

Provider Bulletin

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Introducing the Alliance's Medical Team

Central California Alliance for Health (the Alliance) has dedicated itself to a mission of enhancing appropriate access to publicly financed health care, improving medical outcomes and increasing providers' satisfaction and participation in serving health plan members' needs. A critical reason for our success in understanding and responding to the needs of both our members and our providers is the role played by the Alliance's Medical Directors. Made up of experienced clinicians with a history of service in a variety of settings, the Chief Medical Officer and the two Associate Medical Directors (AMDs) are the interface between the plan, its leadership, and the Alliance provider network. The Medical Directors are committed to the principle that care should be focused on the needs of the patient.

The Medical Directors work directly with the Alliance's Health Services staff, including experienced nurses and administrators, in functional areas that include utilization review, the design and execution of quality assessment and improvement programs, and regulatory compliance. They also collaborate with the Provider Services, Member Services and Claims departments to ensure the Plan's efficient and effective operations. In addition, the AMDs serve as the primary contact for Alliance providers and other agencies or individuals who share the Alliance's mission and goals.

The Alliance's AMDs, Dr. Julio Porro and Dr. David Altman, have overlapping responsibilities, but are focused on serving different geographic regions in the Alliance's service area. Dr. Porro is responsible for concurrent inpatient review and academic detailing for Santa Cruz County, as well as prior authorization in all three counties. In addition, Dr. Porro is responsible for PQI (Potential Quality Issue) review and chairs the Pharmacy and Therapeutics Committee and the

PRCC (Peer Review Credentialing Committee). Dr. Altman is responsible for inpatient concurrent review and academic detailing in Monterey and Merced counties. He is based in our Salinas (Monterey County) office and has regular hours in our Merced office.

Julio Porro, MD has served as Associate Medical



Director of the Alliance since 2002. He previously co-founded and served as Medical Director of the Southwest Community Health Center in Santa Rosa from 1995 to 1998. He later served as Medical Director and staff physician of Salud Para La Gente, a federally

qualified health center serving the Pajaro Valley community from 1998 to 2005. Dr. Porro received his medical degree and a Bachelor of Arts in Biomedical Ethics from Brown University as part of the seven-year Program in Liberal Medical Education. Dr. Porro is a member of the Boards of Dientes, a community dental clinic, as well as of the Pajaro Valley Community Health Trust.

David Altman, MD joined the Alliance as



Associate Medical Director in 2010. Previous positions he has held include Chief Medical Officer for Alameda County Medical Center and for Los Angeles County-USC Medical Center. He also was Vice President for The Lewin Group, a national health care consulting firm.

Earlier, he had been Professor of Clinical Medicine and Associate Dean of the School of Medicine at the University of California, San Francisco, including four years based in Fresno where he was responsible for the University's medical education programs in California's Central San Joaquin Valley. He also maintained

an active clinical practice at the University. In 1992 Dr. Altman was awarded a Robert Wood Johnson Health Policy Fellowship which brought him to Washington, D.C. where he worked on the legislative staff of Sen. John D. Rockefeller, IV. Dr. Altman received his undergraduate degree in Mathematics and Computer Sciences from Carnegie Institute of Technology (now Carnegie Mellon University) and his medical degree from the University of Pittsburgh. He came to UCSF for his residencies in Internal Medicine and Gastroenterology and is board certified in those specialties. In 2004 he received his M.B.A. from the University of Southern California.

The **Chief Medical Officer** not only oversees and participates in the activities of the AMDs, he also provides support for senior management practices that include strategic planning, the implementation of new programs and services, and the development of medical policy, thus assisting in the Alliance's realization of its health plan goals.

Richard Helmer, MD has been the Alliance's



Chief Medical Officer for almost three years. He has been in management roles for over 25 years with organizations such as FHP, TakeCare Health Plan, and Molina Healthcare, where he was Medical Director for six years. Dr. Helmer graduated with high honors from the University of

California at Santa Barbara and received his medical degree from the Medical College of Wisconsin. He completed a residency in Family Medicine at the University of Miami and Jackson Memorial Hospital in Miami, and a medical management fellowship at the University of California at Irvine. He is board certified in Family Medicine and is an NCQA surveyor.

The Medical Directors are excited about the opportunity to bring their clinical experience and judgment to bear on behalf of Alliance members and providers. We are a mission-driven organization, and our Medical Directors are essential to meeting the commitments of our Mission Statement in the communities that we serve.

We are pleased to introduce a new Provider Services Representative!

Welcome **Dana Marcos** as the Provider Services Representative for South Santa Cruz County. Dana



was most recently a Claims Technician at the Alliance with a focus on outpatient claims. Prior to joining the Alliance, Dana was in the eye care field where she learned everything from medical office administration and billing to eventually leading a local eye care

practice as Senior Optician. Additionally, she worked as a Provider Relations Representative for a well known eye surgeon in the Bay Area.

Dana is dedicated to providing excellent customer service to Alliance providers to ensure they have the resources they need to deliver quality health care to our members. She is excited to be a part of the team and is eager to meet all of the providers that she will be working with in the Watsonville and Freedom area.

Healthy Families Co-pay Reminder

Please keep in mind that Healthy Families members are not responsible for co-pays in the following circumstances:

- No co-payment for routine examinations and preventive care.
- No co-payment for members 24 months of age and younger for well baby care, health examinations and other office visits.
- No co-payments for members who are determined under Healthy Families program rules to be American Indians or Alaskan Natives.

For information pertaining to co-payment waivers for American Indians or Alaskan Natives, please refer to the Healthy Families Member Handbook or contact the Healthy Families program at **(800) 880-5305**.

Formulary Changes June 2010

Additions:

- Fenofibrate, micronized (Lofibra)
- Detrol LA
- Oxybutynin XL

Conversions:

- Please consider two capsules of OTC Prevacid 24 HR 15 mg which cost ½ that of one capsule of prescription lansoprazole 30 mg.
- Please consider Ventolin HFA, which costs much less and has a dose counter that improves patient compliance, instead of ProAir.
- Please consider generic ARBs losartan (Cozaar) and losartan-hctz (Hyzaar).
- Please consider generic fenofibrate (Lofibra) instead of brand TriCor.

Quantity Limits:

Whenever possible please use one unit (capsule, tablet) of a higher strength drug instead of multiple units of lower strength especially with long-acting drugs intended for once daily dosing such as Wellbutrin XL, Adderall XR, Concerta ER, Strattera and Effexor XR. Usually the cost per unit is the same for each capsule or tablet regardless of the strength.

Open House Celebrations amid Local Health Care Reform

The Alliance's board and staff welcomed local officials, providers and community leaders to recent Open House celebrations for the Alliance's new offices in Monterey and Merced counties.

On March 24th an Open House of the Alliance's new office in downtown Salinas was held. The ceremony featured speakers including Alliance board member Supervisor Jane Parker, Dr. John Silva, and County Public Health Director Len Foster, Alliance board member. Speakers commented on the Alliance's important role in the community and related it to recent federal health care reform legislation that passed.

The Alliance's Medi-Cal managed care health plan began serving Monterey County residents in 1999. In 2001, the plan launched its Health Families program to serve local children, and more recently,

it expanded its services to cover in-home supportive care workers and pregnant women through the Alliance Care IHSS and AIM programs. Today, the Alliance provides services to over 86,000 Monterey County residents.

On October 1st of last year, the Alliance expanded to Merced County, after more than two years of planning for our new, tri-county partnership in Medi-Cal managed care. Over 69,000 Merced Medi-Cal recipients have joined the Alliance's plan. On April 28th the Alliance hosted an Open House of their new office in downtown Merced to celebrate our first six months of operations.

The ceremony featured speeches from Merced leaders including Livingston Medical Group Deputy CEO and Alliance board member, Cora Gonzales, Dr. Robert Streeter, Vice President of Medical Affairs at Mercy Medical Center Merced, and Supervisor Deirdre Kelsey, Alliance board member. Each speaker commented on the value of the Alliance's mission in Merced County, and the responsiveness, professionalism and friendliness of Alliance staff. Staff from the offices of Assemblymember Cathleen Galgiani, Senator Jeff Denham and Congressman Dennis Cardoza attended to give proclamations to the Alliance, and Supervisor Kelsey provided a proclamation from the Merced County Supervisors.

By the numbers, our public, non-profit regional health plan has grown to include: 195,000 members; 1,590 contracted providers; 21 governing board members providing leadership from provider, public and government sectors, and; 215 Alliance staff company-wide.

The Alliance's mission remains the same: improve access and quality of care with a fiscally sound, innovative health plan. Our members have a primary care medical home, case management, prevention, improved access and outcomes, and less unnecessary suffering and cost. Our providers are paid promptly and accurately, with physician incentive programs that reward effective and efficient care. The Alliance operates Medi-Cal at lower cost than the State's program, with improved quality of care. The member, the provider and the taxpayer all win.

Claims Corner

Newborn using Mother's ID

To bill for services provided to a newborn, if the infant is using the mother's eligibility, enter "newborn using mother's ID" (or similar text) in the remarks field of the claim form (for the PM 160, use the Comments & Problems box).

In addition, for the:

- CMS 1500, enter the mother's ID number in field 1A and birth date in fields 2 and 3, and check the Child box in field 6.
- UB 04, enter the infant's name in Box 8B, the infant's date of birth and sex in Boxes 10 and 11, the mother's name in Box 58, and "03" (CHILD) in Box 59.

Questioning a Claim vs. Correcting a Claim vs. Filing a Dispute

Deciding how to follow up on a denied claim can be challenging. Please consider the following guidelines when determining how to proceed with a claim when you do not agree with the Alliance's payment decision.

Questioning a Claim. Questions about why a particular claim was paid or denied are most effectively handled by contacting the Claims Adjudicator line, available Monday through Friday between 9-4, at **(800) 700-3874 ext. 5503**. The Adjudicators can help you troubleshoot a denial and identify those claims that can be paid by simply submitting a corrected claim. If you require further assistance than the Adjudicator can provide, you will be directed to your Provider Services Representative.

Claims Corrections. If a denied claim can be paid if a correction is made to the claim, please submit a corrected claim and do not submit a dispute. Claims may be corrected by using the Web Account Services resubmit option (for contracted providers and for specified denials) or by resubmitting a corrected claim. Be sure to specify if the claim is a corrected claim by noting "corrected claim" (or similar text) in the remarks box. Please contact the Adjudicators for assistance in correcting a claim.

Filing a Dispute. Providers may file disputes regarding administrative, contract, and payment

issues. The Dispute process is not intended to address claims which can either be corrected or resolved with the assistance of the Adjudicators or your Provider Services Representative. Disputes must be filed with the Alliance within 365 days of the action or decision being disputed or, in a case where the dispute addresses the Alliance's inaction, within 365 days of the expiration our time to act. Dispute resolution forms are available online for electronic submittal via the Alliance's Providers website. For further information, please see the dispute resolution process in Section 15 of the Alliance Provider Manual or contact your Provider Services Representative.

Other Important Reminders

- Bill according to the guidelines for the member's program: Medi-Cal, HF, HK, IHSS, or AIM.
- Always verify modifier requirements, gender and/or age restrictions, quantity limitations, and other procedure requirements as per the program guidelines before submitting the claim.
- All hard copy claims require an authorized signature unless the provider has an EDI waiver.
- When putting notes in the remarks box of the claim, make sure all of the content fits the space provided. If not, submit the information as an attachment.
- Do not use a shared or group NPI # for the Referring or Rendering Provider NPI #. Use the practitioner's individual NPI # in the appropriate field of the claim form.
- Any service rendered under emergency conditions but not in the ER must be indicated by marking box 24C on the CMS-1500 claim form.
- Do not staple documentation.

HIPPA Update – Public Domain Emails

To protect the confidentiality of member information, the Alliance asks that when e-mailing anything containing Protected Health Information (PHI), you avoid using public domain emails, such as, hotmail.com, yahoo.com etc. PHI includes medical records, claims, any additional member information, etc.

Please be aware that public domain email services are hosted by a for-profit company and when creating these email accounts, the user has to agree to the Terms of Agreement that may allow the service to have access to your emails.

Health Programs Update

Weight Watchers

Scholarships Available

Since June 2003, the Alliance has been providing Weight Watchers scholarships to eligible members in Santa Cruz and Monterey counties. With the recent expansion into Merced County, the Alliance is offering a limited number of scholarships for eligible members to attend Weight Watchers meetings in Merced County as well. To participate in the Weight Watchers Scholarship Program, members must be referred by their primary care physician (PCP).

A 2008 study in the **International Journal of Obesity** found that more than half of the patients who were referred to Weight Watchers by their physicians were able to complete a 12-week Weight Watchers course and lose 11.5 lbs. on average (Poulter & Hunt, 2008). Since the inception of this scholarship program, the Alliance has provided over one hundred Weight Watchers scholarships.

Eligibility

- Only members with Alliance as their primary insurance are eligible for the scholarship. Please note that weight management is not an Alliance benefit or Medi-Cal benefit guaranteed to all members.
- Only members with a Body Mass Index (BMI) equal to or greater than 30 are eligible.
- Members with significant obesity-related morbidity (e.g., diabetes, asthma, depression, sleep apnea) and a commitment to sustained lifestyle change will be given highest priority. Weight Watchers does not accept patients with anorexia/bulimia, or pregnant women.
- Members must demonstrate motivation to participate fully in this self-directed program.

Reference: Poulter, J. & Hunt, P. (2008). Weight Change of Participants in the Weight Watchers GP Referral Scheme. *International Journal of Obesity*, 32 (S1), S233.

Eligibility, Continued

- In general, the Alliance requires candidates to be at least 18 years old. However, younger candidates will be considered on a case by case basis. Candidates under 18 years of age must have a doctor's letter stating a weight goal and if a scholarship is granted, a parent or guardian must attend all meetings with the minor.



Referral Process

- PCPs may recommend members for the Weight Watchers scholarship program by faxing an application to the Alliance. You can download the application from our website at <http://www.ccah-alliance.org/healthprograms.html>. Scroll down to “Weight Watchers Scholarships” under the “Adults, Seniors, and Persons with Disabilities” section.
- The physician agrees to follow the patient for medical supervision of weight loss.

For more information about the Weight Watchers Scholarship Program, please contact the Alliance's Health Education line at (800) 700-3874 x5580.

Cultural Crossroads

Tips and Resources to Help You Communicate Better with Alliance Members

Using Bilingual Staff as Interpreters

“Communicating with patients who have limited English proficiency requires more than simply ‘finding someone who speaks their language.’”

This quote begins an article from the **American Academy of Family Physicians (AAFP)** Family Practice Management website entitled, *Getting the Most from Language Interpreters* (Herndon & Joyce, 2004). The authors go on to say, **“Trained language interpreters have formal education in interpreting and abide by a professional code of ethics that includes confidentiality, impartiality, accuracy and completeness.”** To help improve provider-patient communication and quality of care, the Alliance offers free, qualified interpreter services to all Alliance members at all points of contact. We strongly encourage providers to take advantage of this valuable service.

Conversation vs. Interpretation

Bilingual staff members can usually communicate directly with patients without special training. Generally, knowledge of the health care system and medical terminology in both languages are sufficient. However, communicating with a patient directly in a shared language—versus interpreting between two or more people who speak different languages—are actions that are worlds apart.

Accurate, objective, and respectful interpretation of critical medical information between a doctor and a patient requires special training, aptitude, and practice. Qualified interpreters are trained in ethics, conduct, language conversion, and integrated interpreter skills, such as using mnemonic devices to assist with memory, and managing the flow of communication. Most training programs also include a practicum in which students are closely instructed, monitored, and evaluated as they develop the knowledge and skills that are required to serve in the critical role of interpreter.

Training Bilingual Staff

There are many interpreter training schools and agencies throughout the U.S., but unfortunately, there are few in our service area (Santa Cruz, Monterey, and Merced counties). Some agencies offer interpreter training courses by telephone or online, which work well for providers who want to minimize staff time away from the office. Fees vary widely from several hundred dollars per person for a basic short course, to a thousand or more for a comprehensive course. This may seem costly, but it could be a valuable investment when compared to the cost of potential adverse medical and/or legal outcomes due to language barriers.

Without question, anyone serving in the role of interpreter should undergo formal training. **At a minimum, staff acting as interpreters should understand and follow established health care interpreter standards of practice.** Standards can be downloaded from the following websites:

- **California Healthcare Interpreting Association (CHIA)** www.chiaonline.org
- **National Council on Interpreting in Health Care (NCIHC)** www.ncihc.org

It is a good idea to ask staff interpreters to sign and date an attestation verifying that they have read, understand, and follow the CHIA or NCIHC standards of care. And if you haven't already done so, consider having staff tested on bilingual skills. The following local agencies can do this for a fee:

- **Healthy House within A MATCH Coalition**
Merced, CA (209) 724-0102
www.healthyhousemerced.org
- **Language Line University**
Monterey, CA (877) 351-6636
www.language.com/page/llu

Cultural Crossroads continues on next page →

Cultural Crossroads *(Continued)*

Interpreter Qualifications

There are currently no state or national certifications in place for medical interpreters (although actions are underway to implement a national certification in the near future). However, the Alliance only contracts with interpreter agencies that have strict screening and hiring procedures in place and ensure that all interpreters have the appropriate qualifications, including:

- (1) Documented and demonstrated proficiency in both English and the other language;**
- (2) Fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and**
- (3) Education and training in interpreting ethics, conduct and confidentiality.**

In addition, all Alliance interpreter vendors implement quality control procedures to ensure that potential quality issues are addressed and corrected.

Telephone vs. Face-to-Face Interpreters

If you have used Alliance interpreter services, you know that there is no cost to members or providers. You may also know that services are typically provided by telephone. This is primarily due to efficiency and cost. **Telephone interpreters are available 24 hours a day, 7 days a week, and can begin interpreting within a minute of dialing the toll-free number (the Alliance does not require prior authorization for telephone interpretation).** In addition, our contracted telephone interpretation agency can accommodate 170 different languages. Conversely, face-to-face interpreters can be difficult to schedule due to high demand, travel, and cancelled appointments. And the costs can be quite high; a 30-minute visit with a telephone interpreter is approximately \$50-\$75, whereas the same visit with a face-to-face interpreter can cost up to \$175-\$200.

Reference: Herndon E. & Joyce, L. (2004). Getting the Most from Language Interpreters. *AAFP Family Practice Management*, www.aafp.org/fpm/2004/0600/p37.html, accessed 4/21/10.

If you do not have a telephone in your exam room, simply use the speaker function on a portable or cell phone (you can also lease or purchase a dual-handset phone). Conversations over a speakerphone tend to be louder than others, so be sure to keep your patient's privacy in mind during the call.

To hear an automated demonstration of a telephone interpreting session, call Language Line Customer Service at 1-800-821-0301 (press 2 to hear a Spanish-speaking interpreter assisting with a medical questionnaire).

There are special circumstances when face-to-face interpreters are more appropriate than telephone interpreters. For a brief list of these circumstances and instructions on obtaining prior authorization (required 4-5 days prior to the appointment), you may download our **"Interpreter Services Quick Reference Guide"** from the Alliance website at www.ccah-alliance.org/interpreter/html. This guide also includes the toll-free number and code to access our free telephone interpreter service for Alliance members.

It's Never Too Late to Ask for an Interpreter

If you are fluent in your patient's language and well-informed about his or her culture, it is not necessary to use an interpreter. **But if you are not entirely sure that everything discussed during the visit was fully understood, consider bringing in an on-staff or telephone interpreter at the end of the visit.** Take this opportunity to ask your patient if they have any other questions. Ask them to repeat back any instructions and next steps. As the authors state in the previously referenced AAFP article, **"You may be surprised to discover that you and the patient were not communicating as well as you thought!"**

For more information about working with interpreters, state and federal language access regulations, or other resources, please go to our website at www.ccah-alliance.org/interpreter.html or contact Lynn Meier, Senior Health Educator, at (831) 430-5570 or lmeier@ccah-alliance.org.

Page	In This Issue
1	Introducing the Alliance's Medical Team
2	Introduction of New Provider Services Staff
2	Healthy Families Co-Pay Reminder
3	Formulary Changes June 2010
3	Open House Celebrations amid Local Health Care Reform
4	Claims Corner Newborn using Mother's ID Questioning a Claim vs. Correcting a Claim vs. Filing a Dispute Other Important Reminders
4	HIPPA Update – Public Domain Emails
5	Health Programs Update
6	Cultural Crossroads

Upcoming Meetings

**Managed Medical Care Commission Meeting*
Wednesday June 23, 2010, 4:00 pm to 6:00 pm**

In Santa Cruz County:
Board Room
Central California Alliance for Health
1600 Green Hills Road, Scotts Valley, California

In Monterey County:
Board Room
Central California Alliance for Health
339 Pajaro Street, Salinas, California

In Merced County:
Board Room
Central California Alliance for Health
530 West 16th Street, Merced, California

**NEW Alliance Quality Based Incentives (QBI) Workshop
3rd & 4th week of JULY**

Multiple locations throughout
Santa Cruz and Monterey
Further details will be faxed to your office.

**All Managed Medical Care Commission Meetings are open to the public.
Contact the Clerk of the Board at (831) 430-5602 for meeting location
or cancellation information.*

