

PROVIDER BULLETIN

January 27, 2006

PARTNERING WITH PROVIDERS TO IMPROVE HEALTH CARE

Each year, the Alliance collaborates with the California Department of Health Services (DHS) to provide information in several key quality areas using Health Employer Data Information Set (HEDIS) measures. The Alliance uses these measures to assess the quality of care received by Medi-Cal members in several categories of patient care, including: 1) maternity care, 2) preventive care, 3) various types of cancer, 4) Chlamydia screening, and 5) care provided to infants. The Alliance appreciates and recognizes the critical role of our provider community and providers' office staff in delivering high quality services to our members and in helping the Alliance gather the medical data necessary for reporting HEDIS measures.

DHS compiles HEDIS results annually for health plans and distributes a report detailing how California health plans performed. Thanks to your collaboration, Alliance HEDIS scores have improved over 2003 and we continue to do well in comparison to other health plans locally and across the state. For each HEDIS measure, the state specifies what it considers minimum performance levels and the Medi-Cal managed care average. The Alliance has exceeded both of these levels in all reported quality measures.

While our performance this year was good, we want to set our sights higher – to achieve what the state considers “high performance levels.” To this end, we have a number of quality improvement projects underway, including mailing reminder cards to members due for preventive visits, working with the Bay Area Regional Immunization Registry to help them get more members entered in their central data systems, and holding meetings with our provider community.

HEDIS data gathering for 2005 is currently underway. As in years past, this will involve some review of charts in your offices. Our aim is to be as unobtrusive as possible, and we ask for your continuing cooperation in these efforts.

We are confident that with your continuing support in delivering high quality care, we can achieve our goals.



CONTRACT UPDATE

The Alliance is pleased to announce that the response to our latest contract amendment for our directly contracted primary care providers was positive. An overwhelming 98% of the amendments were returned. This response demonstrates the commitment we all share to quality health care, lowering costs and providing tools for further improvements. The move from capitation to a fee-for-service reimbursement will now allow primary care providers to be paid directly for each service provided. It will also permit the Alliance to receive more complete encounter data to implement better Quality Improvement and Utilization Management tools and incentives. We want to thank all of our directly contracted primary care providers for their support during this change.

EMERGENCY ROOM OVERUSE

A pressing issue for the Alliance is the use of the emergency room by our members for primary care services. We believe that shifting the care from hospital ER facilities to provider offices will lead to healthier patients, higher quality care, better preventive treatment, and more efficient use of limited resources. Savings from this intervention can support caring for more patients and help your practice to further improve health care delivery.

The solution to frequent ER use is far from clear. However, it is clear that patients desperately need your guidance as a provider in navigating the health care system. While it may be daunting to address the management of our most challenging members, the vast majority of your patients can benefit from a few words to help them when they are in need of urgent medical services. The Alliance recently surveyed members who frequently utilize the emergency room and received the following comments:

- “I called the doctor’s office and the answering machine told me to call 9-1-1.”
- “I called during the weekend, and my doctor’s office was closed.”
- “My doctors aren’t open after hours....I thought my doctor’s office was open only 9-5.”
- “I was scared.”
- “I didn’t know what to do.”
- “I ran out of medications.”
- “The doctor did not call me back.”
- “I was put on hold.”

Quite clearly, patients need to know how to get advice from their PCPs when the office is closed. We know that you have made arrangements for coverage during the hours when your office is closed. We urge you to share this information with your patients so that they will know how to make this contact. This type of communication will go a long way towards reducing unnecessary ER visits.

NEW IHEBA FORMS & HEALTH EDUCATION MATERIALS

- New updated and translated Staying Healthy Assessment (SHA) [also referred to as the IHEBA- Individual Health Education Behavioral Assessment] forms from the California Department of Health Services, Medi-Cal Managed Care Division, are now available. This behavioral risk assessment form, developed by the state for the Medi-Cal population, must be administered within the first 120 days of enrollment into managed care and at appropriate age intervals thereafter. The SHA is mandated by the state for all Medi-Cal managed care members, not just Alliance members, and is audited during the Facility Site Review process. New SHA forms are available in seven languages: English, Spanish, Chinese, Vietnamese, Hmong, Lao and Russian. Tips sheets addressing the risk issues identified by the SHA are also available in English, Spanish, Chinese, Vietnamese and Russian. The Alliance will be distributing the SHA to provider offices in the coming weeks.
- Health education materials on a variety of subjects have been developed by the Alliance and are available to practices and clinics at no charge. Topic areas include: asthma, diabetes, stress, STDs, pregnancy, breastfeeding, heart health, nutrition and more. These topics reflect core health education mandates by the state, written at a 6th grade reading level and translated into Spanish, Chinese and Vietnamese.
- All of the above materials are available on a CD ROM or as photo-ready hard copies. Please call Provider Relations at 510-747-4510 to obtain a copy. Alternatively, copies of the CD-ROM will be mailed in February.

COORDINATION OF BENEFITS

Some Alliance members are insured by more than one group insurance policy. To address multiple coverage situations, most group insurance policies contain a Coordination of Benefits (COB) provision. Whenever possible, COB provisions are designed so that together, the benefits available from two or more group insurance policies reimburse up to 100% (but never more than 100%) of the allowable medical expenses. The COB provision and regulations require that all health plans and other payers coordinate benefits to eliminate duplication of payment and assist patients to receive the maximum benefit to which they are entitled.

Based on Welfare and Institutional Code, Section 14109, when a member has Medicare coverage, the Alliance limits payment of the deductible and coinsurance to an amount that when combined with the Medicare payment, does not exceed payment by the Alliance for a similar service. This limit is applied to the sum total of the claim. In instances when the Alliance is the secondary payer, our payment is based upon the Alliance allowable amount, minus payments a provider receives from the other insurance company.

The COB should be submitted within 90 days from the date of decision by the primary payer. When submitting a claim to the Alliance as the secondary payer, please include a copy of the primary payer Explanation of Benefits (EOB) along with the claim. If information is not received within the 90 day timeframe, or if the EOB is not attached to the claim, it will be denied. If you have any questions or concerns about the COB process, please contact your designated Provider Relations Representative.



ALLIANCE HOLIDAY NOTIFICATION

In observance of President's Day, the Alliance offices will be closed Monday, February 20, 2006. We will re-open Tuesday, February 21, 2006.

Per Alliance policies and procedures, medically necessary services may be performed during the Holiday weekend. Elective services requiring authorization should be scheduled when the Alliance has re-opened.

Have a Safe & Happy Holiday!

COMPARISON CHART MEDICATIONS USED IN TREATING NEUROPATHIC PAIN

Drugs that are designed to act directly on the nervous system are increasingly utilized in primary care practice. Although these agents might be targeted and FDA-labeled to treat specific conditions, the following matrix identifies the "broad-spectrum" of actions of certain neuroscience pharmaceuticals. The key challenge is for the clinician to understand the multiple actions that ONE drug might have in solving any clinical problem. Please note that this table is highly simplified and clinicians should carefully review product information before prescribing.

Drug	Anti-Depression	Neuropathic Pain Rx	Weight	Epilepsy
SSRI: Prozac, Paxil, Zoloft (PA)	Yes*	PDN, but less effective than TCA's	Short-term loss, Long-term gain	
Wellbutrin	Yes*	Various types	Weight Loss	Contraindicated
Ultram		PDN, PHN, and various		Contraindicated
Cymbalta (PA)	Yes*	PDN*		
Effexor (PA)	Yes*	PDN		
TCAs: Elavil, Tofranil, Pamelor, Desipramine	Yes*	PHN, PDN	Weight gain	Seizure risk
Topamax (PA)		PDN	Weight Loss	Anticonvulsant*
Lyrica (PA)		PHN*, PDN*		Anticonvulsant*
Neurontin (PA)		PHN*, PDN	Weight Gain	Anticonvulsant*
Depakote		Migraine*, PDN	Weight Gain	Anticonvulsant*
Tegretol		Trigeminal Neuralgia*		
Trileptal (PA)		PDN	Weight Gain	Anticonvulsant*

1-Contemporary Assessment and Management of Neuropathic Pain, Neurology 2005;64(Suppl. 3):S21-S27

2-Diet, Drugs and Surgery for Weight Loss, The Medical Letter, Vol 1 (Issue 16) December 2003

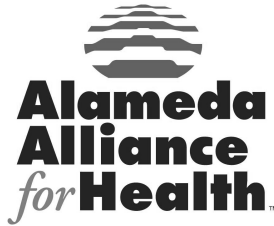
3-Is your medicine cabinet making you fat?, New York Times, August 16, 2005

4-Drugs that cause weight gain, Consumer Reports on Health, Internet Drug Advisor June 2004

*FDA approved for this indication, PHN=Post-Herpetic Neuralgia, PDN=Painful Diabetic Neuropathy

PA: Prior Authorization Required

☞ Phone Numbers ☞



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Email: providerservices@alamedaalliance.com

**WE'RE ON THE WEB! VISIT US AT
WWW.ALAMEDAALLIANCE.ORG**

NOW PROVIDERS CAN:

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

Eligibility (24 hour automated line)	(510) 747-4505
Authorizations (provider use only)	(510) 747-4540
	fax (510) 747-4507
Claims	(510) 747-4530
	fax (510) 747-4506
Member Services (8 a.m. – 6 p.m., M-F)	(510) 747-4567
	fax (510) 747-4504
Provider Credentialing	(510) 747-4555
	Extension 4019
Provider Services General Information	(510) 747-4510
	fax (510) 747-4508
Provider Services Representatives:	
Toby Wilson	(510) 747-4555 Ext. 4027
Brenda Castillo-Cowles	(510) 747-4555 Ext.4152
Special Services for Members:	
Interpreter Services	(510) 747-4554
Alameda County Behavioral Health	(800) 491-9099
Authorizations:	
Children First Medical Group	(510) 428-3489
Community Health Center Network	(510) 769-2220
National Medical Health Card Systems, Inc. (NMHC)	
(Formerly known as PCN)	(800) 777-0074
Delta Dental	Healthy Kids (866) 212-2729
	Group Care HMO (800) 422-4234
	Group Care DPO (800) 765-6003
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) 789-711
Quest Diagnostic	(800) 288-8008
VSP (Vision Services Plan)	(800) 877-7195