

# Provider Bulletin

## Change In The Alliance's Outpatient Lab Service!

Stanford Clinical Laboratories (SCL) has been purchased by Laboratory Corporation of America (LabCorp). After review of LabCorp's ability to meet SCL's contract obligations, the Alliance assigned its outpatient laboratory services agreement to LabCorp, effective August 1, 2008. The Alliance is confident that LabCorp will provide a high level of service with minimal disruption to members and providers during this transition. LabCorp will maintain Stanford's existing network of patient service centers throughout the region and will accept Stanford's requisition forms during the transition period. Many of the same lab professionals, sales team and client service representatives you have come to know at SCL will continue to support you as part of the LabCorp team. For your customer service needs, please contact the LabCorp Customer Service Center at (866) 273-7492. You may access a list of Patient Service Centers at <http://www.labcorp.com>. Please feel free to contact your Alliance Provider Services Representative with any questions.

## Provider Dispute Resolution Process

The Alliance's Provider Dispute process helps resolve claim, authorization and Alliance policy issues. The Alliance Grievance Coordinator investigates both member and provider concerns. Guidelines to follow when filing a dispute include:

- A dispute must be filed within one year of the Plan's action. Email [grievancecoordinator@ccah-alliance.org](mailto:grievancecoordinator@ccah-alliance.org), or call our Grievance Coordinator at (831) 430-5525.
- Include your name or the group's name, a contact person and phone number.
- Give a clear explanation of the issue, a statement as to why the action was incorrect and supporting clinical information, if applicable.
- Please cite the TAR or claim control number (CCN), date of service, the member name, and the member's Alliance ID.

- If disputing a denied authorization where services were not rendered, the member – not the provider – must file the complaint.
- The dispute process is not for submitting corrected claims or for sending claim 'tracers'.

You will receive an acknowledgment within five business days and a resolution within 30 calendar days. Dispute forms are available on our website.

## Medication Contracts

The most frequent Emergency Department (ED) diagnosis for patients with 5 or more ED visits per quarter relates to chronic pain. Local ED staff often have little information about the patient's medical condition, prescription history and/or primary care physician (PCP). In an effort to promote better coordination of case management between the ED staff and the PCP, the Alliance included Medication Contracts as part of the Quality Based Incentives: Best Practice Promotion in 2005.

A Medication Contract is a written agreement between a physician and a patient, documenting the patient's prescribed medications and the guidelines by which these medications will be managed. A sample of a Medication Contract in both English and Spanish is available on the Alliance website at:

<http://www.ccah-alliance.org/qualitybased.html>  
under the heading 'Forms'. The contract is available to download, or you may use your own version as long as it includes the criteria specified above and is dated and signed by both the patient and the physician.

The Alliance will reimburse \$20.00 fee for service per eligible Medication Contract for Medi-Cal primary patients, excluding patients with other health coverage, such as Medicare. Reimbursement will be limited to one contract per patient per calendar year. Reimbursement is not limited to the PCP, as any in-network, contracted provider may initiate a Medication Contract with an Alliance member.

A copy of the members current Medication Contract can be viewed by the physician who completed the

contract with the member, the member's PCP and ED physicians by accessing the patient's record via their Alliance Web Services Account. If you do not have an account, please contact your Provider Services Representative at (831) 430-5500.

For a copy of the 'Quality Based Incentives: Best Practice Promotion', or if you have questions about Medication Contracts please contact the Health Services Administrative Asst. at (831) 430-5556.

### **Authorizations: Are You Using Your NPI?**

Don't forget to use your NPI number when submitting Referral Authorization Forms (RAF) and Treatment Authorization Requests (TAR). You want to be sure that the NPI number submitted on your TAR or RAF matches the NPI number submitted on your claim. This will prevent delays in authorization response time as well as claims processing and payment!

### **A Friendly RAF Reminder**

In an effort to ensure that referral physicians are paid in a timely manner, we would appreciate it if PCP practices would send their completed RAFs to us as soon as possible. As a reminder, the top white copy is mailed to Authorizations, P.O. Box 660015, Scotts Valley, CA 95067-0015. The yellow copy is retained for your records, and the bottom white copy is for you to send to the referral physician.

Do you have authorization questions? Please call our Health Services Department at (831) 430-5506.

### **Did You Know...**



The Alliance sub-contracts with Vision Services Plan (VSP) to provide routine vision benefits to Medi-Cal and Healthy Kids members. Routine vision benefits include refraction services, corrective eye lenses and diagnostic eye exams. All of these services must be rendered by a VSP Medi-Cal participating provider. These services do not require a RAF from the member's PCP when the services are rendered by a VSP approved optometrist.

An optometrist is a Doctor of Optometry, an O.D., (not to be confused with a Doctor of Medicine, an M.D.) and is licensed to provide primary eye care

services, including those covered under VSP's routine vision benefits. Many common eye conditions can be diagnosed and treated by an optometrist and do not require the specialty services of an ophthalmologist.

An ophthalmologist is an M.D. who specializes in eye and vision care services, including prevention, diagnosis, and medical and surgical treatment of various eye conditions and diseases. Please note that many of our contracted ophthalmologists do not participate in VSP and are unable to provide routine eye services to our members.

If you would like additional information about VSP, optometry or ophthalmology services, please contact your Provider Services Representative at (831) 430-5500.

### **Question of the Quarter?**

When can I ask for payment or bill an Alliance Medi-Cal Member?

A provider cannot ask for payment or bill an Alliance Medi-Cal Member for any unreimbursed amounts including a deductible, co-insurance or co-pay amount unless one of the following exceptions applies:

- When a member has not met a monthly Medi-Cal share-of-cost amount that is due.
- When a member conceals their Alliance or Medi-Cal coverage.
- When a member consents to receive services that are not covered by the Alliance.\*
- When a member is aware and willingly chooses to see a provider who does not accept Medi-Cal or is not a Medi-Cal provider.\*
- When a member waives his/her Medi-Cal benefits.\*
- When a member does not obtain or access primary insurance benefits correctly.

**Note:** An Alliance member can be charged when he/she does not obtain primary insurance benefits correctly. The provider cannot charge the Alliance member if the provider did not provide/obtain benefits correctly based on the primary insurance authorization or benefit requirements.

*\*The Alliance strongly recommends that the provider obtain the member's express written consent before rendering any services.*

## New Alliance Providers

Please join us in welcoming the following new providers to the Alliance:

### **Monterey County**

#### ***Referral Physicians / Specialists***

Christine Boulanger, MD - OB/GYN  
Peter Chandler, MD - OB/GYN  
Sara Farr, MD - Hospitalist/Internal Med  
David Gallardo, MD - Radiation Oncology  
Toby Katz, MD - Gastroenterology/Internal Med  
Caleb Liem, MD - OB/GYN  
Mahmoud Nasser, MD - Hospitalist/Internal Med  
Joseph Petrini, MD - Family Practice (SNF Only)  
John Rinderknecht, MD - Pulmonary Diseases  
James Ross, MD - OB/GYN  
Kathryn Swanson, MD - Gastroenterology

#### ***Primary Care Physicians***

Melinda Hooton, MD - Internal Medicine  
Lena Malik, MD - Pediatrics  
Justine Nghiem, MD - Internal Medicine

### **Santa Cruz County**

#### ***Referral Physicians / Specialists***

Morteza Farr, MD - Orthopedic Surgery  
Jay Johnson, MD - Cardiovascular/Internal Med  
David Kaufman, MD - Anesthesiology  
Peter Markel, MD - Emergency Medicine  
Oana Mischiu, MD - Radiologist  
Robert Potts, MD - Hospitalist/Family Practice  
Michael Wu, MD - Oncology/Internal Med

#### ***Primary Care Physicians***

Dawn Faber, MD - Family Practice  
Ellen Kim, MD - Family Practice  
Cory Parello, MD - Pediatrics  
Jill Parello, MD - Pediatrics  
Byung-Gook Park, MD - Family Practice  
Adrian Strand, MD - Family Practice  
Tamara Watson, MD - Pediatrics

## Claims Corner

### **Billing Radiology and Lab Services**

In June, the Alliance sent out a memo to providers indicating that all radiology and laboratory services previously defined as '100 percent professional' or '100 percent technical' would no longer be identified as split-billable and no longer require modifiers 26, TC, and/or ZS. Please note that this only applies to services defined as 100 percent technical or 100 percent professional, and that all other radiology and laboratory services not defined as such, should be billed using a modifier. If you have any additional questions please contact your Provider Services Representative or reference the DHCS Medi-Cal bulletin for July 2008 at:

<http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/gm/archive/pdf/gm20080701.pdf>

### **Is Your NPI on File with the Alliance?**

If you have not registered your NPI number with our Provider Services Department, your claims may be delayed for payment. In addition, if you have a

Tax Identification Number or payment address change, please contact the Provider Services Department, at (831) 430-5540, to have your information updated.

### **We Are Here to Help You! Just a Click or Phone Call Away**

Most claim issues can be resolved over the phone by calling our Claim Adjudicators, available Monday through Friday from 9:00 am to 5:00 pm, at (831) 430-5503. In addition, you may use our online Claims Resubmit feature through your Alliance Web Account.

### **Do You Have an Alliance Web Services Account?**

To obtain an Alliance Web account, go to <http://www.ccah-alliance.org>, click on the Web Services login icon, and follow the instructions. If you have questions about our Web-based services, please contact your Provider Services Representative at (831) 430-5500.

# Health Programs Update

## Quality-Based Incentives: Adolescent Well-Care

The American Academy of Pediatrics and the American Academy of Family Practice recommend that adolescents have a well-care visit every year. The Alliance's most recent HEDIS study found that over 47% of our adolescents received well-care in 2007. This is an increase over previous years, however, we still have a long way to go.

Adolescent well-care visits are one of several measures included in the 2008 Quality-Based Incentives (QBI) for Family Practice and Pediatrics. In order to assist providers with increasing their number of adolescent well-care visits, the Alliance sends providers a monthly list of linked patients ages 12-21 years who have not had a well-care visit in the last 12 months.

The Alliance also offers incentives to members. The Teen Tune-Up program rewards teens with movie tickets or a gift card when they complete an annual well-care visit and submit a completed Teen Tune-Up form with their doctor's signature. In addition, the Alliance raffles a new bike, helmet, and lock every two months. All teens ages 12-21 that have an annual well-visit and submit their forms are eligible to win.

Please help improve adolescent health by scheduling a well-care visit for your linked adolescent members and signing their Teen Tune-Up form when they come in. Sports physicals, annual GYN checkups, and regular sick visits qualify as well-care visits if the appropriate criteria are met (see "Well-Care Reimbursement" at right for guidelines).

For more information about the Teen Tune-Up program, call the Health Programs Coordinator at (831) 430-5580. Call Andres Aguirre, QI Manager, at (831) 430-5564 for more information about QBI.

## Well-Care Reimbursement

Unlike the State-run Child Health and Disability Prevention (CHDP) program, the Alliance will reimburse for one annual well-care visit for each adolescent. For Alliance Medi-Cal members, the claim must be on the PM-160 form. For Healthy Families and Healthy Kids members, please use a CMS-1500 claim form.

Well-care must include all three components:

- 1) Health & Developmental History
- 2) Physical Exam
- 3) Age-Appropriate Anticipatory Guidance

Alliance preventive care recommendations are detailed on the Alliance website. Just go to the Providers page at:

<http://www.ccah-alliance.org/providers.html>

and click on Clinical Resources in the left column.

## Build Your Adolescent Medicine Skills

Many providers report a lack of experience and resources for counseling teens on sensitive adolescent health issues. You may feel uncomfortable addressing risk behaviors or have questions about confidentiality laws. The Adolescent Health Working Group (AHWG) offers free practical toolkits for California medical providers. Titles include:

- Confidentiality & Minor Consent
- Adolescent Health Care 101
- Sexual Health
- Body Basics
- Behavioral Health (New!)

Download the free toolkits at <http://www.ahwg.net> or go to the Providers page at <http://www.ccah-alliance.org/providers.html> and click on Other Resources and then Online CME and Toolkits. Call Lynn Meier, Senior Health Educator, at (831) 430-5570 for more information or for help accessing the toolkits.

# Cultural Crossroads

*Tips and Resources to Help You Communicate Better with Alliance Members*

## In Other Words: Confirming Understanding With the Teach-Back Technique

You just prescribed a potent drug that could be very helpful for your patient's condition. But as she leaves your office, you question whether this patient really understands the instructions you just gave. While you hope you did a good job explaining, you are concerned because any errors she might make could be life-threatening.

The only way to know for sure whether patients understand is by asking. One technique to do just that is the "teach-back," in which providers ask patients to state in their own words (i.e. teach back) key concepts, decisions, or instructions just discussed.

Many providers begin with statements such as, "I want to make sure I explained this clearly. When you go home today, what will you tell your [friend or family member] about [key point just discussed]?" If patients cannot restate your instructions correctly, then explain again by drawing pictures or using simpler words (without talking down to your patient). Use the teach-back technique again and repeat this process until you confirm that the key message is correctly understood. If you know you explained this well but after two or three tries the patient still does not seem to "get it," then look for other explanations (beyond your teaching) about why the message was not understood.

Joanne G. Schwartzberg, MD, is Director of the Program on Aging and Community Health at the American Medical Association (AMA) in Chicago, and a strong proponent of the teach-back technique. She is also a leader of the growing health-literacy movement who says the movement is prompting providers to question whether patients are ready and able to be confident and capable self-managers.

Self-management and health literacy are "two sides of a coin," says Schwartzberg. She explains that an important part of health literacy is acting on information, not just reading and understanding it.

Many studies show that about half of all patients do not correctly follow medical instructions. Schwartzberg says this number is likely to be even higher for older patients who are diagnosed with multiple conditions. The teach-back technique is a proven way to assess and confirm understanding, and Schwartzberg talks about ways providers can make it a routine part of their practice.

## Health Literacy CME

Learn more about health literacy and the teach-back technique with the AMA Foundation's Health Literacy Kit, which is designed as a self-study CME activity. Physicians can earn up to 2.5 AMA PRA Category 1 Credits for completion of this kit until May 2009. This activity will enable physicians to: define the scope of the health literacy problem; recognize health system barriers faced by patients with low health literacy; implement improved methods of verbal and written communication; and incorporate practical strategies to create a shame-free environment. The cost of the kit is \$35 and includes an instructional video, clinician manual, and other resources. Go to <http://www.ama-assn.org> or call the AMA Bookstore at (800) 621-8335. If you would like assistance, please contact Lynn Meier, Senior Health Educator, at (831) 430-5570.

*"In Other Words" was adapted with permission from Helen Osborne, M.Ed., OTR/L, President of Health Literacy Consulting ([www.healthliteracyconsulting.com](http://www.healthliteracyconsulting.com)). Original article from On Call magazine, published by Boston.com/Monster, a division of Boston Globe Media, available at [www.boston.com/jobs/healthcare/oncall](http://www.boston.com/jobs/healthcare/oncall).*

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**Changing your address, NPI or Tax ID #?**

**To prevent a delay in payment, please contact your Provider Services Representative as soon as possible.**

**Upcoming Meetings**

**Managed Medical Care Commission Meetings**

September 24, 2008	December 3, 2008
October 22, 2008	January 28, 2009

All Managed Medical Care Commission meetings are open to the public. Contact Karla Hawkinson at (831) 430-5609 for meeting location or cancellation information.

**Physicians Advisory Group**

Nov. 19, 2008, Green Valley Grill, 6:30 pm - 8:30 pm

**Santa Cruz County Member Services Advisory Group**

November 17, 2008, Watsonville Community Hospital, 75 Nielson St, Watsonville, 10 am-12 pm

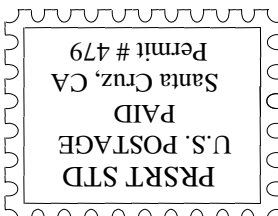
**Monterey County Member Services Advisory Group**

December 10, 2008, the Alliance Salinas Office; 1000 S. Main Street, Salinas, 12 pm-1:30 pm

**Alliance Holiday Office Hours** – Central Coast Alliance for Health will be closed to observe the following holidays:

Veterans Day – November 11, 2008

Thanksgiving Holiday November 27-28, 2008



1600 Green Hills Road, Suite 101  
Scotts Valley, CA 95066-4981

**CENTRAL COAST  
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