

ALAMEDA ALLIANCE FOR HEALTH

PROVIDER BULLETIN

NOVEMBER 2006

Alliance to Expand Programs

Medicare Launch Anticipated January 1, 2008

The Alliance board of governors approved establishing a Medicare Advantage-Part D Special Needs Plan (MA-PD SNP) at its September meeting. The new MA-PD SNP will serve Alameda County residents who are eligible for both Medicare and Medi-Cal benefits (dual eligibles). The Alliance will submit its application to the Centers for Medicare & Medicaid Services (CMS) in March 2007. Pending approval, the new program will take effect January 1, 2008.

The Alliance currently serves approximately 2,500 dual eligible members enrolled in its Medi-Cal program. The new product line will allow the Alliance to seamlessly integrate the delivery of Medicare and Medi-Cal benefits. Additional advantages of offering an MA-PD SNP include: 1) simplification of benefits and better care coordination for members, 2) simplification of billing administration and enhanced revenue for providers, 3) opportunity for revenue growth and diversification for the Alliance, and 4) furthering the Alliance's mission by expanding quality managed care services for low-income Alameda County residents.

A key element of the new program for dual eligibles is the Alliance's provider network. We are currently working with Milliman USA, a national actuary firm, to determine the provider reimbursement rate for the MA-PD SNP. The Alliance will pursue contracts starting in November with Alliance Medi-Cal providers who currently serve the Alliance's existing dual eligible members. The Alliance will further develop its provider network to ensure that the full range of Medicare services is available. The network must be finalized by February 2007 to meet the application deadline.

The Alliance will routinely update providers on its progress toward securing the new MA-PD SNP contract. Provider Services staff are available at (510) 747-4510 to answer any questions about this new product.

Billing and Reimbursement for Vaccines for Children

The federal Vaccines for Children (VFC) program supplies free vaccines to enrolled physicians. Every Medi-Cal eligible child under the age of 19 years may receive vaccines supplied by the VFC program.

The Alliance reimburses an administration fee for the vaccine (not the serum). **The VFC code should always be billed with modifier SL.** If the VFC code is not billed with modifier SL, the code will be denied as "serum covered by VFC; rebill administration fee with SL modifier." **Administration codes CPT 90471, 90472, 90465, and 90466 should always be billed with the VFC Code.** If the administration code is billed by itself, it will be denied as "must bill VFC administration using CPT with SL modifier."

Non-VFC codes are reimbursed at the set reimbursement rate. However, if the claim has an invoice attached upon submission, the Alliance will pay up to the invoice price. If there is no system pricing and no invoice with the submission, the Alliance will pay 30% of billed charges.

If you have questions regarding VFC codes, call the Provider Services department at (510) 747-4510.

Facility Site Review and Medical Record Review

All primary care providers (PCP) joining the Alliance network must successfully complete a Facility Site Review (FSR) and a Medical Record Review (MRR) Survey before being credentialed and receiving member assignments. The California Department of Health Services (CDHS) Medi-Cal Managed Care program requires the Alliance to conduct an FSR and MRR on all PCP offices initially and every three years thereafter. The Alliance extends this requirement by including its contracted OB/GYN specialist offices in the FSR and MRR. To avoid duplication of efforts and minimize provider time commitment, the Alliance collaborates with Blue Cross, the local commercial Medi-Cal Managed Care Plan, to share site visits.

The FSR and MRR are conducted by Alliance Certified Registered Nurse Reviewers and Provider Relations Representatives using tools designed by CDHS. All providers and their office staff are given a copy of the survey tools and offered on-site training on the tools and scoring methodology before the actual surveys are scheduled. Our goal is to ensure that all providers will complete the FSR and MRR Surveys successfully.

The minimum passing score for the FSR and MRR is 80%. The FSR contains nine critical elements that measure the potential for adverse effect on patient health or safety. Providers with a critical element deficiency are required to correct the deficiency within ten days of the survey date. Providers are required to complete a Corrective Action Plan (CAP) if they score less than 90% (Exempted Pass) or are deficient in one or more FSR critical elements. Alliance Registered Nurses and Provider Relations Representatives offer educational and technical support to providers who receive a CAP.

We are delighted to report that providers' scores on site reviews this year show significant improvement over reviews done three years ago. These results indicate that providers and their office staff made necessary changes to meet regulatory standards.

Look in the next Provider Bulletin for tips on how to prepare for facility site and medical record reviews. Please contact the Alliance's Provider Services department at (510) 747- 4510 for more information about facility site reviews or to request help preparing for the visit.

National Provider Identifier Requirement

Effective May 23, 2007, the Health Insurance Portability Accountability Act (HIPAA) will require all health care professionals, clearinghouses, and plans to use a National Provider Identifier (NPI) in electronic health care transactions. An NPI is a unique health identifier for health care providers that will be used to standardize the electronic transmission of health information. The NPI will replace various health care identifiers that are currently used in today's standard electronic transactions.

You may apply for an NPI by mail or on-line. To apply for an NPI on-line, visit www.nppes.cms.hhs.gov. The online process takes approximately 20 minutes to complete. To obtain an NPI application by mail, please contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

The Alliance is currently surveying its providers to determine who has applied for and/or obtained an NPI. Providers with an NPI are required to inform the Alliance's Provider Services department at (510) 747-4510 as soon as possible.

Please visit the CMS website, <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>, for more information or call the Provider Services Department at (510) 747-4510 to request training.

New Pharmacy Benefit Management Company

On October 1, the Alliance transitioned to a new pharmacy benefit management company, MedImpact. The goal was to make this a seamless transition for both providers and members. The following information about the change is of interest to providers:

- The formulary and basic process for obtaining medications remain the same.
- Procedures used by the Alliance Pharmaceutical & Therapeutics Committee remain the same.
- The Prior Authorization (PA) form and process for submitting PAs has changed. You will need a new PA form, which you can get by calling MedImpact at 1-800-788-2949. Once completed, the PA should be faxed to 1-858-790-7100. MedImpact is open 24 hours a day, seven days a week.
- Specialty injectable medications are still dispensed through Curascript Pharmacy.
- Members may contact MedImpact's customer service line about their prescriptions at 1-800-788-2949 (also open 24 hours a day, 7 days a week). Members may also call the Alliance Member Services department at (510) 747-4567, 8 a.m. - 6 p.m., Monday through Friday.

Providers should contact the Alliance Provider Services department with questions or to obtain the new PA form at (510) 747-4510.

Requesting Bus Tickets for Alliance Medi-Cal Members

Effective immediately, Alliance Medi-Cal members may call the Alliance's Member Services department directly at (510) 747-4567 to request bus tickets to get to and from health care appointments. This new process will be more efficient and will free provider office staff from the responsibility of facilitating transportation requests.

As the Alliance continues to streamline our operations, our ultimate goal is to ensure that your practice is provided with the best service possible. If you have any questions or feedback about bus tickets or other services, please contact the Provider Services department at (510) 747-4510.

Free Interpreter Services for Alliance Members

The Alliance is committed to improving the quality of health care for our members by providing 24-hour access to interpreter services **at no cost to Alliance members or providers in our network**. Interpreter services are available for medical and health education services covered by the Alliance.

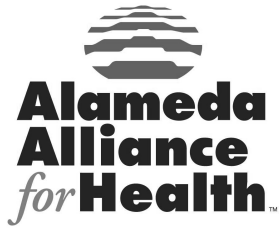
Because many doctor-patient interactions explore private or personal information, using friends or family members as interpreters can hamper candid conversations. The Alliance recommends in-person interpreters and strongly discourages the use of friends or family members as interpreters for its members.

To request an interpreter, please contact the Alliance Member Services department at (510) 747-4567. The request for an in-person interpreter should be made at least three business days prior to the member's appointment. Requests for American Sign Language interpreters should be made at least five business days in advance.

To promote access to interpreter services, the Alliance created bilingual "I Speak" cards for its members who have limited English proficiency. These cards are printed in several languages and have an English translation. The cards outline the process for requesting an interpreter.

If you have any questions, or are interested in a brief training session on language access services, please call your Alliance Provider Representative at (510) 747-4510.

☞ CONTACT INFORMATION ☞



1240 South Loop Road
Alameda, California 94502

providerservices@alamedaalliance.org

WE'RE ON THE WEB!

WWW.ALAMEDAALLIANCE.ORG

**USING THE ONLINE
PROVIDER CONNECTION,
ALLIANCE PROVIDERS CAN:**

- ▶ Verify member eligibility
- ▶ Check authorization/claim status
- ▶ View an online provider manual

To use the online Provider Connection, you will need to obtain a provider account.

Log on to www.alamedaalliance.org and click on "Provider Connection."

Follow the online instructions on how to set up an account.

If you have problems accessing the Web connection, call (510) 747-4510 or e-mail providerservices@alamedaalliance.org.

Eligibility (24-hour automated line).....	(510) 747-4505
Authorizations (provider use only).....	(510) 747-4540 fax (510) 747-4507
Case Management Services <i>Asthma and Diabetes</i>	(510) 747-4540
Claims	(510) 747-4530 fax (510) 747-4506
Member Services (8 a.m. – 6 p.m., M-F).....	(510) 747-4567
Provider Credentialing	(510) 747-4555 Ext 4025
Provider Services General Information	(510) 747-4510 fax (510) 747-4508
Provider Relations Representatives:	
Lorena Ahumada (Alameda, Albany, Berkeley, Oakland, and San Leandro)	(510) 747-4511
Kreshenda Jenkins (San Lorenzo, Castro Valley, Hayward, Union City, Newark, Fremont, Dublin, Pleasanton, Livermore, and Sunol)	(510) 747-4513
Toby Wilson (Facility Site Review and Internal Liaison)	(510) 747-4512
Interpreter Services.....	(510) 747-4554
Alameda County Behavioral Health.....	(800) 491-9099
Children First Medical Group.....	(510) 428-3489
Community Health Center Network.....	(510) 769-2200
MedImpact (Pharmacy Benefit Manager).....	(800) 777-0074
Delta Dental.....	(800) 338-4337
Denti-Cal.....	(800) 322-6384
Domestic Violence Hotline.....	(510) 536-7233
Healthy Families Program.....	(800) 880-5305
PacifiCare Behavioral Health:	
Physician Consultation.....	(800) 292-2922
Member Referral.....	(888) 789-7110
Quest Diagnostic (Outpatient Laboratory Services).....	(800) 288-8008
Vision Services Plan (VSP)	(800) 877-7195