

INSIDE

Page 4

Help Stop Medical Fraud

Page 7

CME Opioid Prescribing

Page 11

Interferon Gamma Release

MEETINGS

Physicians Advisory Group (PAG) Meeting

Thursday, September 11, 2014, 12:00 to 1:30 PM via video conference at Alliance offices.

Alliance Board Meeting

Wednesday, September 24, 2014, 4:00 to 6:00 PM via video conference at Alliance offices:

Main—1600 Green Hills Road, Suite 101 Scotts Valley, CA 95066

Salinas—950 E. Blanco Road, Suite 101 Salinas, CA 93901

Merced—530 W. 16th Street, Suite B Merced, CA 95340

EXECUTIVE REPORT

You're Covered...Now What?

The Affordable Care Act (ACA) expansion of Medi-Cal coverage is happening faster than expected in our region due to diligent local assistance with sign-ups and new State pathways to enrollment. So far this year, the Alliance has welcomed 23,689 new ACA members to the health plan, with more on the way.

Getting covered by Medi-Cal is great, but...now what? For Alliance members, the answer to that question is very good indeed. Alliance membership provides:

- A broad range of medical benefits, including physician, hospital, pharmacy and allied health services.
- Behavioral health services for mild and moderate concerns. (Note: County Mental Health continues to serve the severely mentally ill.)
- Linkage to a primary care provider (PCP), who provides guaranteed access to care.
- Increasingly, primary care services within a patient-centered medical home model that uses flexible scheduling, team-based care and data-driven quality improvement.
- Access to a full spectrum of specialty care providers in our region, and referrals to tertiary centers when needed.
- Award-winning quality of care from Alliance providers ranked highly by the State for outstanding HEDIS quality measures.
- Customer service from dedicated Alliance staff ready to assist members with access to benefits.
- Care Management services for the most medically complex members.
- Health Programs that assist members with chronic diseases to better manage their health.
- Financial incentives for members to encourage self-care, compliance with treatment and appropriate access to care.

Local providers and the Alliance have developed our regional Medi-Cal system of care over many years. For those newly covered, the question "Now what?" is answered by "Better health!"

Alan McKay

Alan McKay, Chief Executive Officer



WE'VE MOVED

The Alliance Monterey County office is now located at 950 E. Blanco Road, Suite 101, Salinas, CA 93901. The phone number is **(831) 755-6000**.

Methicillin-Resistant *Staphylococcus Aureus* Treatment

Incidences of skin and soft tissue infections (SSTIs) are increasing as a result of methicillin-resistant *Staphylococcus aureus* (MRSA). The most recent treatment guidelines for MRSA from the Infectious Diseases Society of America recommend the following treatments in addition to incision and drainage for severe or extensive infections. Mupirocin 2% topical ointment can be considered for minor skin infections and secondarily infected skin lesions for children. Decolonization may be an

option if the patient develops reoccurring SSTIs, despite optimizing wound care and both personal and environmental hygiene measures, or if there is ongoing transmission between household members or other close contacts despite such measures. In these cases, nasal decolonization with mupirocin twice daily for 5–10 days (with or without topical regimens with a skin antiseptic solution [e.g., chlorhexidine] for 5–14 days) or diluted bleach baths should be offered. Oral antimicrobial therapy should be reserved for

the treatment of active infection only and is not generally recommended for decolonization. However, combination therapy with rifampin and one of the antibiotics listed below may be considered for decolonization if infections reoccur despite implementation of these measures. Due to the shortage of generic doxycycline (and resulting high cost of other available versions), please consider alternative agents such as TMP-SMX, minocycline capsules or clindamycin.

Indications for antibiotic use:

- Severe or extensive disease (may include multiple sites or an area difficult to drain).
- Rapid progression in presence of associated cellulitis.
- Septic phlebitis or signs and symptoms of systemic illness.
- Associated comorbidities or immunosuppression.
- Extremes of age.

Empiric coverage of CA-MRSA:

- TMP-SMX.
- A tetracycline* (minocycline or doxycycline).
- Clindamycin.
- Linezolid.

Decolonization for recurrent MRSA SSTIs:

- Mupirocin twice daily for 5–10 days.
- Mupirocin in combination with topical regimens with skin antiseptic solution (e.g., chlorhexidine) for 5–14 days or diluted bleach baths.

Antibiotic	Strength	Formulation	Approx. Cost of 10-day Therapy
Minocycline	50mg	Capsule	\$9
	75mg	Capsule	\$7
	100mg	Capsule	\$7
Doxycycline monohydrate	50mg	Tablet	\$40
	75mg	Tablet	\$29
	100mg	Tablet	\$80
	150mg	Tablet	\$123
Doxycycline hyclate	50mg	Capsule	\$95
	1000mg	Capsule	\$76
	20mg	Tablet	\$50
	100mg	Tablet	\$70
Clindamycin HCl	75mg	Capsule	\$198
	150mg	Capsule	\$4
	300mg	Capsule	\$12
Sulfamethoxazole/Trimethoprim	200mg-40mg/5ml	Suspension	\$30
	400-80mg	Tablet	\$5
	800-160mg	Tablet	\$2
Linezolid	100mg/5ml	Suspension	\$3,073
	600mg	Tablet	\$3,073

References: Liu C, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant *Staphylococcus aureus* Infections in Adults and Children. Clin Infect Dis.2011;52(3): e18-e55.

Gorwitz RJ, Jernigan DB, Powers JH, Jernigan JA, and Participants in the CDC-Convended Experts' Meeting on Management of MRSA in the Community. Strategies for clinical management of MRSA in the community: Summary of an experts' meeting convened by the Centers for Disease Control and Prevention 2006.

*Tetracyclines should not be used with children younger than 8 years.

Health Insurance Premium Payment (HIPP) Program

Did You Know?

The Alliance may pay private insurance premiums for certain qualified Medi-Cal beneficiaries when it is cost effective.

Who Can Qualify for the HIPP Program?

Potential HIPP program members:

- Must have full-scope Medi-Cal benefits with or without a share of cost.
- Must have current private insurance paid by employer or beneficiary.
- Must not have Medicare benefits.
- Must have a high-cost medical condition covered by a private insurance.

Why the HIPP Program?

Providers and members can both benefit from the HIPP program:

- Providers may receive higher reimbursement from the private insurance than from Medi-Cal.
- Members can keep their existing coverage, which may cover expenses excluded from current Medi-Cal benefits.
- Members may have greater access to health care providers.
- Providers can increase HIPP program enrollment by informing their Medi-Cal members about the program. Contact the Alliance HIPP Program Coordinator at **(831) 430-5622** or a Member Services Representative at **(831) 430-5505** to get started!



Project Listen Up!

Avoidable Emergency Department (ED) visits are a growing problem within the Medicaid population. Members utilizing the ED for avoidable diagnoses in turn impacts health care resources, including money and time, as well as the quality of life of our members. Data from 2013 indicates that 21% of all ED visits by Alliance members were avoidable. Members may wait in ED facilities for hours, regardless of the urgency of their condition. The Alliance wants to strengthen your relationship with our mutual patients by directing them to seek primary care for non-emergent diagnoses. This approach also helps promote the patient-centered medical home model.

In addition, 2013 data shows otitis media (ear infection) accounts for 25% of avoidable diagnoses in the pediatric population. The American Academy of Pediatrics guidelines state that otherwise healthy children, ages 2 to 12 years of age, may benefit from a 48- to 72-hour observation period before antibiotic therapy. This observation period is an opportunity to educate

patients on self-management of otitis media, as well as encourage them to utilize their care through PCPs rather than the ED. With this goal in mind, the Alliance is launching a new project this year titled "Project Listen Up."

Project Listen Up will take a multidisciplinary approach to help decrease avoidable ED visits related to otitis media. The Alliance will provide support for this program through:

- Creating a toolkit for providers to use to educate members on the proper care of ear infections.
- Engaging with various providers on a pilot scheduling method to allow for same-day appointments for members.
- Partnering with ED facilities to educate members to utilize appropriate forms of health care.
- Collaborating with community organizations to educate the community on the management of ear infections.

Project Listen Up will require engagement and support from our provider network, ED facilities and members. Together we know we can make a difference in the lives of our patients.

Help Stop Medical Identity Fraud

In 2013, the number of individuals affected by medical identity fraud increased by nearly 20% (Ponemon Institute, 2013). Unfortunately, few individuals fully understand the threat or potential implications of medical identity fraud.

Medical identity fraud, which differs from financial identity theft, occurs when an individual's personal information (e.g., benefit identification number, date of birth) is stolen and used to obtain, or submit false claims for medical goods/services. Examples of items commonly subject to medical identity fraud include prescription drugs, durable medical equipment, and diagnostic tests. Medical identity fraud can occur in several

ways, with scammers becoming more sophisticated in their efforts to obtain medical identities. Common scams employ email, automated voice messaging and live telephone calls to acquire personal information from unsuspecting victims.

Consequences for medical identity fraud victims range in severity and in some cases can be life-threatening. Compromised medical records can result in the denial of medically necessary services, or allow the administration of medically unnecessary services. Less severe implications include financial burdens and challenges in restoring corrupted medical files.

The Alliance is advising members to practice caution when discussing personal information, even from

callers claiming to be Alliance representatives. If a member is concerned with a received call, we encourage them to hang up and call the Alliance main number directly at **(800) 700-3874**. By educating our members and working with our network, we can reduce the risk of medical identity fraud and better serve our members' needs.

Medical identity fraud has serious repercussions for our members. Please partner with us by engaging your patients in dialogue about safeguarding their medical identity. With your support and the support of our members, we can help prevent further incidences of medical identity fraud.

Reference: Ponemon Institute. (2013, September). 2013 Survey on Medical Identity Theft. Traverse City, Michigan.



Benefit Update: Enteral and Oral Nutrition Products

As of May 1, 2014, the Alliance implemented the following changes to the enteral and oral nutrition formulas and supplements benefit for eligible Alliance members:

- Oral supplements are a covered benefit for all Alliance members.
- Prior authorization is required. All requests will be reviewed for medical necessity by the Alliance's Registered Dietitian (RD).
- Oral nutrition products are considered medically necessary when the member is unable to meet their nutritional needs with dietary adjustments of regular or altered consistency foods accompanied by clinical indicators that identify the member to be "nutritionally at risk."
- Tube feeding formulas are considered medically necessary when the member's diagnosis requires enteral nutrition



products administered through a feeding tube to meet nutritional needs.

Not Covered: The Alliance is unable to authorize nutrition products based purely on a

member or provider's convenience or preference.

For questions regarding this expanded benefit, contact Logan Vanderpool, RD, at **(831) 430-2519**.

Reporting Medi-Cal Members' Other Health Coverage Information

The Alliance reviews members' other health coverage (OHC) and adds information as needed to correct our claims operating system for a complete and accurate picture of the member's coverage. The Alliance also reports variances found in OHC information for Medi-Cal members to the Department of Health Care Services (DHCS). Accurate OHC information allows us to process claims with coordination of benefit pricing, decreases the number of overpayments resulting in recovery actions, and promotes a more

efficient method of processing provider payments.

Should providers identify changes in OHC information, please submit a completed OHC Referral Form to the coordination of benefits specialist for review and follow-up. In order to expedite inclusion of these changes in our system, please fax verification of eligibility dates from the member's OHC to **(831) 430-5721**.

Providers may access the OHC Referral Form at www.ccah-alliance.org/forms/ohc_form.htm.

How to Report OHC Information to DHCS

Providers may forward current OHC information to DHCS via email: wats@dhcs.ca.gov. When reporting OHC changes to DHCS, the following information is required:

- Member name/ID number.
- OHC insurance carrier name/address.
- Name of policyholder.
- Start date of insurance.
- Policy number.



Quality Improvement Project Updates

Readmission Quality Improvement Project

The Alliance's efforts in the statewide Quality Improvement Project (QIP), aimed at reducing hospital readmissions, continues to focus on making improvements to our interventions through collaboration with partnering hospitals and a new Care Transitions Home-Based Intervention pilot program.

Our new pilot program involves

the collaboration with a home health agency to meet with the member while he or she is an inpatient. An agency representative will visit the member after discharge on two separate home visits to ensure medications are reconciled, follow-up PCP appointments are scheduled, and members are educated on matters such as advance care planning and how to communicate with their PCP should a problem arise.

Asthma Quality Improvement Project

The Alliance is proud to announce that we have seen an increase in the number of Asthma Action Plans submitted, as well as an overall improvement in quality. This year, our project's focus is to enhance the asthma clinical health education benefit. Alliance members with asthma can receive up to six hours of asthma education in an individual or group setting. We're happy to work with our Alliance-approved clinical health education providers for these services. Please encourage all of your asthma patients to utilize this benefit (see providers below).

You can refer members directly to these Alliance-approved providers without an authorization. Help your patients self-manage and take control of their asthma! Please contact Alliance Health Programs at **(800) 700-3874 ext. 5580** for more information.

Asthma Clinical Health Education Benefit

The Alliance covers up to six hours of comprehensive self-management education provided or supervised by a respiratory therapist (RT) or nationally certified asthma educator (AE-C), and includes: assessment; instruction on the Asthma Action Plan provided by their PCP; proper use of peak flow meter, inhaler, spacer, and medication as needed; and how to avoid triggers.

Breathe California Central Coast Santa Cruz and Monterey counties

Home visits

Phone: **(831) 422-7306**

Fax: **(831) 373-5530**

English or Spanish

Central Coast Allergy & Asthma Salinas

Asthma Education Program

PCP referral is required.

Phone: **(831) 424-3300**

Fax: **(831) 758-4094**

English or Spanish with interpreter

Peninsula Wellness Center (Community Hospital of Monterey Peninsula)

Marina

Asthma Education Program

Phone: **(831) 883-5660**

Fax: **(831) 658-3004**

English or Spanish with
interpreter

The Alliance is in the process of establishing an education site in Merced (details coming soon).

Referral Process

There is no requirement for an authorization request for clinical health education (CHE). An authorization request is required only for visits beyond the standard program and medical necessity for these continued visits must be documented.

To refer members to an Alliance-approved Asthma CHE provider, contact the Alliance Health Education line at **(800) 700-3874 ext. 5580** or contact one of the CHE providers listed.

Free Continued Medical Education for Safe and Competent Opioid Prescribing

Chronic pain affects approximately 100 million individuals in the U.S., making it one of the most common reasons for patients to seek medical care. Over the past decade, there has been a fourfold increase in opioid prescribing, partly in response to previous under-treatment of chronic pain. During the same period, there was a fourfold increase in unintentional opioid overdose deaths, and a fivefold increase in substance abuse treatment admissions for prescription opioid addiction.

Providers who prescribe extended-release/long-acting opioid analgesics to treat chronic pain are in a key position to balance the benefits and risks of chronic opioid therapy. However, providers struggle with the need to assist their patients with adequate management of chronic pain while confronting the risks associated with opioid prescribing.

SCOPE of Pain (<https://scopeofpain.com>) is a series of continuing medical education (CME) activities designed to help providers safely and effectively manage patients with chronic pain, when appropriate, with opioid analgesics. The online program offers a three-module web-based activity with CME credit at no cost to providers and is offered by Boston University School of Medicine, in conjunction with the Council of Medical Specialty Societies and the Federation of State Medical Boards, and sponsored by the U.S. Food and Drug Administration (FDA).

The program is funded through a grant by manufacturers of

extended-release/long-acting opioid analgesics as part of a comprehensive federal risk evaluation and mitigation strategy for opioid analgesics.



ICD-10 Delay: The Next Steps

Several months ago, Congress voted on a bill that would delay, for the second time, the ICD-10 implementation compliance date until October 1, 2015.

Although the transition to ICD-10 has been delayed, all organizations, regardless of how ready they are, should capitalize on the delay by focusing their

efforts on preparing systems and staff for the future conversion. Additional validation and testing with the ICD-10 code library will ensure that the next deadline will not become a burden. Additionally, it is crucial for providers to maintain the ICD-10 momentum by planning for proper resource allocation during this time next year.

Centers for Medicare & Medicaid Services (CMS) have already stated that they will

provide instructions for all health care entities involved in the ICD-10 transition and plan to release more information. American Health Information Management Association (AHIMA) has also said that they will continue to assist the health care community with ICD-10 materials and educational workshops. If you have questions for the Alliance about the ICD-10 delay, please contact us via email at icd10support@ccah-alliance.org.

Explanation of Benefits and Attachments

A separate copy of the Explanation of Benefits (EOB) or other required attachments must be submitted with each applicable claim form. If the required documentation is not attached, the claim will be denied.

All EOBs must be complete, legible and unaltered, and crossover claims must not be combined. Examples of common errors that can result in delays, possible wrong payments, and/or denials include:

- Multiple recipients on one claim form.
- One EOB for multiple claim forms.
- Multiple claims (on one or more EOB) for the same recipient on one claim form.
- Multiple claim lines from more than one EOB for the same recipient on one claim form.

Billing for Prophylactic Vaccines When the Member Has Medicare

When billing Medicare for prophylactic vaccines, it is important to know whether to bill under Medicare Part B or Part D. Medicare states that vaccines directly related to the treatment of an injury or direct exposure to a disease or condition (influenza; pneumococcal; and hepatitis B for intermediate to high-risk beneficiaries) are covered

under Part B. All other vaccines should be billed under Medicare Part D. Vaccines billed to the wrong Medicare coverage (Part B vs. Part D) may be denied by Medicare as a noncovered service and could also require the Alliance to deny the vaccine claim due to Medicare D coverage. For more detailed information, please visit: <http://www.cms.gov/Medicare/Medicare.html>.

Pathology Professional (Split Billing) Component Restrictions

The Alliance would like to remind providers who routinely review pathology results as an integral part of their patient care services that Medi-Cal guidelines do not allow additional reimbursement of a professional component for that review. This service, like other diagnostic data

evaluation, is covered by the reimbursement for office visit and treatment. For additional information, please refer to the Medi-Cal Manual, "Pathology: Billing and Modifiers" section, available at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pathbil_m00o03o04.doc.

Avoiding Denials When Billing for California Children's Services (CCS)

The following are examples of claim submissions that may result in rejections, delays, possible wrong payments and/or denials:

- A claim billed with a California Children's Services eligible condition or with a diagnosis that is potentially CCS-eligible and meets Title 22.
- The member has an open CCS case, but the CCS condition was not the reason for seeing the patient. The CCS diagnosis

should not be listed on the claim.

- Treating a CCS member for the CCS diagnosis when you have not requested paneling from CCS.

For information on paneling and to submit an application, please review the Department of Health Services, Children's Medical Services Network (CMS Net)–Information Bulletin #394 at: <http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/thiscomputes394.pdf>.

RESUBMITTING PREVIOUSLY DENIED CLAIMS

Please use the **Corrected Claim Form** only when correcting a previously paid claim. Resubmitting a claim to correct a previously denied claim line does not require the Corrected Claim Form. For denials, simply correct the data that caused the service to be denied and resubmit the claim.

Tips & resources to help you communicate better with Alliance members

Tips for Working With Interpreters

- Print a guide from our website: <http://www.ccah-alliance.org/interpreter.html> and keep a copy in the charts of patients who have Limited English Proficiency.
- Allow extra time for the visit if you know an interpreter will be needed.
- Brief the interpreter about the type of visit or service, summarize what you wish to accomplish in addition to any special instructions, and introduce the patient and interpreter.
- When communicating with the patient, speak directly to the patient, not to the interpreter.
- Frequently ask the patient if he or she has any questions.
- Avoid jargon or technical terms. Use examples when explaining terms that your patient may not easily understand.

INTERPRETING SERVICES QUALITY ASSURANCE (ISQA) FORM

The Alliance Health Programs team is committed to ensuring high-quality telephonic and face-to-face interpreter services to our members, providers and staff. If you have any quality concerns with our interpreter services or suggestions to improve them, please contact Sandra Orozco at sorozco@ccah-alliance.org or **(831) 430-5557** to obtain a copy of the ISQA form.



How to Access Free Interpreter Services for Alliance Members

Telephone Interpreting Services

Free interpreter services are available for Alliance members accessing Alliance-covered services. Providers may access Pacific Interpreters directly 24 hours a day, 365 days a year, for immediate access to an interpreter. No prior authorization is required.

- Dial the toll-free number: **(855) 469-5222**
- Select desired language—at the prompt, press one of the following:
 - 1—Spanish
 - 6—All other languages or Customer Service Associate (CSA)
- If requested, provide the Alliance access code to the interpreter or **CSA: 844038**
- Provide the following information:
 - Language needed
 - Caller's first name
 - Doctor's last name or company name
 - City

An interpreter will be connected to the call. Providers are to brief the

interpreter about the type of visit or service and summarize what they wish to accomplish in addition to any special instructions.

Face-to-Face Interpreting Services

The Alliance will authorize* a face-to-face interpreter for members accessing Alliance-covered services under the following conditions:

- Member is deaf or hearing-impaired.
- Member is facing end-of-life issues.
- Member is facing abuse or sexual assault issues.
- Member is undergoing a complex procedure or course of therapy.

*Prior authorization is required. Please call five days in advance of the appointment. Call an Alliance Transportation and Linguistics Coordinator (TLC) at **(800) 700-3874 ext. 5625** (Santa Cruz and Monterey counties) or **ext. 5367** (Merced County). The TLC will schedule a qualified interpreter once authorized.

Healthier Living Program: Chronic Disease Self-Management Workshops

Chronic diseases such as diabetes, asthma and chronic obstructive pulmonary disease require ongoing care and often affect an individual's overall quality of life. These conditions can be managed or avoided through a combination of clinical services, health education, counseling and community-based interventions.

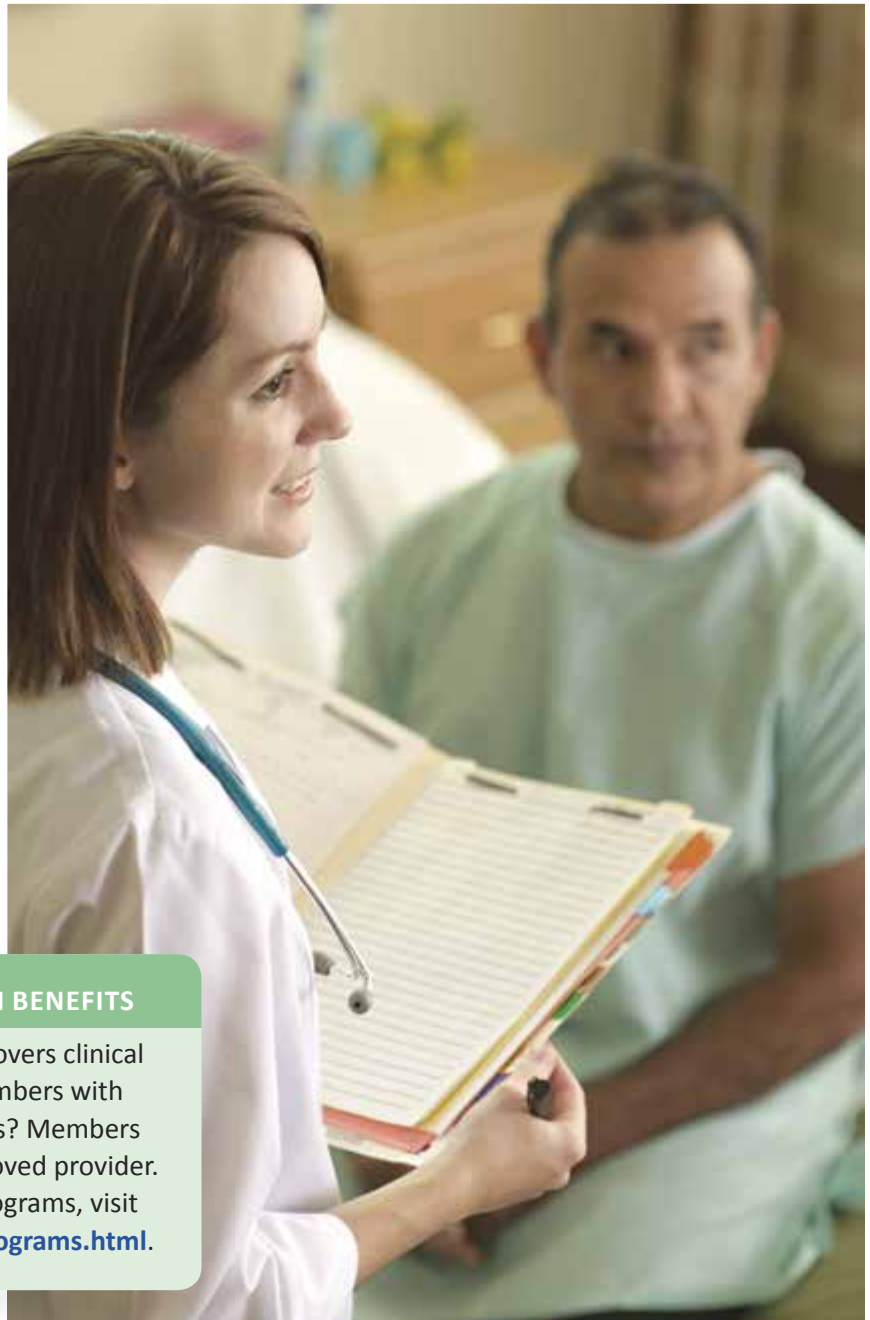
Through Stanford University's Chronic Disease Self-Management Program (CDSMP), the Alliance is implementing a new Healthier Living Program. This series of self-management workshops are designed to help individuals build confidence to manage their health and maintain an active and fulfilling life. Participants will develop self-management skills in an interactive learning environment by sharing experiences with others and providing mutual support.

Workshops cover 17 hours of material over a six-week period, and focus on common problems associated with the member's condition such as pain management, nutrition, physical activity, medication usage and communicating with doctors. The 2.5-hour weekly sessions are conducted in English and Spanish

at convenient locations throughout the community. Workshops are free to Alliance members!

Participants who complete the series will receive educational materials to assist with their chronic disease self-management and will

be entered in a raffle to win prizes. For information on how to refer Alliance members to this program or to receive a copy of a current workshop schedule, please call the Alliance Health Education Line at **(800) 700-3874 ext. 5580**.



CLINICAL HEALTH EDUCATION BENEFITS

Did you know that the Alliance covers clinical health education (CHE) for members with asthma or other chronic diseases? Members must be seen by an Alliance-approved provider.

For a list of Health Education Programs, visit www.ccah-alliance.org/healthprograms.html.

Taking Advantage of Interferon Gamma Release Assays

In 2001, the FDA approved the first interferon gamma (IFN-g) release assay (IGRA) for identifying latent tuberculosis infection (LTBI).

LTBI may develop after exposure to active, infectious TB. Before IGRAs, only a tuberculin skin test (TST; PPD, Mantoux) could detect this asymptomatic infection. Persons with LTBI are at risk of progression to active TB in the future. Prophylactic treatment, usually with tuberculocidal INH orally for several months, lowers this risk.

Currently, three generations of QuantiFERON (QFT) and a T-Spot test (TST) are available. Both measure immune reactivity to *Mycobacterium tuberculosis* (*M. tb*). Neither test identifies the organism; thus, neither can diagnose active TB. In addition, neither of the tests detect antibody in serum.

IGRAs are ingenious and clinically unique tests. Whole blood, with live mononuclear cells, is collected in tubes with synthetic *M. tb* antigens and controls, all heparinized. In subjects with TB infection, after incubation, the antigens stimulate the release of IFN-g. The major difference between QFT and TST is that QFT measures the concentration-soluble IFN-g while TST counts the number of IFN-g producing cells. The need to collect whole blood has been confusing for phlebotomists. The correct tubes must be used and shaken immediately and vigorously after collection or the assay may be compromised and unable to be interpreted.

Ongoing research has refined IGRA assays by restricting the



stimulating peptide antigens to those most specific for *M. tb*. Synthesizing rather than extracting these antigenic peptides increases their purity and enhances the specificity of the assay.

A major practical advantage of IGRAs is that a positive result of an IGRA is highly specific for a natural TB infection. Conversely, a TST read as positive may be false after BCG vaccination or exposure to a species of *Mycobacteria* other than *M. tb*. False positives resulting from previous BCG may lead to a course of unnecessary prophylaxis, including baseline by chest x-rays, increased clinic staff time, and monitoring and responding to adverse effects.

In addition, IGRA results may be available within 24 hours, return visits for reading of test results are not needed, and, unlike TST, IGRA will not boost responses in subsequent tests.

Cost-effectiveness studies comparing TST and IGRAs have had mixed results. Today, a single TST antigen dose costs less than an IGRA. However, insurance reimbursement, lab contracts and discounts for IGRAs, along with decreased staff time for applying and reading TSTs, may decrease the relative IGRA costs seen by the provider practice. Prophylaxis for a false positive TST, as discussed above, would be a further cost reduction in favor of the IGRA.



Standard
U.S. Postage
PAID
Walla Walla, WA
Permit No. 44

IMPORTANT PHONE NUMBERS

Provider Services (831) 430-5504
Claims (831) 430-5503
Authorizations (831) 430-5506
Member Services. (831) 430-5505
Web and EDI. (831) 430-5518
Cultural & Linguistic Services
. (831) 430-5570
Health Education Line . . . (831) 430-5580

CUN30463

SIGN UP TO RECEIVE THE PROVIDER BULLETIN THROUGH EMAIL IN THREE EASY STEPS!

1. Text: CCAH to 22828.
2. Receive text message asking for your email address.
3. Reply to text message with the email address to receive the Alliance Provider Bulletin.

ALLIANCE HOLIDAY CLOSURES

The Alliance will be closed on Friday, July 4, 2014, in observance of Independence Day.

FEE-FOR-SERVICE FORM SUBMISSION

You are now able to view the status of your fee-for-service (FFS) forms for the Care Based Incentive (CBI) program on the Provider Portal! If you currently have the CBI application added to your account, you will see a new link to access those forms. Please contact your provider services representative if you would like to have the CBI application added to your account.

New Providers

Santa Cruz County

Primary Care

Valerie Kidd, MD, Family Practice

Referral Physician/Specialist

Richard Minkner, MD, Internal Medicine
Varqa Rouhipour, MD, Orthopedic Surgery

Monterey County

Primary Care

Patricia Gaitan, MD, Pediatrics
Aurelio Gonzalez, MD, Family Practice
Carol Haubach, MD, Family Practice
James McGhee, MD, Pediatrics
Walter Miller, MD, Family Practice
Warren Turner, MD, Family Practice

Referral Physician/Specialist

Anna Altshuler, MD, Obstetrics/Gynecology
Robert Gwynn, MD, Cardiovascular Disease
Amy Hjort, MD, Obstetrics/Gynecology
Peter Rinaldi, DO, Orthopedic Surgery

Merced County

Primary Care

Stefan Elazier, MD, Family Practice
Hanika Gupta, MD, Family Practice

Referral Physician/Specialist

Deborah Hellinger, DO, Radiology
Ajay Rachakonda, MD, Nephrology
Nazhat Sharma, MD, Ophthalmology