa Cruz County, Hospice Caring Project, and the Santa Cruz County End-of-Life Coalition.

“We talked to doctors, and doctors wanted their patients to think ahead,” said Alan McKay, Alliance Executive Director and Chair of the Health Improvement Partnership. “This is an opportunity to help people prepare in advance for a situation that can create tremendous anxiety for families.”

The project goal is to encourage individuals to think about their options in medical care and treatment, fill out a directive, and make sure family, close friends and medical providers have a copy. Unlike its predecessor, the Living Will, an advance directive also allows a person to name an advocate who will see that his/her wishes are honored.

California Health Care Decisions Week is October 30 – November 5, 2006. Use this opportunity to discuss advance directives with your patients and clients. Call **469-6222** to order free copies of a simple California Advance Directives form to distribute to patients. Or download the forms from the Alliance website: www.ccah-alliance.org/formlibrary.html.

Make Your Wishes Known also offers counseling, educational presentations for workplace or community groups, and facilitators for home gatherings, where family and friends can ask questions and fill out directives. Call 469-6222 or visit MakeYourWishesKnown.org for more information.

Health Education Benefits

To improve the health of our members, the Alliance pays for several clinical health education services when medically necessary. These services are covered for all Alliance Medi-Cal, Healthy Families, Healthy Kids, and IHSS members.

- **Asthma Education** – a 4 to 6 hour program of comprehensive self-management education
- **Diabetes Education** – a 10 hour program of comprehensive self-management education
- **Medical Nutrition Therapy (MNT)** – up to 3 hours of education for qualified conditions
- **Breastfeeding Support** – expert lactation consultation for mothers who encounter problems with breastfeeding

For asthma, diabetes, or lactation consultation, members may be referred by their primary care provider, other physician, Alliance Case Management, or self-referral. MNT requires a RAF.

New Health Education Providers

Qualified education providers are available throughout Santa Cruz and Monterey Counties. Several new education providers are now accepting Alliance members:

- Breathe California Central Coast, 373-7306 x820: Asthma education home visits in Santa Cruz and Monterey Counties
- Dominican Pediatric Clinic, 457-7038: MNT for Dominican Pediatric patients only
- Santa Cruz Medical Clinic main office, 460-6019: Diabetes education or MNT for patients of SCMC physicians only
- Soledad Medical Clinic, 678-2665: MNT for any referred Alliance patient

New Location on Our Website

For a complete list of approved education providers, see documentation for providers under Health Education Benefits: www.ccah-alliance.org/healthdbenefits.html.

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

Improving Care for African American Patients

With only a small population of African Americans living in the Central Coast, few local medical providers are experienced in serving the unique health care needs of this community.

Among Alliance members, 3% identify as African American (AA). To learn more about their needs, the Alliance met with community leaders, service providers, and two member focus groups.

Health Beliefs and Practices

Members and community leaders identified health beliefs and practices that are common in the African American community. Note that the findings presented here may not apply to individual patients.

- There is a pervasive distrust of the medical system and providers based on historical abuses and personal experiences of contemporary racism.
- Spirituality is an important component of health.
- The health of the individual is the responsibility of the whole family.
- Life issues such as child care, transportation, or needs of a family member take precedence over medical appointments, leading to a higher no show rate in medical care. Children's health care and other needs come first, so parents often don't have time to address their own health.
- Some AAs rely strongly on traditional home remedies, herbs, and elder healers.
- Some AAs may not take prescribed medication due to distrust or concern about adverse effects.
- While AAs cite obesity as a common health risk, there is more acceptance of larger size than the "thin" ideal of the mainstream white culture.

Suggestions for Providers

Focus group participants said that a good relationship with the provider and open communication is paramount. That relationship can overcome distrust and even some gaps in knowledge regarding AA health needs. They offered these suggestions to improve care:

- Familiarize yourself with health issues that are particular to AAs, without making assumptions about individuals. Ask more questions about the patient's beliefs and practices.
- Make AAs feel welcome by having magazines, posters, and health education materials that address AAs.
- Work at hiring diverse staff, including AAs.
- Assess current nutrition and physical activity. Culture and income play a big part in diet and exercise.
- Be direct yet respectful in communication.
- Personally encourage patients to return for well care.

For a copy of the full needs assessment or focus group reports, call Isleen Glatt at 831-430-5570.



Free Books

Provider Handbooks on Culturally Competent Care

Kaiser Permanente has produced an excellent series of books to help providers increase cultural sensitivity and improve clinical practice. Each book covers a different community: African American, Asian/Pacific Islander, Latino, LGBT, or Individuals with Disabilities.

The handbooks describe health risks, beliefs and practices common in each population and advise on relevant areas for clinical focus. Request free handbooks at 831-430-5



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FORMULARY CHANGES OCTOBER 2006

TRUE TRACK SMART SYSTEM; METER AND TEST STRIPS:

The Alliance is pleased to announce that, **effective October 1, 2006, the True Track brand of diabetes supplies including meters and test strips will be the only system on the formulary.** This change will not affect members who are Medicare eligible as Medicare Part B is the primary payer for diabetic supplies. The Alliance Pharmacy and Therapeutics Committee has performed an extensive evaluation of the available systems and determined that the True Track system is equally efficacious and significantly more cost-effective than other brands of diabetes self-monitoring systems. The cost of True Track test strips to the Alliance is about ½ that of the other brands of test strips.

On November 1, 2006, the Alliance will begin transitioning members to the True Track brand. Prescribers will be asked to prescribe the True Track brand of meters and test strips. For all Alliance members, other than Medicare, other brands of meters and strips will be available to members through the prior authorization process. If a member is unable to be transitioned to the True Track system for valid medical reasons, other brands will be considered.

Any patient questions regarding the use of their TrueTrack Smart System blood glucose monitor can be directed to the HDI Technical Service department at 1-800-803-6025. Assistance is available 24 hours a day, seven days a week, in both English and Spanish.

You should have already received a more detailed letter which will include a standing order form which can be sent by prescribers to their local pharmacies authorizing the pharmacy to switch Alliance diabetic patients to the True Track system. Contact Provider Services if you did not receive the letter and standing order form by calling 831-430-5540 .

LIPITOR REMOVED FROM THE FORMULARY:

As of **October 1, 2006, Lipitor will no longer be on the Alliance formulary.** At this time the average prescription cost to the Alliance of generic simvastatin (Zocor) without splitting the tablet is slightly less than Lipitor with splitting tablets. As additional generics become available next year for simvastatin, costs should decrease even further. Alliance patients currently on Lipitor will be allowed to continue treatment without requiring authorization. **At this time the only statins on the formulary will be simvastatin and lovastatin.** Other statins will be considered through the prior authorization process with medical justification.

Other Formulary Changes:

Addition: **generic venlafaxine (Effexor) tablets only. Effexor XR capsules are non-formulary.**

Age Limitation: **Budesonide (Pulmicort Respules) will require a TAR for all new starts unless the child is less than 6 years of age.** The cost of the Respules may be twice that of inhalers.

Page #	In This Issue
1	The Alliance Launches New Website
1	Medicare Special Needs Health Plan
2	Medi-Cal Share of Cost
2	Formulary Update
2	Alliance Billing Limits
2	Interpreter Services
3	Health Programs Update
4	Cultural Crossroads
5	Insert: October Formulary Changes

Meeting agenda packets for Santa Cruz-Monterey Managed Medical Care Commission are available on the Alliance website at www.ccah-alliance.org/boardmeeting.

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

Santa Cruz-Monterey Managed Medical Care Commission Meetings:

September 27, 2006 December 6, 2006
October 25, 2006

All Managed Medical Care Commission meetings are open to the public and are held at the Pajaro Valley Community Health Trust from 4-6 pm. Contact Gabriela Carvalho at (831) 430-5602 for information

Physicians' Advisory Group

Nov. 29, 2006, location to be announced, 6:30-8:30 pm

Quality Management Group

Nov. 15, 2006 Green Valley Grill, 6-30-8:30 pm

Santa Cruz County Member Services Advisory Group

Nov. 13, Watsonville Community Hospital, 10:00 am - 12:00pm

Monterey County Member Services Advisory Group

Nov. 15, Alliance Salinas Office; Noon-1:30 pm

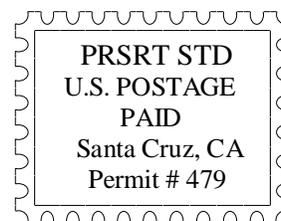
Alliance Holiday Office Hours

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

Veteran's Day: November 10, 2006
Thanksgiving: November 23 and 24, 2006
Christmas: December 22 and 25, 2006



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