

Provider Bulletin



September 2012

Volume 18, Issue 3

Coverage, by the Numbers

The Supreme Court's decisions on the Affordable Care Act (ACA) have given a green light to California's Medicaid expansion, and new Health Benefits Exchange. In 2014 millions of Californians will become eligible for Medi-Cal or for commercial health coverage via the Exchange. The federal government will fund 100% of the cost of Medicaid expansion, and then taper to 90% after several years, while 60% of Exchange users are expected to receive federal tax credit support. These actions will bring unprecedented change to local health coverage, and substantial new federal funds to our health care economy.

In the Alliance's tri-county service area, we anticipate 30,000 newly eligible Medi-Cal members in 2014 and another 19,000 currently eligible but not enrolled who will also be brought into the tent through outreach efforts. These new Alliance members will bring about \$132M in federal funding to our regional health care economy, replacing much of the charity care and bad debt of those previously uninsured. Best of all, these changes will bring preventive care, earlier diagnosis and treatment, and chronic disease management to more local residents.

Starting next year in 2013, the State's Healthy Families Program will transition into Medi-Cal just as the ACA brings Medicare-level payments to Medi-Cal primary care services. About 24,000 existing Alliance Healthy Families members will move into our local Medi-Cal program, as well as another 11,000 Healthy Families members from other plans. Almost all of the Alliance's Healthy Families providers already participate in Alliance Medi-Cal. With new federally increased Medi-Cal primary care payments, Alliance incentive programs, and enhanced specialty care payments, we anticipate strong provider participation and continuity of care during this transition.

Needless to say, coverage alone is not the same as access to care, and so local provider capacity is

key to these scenarios. The Alliance encourages provider participation in Medi-Cal by optimizing payments, rewarding best practices, reducing hassle factors, and keeping administrative costs low. Since Medi-Cal now covers 22% of our region's population, and soon more, the Alliance must encourage all local providers to welcome Medi-Cal patients into their practices. Through such partnership, we can ensure that the promise of coverage becomes a reality of better health.

If you are a primary care physician and would like to increase your panel of Alliance Medi-Cal members, please contact your Provider Services Representative at (831) 430-5504.



Alan McKay
Executive Director

Alliance Honors PCP HEDIS Scores

The Alliance once again demonstrated the exceptional quality of care delivered to our members by our provider primary care physician (PCP) network. Using objective validated Healthcare Effectiveness Data Information Set (HEDIS) methodology, the Alliance showed that our network provided care above the national 90th percentile benchmarks. Our geographic areas evaluated showed continued improvement in the areas measured. These areas included chronic disease management measured through comprehensive diabetes care, child health measured through immunizations and well-child visits, as well as women's health measured through cancer screening and pregnancy care.

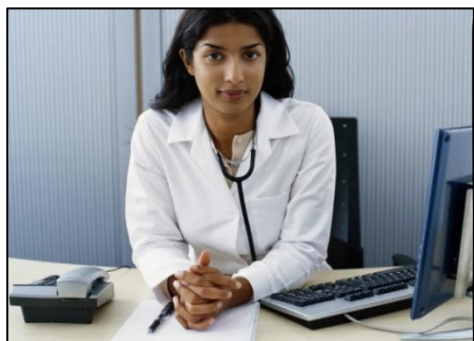
Later in third quarter 2012, the Alliance will distribute report cards to our provider network based on their performance. The report cards will show provider performance, based on two sources, medical record review data, as well as claims data. Alliance network benchmarks and national benchmarks will also be provided on the report.

As the Alliance moves more of our reporting to our free provider web portal, we look forward to collaborating with all providers to continue the exceptional care delivered to Alliance members.

Express Scripts and Walgreens Announce New Pharmacy Network Agreement

Express Scripts is the contracted Pharmacy Benefit Manager for the Alliance. Express Scripts and Walgreens recently announced a multi-year agreement. As of September 15, 2012, Walgreens will participate in the Express Scripts retail pharmacy network for new and existing clients.

Web Account Services Update



In the last issue of the Provider Bulletin we mentioned an option for our providers to sign up for an account

to access the Alliance's free web portal. The Alliance is planning to implement another set of updates to the web portal in October. Upcoming features will allow portal users to submit treatment authorizations for various inpatient and outpatient procedures, durable medical equipment and pharmacy needs.

Another new change will permit specialists to submit authorization requests without the need to fax additional documents to the Alliance. Once approved by the Alliance, these authorizations will be instantly viewable by specialists and PCPs. Additionally, this new upgrade will enable providers to submit changes or cancel previously

submitted requests directly from the web portal. The Alliance is also implementing a new feature that allows users to view all of their correspondence online with the ability to reprint documents on demand. This will almost completely eliminate the need to rely on faxes or postal services.

Once you log into your account, you'll notice the Web Account Services page includes several tutorial videos explaining each function in detail. Providers are welcome to request additional web account training as needed. If you have not yet activated your web account for the submission of authorized referrals and other upcoming features or would like to learn more about our Web Account Services, please contact our Provider Services Web & EDI Specialist at (831) 430-5518 or your Provider Services Representative.

Community Based Adult Services (CBAS) Update

As of July 1, 2012, the Alliance began administering CBAS. CBAS is an outpatient, facility-based program that provides skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutritional services and transportation to eligible Alliance Medi-Cal members. The goal of CBAS centers is to maintain the member's functional status in their home as an alternative to custodial placement in a nursing home.

Providers may submit an inquiry for services by completing a [CBAS inquiry form](#). This form can be found on the Providers web page in the 'Form Library' Section, under 'Health Services' forms. Upon receipt of the inquiry, the Alliance Care Management staff will contact the member to schedule a face to face assessment. The face to face assessment will be conducted by an Alliance Register Nurse to determine minimal eligibility for the program. If the member is found eligible, a local CBAS center will be notified. The CBAS center will then perform an eligibility evaluation and Individualized Plan of Care (IPC). The Alliance will then review the IPC and determine the appropriate number of days per week for the CBAS service. Please call the Alliance Care Management Department at (831) 430-5512 with any questions.

CBI Tip: Timely Submit Claims

The Alliance's Care Based Incentive (CBI) Program provides an opportunity for PCPs to be financially rewarded for outstanding performance on clinical measures and access to care. CBI is the sole incentive program for PCPs in 2012. Calculations for the 2012 CBI program will be conducted in the first quarter of 2013, with payment distributed to participating PCPs in the second quarter.

Remember, provider performance in the CBI programmatic measures is calculated solely from claims data. We want providers to receive credit for the quality care provided to Alliance members, so it is important that all claims for services provided in 2012 are received by the Plan in a timely way.

All claims for services provided in 2012 must be received by January 25, 2013 to be included in the calculation of the 2012 CBI program.

We want to thank our providers for their ongoing partnership with the Alliance. Your commitment to providing quality health care is greatly appreciated. If you have any questions or comments about the Alliance CBI Program, please contact your Provider Services Representative.

No Need to Submit Duplicate Referrals

The Alliance has recently noticed an increase in submissions of duplicate Referral Consultation Requests (RCRs – also known as RAFs). There is no need to submit duplicate RCRs to the Alliance. In fact, submitting duplicate RCRs can slow down important Alliance processes such as review and entry of the initial RCR into the Alliance's system. This could lead to a claim denial to the servicing provider if the referral isn't entered as of the date of service. If you are unsure if the Alliance has received your RCR, please log into your Alliance web account to search for the referral.

The Alliance encourages all providers to submit their RCRs online through their web account as they are immediately transmitted to the Alliance and viewable by the referring and servicing provider. If you do not have a web account, please

contact our Provider Services Web & EDI Specialist at (831) 430-5518.

CalFresh

The CalFresh Program, formerly known as Food Stamps, can add to a patient's food budget and help put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores.



As a physician or other health care provider, informing your patients about CalFresh can help improve their health and well-being. The CalFresh Program assists qualified low income individuals and families by providing assistance in meeting their nutritional needs.

Basic information about the CalFresh Program:

- Single member households can apply for CalFresh.
- Households may qualify for CalFresh, even if members work full time.
- CalFresh benefits can be used at any grocery store or farmers' market that accepts EBT cards.
- If eligibility is met, CalFresh benefits do not have to be paid back.

If you think one of your patients might be served by CalFresh, please don't hesitate to provide a referral to your local county office at the number listed below:

Santa Cruz County: (888) 421-8080
Monterey County: (866) 323-1953
Merced County: (209) 385-3000

Healthy Families Conversion Into Medi-Cal

A significant component of the 2012-2013 California State budget, signed by Governor Brown in late June, is the transition of Healthy Families enrollees into Medi-Cal. Approximately 880,000 children are currently enrolled in the Healthy Families program statewide and will transition into Medi-Cal in 2013. It is anticipated that children will continue to be enrolled in Healthy Families through December 31, 2012.

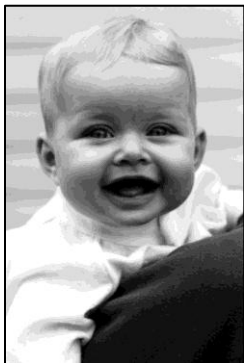
Full details of the transition are not known at this time. The Department of Health Care Services (DHCS) will propose an implementation plan to the legislature in October 2012, with implementation occurring in November and December.

As of January 1, 2013, all existing Alliance Healthy Families members in Santa Cruz and Monterey counties will become Alliance Medi-Cal members. Those Healthy Families members in our service area covered by *other* health plans will become Alliance Medi-Cal members on August 1, 2013.

Providers providing services to former Healthy Families/new Medi-Cal members will be reimbursed at new federally increased Medi-Cal primary care payments, included in Alliance incentive programs, enhanced specialty care payments and no changes to provider agreements will be required due to the transition.

We will keep providers up-to-date with any additional information we receive from the State.

Synagis 2012-2013 Season



The Alliance will send the 2012-2013 recommendations for Synagis to all providers via fax in late September. The American Academy of Pediatrics recommends the use of palivizumab (Synagis), an RSV monoclonal antibody, to prevent serious RSV illness in qualifying high-risk infants.

The recommendation will include information regarding who qualifies, criteria eligibility for coverage through CCS, authorization requirements, and guidelines for administration of the vaccine. The recommendation will also be posted on the Providers page of the Alliance website under [Provider Memos](#).

Restoring Public Trust Preventing Fraud, Waste & Abuse

As an Alliance provider, you play a key role in promoting public trust in our health care system. We believe one of the ways this is done is by reducing opportunities for fraud, waste and abuse (FWA). In addition to



complying with Alliance FWA prevention policy, the Alliance encourages you to develop, implement and maintain internal FWA prevention program activities. Put simply: less FWA opportunities = less temptation = less FWA.

During his doctoral criminology studies at Indiana University in the 1940s, Donald R. Creeseey became intrigued by the circumstances that overcome people with the temptation to commit fraud; he called these people “trust violators”. Creeseey hypothesized that trusted people become trust violators when they: (1) conceive a non-sharable [financial] problem; (2) perceive an opportunity to secretly resolve the problem; and, (3) adjust their self-concept to rationalize their behavior. These factors – pressure, opportunity, and rationalization – form what is known as the fraud triangle (Creeseey, 1973).

Creeseey’s hypothesis is as relevant today and to the health care industry as ever. In a 2009 *60 Minutes* interview, Attorney General Eric Holder shared, “...people I don't think necessarily thought that something as well intentioned as Medicare and Medicaid would necessarily attract fraudsters. But I think we have to understand that it certainly has.” (CBS News, 2009). Health care payers, providers and members hold a public trust, and when that trust is violated by FWA, health care for everyone suffers.

Over the past 15 years, the Office of Inspector General (OIG) has published guidelines on compliance programs for eleven kinds of health care entities. These guidelines can be located on the OIG website at www.oig.hhs.gov/compliance.

As an example, OIG guidelines for individual and small group physician practices include:

1. Conducting internal monitoring and auditing;
2. Implementing compliance and practice standards;
3. Designating a compliance officer or contact;
4. Conducting appropriate training and education;
5. Responding appropriately to detected offenses and developing corrective action;
6. Developing open lines of communication; and,
7. Enforcing disciplinary standards through well-publicized guidelines.

Whether this list is affirming or overwhelming, the Alliance is committed to supporting your efforts to safeguard your operations against potential FWA. Reading this article and reviewing the OIG *Compliance Guidance* is a great start. As a next step, access the OIG *Compliance 101 Provider Education* resources under the same web address.

Additional information is available in the Alliance's Policy [100-3002 - Fraud Waste and Abuse Prevention Program for Alliance Contractors](#). This policy can be accessed via our Provider Manual and is updated annually to help guide your FWA prevention, detection and reporting efforts. As highlighted in this policy, the Alliance invites you to contact your Alliance Provider Services representative with any questions/comments which might arise in the development, implementation and maintenance of your FWA prevention program activities.

Together, we can continue to strengthen the integrity and public trust in our health care system through service to Alliance members.

Chris Morris,
Senior Fraud, Waste & Abuse Auditor

Works Cited

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- CBS News. (2009, October 25). Medicare Fraud: A \$60 Billion Crime. Retrieved July 02, 2012, from 60 Minutes: <http://www.cbsnews.com>
- Creese, D. R. (1973). *Other People's Money*. Montclair: Patterson Smith.

Medi-Cal Enrollment Policy Change Retroactive Eligibility

Effective July 1, 2012, any period of initial and retroactive eligibility for any newly eligible Medi-Cal beneficiary will be covered by State fee-for-service (FFS) Medi-Cal and not by the Alliance.

As of July 1, newly eligible Medi-Cal beneficiaries will not be enrolled in the Alliance immediately. Newly eligible beneficiaries will be covered through FFS Medi-Cal for their initial month of eligibility and any prior months of eligibility. Newly eligible Medi-Cal beneficiaries will become Alliance members on the first of the month following their enrollment (so long as eligibility is processed in time to be transmitted to the Alliance by the State in a month end eligibility file).

DHCS's change in policy regarding retroactive enrollment for newly eligible Medi-Cal beneficiaries served by County Organized Health Systems, including the Alliance, is intended to lessen the strain on medical budgets associated with these typically high cost retroactive eligibility cases.

If you have any questions about the State's policy change regarding retroactive eligibility, please contact your Provider Services Representative.

Provider Bulletin Redesign Coming Soon

In the next few months you may notice a new look and feel to the Provider Bulletin. We hope you will enjoy the improvements. We are also planning to start offering providers the option to receive the Provider Bulletin by email. This will help ensure that we are keeping providers up-to-date with Alliance information in several media formats. Expect to see this update soon.

Claims Corner

Billing Low Osmolar Contrast Media

To be reimbursed correctly for the provision of low osmolar contrast media, providers must bill services “per ML” for HCPCS codes Q9951 and Q9965-Q9967. Additional guidelines to ensure appropriate payment are:

- The provider who supplies the element should bill for the element.
- Provision of low osmolar contrast media is not split-billable and must not be billed with any modifier.
- An invoice is required and must be dated prior to the date of service or the claim will be denied.

Frequency Limitations for DME and Orthotics/Prosthetics

It is important to remember that the Alliance follows Medi-Cal frequency guidelines unless otherwise specified. Claims for more than the allowed number of durable medical equipment (DME) and orthotics/prosthetic items per month, whether billed for the same date of service (DOS) or a second DOS in the month, will be denied, regardless of authorization.

For more details on frequency limitations, please see the documentation at the links referenced below:

- DME Frequency Limits http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/duracdfre_a04a06a08p00.doc
- Orthotics Frequency Limits http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/orthocdfre1_a04a06a08p00.doc
- Prosthetics Frequency Limits http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/orthocdfre2_a04a06a08p00.doc

Please note: Frequency limitations for medical supplies and incontinence items are included in the Medi-Cal Manual sections specific to the item being billed.

Using the GY Modifier

Please review Medicare guidelines for the use of the GY modifier. The GY modifier is to be used only when billing for statutorily excluded items and services from Medicare.

- When statutorily excluded items and services are billed, Medicare will deny the claim whether or not the GY modifier is used.
- When billing the Alliance, the GY modifier will result in a denial unless the EOMB adequately defines the exclusion.

If you have questions regarding the proper use of the GY modifier, the links below will help you to bill Medicare more effectively and consequently reduce your Alliance denials for these claims.

- Proper Use of GY, GA and GZ Modifiers https://www.noridianmedicare.com/dme/news/docs/2007/06_jun/ga_gy_gz.html
- WPS Modifier GY Fact Sheet <http://wpsmedicare.com/j5macpartb/resources/modifiers/modifier-gy.shtm>
- Medicare Non-Covered Services; HCPCS Codes http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/medinonhpc_m00o02o03o04o06o07o08o11a02a04a05a06a07a08p00v00.doc

New Provider Services Staff



John Mehringer

Provider Services

Data Specialist

(831) 430-2586

jmehringer@ccah-alliance.org

John joined Provider Services in June as a Provider Services Data Specialist. John brings with him a wide range of technical experience including reporting, data configuration, validation and analysis. John holds an undergraduate degree in Economics from the University of Oregon and an MBA from Regis University.



Veronica Torres
 Provider Services
 Credentialing Specialist
 (831) 430-5543
vtorres@ccah-alliance.org

Veronica joined Provider Services in May as a Provider Services Credentialing Specialist. Veronica has been a Credentialing Specialist for over 11 years and has worked for HMO, PPO and Utilization Review Organizations. She enjoys the process of reviewing provider files to help contribute to the quality of the network. Veronica has future plans to obtain formal certification as a Credentialing Specialist.



Linda Farias
 Provider Services Representative
 Merced County
 (209) 381-5372
Lfarias@ccah-alliance.org

We welcome Linda Farias as our new Provider Services Representative for Merced County. Linda was recently promoted from her position as a Member Services Representative. Linda has been with the Alliance since 2009. Prior to joining the Alliance, Linda interned for Merced County Health Care Consortium where she was able to work with many of our safety net providers. Linda holds an undergraduate degree in Business Management from the University of California, Merced.



Gisela Taboada
 Provider Services Representative
 North Santa Cruz County
 (831) 430-5538
gtaboada@ccah-alliance.org

Gisela joined the Provider Services team in May as the Provider Services Representative for North Santa Cruz County. She is a long term resident of Santa Cruz County and is pleased to be working with local Physicians. She worked for the Palo Alto Medical Foundation for six years as a Certified Medical Assistant working in OB/GYN and more recently as a Licensed Medical Esthetician.

New Alliance Providers

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

Santa Cruz County

Primary Care

Catherine Forest, MD (Family Practice)
 Rahnea Sunseri, MD (Internal Medicine)

Referral Physician/Specialist

Julia Burke, MD (OB/GYN)

Monterey County

Primary Care

Rajiv P. Dange, MD (Pediatrics)
 Margaret Fernandez, MD (Pediatrics)
 Paul Fowler, MD (Pediatrics)
 Robert H. Hernandez, MD (Family Medicine)
 Edward J. Kody, MD (Pediatrics)
 Paige Lee Moore, MD (Family Medicine)

Referral Physician/Specialist

Saeid Behrooz, MD (Internal Medicine)
 Simi Davu, MD (Internal Medicine)
 Gustavo A. Diaz, MD (Emergency Medicine)
 Hossein Ebeshahidi, MD (Family Medicine)
 Alex Fridman, MD (Internal Medicine)
 Michael Friedlander, MD (Internal Medicine)
 Dorothy Furgerson, MD (OB/GYN)
 Kelsey Gray, MD (Pulmonary Disease)
 Victor Holmes, MD (Ophthalmology)
 Michael Mendoza, MD (Internal Medicine)
 Paul Nguyen, MD (Family Medicine)
 Terrance Nielson, MD (OB/GYN)
 Hootan Roozrokh, MD (General Surgery)

Merced County

Primary Care

Nicholas Nomincos, MD (General Medicine)

Referral Physician/Specialist

Christopher Chen, MD (Anesthesiology)
 Gabriel Garcia-Diaz, MD (Orthopedic Surgery)

Out-of-Service-Area Specialists

Noah Craft, MD (Dermatology)
 Marc Goldyne, MD (Dermatology)
 Rajnish Anand Gupta, MD (Dermatology)
 David J. Wong, MD (Dermatology)

Health Programs Update

Flu Season 2012-2013

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. Clinical Recommendations were faxed to providers on July 24, 2012. **If you have not received Billing Guidelines by September 30th, please contact your Provider Services Representative** or call the Provider Services Department at (831) 430-5504.

The Alliance will not reimburse for influenza vaccination administered prior to availability of the 2012-2013 vaccine. While we were able last year to use the prior season's flu vaccine, this year's vaccine is significantly different. You should properly discard any prior years' vaccine that you may have in your office and order a new supply of the current year's product. The 2012-13 flu vaccine is scheduled to be available in August or September.

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 cannot 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 and prevention (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 health care 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/index.htm>.

For questions about this article or for assistance with locating influenza resources, please contact Lynn Meier, Senior Health Educator, at lmeier@cch-alliance.org or (831) 430-5570.



Central California Alliance for Health

Provider Language Verification Form ~ September 2012

In order to comply with State of California requirements and to meet the needs of Limited English Proficient (LEP) members, the Alliance assesses the language capabilities of our provider network on an annual basis. **The information is required by all contracted providers by September 28, 2012**, and will be reflected in our Provider Directory. Please call the Provider Services Department at (831) 430-5504 with any questions.

Provider Office/Clinic Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

♦ ♦ If additional space is needed, please copy this form before completion ♦ ♦

List all providers (MD, DO, NP, PA) who are <u>fluent</u> * in any language <i>other than English</i>	Language(s) spoken fluently by provider <i>other than English</i>
1	
2	
3	
4	
5	
6	
7	

Are there **other medical staff** (RN, LVN, MA) who are fluent* in a language other than English?
 No Yes - Check box and list all languages below (*not necessary to list staff names*)

Language(s): _____

Are there **non-medical staff** (Receptionist, Scheduler) who are fluent* in a language other than English?
 No Yes - Check box and list all languages below (*not necessary to list staff names*)

Language(s): _____

Physician/Administrator Signature: _____ Date: _____

**Fluent: Able to speak and understand a language easily and accurately on all levels related to patient care; able to understand and participate in any conversation within the range of one's experience with a high degree of precision; able to fully comprehend a language, unaffected by rate of speech.*

Please Fax Completed Form to Provider Services at (831) 430-5857

This page has been left blank so that the Provider Language Verification Form (other side) can be faxed back to Provider Services. Please fax completed form no later than **Friday, September 28th, 2012.**
Fax: (831) 430-5857.

The Importance of Oral Health for Children

Establishment of a Dental Home

Dental caries is the most prevalent infectious disease among US children, with 44% of children under the age of 6 having cavity experience, according to the Centers for Disease Control (CDC). Early disease can predict lifelong cavities and result in painful and costly care across the lifespan.

The American Academy of Pediatrics (AAP) recommends establishing a dental home for children by age one. The CHDP Periodicity Schedule for Dental Referrals is:

- **At least annually** refer children directly to a dentist beginning at age one for maintenance of oral health (mandated beginning at age 3).
- **At any age** if a problem is suspected or detected.
- **Every six (6) months** if moderate to high risk for caries (children with special needs may need more frequent referrals).
- **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected.

Please see the list below of several low-cost dental centers in your county. Most of these centers accept Denti-Cal and Healthy Families.

Find a Dentist

Visit the Denti-Cal website at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral> and click on an appropriate county or city to view a list of dentists who may be accepting new Denti-Cal patients. This is not a guarantee they will be available to accept additional patients at the time you contact them. If you cannot find a dentist in your area who is accepting new patients, please contact the Denti-Cal Telephone Service Center for additional help at 1-800-322-6384.

Free Continuing Medical Education (CME)

Oral health plays an important role in a person's overall health. All children—especially those who may not have the opportunity to see a dentist regularly—can benefit greatly from a primary care provider who is knowledgeable about oral health.

According to the AAP, many physicians report that oral health was not addressed as part of their medical school and residency training. As part of the AAP's Oral Health Initiative, the *Protecting All Children's Teeth (PACT) CME curriculum* has been developed to help pediatricians, family practice physicians, and allied health professionals learn more about assessing oral health and coordinating care with dental providers. The PACT curriculum offers up to 11.0 *AMA PRA Category I Credits*[™], available through May 31, 2015. Access this free CME course online at www2.aap.org/ORALHEALTH/pact/index-cme.cfm.

The *Smiles for Life CME curriculum* is also an online program, approved for up to 8.50 Prescribed Credit(s) by the American Academy of Family Physicians. Access this free CME course online at www.smilesforlifeoralhealth.org.

Fluoride Varnish Reduces Cavities

The AAP's PACT curriculum, referenced above, teaches that the use of fluoride varnish leads to a 33% reduction in decayed, missing, and filled tooth surfaces in the primary teeth and a 46% reduction in the permanent teeth.

The Alliance pays for fluoride varnish application for children under the age of 6. Billing and reimbursement are as follows:

- Procedure code: D1203 (Topical Application of Fluoride)
- Frequency limit: 3 services per 12 months
- Age limit: Children under the age of 6
- Medi-Cal: \$18 per application
- Healthy Families and Healthy Kids: \$27.04 per application

For billing questions, please contact the Claims Department at (831) 430-5503. Please visit www2.aap.org/oralhealth/PracticeTools.html for additional tools and resources or contact Lynn Meier, Senior Health Educator, at (831) 430-5570 or lmeier@ccah-alliance.org.

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1	Coverage, by the Numbers	Physician Advisory Group Thursday, September 13, 2012 12:00 PM to 1:30 PM In Santa Cruz County: First Floor Meeting Room Central California Alliance for Health 1600 Green Hills Road, Ste. 101 Scotts Valley, CA (831) 430-5500 In Monterey County: First Floor Meeting Room Central California Alliance for Health 339 Pajaro Street, Ste. E Salinas, CA (831) 755-6000 In Merced County: Suite B Meeting Room Central California Alliance for Health 530 West 16th Street, Ste. B Merced, CA (209) 381-5300
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3	No Need to Submit Duplicate Referrals	
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