

Provider Bulletin

Accountable Care, Here and Now

While the Supreme Court deliberates on the Affordable Care Act (ACA), local progress is underway on accountable care. In late April and early May, Alliance staff distributed \$11.8 million in incentive payments that rewarded primary care providers' effective case management and specialists' referral acceptance. These payments included the final annual settlements of our primary care Utilization Management Incentive program (UMI), Quality Based Incentive program (QBI) and the first annual settlement for the Alliance's Care Based Incentive program (CBI), newly implemented in 2011. In 2012, CBI fully replaces the plan's legacy UMI and QBI for primary care providers (PCPs).

CBI measures are specific, data driven, and relate to the Patient Centered Medical Home model (PCMH). An important component of CBI is the primary care "Practice Profile". The Practice Profile tells primary care physicians in our region where they stand in relation to their peers on rates of preventable ED visits and inpatient admissions, generic prescriptions, HEDIS quality measures, primary care visits, and use of e-commerce and other factors. By performing well on these measures, primary care providers earn CBI points that trigger incentive payments.

CBI also includes fee for service incentives available for primary care management of members' asthma, diabetes, medications, and BMI, and for extended practice hours. And since member behavior plays a key role in health, there are new CBI member incentives that encourage member compliance, self-care and appropriate access. More details on CBI are available in the Alliance's Provider Manual.

CBI involves data, which makes care accountable. CBI also makes available dollars that reward best practices. The Alliance's goal is to promote highly effective and efficient care for our members by rewarding primary care practices that prevent

illness, encourage health, and effectively manage acute and chronic disease. The PCMH model, with its care team approach, population health focus on linked members, innovative appointment scheduling, use of electronic medical records, and emphasis on patient empowerment is a great way to maximize earnings in CBI. The Alliance continues to facilitate continuing medical education (CME) sessions focused on PCMH practices, including trainings held in May on the use of electronic medical records to improve quality of care.

PCPs are on the front lines of local health care reform. Their efforts should not simply improve health plan profits. Instead, PCPs should be rewarded for their innovations in care. The Alliance's public, non-profit model is a great tool to make that happen. CBI puts the data and the dollars where they count: to make accountable, and then reward, the effective care that's needed in our Central California communities. No matter what the outcome in the Supreme Court on the ACA, our local progress will continue.



Alan McKay
Executive Director

AIM Program Update 2012

The Alliance is happy to announce that it has extended its contract to manage Monterey County's Access for Infants and Mothers (AIM) program. Monterey County AIM members who enroll up until September 30, 2012 will be covered by the Alliance. The Alliance will continue to cover these members until they are no longer eligible for AIM (60 days postpartum). Please contact your Provider Services Representative with any questions you have about the AIM program.

Referrals and Authorized Referrals In Your Provider Web Account

We encourage all of our providers to sign up for and utilize the Alliance's free Web Account Services (provider web portal). Providers are given convenient, online access to a wide range of



features including checking claim status, viewing member eligibility, submitting referrals and more.

The Alliance recently upgraded the referral functions of the web account. This upgrade enables providers to submit authorized referrals online and attach supporting documentation. Additionally, it allows providers to make changes to referrals online. As before, referrals are submitted instantly to the Alliance and immediately viewable by specialists. Also, submitting referrals online decreases use of paper and increases referral accuracy.

Providers do not have automatic access to these new features. In order to begin using the enhanced referral functions, please contact the Provider Services Web & EDI Specialist at (831) 430-5518 or your Provider Services Representative to request access and to learn more about available training.

ICD-10 Update

The transition to The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is expected to impact all physicians, payers, and billing software vendors. Due to the increase in the number of codes, the change in the number of characters per code, and increased code specificity, this transition will require significant planning, training,

informational system upgrades, as well as other necessary investments.

However, before the ICD-10 codes can be used, physicians and other entities covered by The Health Insurance Portability and Accountability Act (HIPAA) must start using the new version of HIPAA Version 5010 transactions. The Center for Medicare and Medicaid Services (CMS) announced a three month extension enforcement discretion (through June 30, 2012) for any health care entity that is required to comply with the updated transaction standards, adopted under HIPAA. Covered entities must adhere to the content and format requirements of each transaction.

We advise you to begin preparing now for the ICD-10 transition to ensure that your practice is ready by October 1, 2014. Allow yourself enough time to test transactions using Version 5010 and subsequently, claims containing ICD-10 codes. New codes must be used for all medical services performed on or after October 1, 2014. Claims for services performed before the compliance deadline must be billed with ICD-9 codes, even if they are submitted after October 1, 2014.

To aid providers with this conversion, on-going education and implementation assistance for Version 5010 is available from many professional organizations and associations. You can find relevant Electronic Data Interchange (EDI) information, transaction instructions, and 5010 companion guides on the Alliance website at: <http://www.ccah-alliance.org/claims.html>. For any questions regarding Version 5010 or EDI, please email us at edisupport@ccah-alliance.org.

Keep Us Informed about Information Changes for Your Practice

It is very important that the Alliance has accurate and up-to-date information about each of our providers. If any information related to your

practice has changed recently, please notify your Provider Services Representative.

Additionally, the Alliance implemented many new changes for providers in 2012. Providers should keep an eye out for correspondence, amendments to contracts and credentialing information related to these updates. If you receive an amendment or request for information, please complete and return it to the Alliance as soon as possible.

If you have any questions as to whether the Alliance is awaiting your response regarding correspondence, contracts or credentialing, please contact your Provider Services Representative at (831) 430-5504 or 1-800-700-3874 ext. 5504.

Requesting Authorization for a Member with Other Health Coverage

Sometimes members with health insurance that is primary to the Alliance, often referred to as Other Health Coverage (OHC), may have exhausted their benefit for a particular service or procedure. If you are requesting authorization for a member who has reached the dollar amount limit, visit limit or day limit under their primary insurance, **please make sure you specify that on the authorization request.** If you do not, the authorization request may be voided, with the reason being “member has other coverage.”

Childhood Immunization Status



HEDIS is a validated, standardized way of measuring the delivery of preventive care services by health plans. HEDIS is an area where the Alliance has repeatedly proven excellence. Measurement can be based on one of two ways, either by claims submitted to the plan or by

data captured by medical record review. Each quarter the Quality Improvement Department will spotlight a different HEDIS measure. Childhood Immunization Status (CIS) is the HEDIS measure aimed at increasing the number of children fully immunized by age two. Receiving immunizations is a key step toward a high quality of health in childhood. The Alliance works to provide a variety of education and reporting, centered on increasing compliance with immunizations. Members may receive reminder mailings as well as reminder calls based on compliance with specific antigens.

The Bay Area and San Joaquin Valley regions of the California Immunization Registry (CAIR) are key partners in the Alliance’s effort to increase compliance with childhood immunization rates. These registries allow providers to list, as well as access, their patient’s immunization records. For more information, please visit: <http://cairweb.org/about-cair>.

Keeping children immunized is an important PCP function, which should be administered in the medical office setting. Alliance PCPs, via their Alliance web account, have access to a list of linked members, 9 to 18 months of age who have been identified as potentially overdue, based on the number of claims for immunizations to date.

For more information about Childhood Immunizations and for the 2012 Recommended Immunization Schedules, please see the following resources:

- Immunization Action Coalition: www.immunize.org
- California Immunization Coalition: www.immunizeca.org
- CDC – Immunization Schedules: <http://www.cdc.gov/vaccines/recs/schedules>

Reminder: New Telephone Interpreter Service for the Alliance

Pacific Interpreters replaced Language Line as the Alliance’s telephone interpretation service. For information about accessing an interpreter, print the Quick Reference Guide at: <http://www.ccah-alliance.org/providerspdfs/InterpServQRGuide.pdf>

For questions, please contact your Provider Services Representative or Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570.

Well Child Visits Clarification

Well child visits are a key component in keeping the PCP involved in the monitoring of a child’s development. These regular visits offer a chance to get the child immunized, provide anticipatory guidance, check mental and physical history and perform a physical.

For non-CHDP providers or for Alliance members who are not Medi-Cal members, the billing guidelines are as follows:

Code	Description
99381 and 99391	Ages younger than 1 year are payable every 14 days
99382 and 99392	Ages 1-2 years are payable every 14 days and ages 2-4 are payable every 180 days
99383 and 99393	Ages 5-11 are payable every 180 days or new calendar year
99384 and 99394	Ages 12-17 are now payable every 180 days or new calendar year
99385 and 99395	Ages 18 through 21 st birthday are payable every 180 days or new calendar year

The basic rule of thumb is to “see every child every year, 2-21 years of age.” The Alliance supports your practice by providing lists of adolescent members linked to your practice who are 3-6 years and 12-21 years of age available via your Alliance web account. The lists on the web account are all the members assigned to your practice with a birthday in the current month or up to 60 days prior to the current month. This list will change on a monthly basis and is as current as the claims information that is in the Alliance’s system. Well child visits for children 3-6 years and well care visits for adolescents 12-21 years of age are also CBI programmatic measures. Your compliance rates for well visits are reported on your CBI practice profile. Please contact your Provider Services Representative or the Quality Improvement Department at (831) 430-5564.

Facility and Medical Record Review Changes

In an effort to update and improve criteria, as well as incorporate current issues of concern in the Facility Site Review, the Department of



Health Care Services (DHCS) accompanied with health plan input, recently revised the Facility Site and Medical Record Review tools. These new tools went into effect February 1, 2012. The changes to the Site Review portion are largely clarifications of language; no new items were added. The Medical Record portion was updated more extensively, and recommendations were added to help providers focus on preventive care for children and adults. An example of this is the addition of colon cancer screening for adults. Scoring was changed to allow practices to receive points for services that they would not have received points for in the old tool. For example,

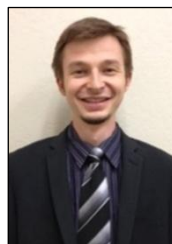
the new tool allows one point each for timely administering adult and pediatric vaccines, documenting the Vaccine Information Sheets (VIS) publication date, and documenting the manufacturer, lot number and vaccine expiration date, for a possible total of three points. The old tool allowed only one point for all three elements; missing any one part meant no points were given.

Most significantly, the way in which Medical Record Review Corrective Action Plans (CAPs) are determined has changed. Previously, if the overall score for the Medical Record Review was 90% or above, regardless of the individual section scores, no CAP was required. The new review tool requires a CAP if the score for any section is less than 80%, regardless of the overall Medical Record Review score. DHCS thinks this will help practices focus on problem areas in providing and documenting care for Medi-Cal members. If all section scores are greater than 80%, and the overall score is 90% or above, then no CAP is required. Conditional Pass remains at 80-89%, and Not Passing remains at below 80%. Both a Conditional Pass and a Not Passing score continue to require a CAP.

The Facility Site Review Team is available to answer any questions you may have and to help you meet the new requirements. We recommend that providers and office managers review and become familiar with the new tools so that you can achieve the best possible scores on your next review. The new tools can be found in our online site review binder at <http://www.ccah-alliance.org/facilityreview.html>. Click on the links to the *Guidelines* or *Scoring Sheets* to view or download a copy. Please contact us if you prefer a hardcopy of these items, or a complete summary of the changes.

Alliance Facility Site Review Team:
Kelly Salazar, RN, CSR (831) 430-5767
Mary Crandall, RN, CSR (831) 430-5758
Pat Smith, RN, Master Trainer (831) 430-5586.

New Provider Services Staff



Sergey Gorbatov, PMP

*Provider Services
Operations Supervisor*
(831) 430-5609

sgorbatov@ccah-alliance.org

Sergey Gorbatov joined Provider Services in February as the Provider Services Operations Supervisor. Sergey first came to the Alliance in 2009 and has held positions in Business Development and the Business Analysis Unit. Sergey brings a wealth of knowledge and experience from his prior roles, along with strong project management, reporting analysis and technical skills. Sergey has a bachelor's degree in Business Management from Santa Clara University and a Project Management Professional (PMP) certification from the Project Management Institute.



Ginger Fernandez

*Provider Services Administrative
Assistant*
(831) 430-5790

gfernandez@ccah-alliance.org

Ginger Fernandez joined Provider Services in March as the Provider Services Administrative Assistant. As a result of her previous work experience as a human resource administrative assistant and a small business owner, Ginger brings a well-developed administrative background to the Alliance.

Claims Corner

National Provider Identifier Required for Rendering Physicians

In order to comply with 5010 standards, the Alliance requires that claims include the rendering physician's National Provider Identifier (NPI). Providers should ensure that all physicians are on file with the Alliance in order to ensure prompt payment of claims. CHDP claims and electronic cross over claims are excluded from this requirement.

Claims that do not contain a valid rendering NPI number will be denied.

If you would like to find out if a specific provider is on file with the Alliance, or if you have any other questions, please contact your Provider Services Representative.

Clean Claim Submissions

Medi-Cal guidelines specify that required data, such as the Member's ID number or Client Index Number (CIN) and authorization numbers, must be correctly entered on the claim. This requirement is not waived in the event that the data on the claim is wrong but is correct on an attachment. Errors of this kind may be corrected via Alliance Web Account Services available to all contracted providers. A detailed description of the features of this service is available in the Provider Manual. If your office would benefit from a refresher on how to use our Web Account Services, please contact your Provider Service Representative.

Disputes vs. Corrected Claims

Please do not use the dispute resolution process for submitting corrected claims or to follow up on a previously submitted claim. Unnecessary use of the dispute process may delay the reconsideration of your claim. For information on submitting a

corrected claim, or to follow up on a previously submitted claim, please call a Claims Adjudicator at (800) 700-3874 ext. 5503 or (831) 430-5503, Monday-Friday, 9:00 am - 4:00 pm.

New Alliance Providers

Please join us in welcoming the following physicians to the Alliance provider network:

Santa Cruz County

Referral Physicians/Specialists

Reema Hanna, MD (Hospitalist/Internal Medicine)

Monterey County

Primary Care Physicians

Debra Bright, MD (Pediatrics)

Nancy Chang, MD (Family Medicine)

Amir Nasr Helali, MD (Family Medicine)

Referral Physicians/Specialists

Maria Eugenia Flores-Cooper, MD (OB/GYN)

Devi Mahendran, MD (Anesthesiology)

Merced County

Referral Physicians/Specialists

Seerat Aziz, MD (Radiology)

Muhammad Salman Chaudhri, MD (Radiology)

Shawna Escobar, MD (Radiology)

Daniel Gianella, MD (Radiology)

Catherine Jones, MD (Hematology)

Mario Sablan, MD (Orthopedic Surgery)

Anwer Shaikh, MD (Hematology)

Update: Low Income Health Programs

The Alliance continues its support of Santa Cruz, Monterey and Merced counties' implementation of the Low Income Health Programs (LIHPs). LIHPs are county-based programs providing benefits to uninsured citizen adults aged 19-64 whose income is at or below 100% of the Federal Poverty Level.

Santa Cruz County's LIHP, MediCruz Advantage, was launched on January 1, 2012 and there are currently 1,500 members enrolled. Both Monterey

and Merced counties are working on finalizing their regulatory approvals in order to launch their LIHPs in the coming months.

Community-Based Adult Services

In March 2011, State Legislators voted to eliminate Adult Day Health Care (ADHC) as a Medi-Cal benefit. However, a lawsuit (Darling vs. Douglas) challenged the elimination of these services. The Department of Health Care Services (DHCS) settled the lawsuit and reached an agreement to extend ADHC services until March 31, 2012. Additionally, DHCS agreed to transition ADHC into the Community-Based Adult Services (CBAS) program effective April 1, 2012 as well as to transition the enrollment and management of new CBAS members to the local managed care plans, effective July 1, 2012, if available in their region.

Effective July 1, 2012, the Alliance will begin administering the CBAS program.

CBAS is an outpatient, facility-based program that delivers skilled nursing care, social services, therapy, personal care, family/caregiver training and support, nutrition services, and transportation to eligible Alliance Medi-Cal members. To be eligible to receive CBAS services, Alliance members must be 18 years of age or older and meet medical necessity criteria as established by the State, such as:

- Meet “Nursing Facility Level of Care A” criteria.
 - Have a moderate to severe cognitive disorder.
 - Have a mild cognitive disorder and need assistance or supervision with two of the following: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, or hygiene.
 - Have a developmental disability that significantly impacts the member’s ability to do self-care.
- Have a chronic mental disorder or acquired organic or traumatic brain injury and need assistance or supervision with either:
 - Two of the following: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, or hygiene; or
 - One need from the above list and one of the following: money management, accessing community and health resources, meal preparation, or transportation.

The Alliance’s CBAS providers will be:

Elderday

100 Pioneer St., Suite C
Santa Cruz, CA 95060
Phone: (831) 458-3481
Fax: (831) 458-2908

Wisdom Center

1910 N. Davis Road
Salinas, CA 93907
Phone: (831) 442-0100
Fax: (831) 442-2800

Day Break

1251 Grove Avenue
Atwater, CA 93501
Phone: (209) 357-0765
Fax: (209) 357-2580

Day Out

1460 Merced Avenue
Merced, CA 95340
Phone: (209) 388-9175
Fax: (209) 388-9178

Additional information about CBAS can be found at the following websites:

California Department of Health Care Services
CBAS / ADHC Website:

- <http://www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx>

California Department of Aging CBAS / ADHC
Website:

- <http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp>

Health Programs Update

Clinical Health Education Benefits

Did you know that the Alliance covers Clinical Health Education (CHE) for asthma, diabetes, and breastfeeding? Members must be seen by an Alliance-approved* CHE provider and the provider must follow specific licensing, billing, and reimbursement guidelines.

Results of our recent member Group Needs Assessment (GNA) showed that few Alliance members who are eligible for CHE benefits utilize these services. And those who do utilize them rarely take advantage of all of the allowable visits. See *Cultural Crossroads* on the next page for more information about the GNA.

There is no requirement for an Authorization Request or Referral for the standard allowable visits. An Authorization Request is required for visits beyond the standard program, and medical necessity must be documented. Please encourage your patients to take advantage of these valuable educational opportunities.

Clinical Asthma Education

(Part of the *Healthy Breathing for Life* program)

Up to 6 hours of comprehensive self-management education, provided or supervised by a Respiratory Therapist (RT) or nationally certified Asthma Educator (AE-C). The program includes assessment; instruction on the asthma action plan provided by a physician; proper use of peak flow meter, inhaler, spacer, and medication as needed; and how to avoid triggers.

Clinical Diabetes Education

(Part of the *Live Better with Diabetes* program)

Up to 10 hours of comprehensive self-management education, typically provided by a Certified Diabetes Educator (CDE) or physician. A Registered Nurse (RN) or a Registered Dietician (RD) may also provide education if specific criteria are met. The program includes assessment, glucometer and insulin training as needed, nutrition and exercise education, and stress

management (patients with a diagnosis of impaired glucose tolerance may also utilize diabetes education benefits). Note: These services do not apply to Medi-Cal members with gestational diabetes, as they are required to see a Comprehensive Perinatal Services Program (CPSP) provider for nutrition and health education services while pregnant. Alliance members under 21 years old should be referred to California Children's Services (CCS) for all diabetes care, including education.

Breastfeeding Support

(Part of the *Healthy Moms and Healthy Babies* program)

Up to two visits with a home health agency nurse and two hours with an International Board Certified Lactation Consultant (IBCLC) outside of the hospital stay (inpatient lactation education is included in the hospital per-diem). The Alliance also pays for breast pumps and supplies when medically necessary and when the mother is returning to work or school and wishes to continue breastfeeding.

Reimbursement for Alliance-Approved* CHE Providers:

Clinical Asthma and Diabetes Education

- Individual Training: \$25 per 30-minute unit
- Group Training: \$13 per 30-minute unit

Breastfeeding Support

- Lactation Consultant: \$25 per 30-minute unit
- Nurse Home Visit: Standard visit rates apply

*To view the list of approved CHE providers to whom you may refer Alliance patients, please visit our provider website at: www.ccah-alliance.org/healthbenefits.html.

If you are interested in becoming an Alliance-approved CHE provider, please review and complete the Clinical Health Education Provider Checklist, and submit the brief application. Contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570 if you have any questions.

Cultural Crossroads

Tips and Resources to Help You Communicate Better with Alliance Members

Results of the Alliance Member Needs Assessment are in!

The Alliance recently completed a **Group Needs Assessment (GNA)** of Medi-Cal and Healthy Families members' health education and cultural and linguistic needs. Multiple data sources were used, including claims/encounter data, HEDIS data, state and county data, and other internal and external data. In addition, the Alliance conducted provider and member surveys.

Over the next several issues, *Cultural Crossroads* will explore results of the GNA and offer resources to help improve the quality of care for Alliance members based on these results.

Health Literacy

Health literacy is not simply the ability to read. It also includes the ability to understand complicated medical information, analyze treatment options, make informed decisions, and navigate the complex health care system.

According to the American Medical Association, poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level, and race."

Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations, and poor health outcomes.

The GNA Provider Survey results reflect that only 23% of providers offer low-literacy or easy-to-read materials to their patients. It is impossible to tell by looking at a person, or knowing someone's educational background or occupation, whether that person has limited health literacy. Therefore, it's crucial to offer easy-to-read materials to *all* patients to ensure that information and instructions are clear and simple.

Creating and Assessing Easy-to-read Patient Materials

Most health information in the U.S. is written at a 10th grade reading level or higher. However, there is a "plain language" effort underway to make consumer materials, especially health-related materials, easier to read and understand.

All Medi-Cal Managed Care health plans in California are required to provide member materials at a 6th grade reading level or below.

This means that someone who completed the 6th grade should be able to read and understand the information. Please see the following easy tips for keeping patient materials at the 6th grade reading level or below:

- Use simple, common words with only one or two syllables.
- Include only one thought or idea per sentence and keep sentences brief.
- Use short paragraphs, no more than 3-5 sentences.
- Use an active, rather than passive voice.
- Limit the number of concepts or ideas. It's best to cover just a few concepts thoroughly.
- Use at least 12 pt. font size for general audience and 14 pt. font for seniors.
- Use a serif font, such as Times New Roman, rather than sans serif, such as Arial (serifs are tiny "hooks" on the letters that make them easier to read).
- Use bulleted or numbered lists for similar information.
- Make sure there is adequate white space, not too much text or too many images.
- Only include images that are consistent with the message of the material.
- Keep the left margin justified and the right margin unjustified (jagged).

Contact Lynn Meier, Senior Health Educator, at lmeier@ccah-alliance.org or (831) 430-5570 if you have any questions.

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Upcoming Meetings

**Physician Advisory Group
Thursday September 13, 2012
12:00-1:30 p.m.**

In Santa Cruz County:
First Floor Meeting Room
Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA
(831) 430-5500

In Monterey County:
First Floor Meeting Room
Central California Alliance for Health
339 Pajaro Street, Suite E
Salinas, CA
(831) 755-6000

In Merced County:
Suite B Meeting Room
Central California Alliance for Health
530 West 16th Street, Suite B
Merced, CA
(209) 381-5300

