

## Serving More Californians

On April 22<sup>nd</sup> the Alliance's new governing board met for the first time as a three county partnership, bringing twenty one health care leaders together in Merced, seven each from Santa Cruz, Monterey and Merced counties. This inaugural board meeting was a major step toward adding 66,000 new Merced County Medi-Cal members to the Alliance starting October 1, 2009. Similar to the Alliance's previous board membership, the Merced County board members include physician, hospital, and community leaders, one of whom is a Medi-Cal member, and a County Supervisor and Health Department Director. This meeting was also attended by State officials who spoke to the pressing need to improve Medi-Cal services and efficiency in Merced County through the tri-county Alliance partnership.

While Santa Cruz, Monterey and Merced counties are each unique, they share many challenges in improving the Medi-Cal program for both patients and providers. The Alliance's new board and staff are dedicated to meeting those challenges. The plan's expanded regional service area will bring many advantages: improved economies of scale, more clout in Sacramento, and greater actuarial stability. The Alliance will use economies of scale to create new programs and services throughout our Central California region while keeping administrative costs at less than 6% of revenue. The exchange of innovative local programs and practices across the region will benefit all. Each county has something to offer the others in advancing grass roots Medi-Cal reform.

The Alliance is ramping up to serve a larger membership by hiring new staff for our Scotts Valley, Salinas and Merced offices. If you know of interested applicants, please direct them to our website: [www.ccah-alliance.org](http://www.ccah-alliance.org) now and in the coming months for new employment opportunities. Our Merced expansion will contribute to California's economic recovery by better managing Medi-Cal care and costs, by improving public health and workforce readiness,

and by providing local employment opportunities. As part of the plan's expansion to Merced, we will also be launching our new name: **Central California Alliance for Health**. Stay tuned for updates as the Alliance works to promote the health of more Californians. And thank you for making this all possible through your support of local Medi-Cal reform.

Alan McKay, Executive Director

## Well Care Visits for New Healthy Families Members

On February 1, 2009, the Alliance enrolled approximately 18,000 Healthy Families members in Monterey County. These members were previously with Blue Cross and became Alliance members when Blue Cross discontinued Healthy Families coverage in Monterey County.

The Blue Cross plan did not link members to a Primary Care Physician (PCP) and members may not have seen a PCP for regular exams or immunizations. Because of this, you may see an increase in the number of members requiring services on 3-6 year Well Child visits, Adolescent Well Child visits, and Immunization reports.

Please be sure to contact the members on your list and schedule any necessary visits. If you have any questions, please feel free to call Andres Aguirre, Quality Improvement Manager, at (831) 430-5564. Thank you for your dedication and the quality of service that you provide to our members!

## Members with Other Health Coverage: Coordination of Benefits

When a Medi-Cal member has other health coverage (OHC), the Alliance always becomes the secondary payer. State and federal law requires that all available health coverage be exhausted before billing Medi-Cal. Medi-Cal is always the payer of last resort.

## New Alliance Providers

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

### Monterey County

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

Amy Defatta, MD-Diagnostic Radiology  
Barron Palmer, MD-General Surgery  
Harry Jang, MD-Internal Medicine/Hospitalist  
Iqbal Mirza, MD-Anesthesiology  
James Kistler, MD-General Surgery  
Nikolas Greenson, MD-Emergency Medicine  
Peyman Haghghat, MD-Internal Medicine/Oncology  
Ravi Pankhaniya, MD-Anesthesiology  
Vittorio Lagana, DPM-Podiatry

#### **Primary Care Physicians**

Gregory Tapson MD-Family Practice  
Jaime Giron, MD- Family Practice  
Luciano Del Toro Vargas, MD-Family Medicine  
Norman Rosen, MD-General Practice  
Steven Harrison, MD- Family Practice

#### **Alliance Care AIM Only**

Analisa Marki-Dunn, MD-OB/GYN  
Billie Watkins, MD-OB/GYN  
Donelle Laughlin, MD-OB/GYN  
James Gilbert, MD-OB/GYN  
Norman Nelson, MD-OB/GYN  
Rachel McCarthy-Beck, MD-OB/GYN  
Richard Alexander, MD-OB/GYN  
Susan Robinson, MD-OB/GYN  
Tricia Markusen, MD-OB/GYN

### Santa Cruz County

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

Daniel Erdman, MD-Diagnostic Radiology  
Jillene Costa, DPM-Podiatry  
Katherine Kenny, MD-Internal Medicine  
Milan Patel, MD-Neurology  
Naghme Pooya, MD-Internal Medicine

#### **Primary Care Physicians**

Bernadette Tova, MD-Family Medicine  
Chwen-Yuen Chen, MD-Internal Medicine  
Holly Moore, MD-Internal Medicine  
James Woods, MD-General Practice  
Jennifer Daodu, MD-Family Medicine  
Kimberley Owens, MD-Family Practice  
Steven Magee, MD-Family Practice

#### **Allied Providers**

Option 1 Nutrition Solutions  
Yousofi Wellness Chiropractic Center, Inc.

(Continued from front)

OHC includes any non Medi-Cal health coverage that provides or pays for health care services. This can include but is not limited to:

- Commercial Health Insurance Plans
- Prepaid Health Plans
- Health Maintenance Organizations (HMOs)
- Employee Benefit Plans
- Union Plans
- Tri-Care, Champ VA
- Medicare
- Medicare Supplement Plans and Medicare Advantage Plans

If an Alliance Medi-Cal member also has OHC, he or she must access services under the rules of the other coverage (the primary insurance). For example, if the other coverage is a Preferred Provider Organization (PPO) plan with a closed panel, the member must see a provider within the PPO network. If the other coverage is a Medicare Advantage plan, the member must receive services from his or her provider under that plan. Any referrals or prior authorizations required by the primary insurance must be obtained before providing services. The Alliance/Medi-Cal is not liable for the cost of services for members with OHC who do not obtain the services in accordance with the rules of their primary insurance. If a member elects to seek services outside of the framework of his or her primary insurance, the member is responsible for the cost.

# Alliance Web Services

## Online Member OHC Referral Form

We now have a new Other Health Coverage (OHC) Referral Form on our website. Often times the provider is made aware of a member's OHC before we are. When this information is up-to-date, your claims will be processed more efficiently. Therefore, your assistance and cooperation in this matter is greatly appreciated. The following is a simple way to inform the Alliance of any change in a member's OHC.

You may complete and submit the form online at our website. To locate the form directly, insert the following URL into your browser window, and save the link to your "favorites" for easy access: [http://www.ccah-alliance.org/forms/ohc\\_form.htm](http://www.ccah-alliance.org/forms/ohc_form.htm)

**OR** from our home page:

- 1) Under Providers section, select "Providers Home Page".
- 2) Under "Form Library", select "Download Alliance Forms".
- 3) Under "Finance Department", select "OHC Referral Form".

Simply complete the form and select the "submit" button. The form will be received electronically and processed by our Coordination of Benefits Specialist (COB). If you have any other questions on providing the Alliance with a member's OHC you may call the COB Specialist at 1-800-700-3874, ext 5612.

### **\*NEW\* Member No-Show Notification Form**

You can now complete a No-Show Notification form via your Alliance Web Services Account! To reduce paper waste and improve efficiency for our providers, the Alliance has added a new web based form feature to our Web Account Services. Effective May 1, 2009, Primary Care Providers can submit Member No-Show Notification Forms for their linked members to the Alliance directly from their Linked Member List in just 5 easy steps, without ever having to fax or handwrite anything on the document! Please be sure to keep an eye out for the instructional memo sent out with your May Monthly Linked Member Notification fax for instructions on how to utilize the form. We hope this will save time and make this process more convenient for our providers.

If you would like us to fax or email you instructions on how to use this web based form, please contact your Provider Services Representative.

### **Easy Eligibility Verification**

Contracted providers may verify the eligibility status of an Alliance member by clicking on the Eligibility Verification feature from their web account services. Simply enter the member's Alliance ID or social security number and date of service. This will bring up the members eligibility record, displaying eligibility status, the PCP the member is linked to, if they have an active CCS case and if they have other health coverage (OHC). If OHC is indicated, you may click on it to view the name of the carrier. Remember to bill the primary insurance carrier first and then submit the claim to the Alliance with the EOB.

### **Need a Web Services Account?**

You can obtain an account by going to [www.ccah-alliance.org](http://www.ccah-alliance.org) and clicking on the Web Account Services link in the Provider Services section. Next, click on the Web Services icon and follow the instructions to sign up as a new user. If you are not sure if your office has been set up with an account, call your Provider Services Representative.

Our web-based service is quick and efficient. Using your Alliance Web Services Account is as simple as going to our website, and logging on with an assigned User ID and password; from there you can choose to search our online Provider Directory, verify member eligibility and PCP information, view prescription history and Medication Agreements that are on file with the Alliance, search the status of claims, and resubmit claims online. Sign up for one today!

### **New Credentialing Specialist**



Meet Karla Hawkinson, our new credentialing specialist for Santa Cruz, Monterey, and (upcoming) Merced counties. Karla has been with the Alliance for nearly two years and moved from Business Development to Provider Services in December 2008. She brings a broad view of the organization with her to this position and looks forward to implementing

new credentialing tools to manage our expanding network. A native Californian, she graduated from San Francisco State University, and then added a master's degree from the University of Alabama at Birmingham in Business Administration. Prior to joining the Alliance Karla spent many years building experience in the legal field and in real estate sales. In her time off she enjoys her family, cooking, music, and traveling. Karla can be reached at (831) 430-5539 or [khawkinson@ccah-alliance.org](mailto:khawkinson@ccah-alliance.org).

### Announcing Medversant as CVO

With the expansion to a tri-county health plan, the Alliance has found it necessary to increase its credentialing capacity on an ongoing basis. To meet this need, we have selected Medversant, an NCQA Certified credentialing verification organization (CVO), to assist with the primary source verification process for provider credentialing and recredentialing applications. Providers will continue to send credentialing and recredentialing applications directly to the Alliance, as usual. However, once the Alliance receives a credentialing application, it will be scanned and sent via a secure web portal to Medversant for processing. It is very important that credentialing applications be returned in a complete manner with all of the requested documentation included. If the credentialing packet you submit is not complete, a representative from Medversant will contact you for additional information. Medversant will make three attempts, alternating fax and phone contact, in an effort to collect documentation that is not included initially. If they are unsuccessful in obtaining all of the necessary information, the application will be sent back to the Alliance for processing, resulting in increased costs to the Alliance for the processing of that credentialing application.

The Alliance appreciates your cooperation in ensuring that each credentialing or re-credentialing application packet is complete. Please feel free to contact your Provider Services Representative or our Credentialing Specialist, Karla Hawkinson, at (831) 430-5539, with any questions.

### Access to Care Standards

The Department of Health Care Services has recently implemented new accessibility standards for health care providers. The Alliance is

contractually required to monitor compliance with Access Standards on an annual basis; therefore, we will continue to periodically contact providers to inquire about appointment availability. Below are the standards against which we measure:

<u>Access Standard Type</u>	<u>Standard Time Frame</u>
Routine Appointment	Within 14 days
Physical Examination	Within 6 weeks
Urgent Care Appointment	Within 24 hours
In-Office Waiting Time	45 minutes or less
Telephone Wait-Time to Schedule Appt	5 minutes or less
Routine and Administrative Questions	Answered within 8-24 hours
Urgent Medical Questions	Prioritized and answered urgently
After Hours Message	Available in English and Spanish

### Teen Tune Up

In case you didn't know, the Alliance's Teen Tune Up program rewards teen members (ages 12-21) for getting regular preventive health care. By participating in the program, Alliance teen members receive incentives for attending their annual physical exam and are also entered into a raffle to win a mountain bike, a helmet and a bike lock.

According to our 2008 HEDIS results, only 47.20% of adolescents on Medi-Cal in Santa Cruz and Monterey Counties are receiving quality preventive health care. The Alliance's Teen Tune Up program was established to increase this statistic among our adolescent members. Thank you for your efforts to increase the number of adolescent Well Child visits and for providing quality preventive health care to our members. Please continue encouraging our teens to get their physical exam every year.

If have any questions or would like more information about the Alliance's Teen Tune Up program, please contact the Health Education line at (831) 430-5580.

## Formulary Changes: March 2009

### Changes:

- Cozaar (Losartan) Step Therapy allows coverage of Losartan without a TAR when a patient has already tried an ACE and failed. For high blood pressure and heart disease.

### Additions:

- Atorvastatin (Lipitor) 80mg strength tablet only. For high cholesterol.
- Butalbital-apap-caffeine (Esgic & Fioricet). For headache.
- Butalbital-asa-caffeine (Fiorinal). For headache.

## 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.
- ✓ 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

### **Electronic Remittance Advice (ERA)**

#### **Coming soon...**

Providers will soon be able to elect to receive their RAs electronically. Once providers are notified, we will be accepting new ERA agreements on a limited basis until we get our system up and running to its full capacity. Stay tuned for further details!

## **Electronic Claims Submission**

In order to expedite claims processing, Central Coast Alliance for Health (the Alliance) offers electronic claims submission opportunities for its providers.

There are many benefits to sending your claims electronically to the Alliance including:

- Decrease data entry errors...Faster payment.
- Decrease in paper claim costs...No paper claims to print.
- Decrease in printer costs...No ribbon or toner expense.
- Decrease in mailing costs...No envelopes or stamps to buy.
- Decrease in office costs...No overhead to print, sort, stuff, and mail claims.
- Increase in staff efficiency...Increase claims turn around time.
- Using Office Ally (Clearinghouse)...the Alliance pays the cost to receive claims.

Currently, the Alliance can receive claims through Electronic Data Interchange (EDI) by using Secure FTP, without having to go through a clearinghouse. However, if a Provider's office is unable to create a 837 file internally, the Alliance is affiliated with two clearinghouses: Office Ally and EmDeon. If providers chose to work with the Alliance's designated clearinghouse Office Ally, they can submit claims at no charge. Please contact the Alliance's Business Analysis Unit at (831) 430-5510 for further details.

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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.**

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# Health Programs Update

## New Children's Care Coordinator



Meet Lorena Preciado-Orejel, Children's Care Coordinator. Lorena started at the Alliance in 2001 as a Member Services Representative and began this new position in February. She is bilingual in English and Spanish and

skilled at working with our diverse membership. Lorena works with families to identify service options for children. As the Children's Care Coordinator, Lorena:

- Refers members to case management resources as needed.
- Assists families who are new to managed care in identifying resources and navigating the local health care system (including our Healthy Families members in Monterey who were previously with Blue Cross).
- Works with members, families, community agencies, school districts, physicians and health plan staff to ensure appropriate access to and coordination of care for children.
- Acts as liaison with the community and other agencies, including San Andreas Regional Center (SARC), CHDP, CCS, and Children's Mental Health to identify Alliance children enrolled in these programs if needed.
- Assists providers with referrals to Early Start/Early Intervention Special Education Local Plan Area Programs.
- Upon internal referrals or other sources, provides guidance to members in the proper utilization of health services, and assistance with accessing health services and other community resources.
- Works with the Access for Infants and Mothers (AIM) members to educate and inform new moms regarding resources.

Lorena is based in the Salinas office. To contact her for assistance with an Alliance member, please call (831) 772-6640. You may also email her at [lpreciado@ccah-alliance.org](mailto:lpreciado@ccah-alliance.org)

## New WIC Food Packages

Starting October 2009, California WIC agencies will begin issuing new WIC food packages. To promote the new WIC foods, local WIC agencies, in partnership with the health care community and grocers, will use carefully researched and planned health messaging strategies designed to promote behavior change and healthy habits every day. The new WIC food packages closely align with current *American Academy of Pediatrics feeding practice guidelines*, and the US Dietary Guidelines for Americans. This is the first comprehensive revision since 1980.

The following is a summary of the information physicians should know about the new WIC food packages:

- The changes encourage breastfeeding by reducing the formula allowance for partially breastfed infants and by greatly expanding the amount of food for the mother and child.
- Infants 6-11 months old will receive less formula and more baby food items.
- The food allowances for milk, eggs, and juice have been reduced. Juice is eliminated from infant food packages.
- For the first time, fruits and vegetables are available to WIC infants, children, postpartum, and breastfeeding mothers.



Health care providers will be required to document on the WIC referral form both WIC foods and formula issued to medically fragile WIC infants, children, and women. To view the new health care provider requirements, go to [www.fns.usda.gov/wic/regspublished/foodpackage-s-interimrule.htm](http://www.fns.usda.gov/wic/regspublished/foodpackage-s-interimrule.htm) (pages 68986-68988).

# Cultural Crossroads

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

## Jury Awards \$400,000 for Failure to Provide Interpreter Service

You may have read a recent news article regarding a New Jersey rheumatologist who was sued for refusing to provide an interpreter for his patient. According to the patient, who communicates through American Sign Language (ASL), she had repeatedly requested an interpreter, but her physician claimed that he could not afford it.



The jury ruled that the physician violated the law and the patient was awarded \$400,000. Further, the article in the *New Jersey Law Review* stated that the physician's malpractice carrier would not cover the liability because it was not a quality of care issue.

In addition to the Americans with Disabilities Act, which was cited in the above lawsuit, several other state and federal regulations require health care providers to offer free interpreter services to their patients, if needed. Below is a brief summary of some of these regulations.

### **Health care providers are required to:**

1. Document the patient's preferred language in the medical record.
2. Offer Limited English Proficient (LEP) and hearing-impaired patients a qualified interpreter at no cost to the patient.
3. Not require patients to bring their own interpreter or suggest that they use a friend or family member to interpret for them.
4. Document the offer of interpreter services in the medical record and document whether the patient accepted or refused the interpreter.
5. Make written documents available in the patient's preferred language, if requested.

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

Our Cultural and Linguistic (C&L) Services Program is committed to helping providers meet regulations and contract requirements related to language assistance for Alliance members. Below are just some of the free resources available to our contracted providers:

#### **Interpreter Services for Alliance Members**

The Alliance pays for interpreter services at all points of contact – the provider office, pharmacy, laboratory, etc. Telephone interpreters are used in most circumstances and do not require preauthorization. Face-to-face interpreters are used in special circumstances and require 4-5 days advance notice and preauthorization.

#### **Laminated Quick Reference Guide**

This guide includes contact numbers for interpreter services and outlines the criteria for telephone and face to face interpreters. We can send you a supply to post in your front and back offices. You may also want to post them in your exam rooms.

#### **Language Labels for Medical Charts**

We will send you a supply of colored chart labels with which you can document your Alliance members' language preferences in the medical record. We can also send you a template to print labels for your non-Alliance patients.

The Alliance has many free resources to help you address language assistance issues in your practice. To order the above materials or a complete "C&L Toolkit" please call the Provider Services Department at (831) 430-5540. You can also contact Lynn Meier, Senior Health Educator, at (831) 430-5570 or [lmeier@ccah-alliance.org](mailto:lmeier@ccah-alliance.org) for more information.

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## Upcoming Meetings

### **Managed Medical Care Commission Meetings**

Jun 24, 2009

August 26, 2009

September 23, 2009

All Managed Medical Care Commission meetings are open to the public. Contact the Clerk of the Board at (831) 430-5602 for meeting location or cancellation information.

### **Physicians Advisory Group**

Next meeting date is September 16, 2009, 6:30 - 8:30 pm, at Green Valley Grill, 40 Penny Lane, Watsonville

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

Next meeting date is August 18, 2009, 10 am-12 pm, at The Central Coast Alliance for Health, 1600 Green Hills Rd., Scotts Valley.

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

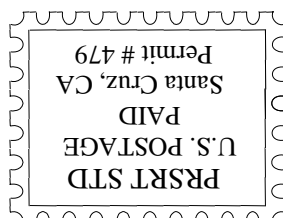
Next meeting date is September 9, 2009, 12 pm-1:30 pm, at the Alliance Salinas Office; 1000 S. Main Street, Salinas

### **Alliance Holiday Office Hours**

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

Independence Day - July 3, 2009

Labor Day - September 7, 2009



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