

Changes to AIM Program on Hold

As part of the many changes and cuts to health care services in California's FY 11/12 budget, the State's Access for Mothers and Infants (AIM) program will be affected. The State's insurance program for mid-income pregnant women has been scheduled to transition to a fee-for-service program as of October 1st of this year. However, the Managed Risk Medical Insurance Board (MRMIB) continues to work on the transition plans and has asked the Alliance to continue to operate its AIM program in the interim period. The Alliance has agreed to a 6-month extension of its current AIM agreement with MRMIB. The Alliance operates the State's AIM program in Monterey County (only), and will continue to serve AIM members until MRMIB transitions the program.

Pending State Cuts to Medi-Cal

As you may be aware, the FY 11/12 California state budget included cuts to Medi-Cal which are currently pending federal decisions to approve, deny or modify the State's cuts. The Alliance Board has been monitoring this issue closely and estimates a potential \$56M cut to plan revenue related to the State's proposed provider payment cuts, member co-pays, and benefit limits.

In considering Alliance policy regarding the proposed State cuts, the Board seeks a balance between continued provider support and member access, benefit affordability, and plan solvency. Should you be interested in background and information regarding the pending cuts, a copy of staff's June report to the board on pending Medi-Cal cuts and local policy implications is available at the link on the "What's New?" section of the Provider page of the Alliance's website: www.ccah-alliance.org.

As you would see, the Board must consider a range of actions, including implementing, modifying or subsidizing certain State cuts, in efforts to achieve a balanced local approach once federal decisions are made.

The Alliance will continue to monitor and report on these and other State health care changes as they develop. The federal government may approve, deny or modify the State's proposed cuts to Medi-Cal, but the timing of those decisions is not known. The Alliance welcomes your advice and input regarding State health program changes and potential Medi-Cal cuts. Please contact your Provider Services Representative to provide any feedback, questions or concerns.

Alan McKay, Executive Director



Care Based Incentives Resource Update

Primary Care Providers participating in CBI for 2011 are now receiving their Quarter 2 Practice Profiles. A new resource tool to assist PCPs in understanding the Profile and to improve their performance in CBI is now available at the "Alliance Incentive Guide for PCPs" link in the "What's New?" section of the Provider page of the Alliance's website: www.ccah-alliance.org.

Low Income Health Programs (LIHP) Update

As detailed in the June 2011 Provider Bulletin, Santa Cruz, Monterey and Merced Counties have all decided to expand their current medically indigent adult programs to cover more local residents using newly available federal matching funds to implement Low Income Health Programs (LIHP).

Each County continues its planning and development towards the implementation of their LIHP. This work includes the determination of all eligibility requirements, plan coverage and benefits, preparation of the program provider manual and network development. In addition, each County is working to finalize their agreement with the State of California which will allow the County to offer this very important program.

Both Monterey and Merced anticipate going live with their LIHPs on October 1, 2011. Santa Cruz County anticipates going live with MediCruz Advantage on or before November 1, 2011.

The Alliance, as each county's administrative services organization (ASO), has already or will send out the necessary amendment or restated agreement to those providers that each county directs the Alliance to include in the network for each LIHP. If you are a provider who was designated to participate in the LIHP program and receive a LIHP amendment to your Alliance contract, please sign and return this amendment to the Alliance as soon as possible.

The Alliance will be partnering with each county to provide education regarding each county's LIHP prior to the go-live date for each program. We will keep you posted as to any updates regarding the programs and available informational and education sessions as details are finalized.

Provider Services Welcomes New Staff!



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Web Account Services

With the growing need for providers to have greater access to electronic services that offer improved control, convenience and flexibility, the Alliance maintains a constant focus on technological innovation.

The Alliance’s web services are tailored to meet provider needs, and provide the tools and information you need to make the business of healthcare easy, including increased access to relevant and timely information, and reduced administrative burden.

Contracted Alliance providers can use web account services to:

- Check member eligibility
- Create Referrals
- Search Referrals
- Search claims
- Modify and resubmit corrected claims (claims resubmission)
- View patient prescription history and medication management agreements
- View, search, print and/or download their Linked Member lists and reports.

To set up an account, visit the Alliance’s website at www.ccah-alliance.org/webaccount.html. Click on the web services login logo and then click on the link to the right of the login area. The link will request some basic registration information from you. Once the necessary information is submitted, the Web and EDI Specialist will contact you to help you set up an account.

Tdap Law Amended to Allow Optional 30-day Grace Period for Schools

AB 354 required all students entering 7th through 12th grades for the 2011-2012 school year to be immunized with the Tdap vaccine. Under the new state law SB 614, signed by Governor Brown on July 26, 2011, schools have the option of allowing students in the 7th through 12th grades to conditionally attend classes for up to 30 calendar days after their first day of the 2011-2012 school year before meeting their requirement for a Tdap booster to prevent the spread of pertussis (whooping cough).

This option for conditional attendance will assist schools that need additional time to gather records for their students. To exercise this option, the county office of education or school district must work with the student’s parent or guardian so that the student receives the Tdap booster. Students will face exclusion from classes if they have not met the vaccine requirement by their school’s deadline.

As pertussis continues to occur at high levels in California, unimmunized adolescents remain at risk of becoming ill, missing school and spreading pertussis to their fellow students, households and communities. The California Department of Public Health (CDPH) urges schools, health care providers, and the public to continue their efforts to protect students against pertussis this summer.

To keep their children healthy and in school, parents should make sure their children are immunized and that the immunization records are submitted to school before school starts. Parents should check with individual schools for details about how to submit the necessary records.

Information above is from the CDPH's EZIZ listserv. Find more details and resources about Tdap and other vaccines at www.eziz.org.

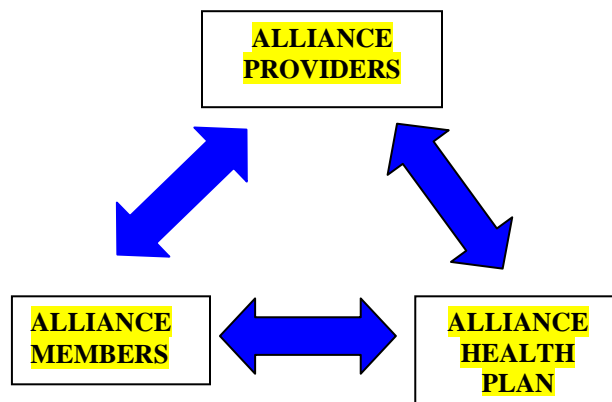
Health Information Exchange

The Department of Health and Human Services describes Health Information Exchange (HIE) as the process of reliable and interoperable electronic health-related information sharing conducted in a manner that protects the confidentiality, privacy, and security of the information.

Nationally, there is significant activity in the area of HIE. In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) was passed at the federal level and signed into law. HITECH provided significant funding for the adoption of electronic health records (EHR) to achieve a demonstrated level of meaningful use by providers. Linkages between patients and providers, providers and health plans, and members and health plans are all part of the array of connections that can be developed.

Where do you fit in this picture? Does your office or organization have a plan for HIE? Are you pursuing federal incentive money for implementing an EHR? These are questions you should consider if you have not acted to date. The California Health Information Partnership & Services Organization (CalHIPSO) is providing statewide support and can be found at the link: <http://www.calhipso.org/> to help with questions you may have.

Bi-Directional Health Information Exchange



At the Alliance we are moving ahead with our HIE development. Today, we receive about 50% of our claims electronically. We are seeking to work with providers to increase the use of electronic claims submission and reduce paper as the means of submitting claims and encounter information. But there is much more to be accomplished in the area of HIE. We want to enhance our capabilities for electronic communication for authorizations and referrals. Technology and inter-connectivity offer the promise of significantly enhanced electronic transfer in the area of administrative and clinical information. The Alliance is embarking on the development of a Health Information Exchange Strategic Plan.

I am pleased to have joined the Alliance in a newly created organization role. As Deputy Chief Operating Officer, I will be responsible for Information Technology, Business Analysis and Claims. I will oversee the development of the Alliance HIE strategy. I welcome your comments and suggestions on this important subject. I may be reached at jmurphy@ccah-alliance.com or (831) 430-5618.

Jim Murphy
Deputy Chief Operating Officer



Claims Corner

Long Term Care (LTC) Mid-Year Rate Changes

The Alliance receives revised LTC rates from the state once a year only. The state may also make a mid-year change to LTC rates, but does not send these rate changes to the Alliance. When LTC providers are notified by the state that their rates are being revised, it is important to notify the Alliance immediately. The LTC's notification to the Alliance of the rate change is the only way the Alliance can be sure to timely implement these mid-year changes and ensure accurate LTC reimbursement. This avoids retroactive payment changes that are burdensome for the provider and the Plan. LTC providers can provide any mid-year rate change to their Representative.

DME Prior Authorizations Thresholds

Prior authorization is required for DME products and supplies which exceed certain thresholds, identified below.

1. Rental: Prior authorization is required when the cumulative cost of rental within the calendar month exceeds \$100.00.
2. Purchase: Prior authorization is required when the cumulative cost within the calendar month exceeds \$250.00.
3. Repairs: Prior authorization is required when the cumulative cost of repairs within the calendar month exceeds \$500.00.
4. Unlisted procedure codes: Prior authorization is always required, regardless of dollar amount.

If threshold limits are not exceeded as stated above, a prior authorization is not required. These rules are described in Provider Operating Instruction 404-POI-07.

OHC/Medicare Claims Require EOB/EOMB

Providers should submit the EOB or EOMB with *each claim* regardless of the number of claims included in the EOB/EOMB.

Medi-Cal Updates and Bulletins

CMS developed the National Correct Coding Initiative (NCCI) to promote correct coding methodologies. NCCI is a national standard for the accurate and consistent description of medical goods and services using procedural codes.

Medi-Cal is working towards implementing NCCI payment methodologies and the Medi-Cal claims processing system already applies many of the same edits to claims as NCCI. Mandatory NCCI edits were initially incorporated into the Medi-Cal claims processing system on March 28, 2011 for dates of service retroactive to October 1, 2010.

CMS updates the edits every quarter and it is anticipated that NCCI edits will continue to impact reimbursement for some claims. The latest updates will be applied to claims for dates of service beginning July 1, 2011. The annual Medi-Cal code updates go into effect September 1, 2011.

You can keep informed about these updates by reviewing the Medi-Cal bulletins for the quarterly NCCI edit updates.

Where to Mail Hardcopy Claims:

Please mail Medi-Cal hardcopy claims to:

Medi-Cal Billing
ATTN: CLAIMS
PO Box 660015
Scotts Valley, CA 95067-0015

Please mail Healthy Families, Healthy Kids, Alliance Care IHSS and Alliance Care AIM hardcopy claims:

ATTN: CLAIMS
1600 Green Hills Rd., Suite 101
Scotts Valley CA 95066-4981

Claims mailed to Merced or Salinas may take additional time to process as they will be forwarded to the Scotts Valley office.

Health Programs Update

Flu Season 2011-2012

Provider Information

Each year, the Alliance notifies all contracted providers of clinical recommendations for the current influenza season, as well as comprehensive billing guidelines for flu vaccinations for each line of business and member age group. **If you have not received this information by October 15th, please contact your Provider Services Representative** or call the Provider Services Department at (831) 430-5504.



Pharmacy Flu Shot Clinics

Adults 19 years and older can get a flu shot at most Alliance pharmacies. **Members should call their pharmacy and ask if they offer free flu vaccinations for Alliance members 19 and older.** (The Alliance can not refund members who pay for a flu shot on their own.)

Patient Education

The Alliance launches a focused member education campaign every year to encourage members to get a flu vaccination. All members receive a flu shot reminder postcard and our quarterly member newsletter with an updated article about flu prevention. Members can also call our free bilingual **Health Education Line at 1-800-700-3874, ext. 5580** for information about flu prevention and treatment.

To print free patient materials from the Centers for Disease Control (CDC), go to: www.cdc.gov/flu/professionals/flugallery.

Prevent Flu Transmission In Your Practice

The CDC recommends the following measures to prevent the transmission of influenza and other respiratory infections in health care settings:

1. Visual Alerts

Post visual alerts (in appropriate languages) at all entrances instructing patients and persons who accompany them to immediately inform healthcare personnel of symptoms of a respiratory infection. Post information for staff regarding Personal Protective Equipment. Post information for staff and patients about proper hygiene and cough etiquette.

2. Respiratory Hygiene/Cough Etiquette

Provide tissues and no-touch receptacles for used tissue disposal. Provide conveniently located dispensers of alcohol-based hand rub. Ensure that soap dispensers and disposable towels are consistently available in restrooms and near all sinks.

3. Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community, offer masks to persons who are coughing. If possible, encourage coughing persons to sit at least three feet away from others in common waiting areas.

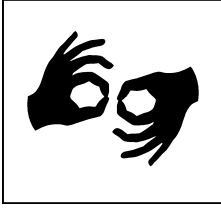
4. Droplet Precautions

Advise staff to wear a surgical or procedure mask for close contact, in addition to using Standard Precautions when examining a patient with symptoms of a respiratory infection.

For more information about preventing flu transmission in health care settings, go to <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>. For questions about this article or for assistance with locating influenza resources, please contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

Cultural Crossroads

Tips and Resources to Help You Communicate Better with Alliance Members



Communicating with Persons with Disabilities

This list was adapted from several sources, including United Cerebral Palsy, Office of Disability Employment Policy, and United Spinal Association.



1. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. Never pretend to understand if you are having difficulty doing so. Instead, tell the person that you are having difficulty and ask them to repeat.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. (People with limited hand use or who wear an artificial limb can usually shake hands, too. Shaking hands with the left hand is an acceptable greeting.) If you are unsure, it's okay to ask.
3. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
4. If you would like to offer assistance, ask first and wait until the offer is accepted. Then listen to or ask for instructions.
5. When walking with someone, offer your arm as a guide, do not grab the person's arm to steer them. Always ask first and wait for a response before pushing or moving someone's wheelchair.
6. When talking with or about a person with a disability, always emphasize the person first. Avoid using "handicapped" or "physically challenged." Instead, use "person with a disability."
7. Avoid negative or disempowering words and phrases. Instead of saying, "She is confined to a wheelchair," say, "She uses a wheelchair."
8. Leaning on or hanging on to a person's wheelchair is similar to leaning on hanging on to a person's body and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Do not ask a person in a wheelchair to hold items on their lap for you.
9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all people who are deaf can read lips.
10. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.

Most importantly – relax! Don't be afraid to ask questions when you're unsure of what to do.

For more tips or questions about Alliance Cultural & Linguistic Services, please contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

Page

In This Issue

1	Changes to AIM program on Hold Pending State Cuts to Medi-Cal
2	Low Income Health Plans
2-3	Provider Services Welcomes New Staff!
3	Web Account Services
3-4	Tdap Law Amended
4	Health Information Exchange
5	Claims Corner
6	Health Programs Update
7	Cultural Crossroads

Upcoming Meetings

Santa Cruz-Monterey-Merced Managed Medical Care Commission Meeting

Wednesday September 28, 4:00pm-6:00pm
Central California Alliance for Health Board Rooms:
Merced: 530 West 16th Street, Ste B
Salinas: 339 Pajaro Street, Ste E
Scotts Valley: 1600 Green Hills Road, Ste 101

Member Services Advisory Group

Thursday November 17, 2011, 10:00am-11:30am
Central California Alliance for Health Board Rooms:
Merced: 530 West 16th Street, Ste B
Salinas: 339 Pajaro Street, Ste E
Scotts Valley: 1600 Green Hills Road, Ste 101

