

Expanding Coverage Now

Later this year, the Counties of Merced, Monterey and Santa Cruz will revise and expand their Medically Indigent Adult programs to cover more local residents. Counties across the State are expanding coverage using newly available federal matching funds for counties' Low Income Health Plan (LIHP) programs. These new county-based LIHP programs will enroll uninsured citizen parents and childless adults, ages 19-64 years, initially up to 100% of the federal poverty level. An estimated 4,500 residents will be enrolled throughout our tri-county region, and these LIHP members and other local residents will transition into Medi-Cal via federal reform in 2014.

LIHP benefits will be extensive, including both medical and mental health services. LIHP members will be linked to a PCP medical home, receive needed specialty care, and benefit from case and disease management services. Utilization Management (UM) and quality assurance (QA) studies will guide efficient use of resources. The State, feds and counties view the LIHPs as a "Bridge to Reform", getting needed coverage, care and provider payments rolling now, in advance of the major health coverage expansion coming in 2014.

Central California Alliance for Health (the Alliance) will assist each of our three counties with administrative services for their LIHPs. Under contract with each county, the Alliance will assist with network development, member and provider services, UM and QA, claims processing, data reporting and other services. Most provider payments will be at Alliance Medi-Cal rates, and most of the county-defined LIHP networks will be developed via amendments to Alliance provider contracts. LIHP policies and operations will be aligned with the Alliance's Medi-Cal program. With this approach, our county partners and the Alliance hope that the LIHP program will look

familiar, and earn widespread support and participation.

Later this year, Merced, Monterey and Santa Cruz counties will meet important local health care needs by leveraging newly available federal funds. Stay tuned for implementation of the innovative Low Income Health Plan in your area.

Alan McKay, Executive Director



Medi-Cal Alliance Member Co-pays?

In response to a \$26.6 billion state budget deficit, the Governor and legislature adopted a FY 11/12 budget that includes major Medi-Cal program changes: a 10% cut to some provider payments, a cap of 7 physician visits per year unless the doctor attests to the need for more, and the implementation of member co-pays as follows:

- \$50 per emergency department (ED) visit
- \$100/day up to \$200 per inpatient (IP) admission
- \$3/\$5 generic/brand pharmacy script
- \$5/outpatient (OP) physician visit

Notably, the State still needs federal approval to implement these changes, and in the case of the 10% cut to payments, the Supreme Court must rule on a precedent case later this year. However, if the State obtains federal approval and implements these changes, the Alliance estimates that the plan's Medi-Cal revenue would be reduced by

\$80M, or 15% of the Plan's total revenue, with co-pays accounting for \$17M.

On April 27, 2011, the Alliance's regional governing board met in Merced and discussed State budget cuts to Medi-Cal, including the State's plan to implement Medi-Cal member co-pays. The Board concluded that member cost-sharing through co-pays, if approved or modified by Federal authorities, would likely be implemented by the Alliance. However, the Board was inclined to exempt preventive care visits and "true" emergency care (i.e. Level 5), and to consider capping co-pays if they are found to create barriers to needed care. The Board directed staff to return for final confirmation of Alliance policy after the Federal decision on Medi-Cal co-pays.

The State's potential Medi-Cal program cuts clearly present significant challenges. The Alliance Board's priority is to sustain local improvements in Medi-Cal access, quality of care, and efficiency, and yet the Plan cannot feasibly subsidize cuts of this magnitude. The Alliance's Board will consider its policy responses in the days to come after Federal decisions are made regarding the State's proposed Medi-Cal cuts. In the meantime, if you have comments or advice for the Alliance on the State's proposed Medi-Cal program cuts, please contact your Provider Services Representative.

Provider Services Welcomes New Staff!

Laura Young - Provider Services Supervisor



Welcome Laura Young as the Provider Services Supervisor for Monterey County. A long-term resident of Monterey County, Laura received her Bachelor's Degree from CSU Monterey Bay. Laura comes to us with a great deal of experience in leading health-based initiatives on the Central Coast. She is passionate about working in her community and is especially

interested in increasing access to services in low-income and under-represented populations.

Lyoung@ccah-alliance.org or 831-755-6070.

Angie Baltazar - Provider Services Representative



Welcome Angie Baltazar as the Provider Services Representative for the Watsonville and Freedom area. Angie joined the Alliance in August 2001 as a Member Services

Representative. For the last four years, Angie served as Member Services Supervisor in the Scotts Valley office. With her transition to Provider Services, Angie brings a wealth of knowledge and experience developed over the years working with Alliance members. Abaltazar@ccah-alliance.org or (831) 430-5528.

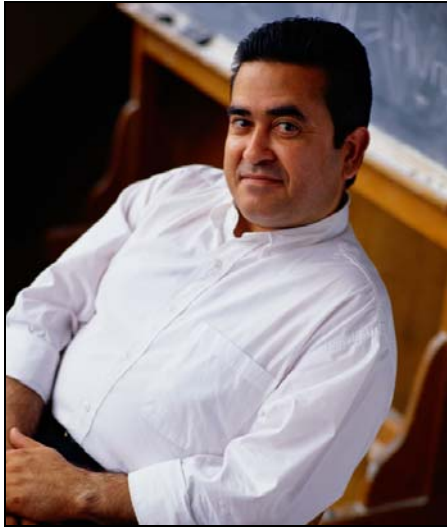
Physician Satisfaction Survey

The Alliance invites you to participate in our 2011 Physician Satisfaction Survey. The survey will be conducted between June 15th, 2011 through July 15th, 2011. The Alliance offers two convenient ways for you to complete this survey:

1. Online: www.surveymonkey.com/ccah
2. Print: Request a hard copy version via mail, fax or email from Provider Services at 1-800-700-3874 ext. 5540.

Responses submitted must be received by July 15, 2011. A \$5 Starbucks gift card will be awarded to providers who complete the survey online and register using the link at the end of the survey. In addition, all those who complete the survey online will be entered into a raffle to win a grand prize for their office! The Alliance will use survey results as a tool to identify ways we can improve our services for your satisfaction. Thank you in advance for your participation and making this Physician Satisfaction Survey a success!

Eye Examination for Members with Diabetes



The Alliance is currently undertaking its annual HEDIS¹ survey, an evaluation of the quality of care received by our members mandated by the State of California for all health plans. As you may know, the survey requires that we obtain data from both administrative sources (usually based on our claims data) and from a review of a sample of medical records. Your office was likely asked to provide us with access to some of your patient records; we will have reviewed nearly 8,000 such charts before the survey is complete at the end of June 2011.

One of the key parameters we are required to examine is the care of patients with diabetes. There are several such measures reviewed in HEDIS, including the frequency with which patients with diabetes are tested for HbA1c, serum lipid, and urine microalbumin levels. These are included in both the Quality Based Incentives (QBI) and Care Based Incentives (CBI) programs. We would like to draw your attention to a fourth measure: eye examinations for patients with diabetes. The standard of care is that these patients should have regular, annual examinations by an eye care specialist, either an optometrist or an ophthalmologist. The Alliance covers these examinations without a referral when done by a contracted eye-care provider.

In reviewing our data, based on claims submitted, the percentage of patients with diabetes who were seen by an eye care professional last year was 33.5%, well below the standard and below the national benchmark of 70.1% established by the National Committee on Quality Assurance (NCQA) representing the performance of the top 10% of Medicaid plans. We would urge you to consider this important issue in the care of your patients. Eye disease caught early in diabetes can be managed and premature blindness prevented. Examination by an eye specialist is an Alliance-covered benefit. Your patients will benefit from you remembering this essential step.

David F. Altman, M.D.,
Associate Medical Director

¹Health Effectiveness Data and Information Set, a product of the NCQA

Diabetic Eye Exam Requirements

Healthy Families, Healthy Kids, IHSS and AIM members must see an in-area, contracted provider or contracted, local, out-of-service-area provider in order for the referral to be waived for diabetic eye exams. An authorized referral is still required if the member is to see a non-contracted or out of service area provider.

Medi-Cal members may see either a contracted or non-contracted in-area provider without a referral. An authorized referral is still required if they go to an out-of-service-area provider. Listed below are procedures and diagnoses that fall under this rule:

CPT
92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, S0620, S0621
Diagnosis
249.0-249.99, 250.0-250.99, 262, 362.0, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07

Healthy Kids Health Plan in Merced County

Alliance Commissioners voted in the February 2011 Board meeting to approve the implementation of an Alliance Healthy Kids Program in Merced County. Healthy Kids has been in existence since 2007 and covers children up to 300% of the federal poverty level who are not eligible for Medi-Cal or Healthy Families.



There are currently over 160 children covered by Healthy Kids Merced, with an additional 700 on the wait list. The current health plan operator for Healthy Kids Merced will end its administration of the plan in June 2011.

The Alliance will administer the plan effective July 1, 2011. If you have any questions regarding Healthy Kids Merced or are interested in becoming a provider, please contact the Provider Services Department at 1-800-700-3874 ext. 5514.

5010 Transition

On January 1, 2012, standards for electronic health care transactions will change from Version 4010/4010A1 to Version 5010. These electronic health care transactions include functions like claims, eligibility inquiries, and remittance advices. Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place first before the change to ICD-10. The Version 5010 change occurs well before the ICD-10 implementation date to allow adequate Version 5010 testing and implementation time.

If providers do not conduct electronic health transactions using Version 5010 as of January 1, 2012, delays in claim reimbursement may result.

What can Alliance providers expect to see as the Alliance prepares to implement 5010?

- Changes to Remittance Advices (RA)
- Whole claims processing
- Additional requirements for reversals and corrections

The Alliance is currently preparing for 5010 implementation and will continue to keep our provider network informed as testing progresses.

For additional information please refer to the Centers for Medicaid and Medicare Services website (CMS). <https://www.cms.gov/>

Sharps Containers

The Alliance would like to announce that sharps containers will now be a covered benefit to eligible members in all lines of business. Both a prescription and prior authorization will be required in order for our members to obtain a sharps container.

Please contact the Alliance Pharmacy Department at (831)430-5507 with any questions regarding this new benefit.

Health Programs Update

Advance Health Care Directives

Most physicians agree that patients should take an active role in their own health care. One way that physicians can encourage patients to do this is by discussing an Advance Health Care Directive (AHCD) during the office visit.

With an Advance Health Care Directive, everyone involved in the patient's care should have a common understanding of the patient's health care wishes.

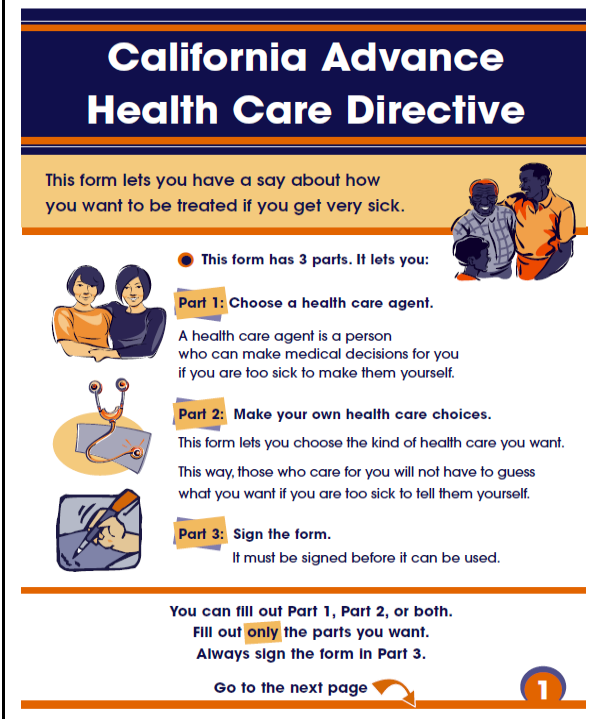
According to the Agency for Healthcare Research and Quality (AHRQ), patients who discussed advance health care planning with their physicians continued to talk about these issues with their families. These conversations allow patients and families to reconcile their differences about end-of-life care. They may even help the family and physician come to agreement should they need to make decisions for the patient in the future.

The AHRQ also found: "Patients who talked with their physicians about their preferences for end-of-life care had less fear and anxiety, felt they had more ability to influence and direct their medical care, believed that their physicians had a better understanding of their wishes, and indicated a greater understanding and comfort level than they had before the discussion."

AHCDs should be encouraged for all patients over the age of 18. Previously, AHCDs were only encouraged for aged or terminally ill patients. But unfortunately, anyone can have a sudden and critical injury or illness that could render them incapable of making determinations regarding their medical care.

The process of completing an AHCD enables patients of any age to consider their values, beliefs, and preferences surrounding health care, illness, and death. It also allows individuals to communicate their wishes to their physician, their proxy or agent, and their loved ones. With an AHCD, everyone involved in the patient's care should have a common understanding of the patient's health care wishes.

You can download the easy-to-read California AHCD forms (via the links below) in English or Spanish from the Alliance website at: http://www.ccah-alliance.org/Form%20Library/AdvanceDirective_Eng.pdf (English) or http://www.ccah-alliance.org/Form%20Library/AdvanceDirective_Span.pdf (Spanish).




California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.

This form has 3 parts. It lets you:

- Part 1: Choose a health care agent.**
A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.
- Part 2: Make your own health care choices.**
This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.
- Part 3: Sign the form.**
It must be signed before it can be used.

You can fill out Part 1, Part 2, or both. Fill out **only** the parts you want. Always sign the form in Part 3.

Go to the next page  **1**

For information about bulk orders or Advance Health Care Directives in Hmong, Chinese, or Vietnamese, please contact Lynn Meier, Senior Health Educator, at (831) 430-5570 or lmeier@ccah-alliance.org.

Cultural Crossroads

Tips and Resources to Help You Communicate Better with Alliance Members

How to Access Free Interpreter Services for Alliance Members

Telephone Interpreting Services

Free interpreter services are available for Alliance members when accessing Alliance covered services. Providers may access Language Line Services 24 hours a day for immediate access to an interpreter. **(If you do not have telephones in your exam rooms, you can use the speaker function on any cordless phone or cell phone.)** No prior authorization is required.

1. Dial: **1-800-523-1786**
2. The operator will prompt you for the information below.
 - **Client ID number: 501115**
 - **Organization name: Central California Alliance for Health**
 - **Language needed:**
 - **Caller's first name:**
 - **Physician's last name, first name, and city:**
3. An interpreter will be connected to the call.



Face-To-Face Interpreting Services

The Alliance provides face-to-face interpreters under special circumstances:

- **Services for members who are deaf or hard of hearing**
- **End of life issues**
- **Abuse or sexual assault issues**
- **Complex courses of therapy or procedures**
- **Other conditions by exception**

Prior authorization via phone is required for face-to-face interpreters. To request authorization, call one of our Alliance Transportation and Language Coordinators at **1-800-700-3874 ext. 5625** (Santa Cruz and Monterey counties) or **ext. 5367** (Merced County).

Tips for Working with Interpreters

1. Print this guide from our website (<http://www.ccah-alliance.org/providerspdfs/InterpServQRGuide.pdf>) and keep a copy in the charts of patients who have Limited English Proficiency (LEP).
2. Allow some extra time for the visit if you know an interpreter will be needed.
3. Introduce the patient and brief the interpreter about the type of visit or service. Summarize what you wish to accomplish and any special instructions.
4. When communicating with the patient, speak directly to the patient, not to the interpreter. It is not necessary to say, "ask her," or "tell him."
5. Frequently ask the patient if he or she has any questions.
6. Avoid jargon or technical terms. Use examples when explaining terms that your patient may not easily understand.

For more tips or questions about Alliance Cultural & Linguistic Services, please contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

Claims Corner

Billing HPV (Human Papillomavirus Vaccine)

Effective for dates of service on or after October 21, 2009, Medi-cal changed the gender criteria for CHDP code 76 and CPT code 90649 to allow for both females *and* males to receive the vaccine. Additionally, effective January 1, 2011 the Alliance has expanded the age limit for males receiving the HPV vaccine. The vaccine can now be administered to males and females, ages 9-26 that have Medi-Cal, or Alliance Care IHSS. Eligible members with Healthy Families or Healthy Kids, ages 9-19.

Reminders When Billing Z7610 and 99070

These codes can only be used when the item billed:

- Does not have a unique billing code; and
- Is not related to a surgical procedure.

See Medi-Cal Manual section **Supplies and Drugs for Outpatient Services (supp drug op)** for more details.

Z7610: Miscellaneous drugs and supplies for non-surgical procedures are billed with HCPCS code Z7610. This code is used only by hospital outpatient departments, emergency rooms, surgical clinics, and community clinics. If billed multiple times for the same date of service, documentation is required as per Medi-Cal guidelines. If the documentation is not provided, all billed lines above quantity 1 will be denied.

99070: Unlisted supplies and materials for non-surgical procedures provided by the physician over and above those routinely used during an office visit. If more than one claim line for 99070 is used for the same date of service, the additional line(s) will be denied.

Medical Abortion Billing Code Conversions

Effective for dates of service on and after April 1, 2011, the Department of Health Care Services (DHCS) will discontinue the use of the current Medi-Cal interim code Z0336 for medical abortion services. This interim code will be replaced with a HIPAA-compliant HCPCS code S0199 in order to comply with the provisions of HIPAA of 1996,

Public Law 104-191, *Code of Federal Regulations*, Title 45, Part 162.1000.

Physician Administered Drugs Code Conversion

The Health Insurance Portability and Accountability Act (HIPAA) mandates the use of national codes. However, it has been determined that some Medi-Cal-reimbursable Physician Administered Drugs (PADs) do not have an assigned HCPCS Level I or Level II code.

Effective for dates on or after April 1, 2011, providers should bill for these drugs using HCPCS code J3490 (unclassified drugs). These claims must be accompanied by a copy of the drug invoice, documentation of medical necessity, drug name, dosage, strength and unit price as currently indicated in the *Unlisted Injections* in the Medi-Cal provider manual.

Deleted Codes
X5640, X5680, X5682, X5716, X5718, X5784, X5800, X5810, X5828, X6060, X6114, X6122, X6146, X6158, X6160, X6162, X6328, X6330, X6434, X6436, X6438, X6452, X6456, X6578, X6598, X6628, X6636, X6670, X6672, X6732, X6734, X6738, X6760, X6764, X6776, X6778, X6780, X6826, X6862, X6984, X7540
Replacement Code
J3490

Important Reminder when Billing Hardcopy Crossovers

To comply with HIPAA standards and ensure patient confidentiality, please white out patient names and identifying numbers on the EOB/EOMB for patients that are not Alliance members.

Reminder Claims Should be Mailed to:

CCAH
Attn: Claims
P.O. Box 660015
Scotts Valley, CA 95067-0015

Member Benefits

Below you will find a summary of benefits for Alliance members.

Mental Health

Medi-Cal: Not covered through the Alliance. Members access mental health services through their respective County Mental Health Departments. No referral is required from the PCP; however, a member's PCP may suggest that one of his/her patients contact County Mental Health for an assessment. PCPs may also contact a County Mental Health psychiatrist to consult on a specific patient.

Healthy Families: Members access these benefits through OptumHealth Behavioral Solutions of California. No co-pay for IP services. \$5 or \$10 co-payment per visit for OP services. Treatment for Serious Emotional Disturbance (SED) conditions is provided through County Mental Health.

Healthy Kids: Members access these benefits through OptumHealth Behavioral Solutions of California. No co-pay for IP services. \$5 co-payment per visit for OP services.

IHSS: Members access these benefits through OptumHealth Behavioral Solutions of California. No co-payment for IP services. \$10 co-payment per visit for OP services.

AIM: Members access these benefits through OptumHealth Behavioral Solutions of California. No co-payment for IP or OP services.

Acupuncture & Chiropractic

Medi-Cal: Acupuncture and chiropractic services are a covered benefit only for members under 21 years of age or those who are residing in a skilled or intermediate nursing care facility. Members are limited to a maximum of 2 services per month (either 2 visits for 1 service, or 1 visit for each type of service). No referral or authorization required. Members must go to an in-service-area contracted provider.

Healthy Families: Yes, no referral or authorization required. Maximum of 20 visits per benefit year for each. \$5 or \$10 co-pay per visit.

Healthy Kids: Yes, referral and authorization required. Maximum of 20 visits per benefit year for each. \$5 co-pay per visit.

IHSS: Yes, referral and authorization required. Maximum of 20 visits per benefit year for each. \$10 co-pay per visit.

AIM: Yes, referral and authorization required. Maximum of 20 visits per benefit year for each. No co-pay.

Dental

Medi-Cal: Not covered through the Alliance. Medi-Cal will cover only for beneficiaries under 21 years of age, residing in a skilled or intermediate care nursing facility or who are pregnant. Members access dental services through Denti-Cal. The Alliance does cover anesthesia charges associated with dental procedures with prior authorization, if medically necessary.

Healthy Families: Not covered through the Alliance. Members access dental services through their Healthy Families Dental Plan. The Alliance does cover anesthesia and associated facility charges in connection with dental procedures with prior authorization, if the member is one of the following: (a) under 7 years of age; (b) developmentally disabled, regardless of age; (c) someone whose health is compromised and for whom general anesthesia is necessary, regardless of age.

Healthy Kids: Yes, through Delta Dental, under contract with the Alliance. Members can locate a Delta Dental provider in the Alliance Healthy Kids Provider Directory or call Delta. The group number for Alliance Healthy Kids members is CC60. This number will be on the member's Alliance ID card and members must use that number when calling Delta and/or a Delta provider.

IHSS & AIM: Not a covered benefit. The Alliance does cover general anesthesia and associated facility charges in connection with dental procedures, when hospitalization is necessary because of an underlying medical condition or clinical status, or because of the severity of the dental procedure.

This benefit is only available to members that are developmentally disabled, regardless of age, and members whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

Optometric and Optician Services

Medi-Cal: Members under 21 or who are in skilled or intermediate nursing facilities: Eye exams and glasses every 2 years. If a member needs an exam or a new prescription sooner than that, the provider will need authorization. All other members: Eye exams for refraction, to determine the need for corrective lenses once every 2 years. Lenses and frames are not a covered benefit for these members. Members should access routine vision care through a contracted Vision Services Plan (VSP) provider. No referral is needed.

Specialty services do not fall under routine vision care and require a referral from the PCP.

Healthy Families: Yes, eye exams and all other routine vision care services are covered under the member's Healthy Families Vision Plan. The Alliance would only cover dilated retinal eye exams for the treatment of diabetes. Specialty services do not fall under routine vision care and require a referral from the PCP.

Healthy Kids: Yes, Members access routine vision care through Vision Services Plan (VSP). Members are eligible for an eye exam/refraction every 12 months and glasses every 12 months. Specialty services do not fall under routine vision care and require a referral from the PCP.

IHSS/AIM: No vision coverage except for:

- Eye examinations including eye refractions to determine the need for corrective lenses as part of routine professional services. Members would need a referral from their PCP to an ophthalmologist for these services.
- Dilated retinal eye exams
- Cataract spectacles and lenses, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery.

Specialty services require a referral from the PCP.

New Alliance Providers

Please join us in welcoming the following new physicians to the Alliance's provider network:

Merced County

Referral Physician/Specialists

John Adan, MD (Cardiovascular Disease)
Amir Kaykha, MD (Cardiovascular Disease)
Raminder Mand, MD (Nephrology)

Primary Care Physicians

Josephine Montana, MD (Family Practice)

Monterey County

Referral Physicians/Specialists

Jennifer Bautista, MD (Internal Med/Pulmonary)
Jacob Benford, MD (Emergency Medicine)
Leticia Bradford, MD (Orthopedic Surgery)
Nicol Mackenzie, MD (Anesthesiology)
Myron Mariano, MD (General Surgery)
Omeed Sani, MD (Internal Medicine)
Kalle Varav, MD (Anesthesiology/ Pain Mgmt)
Patrick Wong, MD (Physical Medicine & Rehabilitation)

Primary Care Physicians

Georgina Bustamante, MD (Family Medicine)
Aleksandra Frye, MD (Family Medicine)
Wendell Harry, MD (Family Medicine)
Anunya Hiranrattana, MD (Pediatrics)
Michael Luder, DO (Family Medicine)
Smruti Nalawadi, MD (Internal Medicine)
Manisha Shingate, MD (Family Medicine)
Kathleen Tonti-Horne, MD (Family Medicine)

Santa Cruz County

Referral Physicians/Specialists

Paul Berman, MD (Orthopedic Surgery)
Steven Fountain, MD (Orthopedic Surgery)
Justin Bennet, MD (Gastroenterology)

Out-of-Service-Area Specialists

Naeem Rana, MD (Internal Medicine/Pulmonary)
Margaret Chang, MD (Ophthalmology)
Robert Equi, MD (Ophthalmology)
Arun Patel, MD (Ophthalmology)
Joel Pearlman, MD (Ophthalmology)
John Reed, MD (Ophthalmology)
Tony Tsai, MD (Ophthalmology)
Robert Wendel, MD (Ophthalmology)

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Upcoming Meetings

Santa Cruz-Monterey-Merced Managed Medical Care Commission Meeting
Wednesday June 22, 2011, 4:00pm-6:00pm
Central California Alliance for Health Board Rooms:
Merced: 530 West 16th Street, Ste B
Salinas: 339 Pajaro Street, Ste E
Scotts Valley: 1600 Green Hills Road, Ste 101

Member Services Advisory Group
Thursday August 18, 2011, 10:00am-11:30am
Central California Alliance for Health Board Rooms:
Merced: 530 West 16th Street, Ste B
Salinas: 339 Pajaro Street, Ste E
Scotts Valley: 1600 Green Hills Road, Ste 101

