

Provider Bulletin



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“Live”, from Merced County

On October 1st the Alliance “went live” in Merced County, after more than two years of planning for our new, tri-county partnership in Medi-Cal managed care. By the numbers, our public, non-profit health plan grew to include:

- 66,000 new Medi-Cal members, bringing Alliance total membership to 184,000 residents within our regional service area.
- \$187M in new Alliance Medi-Cal revenue, for total annual revenue of \$482M.
- 172 physicians, 4 hospitals, 11 allied providers and a comprehensive pharmacy network to meet the needs of Merced members, and the list is still growing. The Alliance now has over 1,300 providers in its tri-county network.
- One additional State Assembly Member, and the substantial portion of one State Senator’s district now within the Alliance’s service area.
- 75 new Alliance staff, with 40 located in our new office in Merced to bring the total staff count to 215.
- 7 new board members from Merced County providing leadership from provider, public and government sectors as part of our 21 member governing board.

Each one of these statistics represents value created by “a million local agreements to make health care work better”.

- More Alliance members means more Californians now with a primary care medical home, case management,

prevention, improved access and outcomes, and less unnecessary suffering and cost. The member and the taxpayer both win.

- More Alliance revenue means greater economies of scale to afford new regional programs while maintaining administrative costs at less than 6%. The Alliance’s financial and actuarial risk is stabilized with larger scale.
- A broader provider network provides opportunities for sharing innovative programs and practices across the region, analysis of practice patterns based on larger data sets, and an eventual partnership with the UC Merced medical school.
- Support from more State legislators for the Alliance’s mission means increased clout in Sacramento.
- New employment opportunities at the Alliance helps jump start local economic recovery with good jobs and career paths.
- The Alliance’s regional governing board provides new opportunities for sharing ideas, collaboration, and public participation in local Medi-Cal reform.

I am very proud of what we have all accomplished with our expansion of Alliance services to Merced County. With local skill and resolve, we have taken an important step toward creating health care solutions for more Californians. Thank you for making this all possible through your support of local Medi-Cal reform.

Alan McKay, Executive Director

We are pleased to introduce new Provider Service Staff!

Welcome Gary Secino as the Provider Services



Representative for the Monterey Peninsula and Salinas. Gary has recently moved to California from Colorado - where he lived for over 20 years. As a former marketing and PR professional in a large Denver area hospital system, he brings a high level of organizational skills and customer service savvy. Gary also enjoyed going to rural areas of Colorado, Nebraska, Wyoming and Kansas to identify CME needs as well as specialty needs for the community. In his spare time, he enjoys running, hiking and yoga. He spends many hours on the weekends with his 3 dogs. Gary will be working in the Salinas office each Thursday, and will be in the Scotts Valley office the other days. He can be reached at (831) 430-5548 or gsecino@ccah-alliance.org.



Welcome Leticia Elisea as the Provider Services Representative for South Monterey County. Leticia has a strong background in ED administration services, comprehensive knowledge of the Emergency Medical System and additional work

experience with various specialty and ancillary providers. This experience combined with a comprehensive knowledge of commercial and Medi-Cal billing guidelines and high customer service standards makes Leticia a valued addition to the Alliance team. She lives in San Jose and is very involved with her local YMCA and community projects. In her leisure she enjoys working on her “fixer upper”, spending time with her 2 dogs, family and friends. Leticia can be reached at (831) 430-5546 or lelisea@ccah-alliance.org

Improvements to Alliance Referrals: Electronic Referrals and New Form

The Alliance introduces two improvements to our referral process, referral entry and search in the provider web accounts, and a new referral form.

First, as of October 1st, 2009, Alliance providers have access to two new web account functions: ***Referral Entry and Referral Search.***

Referral Entry allows PCPs to submit referrals electronically. As with paper referrals, a PCP may only submit referrals for members linked to their practice. A referral number is automatically assigned to the electronic referral upon the PCPs entry of the referral through the web account. The PCP can click on the referral number to view and print a referral summary. The PCP should fax a copy of the printed referral summary to the referral provider. The PCP does not have to mail or fax a copy of the electronic referral to the Alliance, as referrals submitted through the web account are automatically received by the Alliance.

Referral Search can be used to search for referrals made for an Alliance member. The goal is to provide referral providers with timely information regarding referrals, allowing for expedited scheduling for our members. Referral Search will facilitate billing as providers can obtain the referral number through the Search function in their web account. This is valuable information because referral numbers must be included on the referral provider’s claims. In addition, providers can view the scanned images of paper referrals submitted since October 2009. Providers may continue to use paper referral forms but are encouraged to use their web accounts for efficiency and accuracy.

You can obtain a web account by clicking on the Web Account Services link in the Provider Services section of our website www.ccah-alliance.org. The System/Browser Requirements for web accounts are:

- Microsoft IE 6 or later (not compatible with Firefox, Chrome, etc.)
- Javascript enabled
- Cookies allowed
- Popup Blocker disabled
- Adobe Reader installed (v8.0 or higher)

In October, the Alliance implemented a new referral form, the ***Referral Consultation Request Form***, in Merced County. The new form will be distributed in Santa Cruz and Monterey counties after January 1st, 2010. The form is similar to the RAF form already in use in Santa Cruz and

Monterey counties. A copy of the new form is included in the revised Provider Manual, posted to the Provider page of our website in the “What’s New?” bar on the right hand side of the screen.

Important reminders about referrals:

- Only PCPs can make referrals to allow their linked members to obtain care from another provider.
- The referral should clearly state the intended scope and duration of services for which the member is referred.
- The physician must sign the paper referral.
- If the member needs to be referred to a further specialist, the new referral must be completed by the member’s PCP.
- It is the PCP’s responsibility to submit the referral to the Plan and the referral provider’s responsibility to ensure that they receive the referral prior to rendering services.
- Administrative members (members not linked to a PCP) may self-refer to a Medi-Cal provider within the Alliance’s service area for covered benefits.
- Referrals to providers out of the Alliance’s service area require Plan authorization. The PCP must submit a Treatment Authorization Request (TAR) for such referrals.

Please contact your Provider Services Representative for assistance in setting up a web account or with any questions regarding web accounts and referrals. Santa Cruz and Monterey Providers should call (831) 430-5504. Merced providers should call (800) 700-3874, ext. 5514.

Healthy Families Co-Payments

As of November 1st, 2009, the State implemented new tiered co-payment amounts for Healthy Families recipients. There are now three levels of co-payments, determined by the State based on the member’s family income. Some Healthy Families members may have no co-payment at all; some have a \$5 office co-pay and \$10 ER co-pay, and; some have a \$10 office co-pay and \$15 ER co-pay. There are no co-payments for preventive services or for children under 2 years of age.

The co-payment amount for Healthy Families members now appears in the Eligibility Verification feature on your Alliance web account. We have also added the co-payment amount to the PCP’s Linked Member List and the co-payment amount shows on the member’s Alliance ID card.

Important Reminders About California Children’s Services (CCS)

- Healthy Families and Healthy Kids members with a CCS eligible condition need to be referred to CCS within 48 business hours of rendering services.
- CCS does not award retroactive eligibility to Healthy Families or Healthy Kids members.
- CCS does award retroactive eligibility to Medi-Cal members, up to one year from the date of service, but billing limitations may apply.
- Referrals for specialty services to treat a member’s CCS eligible condition must be made to CCS paneled providers and services must take place in CCS authorized facilities.

For additional information on CCS eligible conditions and detailed criteria for CCS medical eligibility, please visit the Medi-Cal website at www.dhcs.ca.gov/services/ccs.

Reminder:

Medversant is the CVO for the Alliance

The Alliance is now working with a Credentialing Verification Organization (CVO), Medversant, to meet the increased credentialing needs of our expanding provider network. 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 Medversant is unable to obtain all of the necessary credentialing information from a provider, the credentialing packet will be returned to the Alliance and processed once the requested information is received.

The Alliance appreciates your cooperation in ensuring that each credentialing or re-credentialing

application packet is complete. If you would like more information on Medversant, please feel free to contact your Provider Services Representative or our Credentialing Specialist, Karla Hawkinson, at (831) 430-5539.

Notice of Contract Restatement – January 2010

The Department of Health Care Services, with the purpose of implementing a uniform contract across all State Medi-Cal managed care plans, has renegotiated a new Medi-Cal contract with all County Organized Health Systems in California, including the Alliance. The new contract between the State and the Alliance became effective as of January 1st, 2009. Changes in the obligations and language in the new State contract requires the Alliance to update all Physician Services Agreements in Santa Cruz and Monterey counties, a process we call “restating the agreement”. The restated Agreement will include all required language from the new State contract, add language to incorporate Merced County into the service area, as well as incorporate all prior language from previous amendments into a single document. Merced County providers are already contracted with the restated agreement.

The restated services agreements for primary care and referral physicians, as well as hospitals, will be provided to your office beginning in mid-December. Allied providers will receive their restated agreements beginning in early January. The effective date will be March 1st, 2010.

To assist you with your review of the new Services Agreement, the Alliance will provide redline versions of the Agreements on its website. The redline versions will clearly indicate all contract language changes that have been made to the Agreement. As always, your Provider Services Representative will also be available to answer any questions you might have. We appreciate your continued service to our Alliance members.

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.

Alliance Compliance Program

The Alliance Compliance Program focuses on review of standards, program evaluation, and education to ensure policies and practices are consistent with contractual, regulatory and statutory requirements. Through its Compliance Program, the Alliance seeks to develop, maintain, document, and evaluate its business operations against these requirements. When a practice is not consistent with our standards and requirements, an investigation is performed and, as needed, a corrective action plan is developed. The Compliance Program is one of the many ways the Alliance ensures appropriate use of public funds. If you have any concerns about practice standards or general questions about the Alliance Compliance Program, please contact your Provider Services Representative.

Plan Approved CLIA Waived Labs

Plan approved CLIA Waived labs may be performed in a physician's office if the physician meets the requirements of 42 USC Section 263a (CLIA).

The intent of allowing physicians to perform CLIA Waived tests and the principle behind selecting certain tests is that some tests, by being urgent in nature, are best done in a physician's/clinic office on a stat basis. This would improve care, decrease ED visits and improve patient/member satisfaction. If a test does not meet this criteria, the Alliance requires that the service be performed by a contracted outpatient clinical laboratory.

To ensure that you can bill for the Plan approved CLIA Waived labs, please fax a copy of your CLIA Waived certificate to (831) 430-5857.

Claims Corner

Reconciling the Remittance Advice weekly is the single most effective way to reduce unnecessary claim resubmission. If your account receivables reconciliation is outsourced, you can make the money you spend go even further by:

- Creating a Web Services Account
- Providing access to the RA
- Training
- Supplying any other useful information

When action on a previously submitted claim appears warranted, consider the most efficient tool to get the job done, including:

- Web Services Claims Search
- Web Services Claim Resubmission
- Adjudicator ACD Line

If hard copy resubmission is necessary, the claim should be identified by stamping or writing "tracer," "second submission", "corrected claim" or "rebill" on the claim. It is helpful to include the original CCN of the claim that is being corrected.

Other best practices that will expedite claims processing:

- **Do not staple claims and/or attachments**
- **Do not fold claims**
- **Do not highlight information**

Please contact your Provider Services Representative if you would like to schedule an in-service with our Claims department staff.

Electronic Data Interchange

Did you know that EDI is the most efficient, effective and direct way to submit claims to the Alliance? The letters EDI officially stand for Electronic Data Interchange, a rather technical way of saying the completely electronic exchange of information from one computer to another. This is one area where your Business Administrator could save you time, effort, and money through submitting claims electronically. The choice to process claims through EDI means that your office has the ability to become paperless. Utilizing EDI will not only benefit you locally, but your choice will have a positive global impact.

The Alliance has noticed an increase in EDI set-up requests from providers and dedicated an area on our web site to educate providers about EDI and help them begin the process of submitting electronic claims. Open the Alliance web page and click on the "Claims & Electronic Data Interchange (EDI)" under the Provider area to learn about the different file transactions that we support. It is recommended that all providers read the link titled "About EDI Transactions" to understand all the multifaceted ways a provider can submit electronic claims to the Alliance.

Link to Alliance Claims & Electronic Data Interchange (EDI) area:

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

Formulary Changes - October 2009

Additions:

- Bupropion XL (Wellbutrin XL)
- Oseltamivir (Tamiflu)
- Zanamivir (Relenza)
- TrueTest Diabetic Test Strips

Deletions:

- ProAir (Effective 1/1/2010)

Reminder

Please submit all claims by January 31st, 2010 to ensure that they will be included in your April 2010 Quality Based Incentive award.

Health Programs Update

Quality-Based Incentives for Adolescent Well-Care

Adolescent well-care visits are one of several measures included in the Quality-Based Incentives (QBI) for Family Practice and Pediatrics. To see the other measures, go to our web site at <http://www.ccah-alliance.org/>, click on "Providers," then "Quality Based Incentives."

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 current adolescent visit rates dropped from the previous year, from 47.2% to 39.9%.

In order to assist providers with increasing their number of adolescent well-care visits, providers receive 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 for having annual well-care exams (see *Teen Tune-up Gets Even Easier*, next column).

Please call Andres Aguirre, Quality Improvement Manager, at (831) 430-5564 for more information about Quality-Based Incentives.

Well-Care Reimbursement

Unlike the state-run CHDP program, the Alliance will reimburse for one well-care visit for each adolescent each year. **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

Sports physicals, annual gynecological exams, and regular sick visits qualify as well-care visits if the appropriate criteria are met.

Please help improve adolescent health by scheduling a well-care visit for your linked adolescent members each year.

Alliance preventive care recommendations are detailed on the Alliance web site. Just go to <http://www.ccah-alliance.org/>, click on "Providers," then "Clinical Resources."

Teen Tune-up Gets Even Easier...

We've made some improvements to the Teen Tune-up Program. **The good news for providers is that it is no longer necessary to sign a Teen Tune-up form.** Members ages 12-21 who get their annual well-care exam will be automatically entered into a raffle drawing.



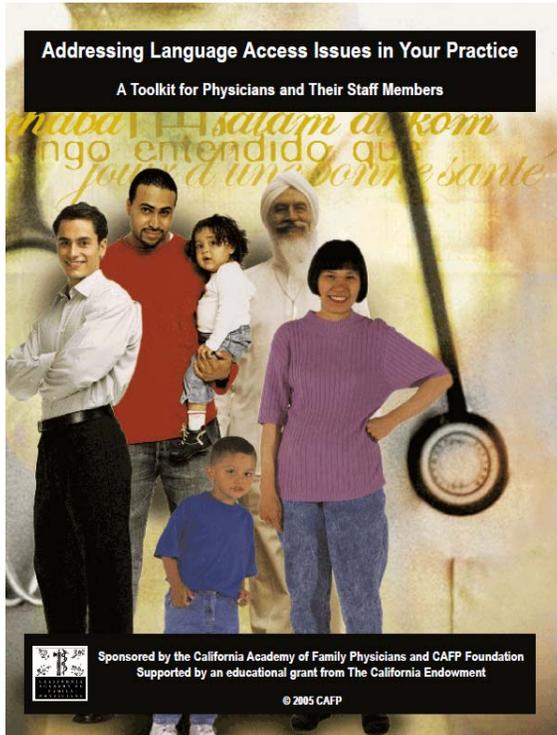
We will pull names for the raffle from claims data, so it's important to code the well-care visits properly and continue submitting claims data on a timely basis. Every two months, we will select winners from each of the three counties in our coverage area (Santa Cruz, Monterey, and Merced). Prizes for each county include ten \$50 Target gift cards, five \$100 Target gift cards, and a mountain bike with a helmet and lock.

For more information about the Teen Tune-up program, call the Alliance Health Education Line at (831) 430-5580.

Cultural Crossroads

Tips and Resources to Help You Communicate Better with Alliance Members

Free Resources for Providers



Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members

~California Academy of Family Physicians

This 40-page toolkit provides information and practical tools to help your practice become better prepared to address the language access needs of Limited English Proficient (LEP) patients. This comprehensive guide includes summaries of State and Federal laws and regulations, as well as sample policies and procedures, job descriptions for bilingual staff, and other useful documents.

For a PDF of this toolkit, call Lynn Meier, Senior Health Educator, at (831) 430-5570 or email Lynn at lmeier@ccah-alliance.org.

A Provider's Handbook on Culturally Competent Care

~Kaiser Permanente

This excellent series of books helps providers and their staff increase cultural sensitivity and improve clinical practice. Each book covers a different culture: Latino; Asian and Pacific Islander; African American; Lesbian, Gay, Bisexual and Transgender (LGBT); and Individuals with Disabilities. The handbooks describe health risks, beliefs and practices common in each population, and advice on relevant areas of clinical focus.

For printed copies of one or all of these handbooks, call your Provider Services Representative directly or contact the Provider Services Department at (831) 430-5540.



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Upcoming Meetings

**Santa Cruz-Monterey-Merced
Managed Medical Care Commission Meetings**
December 2, 2009

All Santa Cruz-Monterey-Merced 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 December 9, 2009, 6:30 - 8:30 pm, at Green Valley Grill, 40 Penny Lane, Watsonville.

Santa Cruz County Member Services Advisory Group
Next meeting date will be in 2010.

Monterey County Member Services Advisory Group
Next meeting date is December 9, 2009, 12 pm-1:30 pm, at the Alliance Salinas Office; 339 Pajaro Street, Suite E, Salinas.

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

All Staff Meeting - December 17, 2009 10:30am-3:30pm
Christmas - December 24-25, 2009
New Year’s Day - January 1, 2010

