

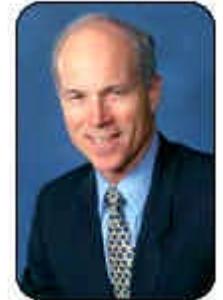
# Provider Bulletin



September 2007

Volume 11, Issue 3

## **The Alliance Welcomes** **Dr. Richard Helmer as Medical Director**



As you may know, Dr. Barbara Palla decided to transition out of her Medical Director position at the Alliance to pursue her other interests in family and farming. Dr. Palla served with distinction at the Alliance for over seven years, and was recognized as a Medi-Cal managed care authority throughout the Monterey Bay region, and the State. She made countless contributions to the health and well being of our plan members and her caring and professional leadership took the Alliance to new levels of service and achievement. She left big shoes to fill, but has graciously agreed to consult on future Alliance projects as needed.

I'm very pleased to announce that the Alliance has recruited an outstanding new Medical Director. Dr. Richard Helmer joined the Alliance team in mid-August. Dr. Helmer 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 has served as a physician executive at several prominent health plans in California and also has an impressive list of consulting clients. Dr. Helmer brings a strong background in Medi-Cal managed care and is very familiar with the Alliance's County Organized Health System (COHS) model having consulted with COHS plans throughout the State.

Dr. Helmer is very knowledgeable, has broad experience, and is an effective communicator. I am confident that he will make a strong contribution to the Alliance team. He looks forward to promoting the Alliance's mission and continuing Dr. Palla's legacy of innovation and quality improvement. Please join me in welcoming Dr. Helmer to the Alliance. I know he is eager to begin working with you to advance our efforts in regional health care reform.

Regards,

A handwritten signature in black ink, appearing to read "Alan McKay". The signature is fluid and cursive, written over a white background.

Alan McKay  
Executive Director

## **New Claims Info**

Please be aware that specific Medi-Cal links on the State Medi-Cal website may change when updates are made to the material.

If you run into this, please start your search at the Medi-Cal home page, this remains the same: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### ***Under Construction:***

Claims information in your Provider Manual does not reflect the CMS-1500, UB-04 or NPI. If you have questions please reference the Provider Services NPI web page at <http://www.ccah-alliance.org/npi.html>.

**Reminder: 2007 CPT-4/HCPCS Codes Reminder for Medi-Cal** (from the May 2007 Medi-Cal Bulletin 395):

Effective August 1, 2007, Medi-Cal will adopt the 2007 CPT-4 and HCPCS Level II codes. Claims billed for dates of service on or after August 1, 2007 must use the appropriate 2007 codes. Codes to be added, modified or deleted were listed in the May 2007 *Medi-Cal Update*. Policy for new benefits was announced in the June 2007 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*. <http://www.medi-cal.ca.gov/>

### ***Alliance Claims Tips:***

- Avoid using dot matrix and light ink printers. The Alliance scans claims using Optical Character Recognition (OCR) software, which may not be able to interpret data from such printers.
- An original signature is required on all hardcopy claims. Signature must be written.
- Do not staple your hardcopy claims as it delays processing time.
- Pharmacy providers: When billing for metric quantity, use decimals.
- Before submitting your hardcopy claims, remove side perforations. Using side perforations delays claim processing time.
- Use appropriate fonts: 10 point font or larger (not to exceed the size of the field).
- Corrections: Cover incorrect data using correction tape and re-enter the correct information. Do not strike over errors or use correction fluid.
- Review monthly Medi-Cal bulletins for ongoing updates by going to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

## **The NPI is here. The NPI is now.**

### **Are you using it?**

During this testing and implementation phase for the NPI, you should pay close attention to information from health plans and clearinghouses to understand how claims are being processed and what you should be doing to assure no disruption in payment.

### **Central Coast Alliance for Health – NPI Resources**

Visit our website at <http://www.ccah-alliance.org/npi.html> for additional information on NPI including enumerating advice, electronic claims instructions, Frequently Asked Questions, and a CMS-1500 tutorial that offers billing instructions and help with filling out your claim forms.

### **Two New Educational Products Posted**

#### ***Fact Sheets:***

- For Providers who are Organizations [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI\\_FactSheet\\_Org\\_Provi\\_web\\_07-03-07.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Provi_web_07-03-07.pdf)
- For Providers who are Sole Proprietors [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI\\_FactSheet\\_Sole\\_Prop\\_web.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Sole_Prop_web.pdf)

***Getting an NPI is free - not having one can be costly.***

## **Alliance Lunch Session Workshops**

Would members of your staff benefit from the Alliance's Back to Basics Training? We are hosting three workshops in September and October. These workshops will provide an overview of Alliance commercial lines of business, eligibility verification, the authorization process and e-commerce. The workshop dates will be 9/12, 9/27 and 10/8 from 12:00-1:30 pm. We will be faxing an invitation with the dates and location information to your offices. Please contact your Provider Services Representative for more details. We look forward to seeing you there!



## **Asthma – Albuterol and the use of Controller Medication**

The FDA has ruled that ozone-depleting substances used as propellants in medical products must be replaced with new formulations by December 31, 2008. New formulations of albuterol CFC inhalers are “brand name” and therefore will significantly increase the cost. The following are some Alliance recommendations when prescribing inhaled asthma medications including the new HFA albuterol inhalers.

### 1. Albuterol inhalers:

- A new prescription is needed to change to HFA inhalers.
- ProAir HFA and Ventolin HFA are on the formulary.
- Write “albuterol HFA” if there is no preference of either brand.
- Prior authorization is required when more than 6 consecutive albuterol inhalers are prescribed without controller medication within one year.

### 2. Controller medication:

- Use of short-acting beta-agonist more than twice a week, other than for exercise-induced bronchospasm, indicates a need for anti-inflammatory treatment.
- Inhaled corticosteroids are the most effective anti-inflammatory drugs.
- Nebulizers, which are expensive and time-consuming to use and care for, are not preferred for maintenance treatment.

Spacers with or without a mask are covered by the Alliance and may improve drug delivery of medications administered by a MDI.

## **Interested in Claims Training?**

We are here to help! The Alliance can send a representative from our claims department to your office to review claims issues, answer questions, and help your staff with billing inquiries to get your claims paid within 30 days of receipt date. The Alliance will also create a Claims Status Report which will provide a snap shot of current claim submittals and will summarize the top 10 denial reasons your claims are not paid. This report can be very helpful and cost effective! Please contact your Provider Services Representative and they will coordinate a meeting for you.

## **Attention! Physicians and Educators!**

### **"Doctor, the patient speaks no English."**

**If you are like most doctors, you are very busy.**

Caring for patients who speak little or no English can be very challenging. Learning how to work effectively with an interpreter, however, will actually lighten your load.

Authored by the multidisciplinary partnership of **Cynthia Roat, MPH**, trainer and consultant on language access in healthcare and **Elizabeth Jacobs, M.D.**, an associate professor of medicine at Rush University Medical Center, "**Communicating Through Healthcare Interpreters**" course participants earn up to 2.5 AMA Category 1 CME credits sponsored by Rush University Medical Center.

"As our country's population continues to become more linguistically and culturally diverse, **healthcare providers are better able to provide culturally competent care if they know how to work effectively with interpreters**," commented Cindy Roat, a national advocate for the field of healthcare interpreting.

The course discusses the subject of healthcare interpreters, including the legal requirements concerning when one is needed and strategies for maximizing the efficiency of interpretation services in the individual practice. Moreover, general guidelines for improving cultural competency are offered, using a series of case studies to illustrate key points. The online, on-demand CME course is available 24/7 as a cost-effective and time-saving alternative to classroom-based courses.

**For more information** about "Communicating Through Healthcare Interpreters", visit [www.languageline.com/page/cme](http://www.languageline.com/page/cme).

This article was taken from a recent issue of *Language Line Services Healthcare Newsletter*:

Source: Roat, Cindy 2007 "Doctor, the Patient Speaks No English" *Language Line Services Healthcare Newsletter*, June 2007

## Ask Me 3™ Campaign

Do you know which of the following is the strongest predictor of an individual's health status?

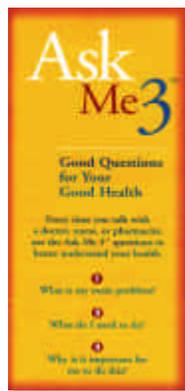
- Age
- Income
- Literacy skills
- Employment status
- Education level
- Racial or ethnic group

*Answer: C*

According to the Institute of Medicine, nearly half of all American adults –90 million people– have difficulty understanding and using health information.

The national Partnership for Clear Health Communication promotes the **Ask Me 3™** message. Their materials encourage patients to ask 3 simple questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?



### What you can do

- Promote the Ask Me 3 message. Contact the Alliance for free posters and brochures in English or Spanish, while supplies last. Call 831-430-5570.
- Answer the three questions. Encourage your patients to ask questions and help them understand your answers. (See next article.)
- Learn more about low health literacy. Go to [www.AskMe3.org](http://www.AskMe3.org) for more information and tools for your practice. You may also download the patient brochures and posters.

Source: Partnership for Clear Health Communication, "Do you know?", 2004. [www.AskMe3.org](http://www.AskMe3.org)

## Help Your Patients Succeed Tips for Clear Communication

Research suggests that patients forget most of their doctor's instructions as soon as they leave the office. Of what they do remember, half is recalled incorrectly.

### The "Teach Back" method

Use the Teach Back method to help patients remember your instructions.

- Ask your patients to repeat *in their own words* what they need to do.
- Present it as a test for you, not for them. For example, "I want to be sure I did a good job explaining your medications. Can you tell me how you will take them?"
- If your patient does not repeat the instructions accurately, try to rephrase the information. Then repeat the Teach Back until you feel confident that the patient really understands.

### Other strategies

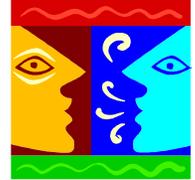
- Many people learn better visually. Use pictures or draw simple diagrams to illustrate your instructions.
- Use plain language and avoid medical jargon and acronyms. Explain technical terms.
- Clarify words that might have multiple meanings, such as "stool" or "dressing".
- Explain the range for numbers such as glucose levels. Tell patients what their goal should be.
- Pause to let patients digest the instructions.
- Address quizzical looks and encourage questions.

Source: Pfizer Clear Health Communication Initiative, "Help Your Patients Succeed: Tips for Improving Communication with Your Patients", 2007. [www.clearhealthcommunication.org](http://www.clearhealthcommunication.org)

# Cultural Crossroads

*Tips and resources to help you communicate better with Alliance members*

## Cross-Cultural Communication



Good health care requires good communication. Yet, even when providers and patients speak the same language, there may be cultural differences in understanding. Tone, inflection, or non-verbal cues may be as important as the spoken word.

Experts have observed the following common communication patterns in their own cultures. However, generalizations never fit all individuals. Use this primer as a framework to explore what works for each patient and family.

### Mexican Americans

- Nonverbal communication influenced by *respeto* (respect)
- May avoid direct eye contact with authority figure
- Usually reserved, respectful and polite in formal settings
- Silence sometimes shows lack of agreement with treatment plan
- Culture emphasizes personal relationships

### African Americans

- May speak a regional dialect or urban Black English and may switch to from Black English to standard English depending on the situation
- Maintaining eye contact shows respect and establishes trust
- Silence may indicate lack of trust for caregiver
- Conversations can get loud and animated
- Affection shown by touching and hugging friends and family

### Vietnamese Americans

- Respect shown by slightly bowed head and avoiding eye contact with those of “higher status”
- Typically soft spoken

- Raising one’s voice or pointing fingers is disrespectful
- Indirectness and restraint is valued over confrontation or open expression of emotions
- Ask the proper way to address the client. For example, in traditional Vietnamese names, the family name comes first and the given name comes last.

### Native Americans

- Respect shown by avoiding eye contact
- Requests should be made in personable, polite manner
- Direct, emphatic, calm tone expresses urgency
- Loudness is associated with aggression
- Self-humor or willingness to be teased establishes comfortable atmosphere

*Source: Lipson, JG, Dibble SL, and Minarik, PA (ed.). Culture & Nursing Care: A Pocket Guide. San Francisco: UCSF Nursing Press, 1996.*



## 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. Call us at 831-430-5570 to request your free copies.

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***Changing your address, Medi-Cal # or Tax ID #?***  
***Please let us know as soon as possible to prevent a delay in payment. If your Tax ID changes, please submit a completed W-9 to the Provider Services Department.***

## **Upcoming Meetings**

### **Managed Medical Care Commission Meeting**

September 26, 2007      October 24, 2007  
 December 5, 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**

November 7, 2007, Green Valley Grill

### **Santa Cruz County Member Services Advisory Group**

November 19, 2007, Watsonville Community Hospital, 10 am-12 pm

### **Monterey County Member Services Advisory Group**

December 12, 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:

Veteran’s Day - November 12, 2007

Thanksgiving - November 22 and 23, 2007

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