# **Provider Bulletin**



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#### A Look Back, and Ahead

Despite the economic melt down, the Alliance achieved some important goals during 2008. The Alliance was ranked #1 in the State among 36 Medi-Cal health plans for the rate of preventive care provided to our members as measured by rigorous HEDIS methods. Our health plan was also ranked 2<sup>nd</sup> in Medi-Cal Customer Satisfaction by the State's surveyors. These Gold and Silver Awards from the State Department of Health Care Services were earned through the remarkable quality and caring of local providers. The Alliance continues to operate with the lowest cost among like-sized plans, spending less than 6% of revenue on administration. Plan reserves are strong, net income is respectable, and the Alliance was able to fully fund the 2008 physician incentive programs that reward case management. quality of care, and referral acceptance. Local providers and the Alliance are working together to survive, and even succeed, in these perilous economic times.

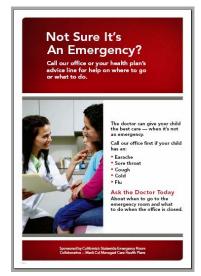
Looking ahead, the Alliance is focused on strengthening the health plan and providing new resources with a major project: expansion to Merced County. The health plan is scheduled to add 62.000 new Medi-Cal members in Merced County starting October 2009. Similar to the partnership between Santa Cruz and Monterey counties, the Merced expansion will improve the plan's economies of scale, increase our influence in Sacramento, and stabilize actuarial risk. The Alliance will be able to offer new programs and services throughout the Monterey Bay region, as well as in Merced, due to increased revenue and scale. The expansion will also create new partnership opportunities with California foundations seeking broad-based projects for grant funding, and with the medical school planned for UC Merced. Finally, the expansion will contribute to California's economic recovery by better managing Medi-Cal care and costs, and improving public health and workforce readiness.

The Alliance has engaged the Merced expansion with its eyes wide open. Key feasibility factors for

this project include sufficient Merced County Medi-Cal rates from the State, and provider participation. We are talking with Merced providers to determine their willingness to participate in grassroots Medi-Cal reform. Before a tri-county governing board convenes later this spring, feasibility must be fully tested. We are off to a good start, with careful planning by the Alliance's board, support from key health care leaders in Merced County, and alignment of County Supervisors in all three counties. The Alliance's staff, policies and systems are up to the task. The Alliance will operate from offices in Scotts Valley, Salinas and Merced, and Medi-Cal performance will be separately budgeted and measured in each county. There is a clear opportunity for Santa Cruz, Monterey and Merced Counties to benefit from partnering in Medi-Cal managed care. When facing Medi-Cal challenges in these difficult times, there is strength in numbers.

Thank you for joining with the Alliance in creating health care solutions. Much work remains to be done and 2009 promises to be an exciting year for us all.

### **Reducing Emergency Room Visits**



Eighty percent of ER usage by Medi-Cal patients is for nonemergency health conditions. Most of these conditions are URI-related, such as earache, sore throat, cough, and headache. In order to reduce the high rate of these avoidable ER visits. Alliance other health plans are participating in the

statewide *ER Collaborative*, guided by the Department of Healthcare Services (DHCS).

The *ER Collaborative* has developed an initiative to reduce avoidable ER visits. One component of this initiative is to produce a poster and brochure to

assist providers in educating patients on appropriate ER usage and encourage them to see their PCP for non-emergency conditions. These materials will be available in English and Spanish.

The poster encourages patients to contact their PCP first when they have a non-emergency health condition. The brochure stresses the importance of regular doctor visits and provides helpful tips on how to treat a cold or flu. If you would like a supply of these free brochures and posters for your office, please contact your Provider Services Representative, or call (831) 430-5540.

Over the next few months, we will contact PCPs whose assigned members have frequently used the ER for avoidable conditions. We will ask you to partner with us in this initiative by posting the free posters and brochures in your lobby and exam rooms. We encourage you to talk with your patients about when to go to the ER and what to do when your office is closed.

The other component of this initiative involves working with local hospitals to educate patients on appropriate ER usage. For questions about this or other quality improvement initiatives, please contact Andres Aguirre, Quality Improvement Manager, at (831) 430-5564.

#### **Alliance Web Services**

#### Did you know...

Through the Alliance's Web Services Accounts, contracted providers can easily verify eligibility, search claims status, and resubmit claims online. Primary Care providers can also access their member linkage lists online. The Alliance's web services are tailored to meet provider's needs and provide tools and information to make the business of delivering health care easy. Here is a listing of some new and upcoming features to our online services.

## Asthma Action Plans & Medication Agreements viewable online

Providers can view Medication Agreements (Pain Contracts) online that have been submitted to the Alliance through either the eligibility verification or prescription history module. These agreements are also viewable for local emergency departments (ED), which has facilitated better coordination of care between physicians and ED staff. The Alliance has now added Asthma Action Plans online as well.

With access to members Asthma Action Plans, ED staff can have a better understanding of a patient's medical condition and can be made aware of any chronic medication strategies that the primary care physician has established for the patient. Keep in mind that the Alliance reimburses \$20.00 per submitted Medication Agreement and/or Asthma Action Plan. Reimbursement is limited to one agreement and/or plan per patient per calendar year. If you have any questions about this, please contact your Provider Services Representative.

#### \*NEW\* Searchable Online Provider Directory

Beginning in February 2009, providers will have access to our searchable online provider directory. From here you can determine what specialists in your area are contracted with the Alliance. You can easily search by physician name, specialty, or city to gather the information you need on a specialist.

#### \*COMING SOON\* Web Forms

Primary care providers will soon be able to submit Member No Show forms online. It will be as simple as finding the member on your linked member list, clicking a button, and submitting the form. The Alliance will continue to add more forms in the future for your convenience. If you have any suggestions you would like to share with us, please contact your Provider Services Representative.

## How do I obtain an account if I don't already have one?

To obtain an Alliance web account, go to www.ccah-alliance.org, click on the web services login icon, and follow the instructions. If you have questions about our web based services, call Steveyann Jensen in the Provider Services Department at (831) 430-5538.

#### **CHDP Provider**

Do you have a new practitioner joining your office who will be providing CHDP services? If so, we encourage all new providers to contact your local CHDP office and schedule a new provider orientation. In Santa Cruz County, please call your local CHDP office at (831) 763-8932. In Monterey County, you can reach your local CHDP office at (831) 755-4960. Meeting with your local CHDP Representative is important as they will share many community resources that will help you make the most appropriate and efficient referrals for your patients.

## **New Alliance Providers**

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

#### **Monterey County**

Referral Physicians / Specialists

Temoor Anwar, MD-Diagnostic Radiology Kent Bransford, MD-Hematology/Oncology Michael Corley, MD-Anesthesiology Dianna Diallo MD-Pediatrics Bogdan Eftimie, MD-Hematology/Oncology James Fields, MD-Anesthesiology Richard Garza, MD-Vascular Surgery Melissa Gilmore, MD-Anesthesiology Christy Lynch, MD-Emergency Medicine Misty Navarro, MD-Emergency Medicine Jeremy Orvik, MD-Emergency Medicine

Matthew Tripp, MD-Emergency Medicine

#### **Primary Care Physicians**

Mark Adame, MD-Family Practice Rolando Cabrera, MD-Family Practice Douglas Cambier, MD-Family Practice Primary Care Physicians (cont.)

James Hoffman, MD-Family Practice Gerard Issvoran, DO-Family Practice Joanna Oppenheim, MD-Family Practice

#### **Santa Cruz County**

Referral Physicians / Specialists

Rudolf Gaulsing, MD-Internal Medicine Glenn Wong, DO-Hematology/Oncology Michael Yen, MD-Hematology/Oncology Charlea Massion, MD-Hospitalist

#### Primary Care Physicians

Steven Cortes, MD-Family Practice Carmelita Cristobal, MD-Pediatrics Hannah Farquharson, MD-Family Practice John Midtling, MD-Family Practice

## **Claims Corner**

## Paper Claims - General Reminders

- ✓ Please read the EDS monthly bulletins as there are many changes taking place this year.
- ✓ Do not highlight claims as this prevents them from being read once they have been scanned.
- ✓ When attaching EOBs to claims make sure that you attach 1 EOB to 1 claim.
- ✓ Medi-Cal does not implement 2009 CPT codes until later this year.
- ✓ Medi-Cal claims should be sent to the following address:

ATTN: CLAIMS ALLIANCE PO Box 660015 Scotts Valley, CA 95066-0015

✓ All Commercial Lines of Business should be sent attention to claims indicating which line of business and to the following address:

ATTN: CLAIMS ALLIANCE 1600 Green Hills Rd., Ste 101 Scotts Valley, CA 95066-9998

## **Update:**

#### **Initial Health Assessments**

According to state regulations, Primary Care Physicians must perform an Initial Comprehensive Health Assessment (IHA) for all new Medi-Cal and Healthy Families members within 120 days of assignment to your practice. Effective January 1, 2009, some of the state requirements regarding the IHA have changed. The state now requires PCPs to document three (rather than two) attempts to contact the patient for their IHA. In addition, at least one of the three contacts must be by phone and one must be by mail.

For a complete description of the IHA guidelines, please go to the Provider section of our website at www.ccah-alliance.org and click on "Clinical Guidelines." For more information, please contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

## **Health Programs Update**

### Targeting Tobacco Use

As a medical professional, you know that smoking remains the number one cause of preventable death and disease in the United States. According to the CDC, for every person who dies from smoking, 20 more people suffer from at least one serious tobacco-related illness. The Alliance Tobacco Cessation Program supports your efforts to help patients become tobacco free.

- 1. We will send the member **easy to read materials** with information and tips on how to quit. Materials are available in English or Spanish. We can also order limited quantities of materials in other languages.
- 2. We will help the member enroll in an approved **smoking cessation class** in their area, and we will cover the cost as a one-time benefit.
- 3. The California Smokers' Helpline, at 1-800-NO-BUTTS (1-800-662-8887), provides free smoking cessation counseling over the phone for any smoker within California. Counseling is available in English, Spanish, and four other languages, and via TTY/TDD for members who have a hearing or speech impairment (see right column for more).
- 4. The **Freedom From Smoking® Online** program is now available and free to the public. Anyone with online access can sign up at www.ffsonline.org.
- 5. The Alliance covers smoking cessation aids such as the **nicotine patch**, **nicotine gum**, **Zyban® and Chantix®**. The member must have a prescription and show the pharmacist proof of enrollment in a smoking cessation program (this includes local classes, Helpline counseling, or the Freedom from Smoking online program).

For more details, please call the **Alliance Health Education Line at (831) 430-5580**. You can also get a printable handout for your Alliance patients at our website. Go to **www.ccah-alliance.org**, click on "Providers," then "Health Programs," and scroll down to "Tobacco Cessation Program."

### Medical Nutrition Therapy Benefit Discontinued

As a reminder, the benefit for Medical Nutrition Therapy (MNT) has been discontinued for Alliance Medi-Cal members as of December 15, 2008 and Healthy Families members as of January 31, 2009. The benefit will cease for Healthy Kids and IHSS members effective June 30, 2009. This benefit has been discontinued due to budgetary constraints, as well as lack of evidence-based data demonstrating effectiveness.

Note: The clinical education benefits for diabetes, asthma, and breastfeeding are still in effect for eligible members. For information about these programs, please contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

# Free Materials from the California Smokers' Helpline



## California Smokers' Helpline 1-800-NO-BUTTS

According to the California Department of Public Health, the success rate is double for smokers who receive a series of free counseling sessions from the California Smokers' Helpline over the rate of smokers who try to quit on their own. In order to encourage your patients to call the Helpline, you can order free materials to display in your office or hand out to patients during their appointments.

General audience brochures are available in English, Spanish, Korean, Vietnamese, and Chinese. You can also order free materials written especially for teens, pregnant women, Native Americans, or patients who chew tobacco.

To order brochures or other cessation materials, call **1-800-NO-BUTTS** (**1-800-662-8887**) or order online at **www.californiasmokershelpline.org**.

## **Cultural Crossroads**

Tips and Resources to Help You Communicate Better with Alliance Members

## It All Starts at the Front Desk

Mrs. L. has a Hispanic surname and speaks with an accent. She gets upset when she calls or visits a health care provider's office and the staff assume that she does not speak or understand English. Sometimes this assumption leads staff to speak slowly and loudly. Other times they have a Spanish-speaking person interact with her. Although she is pleased that some providers have Spanish-speaking staff or professional interpreters available for families who need language assistance, she wishes they would ask about her specific needs.

This is one of several case studies provided by the National Center for Cultural Competence at Georgetown University. As medical providers are striving to deliver more culturally responsive care, it is also important to consider patients' interactions with non-clinical staff. Cultural competence starts at the front desk when patients call to make an appointment and when they check in for their visit. Patients' experiences are affected as much, if not more, by interactions with non-clinical staff, both before and after the office visit. If front office staff demonstrate insensitivity, lack of respect. or assumptions about the family's economic status or culture, it may set the tone for the whole visit and affect future use of care.

- Patients may be uncomfortable calling for advice or appointments, leading to delayed access to care.
- Patients may fail to make or keep followup appointments.
- Clinicians may lack information about the nature of the visit because the front desk has not been able to communicate effectively with the patient.

By contrast, when front office staff welcome diverse patients and demonstrate respect, communication and health outcomes improve.



The National Center for Cultural Competence states that, "Staff require organizational support to develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways."

They recommend including front office staff in planning and training activities. Formal policies and procedures should define what resources are available to staff, how they should determine a patient's need for interpreter services, and how they should serve individuals with other communication needs such as hearing impairment or limited literacy skills.

#### **Staff training may include:**

- Self-assessment with a simple survey tool
- Interacting effectively with individuals from diverse cultures
- How to access interpreter services
- How to work with an interpreter
- How to help people with low literacy skills
- Confronting bias, discrimination, and stereotypes in health care

#### **How the Alliance Can Help**

The Alliance offers tools and trainings to help providers assess and improve cultural competence among staff. To learn more, contact Lynn Meier, Senior Health Educator, at (831) 430-5570.

Adapted from: Bonheim S,"It All Starts at the Front Desk", Washington DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. From website:

http://gucchd.georgetown.edu/nccc (accessed 1/27/09).

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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**

March 25, 2009 April 22, 2009 May 27, 2009 Jun 24, 2009

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

#### **Physicians Advisory Group**

Next meeting date is May 20, 2009, 6:30 pm - 8:30 pm, at Green Valley Grill, 40 Penny Lane, Watsonville

#### Santa Cruz County Member Services Advisory Group

Next meeting date is May 19, 2009, 10 am-12 pm, at Watsonville Community Hosp., 40 Penny Lane, Watsonville

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

Next meeting date is June 10, 2009, 12 pm-1:30 pm, at the Alliance Salinas Office;1000 S. Main Street, Salinas

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

Memorial Day - May 25, 2009 Independence Day - July 3, 2009



