

# Provider Bulletin

## Coming Soon: Care Based Incentives

Starting in 2011, the Alliance will begin phasing in new incentives for primary care providers (PCPs) participating in the plan's Medi-Cal and Healthy Families programs. These new Care Based Incentives (CBI) will reward access, quality and efficiency in PCPs, and encourage the patient centered medical home model. Alliance members will also have new incentives for health behavior, compliance, and appropriate access. CBI will help make local health care a more satisfying experience for providers and members alike. And by promoting good health as well as efficient healing, we step up to the national challenge to improve value and manage cost in health care.

What measures of primary care performance will be used? For each panel of Alliance members linked to a PCP, CBI will measure rates of:

- Preventable inpatient admissions and ED visits.
- Use of generic drugs and of controller medications for asthma.
- HEDIS quality scores.
- Access to primary care visits.
- Use of e-claiming by the practice.

Each practice will be ranked among its primary care peers and earn a portion of the Alliance's annual CBI budget based on rank and linked member volume. In addition to these annual incentive payments, the Alliance will make fee for service (FFS) payments during the year to PCPs that:

- Offer extended office hours.
- Counsel and notify the plan of obese child patients.
- Provide comprehensive services to diabetic patients.
- Provide pain medication or asthma action plans.

These FFS incentives are available to PCPs for services provided to members in all of the Alliance's programs.

The Alliance will phase in CBI in 2011 with an allocation of about 10% of the plan's usual \$4.80 per member per month (PMPM) incentive budget, with the remainder funding the plan's legacy programs that focus on medical expense budgets and HEDIS measures. In 2012, the plan will convert entirely to Care Based Incentives for PCPs.

To involve Alliance members in a partnership for better care, new incentives in 2011 will encourage patient compliance with:

- Diabetic services and asthma care plans.
- Keeping scheduled appointments.
- Engaging with Alliance health programs.
- Knowing the rules of appropriate access, including ED use.

Additional member incentives will encourage weight management, timely access to prenatal and postpartum care, and check ups for adolescents. These member incentives are available to members in all programs.

CBI was designed with advice from local physicians, and was approved by the Alliance's tri-county governing board. CBI uses criteria-specific data to measure performance, and will provide new, objective insight into local practice patterns. CBI will be added to the Alliance's contracts with PCPs later this year. By rewarding good medical practices and patient behavior, we help make health care work better for us all.

Alan McKay  
Executive Director



## **Reinstating Vision Benefits**

Effective July 1, 2009, the Department of Health Care Services (DHCS) reinstated optometry services as a covered benefit for adult Medi-Cal beneficiaries. As of that date, covered optometry services include diagnostic, ancillary and supplemental procedures used for the evaluation of vision. The current Optional Benefit Exclusion policy involving eyeglasses and other eye appliances remains in effect, with the exception of bandaged contact lenses (HCPCS code V2599), which will be covered for eligible beneficiaries based on medical necessity.

As of August 1, 2010, eligible adult Alliance Medi-Cal members can access covered optometry services through a contracted Vision Services Plan (VSP) provider and do not require a referral from their PCP. Members are eligible for an eye exam every 2 years. If there is a need for a member to have an exam or new prescription sooner than 2 years, authorization is required from VSP.

Alliance adult Medi-Cal members that received routine optometry services between July 1, 2009 to August 1, 2010, paid for said services out of pocket, and were eligible for Medi-Cal on the date of service, may be entitled to a refund by the Alliance. Such members must provide the Alliance with a receipt and will be refunded the Medi-Cal FFS rate, not the actual amount paid. Members may contact the Alliance Member Services Department to see if they qualify for a refund.

For a list of services now payable for adult beneficiaries under the Medi-Cal program, please refer to the *Rates: Maximum Reimbursement for Optometry Services* section of the *Medi-Cal Vision Care* manual.

## **Web Account Updates**

Quality reports for PCPs can now be accessed via your Alliance web account. The quality report feature allows providers to view their linked members who are due for well care visits and childhood immunizations. The monthly quality report will be a vital tool for tracking the preventive care of Alliance members.

As a reminder, you can download, print and save your Remittance Advice (RA) electronically using Alliance Web Account services.

## **Look For Your New Provider Agreement**

DHCS has renegotiated a new Medi-Cal contract with all County Organized Health Systems (COHS) in California, including the Alliance, with the purpose of implementing a uniform contract across all State Medi-Cal managed care plans. Following this newly negotiated contract with the State, the Alliance is taking this opportunity to simplify its provider agreements, include any new State contract requirements, appropriately reflect our change of name, and incorporate Merced County into the Alliance's service area.

The newly drafted provider agreements are currently being reviewed by the State and we are awaiting their approval. Assuming that State approval is not delayed, the new physician agreements will be distributed beginning mid-to late September 2010 and new allied provider agreements will be distributed beginning mid-to late November 2010. Signed agreements will need to be returned to the Alliance before January 1, 2011.

It is our hope that this new provider agreement will more clearly outline both Alliance and provider obligations and be easier to navigate. To assist you with your review of the new services agreement, please feel free to contact your Representative with any questions or concerns you may have about this new agreement.

We hope you will find the new agreement to be an improvement and we look forward to your continued partnership in providing quality care and services to Alliance members.

## **Reminder: Medversant is CVO for the Alliance**

It has been one year since the Alliance began working with Medversant to meet the increased credentialing needs of our provider network. We appreciate your cooperation in making our partnership with Medversant successful. Below, we review a few helpful tips regarding the submission of credentialing materials that will

ensure efficient and timely processing of your application:

- Please return your application completed with all supporting documentation attached.
- If your application is incomplete, Medversant will make three (3) attempts to obtain documentation not submitted with your application. Please respond to Medversant requests for information promptly.
- Medversant will alternate between contacting you by fax and by phone.
- Medversant's fax contacts are made by a fax cover sheet marked with an 'X' in front of the item(s) that they are requesting from you. If there is no 'X' in front of an item on the cover sheet, you do not have to return that item.
- If after three attempts, Medversant is unable to obtain the necessary documentation from you, the credentialing packet will be returned to the Alliance, delaying the submission of your application to the Peer Review Credentialing Committee.

The Alliance appreciates your cooperation in ensuring that your credentialing or recredentialing application is complete. If you would like more information on Medversant, please contact Karla Hawkinson, Credentialing Specialist at **(831) 430-5539** or your Provider Services Representative.

### **General Reminder: Share of Cost**

Share of Cost, also referred to as "SOC" is a monthly dollar amount determined by the State that a member must pay, or agree to pay, toward their medical expenses before they qualify for Medi-Cal benefits.

A provider can verify if a member has a SOC, and the SOC amount, by checking the member's eligibility. Once the provider has collected the SOC from the member, it is then the provider's responsibility to "post" or "clear" this SOC with Medi-Cal.

There are three ways to clear a SOC:

- Over the phone using the Automated Eligibility Verification System, also known as AEVS: **(800) 456-AEVS (2387)**.
- Online by logging into the "Transactions" tab at: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- On your POS device by following the prompts and instructions provided by Medi-Cal.

Once the SOC has been cleared with Medi-Cal, the member's eligibility is updated. The provider can then submit a claim to the Alliance. The claim must also detail the SOC transaction.

For additional information on SOC, or instructions on how to report SOC on a claim form, please contact your Provider Services Representative.

### **Who to Call for Assistance**

#### *Verifying Eligibility?*

The Alliance has Member Services Representatives available to assist you in checking member eligibility between the hours of 8am-5pm. Please note that the phone number has changed. Please call **(831) 430-5505** or **(800) 700-3874 ext. 5505** to speak to a Member Services Representative. Providers also have access to our Automated Eligibility System by calling **(831) 430-5501** or **(800) 700-3874 ext. 5501**. Please continue to use the State Automated Eligibility Verification System (AVES) to verify SOC information at **(800) 456-2387**.

#### *Electronic Claims Submission Questions?*

Please call our EDI Support Unit line at **(831) 430-5510** or **(800) 700-3874 ext. 5510**. We have an experienced team to assist you in answering all EDI related questions.

#### *Authorization Questions?*

If you need to check the status of an authorization or check if a procedure requires prior authorization, please call our Health Services Department at **(831) 430-5506** or **(800) 700-3874 ext. 5506**.

## Claims Corner

### **2010 CPT-4/HCPCS Updates: Implementation September 1, 2010**

The 2010 updates to the *Current Procedural Terminology – 4th Edition (CPT-4)* and *Healthcare Common Procedure Coding System (HCPCS) National Level II* codes will be effective for Medi-Cal for dates of service on or after September 1, 2010. Specific policy is detailed below. Updated manual replacement pages reflecting new policy or policy changes will be published in a future *Medi-Cal* update.

#### **Modifier ZS No Longer Reimbursable with MRA, MRI and PET Scans**

Effective for dates of service on or after August 1, 2010, modifier ZS will no longer be reimbursable with MRI, MRA and PET scans. Providers will be

**Effective for dates of service on or after August 1, 2010, local penicillin HCPCS codes  
will be converted to national HCPCS codes as indicated in the chart below:**

Current Billing Codes		New Billing Codes	
Interim Code	Description	National Code	Description
X5764	Penicillin G Benzathine, 900,000 units and Penicillin G Procaine, 300,000 units/2 ml tubex	J0559	Penicillin G Benzathine and Penicillin G Procaine, 2500 units
X5766	Penicillin G Benzathine, 300,000 units and Penicillin G Procaine, 300,000 units/1 ml tubex		
X5768	Penicillin G Benzathine, 150,000 units and Penicillin G Procaine, 150,000 units/ml		
X7456	Penicillin G Benzathine, 600,000 units and Penicillin G Procaine, 600,000 units/2 ml syringe		
X7458	Penicillin G Benzathine, 1,200,000 units and Penicillin G Procaine, 1,200,000 units/4 ml syringe		
X5770	Penicillin G Benzathine, parenteral, 600,000 units/ml	J0560	Penicillin G Benzathine up to 600,000 units
X5772	Penicillin G Benzathine, parenteral, 1 300,000 units/ml 10 ml vial		
X7460	Penicillin G Benzathine, parenteral, 1,200,000 units/2 ml syringe	J0570	Penicillin G Benzathine up to 1,200,000 units
X7462	Penicillin G Benzathine, parenteral, 2,400,000 units/4 ml syringe	J0580	Penicillin G Benzathine up to 2,400,000 units

**This information is reflected in the following provider manual(s):**

Provider Manuals	Pages Updated
Clinics and Hospitals, Chronic Dialysis Clinics, Pharmacy, Rehabilitation Clinics, General Medicine, Obstetrics	inject cd list 3, 14

required to use modifiers 26 (professional component) and TC (technical component) with CPT-4 codes used to bill MRI, MRA and PET scan services.

#### **Expedite Claims Processing:**

- Do not staple claims and/or attachments.
- Do not fold claims.
- Do not highlight information.
- Reconcile your Remittance Advice in a consistent and timely fashion to reduce unnecessary claim resubmission.

## CHDP Blood Lead Billing (Code 15)

CHDP providers who have obtained lead proficiency with a CLIA certificate of waiver for blood lead testing can be reimbursed for Blood Lead Analysis charges.

When a CHDP provider performs a blood lead analysis, using the Lead Care II Analyzer and provides a well-child health assessment on the same date, two PM160's must be completed to ensure reimbursement for the blood lead analysis. The first PM160 will be completed for the exam services including ordering lead test and counseling (code 23 - \$18.73). The second PM160 will be completed as follows:

- Indicate partial exam.
- Use procedure code 15 (\$22.45) for the blood lead analysis.
- Place of service code 81 (lab).
- Current Date of Service.
- "Prior Date" - use the "Christmas" date of "12/25/20YY (prior year) on the bottom right corner of the PM160. (Do not use "date of service" for "prior date").

## Provider Satisfaction Survey Winners

Provider Services Department would like to thank you for participating in our Provider Satisfaction Survey.

For taking the time to give your feedback, you have won a Starbucks Gift Card. Please be expecting this in the mail soon.

We would also like to congratulate our Pizza Party Raffle winners.

**Santa Cruz County:** Pediatric Medical Group of Watsonville

**Monterey County:** Diabetes Care Center in Salinas

**Merced County:** Linda G. Ottemoeller, MD

## Help Stop Health Care Fraud

Fraud can compromise people's welfare and increase health care costs for everyone. Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law. Examples of possible provider fraud: a physician giving a patient treatment or equipment they do not need, or; a provider charging for services that the patient does not receive. Examples of potential member fraud: a member letting someone else use their Medi-Cal or Alliance ID card; a member trying to get medicine that a doctor didn't order, or; a member trying to get benefits that he/she isn't eligible for.

The Alliance's Fraud, Waste and Abuse Prevention (FWAP) program helps us ensure: appropriate service provision to our members; partnerships with reputable contractors, and; proper administration of our health plan, including correct use of public funds. This program focuses on review of standards, program evaluation, and education to ensure policies and practices are consistent with contractual, regulatory and statutory requirements.

To review our FWAP Policy for Alliance Contractors please go to <http://www.ccah-alliance.org/policies.html>. If at any time you suspect fraud, or if you have general questions about the FWAP program, be sure to contact your Provider Services Representative. With your help, we can fight health care fraud.

# Health Programs Update

## **Text4Baby: A Free Patient Education Program**

*Text4baby* is a free text messaging program developed by the Healthy Mothers, Healthy Babies Coalition (HMHB). Pregnant women and new moms who sign up will receive free text messages in English or Spanish, timed with their due date or baby's date of birth.



*Text4baby* pregnancy and infant messages were developed by HMHB in collaboration with the US Department of Health & Human Services, the Centers for Disease Control, the Health Resources and Services Administration, and other health partners.

Women receive tips on the importance of prenatal and postpartum care, breastfeeding, lead poisoning prevention, immunizations, nutrition, exercise, and much more. Text messages also provide contact information for valuable resources, such as WIC, poison control, and domestic violence assistance.

Signing up is easy! Women just text BABY to 511411 (or BEBE for Spanish). They can also sign up at [www.text4baby.org](http://www.text4baby.org). Users will immediately begin receiving 3 text messages per week. Messages continue through the baby's first year, but can be stopped at any time by texting STOP to 511411.

All texts from this program are free. Normal cell phone charges apply for all other calls or texts. Even if users do not have a text messaging plan, they can get these messages for free. If they have limited texting per month, *text4baby* won't take away from the total amount of messages.

**For a printable patient handout with more details about the *text4baby* program, please visit our member website at [www.ccah-alliance.org/members.html](http://www.ccah-alliance.org/members.html) and click on the *text4baby* logo on the left side of the page.**

*Text4baby* is not an Alliance program; it is a service of the National Healthy Mothers, Healthy Babies Coalition. To find out more, go to [www.text4baby.org](http://www.text4baby.org) or call the free Alliance Health Education Line at 1-800-700-3874, ext. 5580.

## **Pertussis Vaccine Billing Information**

Due to the current epidemic levels of pertussis (whooping cough) in California, the Alliance will follow California Department of Public Health (CDPH) recommendations for immunizing against pertussis. Effective immediately, the Alliance has removed upper age restrictions for CPT 90715 Tdap immunization, which is key in controlling whooping cough.

For additional information on pertussis, visit the CDPH website at [www.cdph.ca.gov](http://www.cdph.ca.gov). For billing information or other questions, please contact your Provider Services Representative or call the Provider Services Department at (831) 430-5504 for Santa Cruz and Monterey counties or (800) 700-3874 ext. 5514 for Merced County.

# Cultural Crossroads

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

---

## Universal Precautions in Health Literacy

“Universal Precautions” were released by the Centers for Disease Control in 1987. The purpose of these precautions is to prevent transmission of HIV, HBV, and other pathogens when health care personnel administer first aid or health care. Because it’s often unknown whether a patient is infected prior to administering care, blood and certain body fluids of *all* patients are considered potentially infectious. Universal Precautions have also been applied in other areas, such as pain management, handling of hazardous chemicals, and health literacy.

*“The single biggest problem in communication is the illusion that it has taken place.”*

~George Bernard Shaw

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain, process and understand basic information and services needed to make appropriate health decisions.” According to the National Network of Libraries of Medicine, **“Health literacy is not simply the ability to read. It requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations.”**

Experts recommend applying Health Literacy Universal Precautions to all patients in order to help minimize the risk of miscommunication.

It is impossible to tell by looking at a person, or even knowing their educational background or occupation, whether that person has limited health literacy. A patient could be college-educated, well-spoken, and have a professional occupation, and still be limited in their ability to successfully navigate a complex health care system.

In order to assist practitioners and their staff with improving patient interactions, **the AHRQ has released the “Health Literacy Universal Precautions Toolkit.”** This free toolkit can be downloaded at <http://www.ahrq.gov/qual/literacy/>.



The toolkit includes an array of step-by-step instructions, examples, resources, tips, testimonials, and links to video clips. It is comprehensive at over 200 pages, however, the developers recommend starting with one or two tools that you find most important and that you can realistically implement. Assess your progress with those tools and then move on to others.

Many practitioners who have implemented recommendations from the toolkit have reported that both the “Brown Bag Medication Review” and the “Teach Back Method of Communication” have been especially successful. For questions or assistance with the toolkit, please contact Lynn Meier, Senior Health Educator, at (831) 430-5570 or [lmeier@ccah-alliance.org](mailto:lmeier@ccah-alliance.org).

Page	In This Issue
1	<b>Coming Soon: Care Based Incentives</b>
2	<b>Reinstating Vision Benefits</b>
2	<b>Web Account Updates</b>
2	<b>Look For Your New Provider Agreement</b>
2	<b>Reminder: Medversant is the CVO for the Alliance</b>
3	<b>General Reminder: Share of Cost</b>
3	<b>Who to Call for Assistance</b>
4	<b>Claims Corner</b>
	<b>2010 CPT-4/HCPCS Updates:</b>
	<b>Implementation September 1, 2010</b>
	<b>Modifier ZS Modifier ZS No Longer</b>
	<b>Reimbursable with MRA, MRI and PET Scans</b>
	<b>Expedite Claims Processing</b>
	<b>Penicillin HCPCS Codes</b>
5	<b>CHDP Blood Lead Billing (Code 15)</b>
5	<b>Provider Satisfaction Survey Winners</b>
6	<b>Health Programs Update</b>
	<b>Text4Baby: A Free Patient Education Program</b>
	<b>Pertussis Vaccine Billing Information</b>
7	<b>Cultural Crossroads</b>
	<b>Universal Precautions in Health Literacy</b>

**Upcoming Meetings**

**Managed Medical Care Commission Meeting\***  
**Wednesday September 22, 2010 4:00 pm to 6:00 pm**

In Santa Cruz County:  
Board Room  
Central California Alliance for Health  
1600 Green Hills Road, Scotts Valley, California

In Monterey County:  
Board Room  
Central California Alliance for Health  
339 Pajaro Street, Salinas, California

In Merced County:  
Board Room  
Central California Alliance for Health  
530 West 16th Street, Merced, California

*\*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.*

