

Provider Bulletin



June 2007

Volume 11, Issue 2

Thank You for the Gold!

Dear Providers:

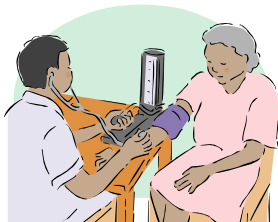
I am very pleased to report that the Alliance has won the California Department of Health Services' **2006 HEDIS Gold Award** for providing an exceptional level of chronic disease and preventive services, such as child immunizations, prenatal care and diabetic eye exams to our 82,000 Medi-Cal members.

The Alliance and its physician network outranked thirty-six other health plans in the State of California that provide health coverage for Medi-Cal services. For the past four years, the Alliance has received a quality award and ranked as one of the top three health plans in the state. This year, the Alliance ranked first for its outstanding performance in HEDIS (Health Plan Employer Data Information Set). HEDIS, developed by the National Committee for Quality Assurance (NCQA) is a nationally recognized, standardized set of performance indicators that measure health care access, utilization and quality.

This award is a direct result of the dedication and skill of our network providers in delivering quality medical services. I am extremely proud of the level of excellence that the Alliance and our local physicians have achieved with this award. The Alliance is truly making a difference in the health of our community.

Thank you for the ongoing, high quality care you provide to your patients. Without you, this achievement would not have been possible.

Barbara Palla, M.D.
Medical Director



ALERT! ALERT! ALERT! We need your National Provider Identifier!

Effective May 23, 2007 the Alliance is accepting National Provider Identifier numbers!

If you have not yet registered, visit the National Plan and Provider Enumeration System web site at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

If you have trouble accessing the website, or have lost your NPI number, or need to check your application status you can call 800-465-3203 for assistance. They can help you locate and issue a new user name or pass code.

Once you have received a number from the National Plan and Provider Enumeration System (NPPES), **please fax the OFFICIAL documentation (email or letter) stating your NPI and Taxonomy Code to your Provider Services Representative at 831-430-5857. If you have any questions on how to enumerate, please contact your Provider Services Representative. They will be happy to assist you.**

The Alliance *strongly* recommends that providers obtain one NPI for each Alliance provider identifier number that is currently billed to the Alliance. Enumerating at this 1:1 level will guarantee accurate and timely reimbursement and adjudication of claims. If any facility or group decides not to enumerate at a 1:1 relationship between the Alliance provider identifier number and NPI, then the Alliance is *not ready* to accept their NPI on claims and it is *mandatory* that they bill with their current legacy provider identifier number until further notice, or all claims will be denied. If you would like to confirm that the Alliance is ready to accept your NPI, please call your Provider Services Representative. The Alliance's implementation of this contingency plan will help ensure maintenance of current service levels while our provider partners continue to pursue enumeration and registration.

Formulary Changes

The following changes to the Formulary, approved at the May 16th meeting of the Pharmacy and Therapeutics Committee, will become effective on June 1, 2007.

Formulary Additions:

- ✓ Amlodipine (Norvasc)
- ✓ Nifedipine XL (Procardia XL)
- ✓ Zolpidem (Ambien – Generic ONLY)
- ✓ Meloxicam (Mobic)
- ✓ Nabumetone (Relafen)

Formulary Deletions:

- ✓ Risedronate (Actonel)
- ✓ Azelastine (Optivar)

If you have any questions about these changes, please contact Richard Johnson, Pharmacy Director, at 831-430-5553.



Provider Services Welcomes Two New Staff Members

We are pleased to announce the addition of two new staff members to the Provider Services Department. Semira Seyoum and Lynn Meier both joined the Alliance on May 21st. Semira is our new Credentialing Specialist and will be available to assist providers with the credentialing and re-credentialing application processes. Lynn Meier rounds out the team as our fourth Provider Services Representative and will serve providers in Santa Cruz and surrounding areas. Please join us in welcoming Semira and Lynn!

Alliance Web-Based Services

Check eligibility and claims status online!

Checking a member's eligibility is as simple as going to our website, logging on with an assigned User ID and password, and entering the member's ID and date of service. Our web-based service is quick and efficient, and has the capacity to search the eligibility status of up to ten members at once. This service also provides PCP linkage information, CCS status, and identifies other health coverage. Additionally, we have a claims search function that allows web users to check the status of a claim. Another web feature allows access to members' prescription history, and medication contracts. To obtain an Alliance web account, go to www.ccah-alliance.org/webaccount, click on the web services log-in icon, and follow the instructions. If you have questions about our web-based services, call Steveyann Hendricks in the Provider Services Department at 831-430-5538.

Having difficulty with your web account?

If you are experiencing any difficulty accessing information on your established web account or the application is running unusually slow, we want to hear from you. Please contact your Provider Services Representative so that they can assist you.

Other website features include...

- Regular NPI Updates
- Updated Provider Manual
- Most Recent Provider Directories for M-C, HF, HK, and IHSS
- Recent Provider Memos and Bulletins
- Authorization Policies and Procedures
- Clinical Resources
- Form Library
- And a wealth of additional helpful resources...

Log on to www.ccah-alliance.org now!



TAR Submission and Timeliness

What information should be included on the Treatment Authorization Request (TAR)?

- Provider name and address, the member's name, address and identifying information such as the Client Index Number (CIN), age, date of birth and gender.
- Enter the description of the diagnosis and the ICD-9 which most closely describes the member's condition in the appropriate box.
- Enter the correct CPT code with modifiers, if appropriate, and a brief description of the services requested.
- Documentation, such as reports of diagnostic studies, that support the medical necessity of the request.
- The TAR must be signed and dated by the referring provider.

Urgent TARs faxed and marked as "urgent" are processed within one business day. All routine non-pharmacy TARs submitted with complete information are processed within five business days. Pharmacy TARs are processed within one business day of submission.

Retroactive TAR submission

When submitting a TAR for retroactive authorization, include the date of service or date of admission to the hospital. In the Medical Justification section, indicate why the TAR is being submitted retroactively and submit appropriate documentation to justify retroactive authorization along with a copy of the medical record. The retroactive box must be checked.

Timeliness of TAR submission

- TARs should be submitted prior to provision of a service unless it is emergent or will result in an unnecessary extension of hospital stay.
- If a TAR is submitted after a service has been provided or initiated for an Alliance eligible member, it must be received by the Alliance within 30 calendar days of initiation of the service or within 30 days of the receipt of a CCS denial; failure to do so will result in a denial for non-timely submission.
- If a TAR is submitted for a member who has obtained retroactive eligibility, it must be received by the Alliance within 60 calendar

days of the member obtaining Medi-Cal eligibility or it will be denied for non-timely submission.

We are now accepting CMS-1500 forms!

Effective May 21, 2007, the Alliance will be accepting the CMS-1500 claim forms. The CMS-1500 form is the standard claim form used by a non-institutional provider or supplier to bill health plans such as Medi-Cal and Medicare. The CMS-1500 claim form was updated to accommodate the mandated National Provider Identifiers (NPIs) as the previous HCFA-1500 form did not have the fields necessary for reporting of NPIs.

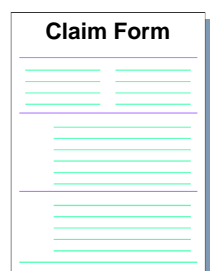
In order to purchase claim forms, you should contact the U.S. Government Printing Office at (202) 512-1800, local printing companies in your area, and/or office supply stores. Each of these sources sells the CMS-1500 claim form in its various configurations (single part, multi-part, continuous feed, laser, etc).

The only acceptable claim forms are those printed in Flint OCR Red, J6983, (or exact match) ink. Although a copy of the CMS-1500 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form.

If you have any questions, please call your Provider Services Representative.

Claims Corner

Effective January 1, 2007, claims submitted without the provider's valid Billing Number (Medi-Cal Number) or Tax ID (Identification) **will be returned** to the provider and **will not be entered** into our system or processed.



To correct these claims, providers must submit a new claim with the corrected information.

If the Tax ID number submitted on the claim form does not match the Tax ID number that we have in our records, then your claims will be denied for explain code 9AC (DENIED: CONFLICTING IRS NUMBER).

Referral of Alliance Members

Only the member's current PCP may issue a Referral Authorization Form (RAF). To identify a member's PCP go to www.ccah-alliance.org/webaccount and log into your web services account to check eligibility, or call the Alliance Eligibility Verification Clerks at 831-430-5502 from 8:00 am to 5:00 pm, Monday through Friday. You may also call the 24-Hour Eligibility Verification Line at 831-430-5501 or 800-700-3874 (you must have the member's Alliance ID Number).

When a member's medical condition requires services not available through our local network specialists, the PCP may authorize the services of Medi-Cal providers outside of the Alliance network. The out-of-network physician you are referring to does not need to be contracted with the Alliance. However, you must ensure that the physician you are referring to is willing to see the patient via referral process and bill Central Coast Alliance for Health by calling the physician first. It is important to verify that the patient is willing to travel, if necessary, for the appointment and make sure the member knows to cancel ahead of time if he or she cannot make the appointment.

The following are out-of-area facilities you may refer to. Please call the main line to request the specialty department you need.

Lucile Packard Children's Hospital
650-497-8000

Santa Clara Valley Medical Center
408-885-5000

Stanford Medical Center
650-723-4000

UCSF Medical Center
415-476-1000

Alliance Healthy Families

Did you know that your patients who are not eligible for Medi-Cal might be eligible for Healthy Families? Healthy Families covers children under the age of 19 whose family income falls between 100% and 250% of the Federal Poverty Level (from \$20,664 to \$51,636 per year for a family of four).

Your patients have the option to choose the Alliance as their Healthy Families health plan. The Alliance is the Community Provider Plan for Santa Cruz and Monterey Counties. This means we have the lowest premium rates compared to other health plans that offer a Healthy Families program in our region. Alliance premiums start as low as \$4 per child per month, with a maximum of \$36 per family per month. The Alliance Member Services staff are bilingual in English and Spanish and are certified to help your patients enroll in Healthy Families. Even if your patient chooses a different health plan, the Alliance will still assist them with their application.

If you are interested in learning more about the Alliance Healthy Families program, please call Angelique Milhouse at 831-430-5531.



After-Hours Phone Recordings



Is your after-hours phone message offered in both English and Spanish?

Alliance providers are required to have a way for their patients to access care information after hours and this should

be available in English and Spanish. Please make sure your message or answering service is bilingual. You will improve access for Spanish-speaking patients, and the service may decrease unnecessary emergency department visits. If you have any questions regarding this requirement, please contact your Provider Services Representative.

Health Programs Coordinators



Maribel Cuervo
831-430-5568



Bernadette Franco
831-430-5558

Meet the Alliance Health Programs Coordinators, Maribel Cuervo and Bernadette Franco. Maribel has served Alliance members since May 2001, while Bernadette started in March 2007. These talented women are bilingual in English and Spanish and skilled at culturally appropriate outreach for our diverse membership.

Outreach to members focuses on increasing the use of preventive care. Our Health Programs Coordinators:

- Promote Alliance health education benefits.
- Encourage early and regular prenatal care and a timely postpartum visit.
- Promote well-care visits for adolescents and childhood immunizations.
- Coordinate health promotion programs including smoking cessation, fitness, and Weight Watchers scholarships.
- Make referrals to free and low-cost community classes.

Maribel and Bernadette answer our **Member Health Education Line, 800-700-3874 x5580** (English & Spanish). Please direct members to this number to request health education referrals, free health promotion items such as pedometers and exercise videos, and easy-to-read brochures on most health topics. Call them for more information.

Stages of Change Model: Effective Brief Counseling

An important part of health care is encouraging patients to improve their health behaviors. The Stages of Change model can increase the effectiveness of brief counseling interventions.

First, identify the stage where your patient is currently. Then focus counseling on helping him or her move to the next stage, rather than applying a “one size fits all” message.

PATIENT POSITION	INTERVENTION
Pre-contemplation Stage Not thinking about changing the behavior.	Encourage patient to think about the possibility of changing.
Contemplation Stage Thinking about changing, but not committed to action. Ambivalent and resistant.	Reinforce patient’s desire to change and benefits. Discuss ways to “experiment” with change (e.g. cut down).
Preparation Stage Committed to an attempt to change. May have tried within the last 30 days.	Help to develop a plan of action that includes follow-up.
Action Stage In the process of making change and establishing a new habit.	Reinforce positive effects of the change. Discuss risk of relapse and prevention plan.
Maintenance Stage Has established a new habit and is trying to maintain it.	Reinforce change. Inquire about any problems maintaining the new habits/plan.

Patients may move around within the continuum. When patients relapse, acknowledge that it is common and help them again move to from wherever they are to the next stage.

Source: Prochaska & Diclemente, adapted from materials created by Elaine Miller-Karas, LCSW. See also <http://www.aafp.org/afp/20000301/1409.html>.

Cultural Crossroads

Tips and resources to help you communicate better with Alliance members

Alliance Interpreter Services

Good health care requires good communication. Federal law and state laws require medical providers to offer qualified interpreters when needed. Take advantage of Alliance interpreter services:

Language Line

The Alliance provides telephone interpreter services for Alliance members with Limited English Proficiency (LEP). Providers may access Language Line Services 24 hours a day. The access number is in your Provider Manual.



Face-To-Face Interpreting Services

The Alliance will arrange for face-to-face interpreters for hearing impaired members or for special care situations for LEP members. Prior authorization via phone is required. Call 1-800-700-3874 x5625.

Avoid Untrained Interpreters

Do not rely on untrained bilingual staff, family members, or friends of the patient to interpret. Using an untrained interpreter may result in miscommunication of medical information and compromise quality of care. It may also cause embarrassment if the family/friend/minor must deliver confidential information.

Per State requirements and for your own protection, document each patient's language in the medical record and **document if the member declines interpreter services**. Call Provider Services at 831-430-5540 to get free language labels for your charts. If you do not already have one, ask for a laminated Alliance Interpreter Services Quick Reference Guide, too.

Six Tips to Use Interpreters Effectively

Language Line Services, the Alliance's vendor for telephone interpreting, provides these tips to help you better serve your limited English-proficient (LEP) patients.

1. **Brief the interpreter** – Introduce yourself and provide instructions on what needs to be done or obtained. The interpreter can be more efficient when he or she knows what you expect.
2. **Speak directly to the patient** – You and the patient should communicate directly as if the interpreter were not there. It is not necessary to add "tell him" or "ask her" to the message. Speak naturally, not louder or slower than your usual pace.
3. **Speak in short segments** – State one or two sentences at a time. Then pause to give the interpreter time to deliver your message.
4. **Avoid jargon** – Avoid medical jargon and clarify unique vocabulary. Provide examples if needed to explain a term.
5. **Ask if the LEP client understands** – Keep vocabulary and sentences simple. Ask often if the client has any questions.
6. **Please be patient** – Many concepts have no equivalent in other languages. The interpreter may have to describe or paraphrase the terms you use. As a result, the interpretation might take longer than your original words.

Follow these tips to serve your patients effectively and shorten the average time of your interpreter calls, saving you staff time and money.

Adapted with permission from Language Line Services "In Other Words" Newsletter © 2005, www.languageline.com.



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • (831) 430-5500
1000 S. Main St., Suite 313 • Salinas, CA 93901 • (831) 755-8220

Please Help Us Help You...

What type of Provider Training from the Alliance would be helpful to you and/or your staff? We are in the process of planning future Provider Workshops and Focus Groups and are interested in hearing what subject(s) you would like us to discuss.

Name

Practice

Phone #

Please indicate the top three subjects that are of interest to your office.

- Referrals – RAF / TAR Process
- e-Commerce (such as Eligibility Search, Claims Search)
- Claims (please list specific issues)

- Pharmacy / Formulary
- Member Eligibility / Member Issues
- Cultural and Linguistic Issues
- Authorization Policy
- Other Topics – Please List

Please fax this survey to the Alliance at 831-430-5857 by June 20th. If you have any questions, please call your representative: Gabriella Calderon – 831-430-5536; Steveyann Hendricks – 831-430-5538; or Theresa Garcia – 831-430-5535.

Your participation is greatly appreciated.

CREATING HEALTHCARE SOLUTIONS

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Upcoming Meetings

Managed Medical Care Commission Meeting

June 27, 2007 August 22, 2007

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

Physicians Advisory Group

September 19, 2007, Green Valley Grill,
6:30 pm - 8:30 pm

Quality Management Group

September 5, 2007, Green Valley Grill

Santa Cruz County Member Services Advisory Group

August 27, 2007, Alliance Office in Scotts Valley,
10 am-12 pm

Monterey County Member Services Advisory Group

September 19, 2007, Alliance Salinas Office;
12 pm-1:30 pm

Alliance Holiday Office Hours

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

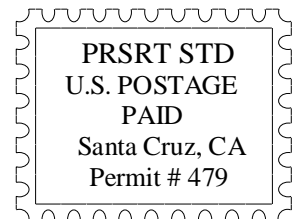
Independence Day - July 4, 2007

Labor Day - September 3, 2007

***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.***



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