

OCTOBER 2008

This Bulletin applies to:

- Medi-Cal

Wayne T. Pan, M.D. Named Chief Medical Officer For Alameda Alliance for Health

Wayne T. Pan, MD, PhD, MBA, has been named chief medical officer (CMO) for the Alameda Alliance for Health. In this role, Dr. Pan will provide leadership and direction for the organization's medical services programs. His responsibilities will extend from quality improvement and utilization management to disease management and evidence-based medical practice management.

"As CMO, Dr. Pan will make sure that the Alliance consistently delivers managed care services in a caring way that enhances the health and well-being of our experience in the public and private sectors makes him a perfect fit with our commitment to deliver quality health care services which takes a back members," said Ingrid Lamirault, CEO of the Alliance. "Dr. Pan's breadth of seat to our need to meet financial targets. We're thrilled to have someone of his unique experience in the Alliance family."

Dr. Pan's health care experience includes clinical, managerial and consulting positions. He was the medical director at the Health Plan of San Mateo prior to coming to the Alliance in 2005 as associate medical director. He left the Alliance in 2007 to join L.E.K. Consulting as a health care consultant. He then served as interim medical director at the San Francisco Health Plan. He rejoined the Alliance in July 2008 as CMO. Dr. Pan has also practiced and taught orthopedic surgery.

Dr. Pan received his undergraduate degree from The Johns Hopkins University. He was selected for a Medical Scientist Training Program scholarship at the Mount Sinai School of Medicine, where he completed his MD and PhD degrees concurrently. He recently graduated from The Wharton School with a Masters of Business Administration and continues to be involved in their executive MBA teaching program at Wharton West as an adjunct assistant professor in marketing. He is active in numerous local organizations, including Habitat for Humanity, mentor programs for the San Jose Unified School District for students interested in the health profession and has participated in sports medicine missions to China.

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Facility Site & Medical Records Review Successes



The Alliance conducts Facility Site (FSR) and Medical Record reviews (MRR) to meet quality improvement standards and ensure compliance with applicable local, state, and federal laws and regulations. These site reviews are conducted during the initial Provider credentialing process and every three years as part of the ongoing recredentialing process.

The Alliance would like to congratulate the following two practices that scored very well in their last FSR and MRR. Dr. Jaleh Niazi of New Day Pediatrics and Planned Parenthood Golden Gate (PPGG), MacArthur Health Center. Though both practices are different in many ways, they were able to achieve excellent results. Some of the differences include the practice size: Dr. Niazi is a solo provider affiliated with Children's First Medical Group (CFMG) and has only one employee, while PPGG is a large practice with many sites and many employees.

Dr. Niazi considers communication essential in her practice. Getting patients in for a well child visit can be a challenge. But with open communication and a good relationship with patients and their families, New Day Pediatrics has been successful in bringing members back for their well exams resulting in 97% score in the medical record review.

Some of the office practice includes the following:

- A follow up appointment is provided before patient leaves the office
- Staff calls parents one day before the scheduled appointment as a reminder
- Staff calls parents on the day of the missed appointment or "no shows"
- Staff utilizes the CFMG Capitated list to call and schedule all new members. Staff also uses the Alameda Alliance for Health website to obtain phone numbers. If staff is unable to contact the member/parent by phone, a letter is sent. The letter introduces the provider and encourages member/parent to schedule a visit.

Planned Parenthood, MacArthur Health Center continues to get high scores in the FSR/MRR as required by the DHCS. To achieve this they routinely conduct internal reviews of their processes a minimum of three times a year.

Some of the office practices include:

- Internal audits
- Staff meetings with presentations from AAH
- Monthly staff meeting

"We make every effort to update our staff on the importance of accurate chart documentation and new managed care plan policies by sharing this information at several meeting venues. Quarterly Primary Care Staff meetings are facilitated by our Medical Director of Primary Care Services, Dr. Glenda Newell. Representatives from AAH are often presenters at these meetings. Clinic Directors, Lead Clinicians and often Medical Assistants attend these meetings and are encouraged to share this information with their staff at regular monthly staff meetings. We also utilize our Quality Management Committee and our Program Management Team Meetings facilitated by our VP of Medical Services, Jennifer Winter as another resource for sharing pertinent information in order to help keep

preventive health care maintenance. It is truly a team work spirit here at PPGG MacArthur Health Center.” – Beverly Parker, Clinic Director Planned Parenthood MacArthur Health Center



Referring Patients In-Network and Obtaining Authorizations

A member’s PCP assignment determines whom a provider must contact for authorization of services and what policies and procedures are followed. Members, and their corresponding PCP’s, fall into the following groups:

- Alliance- contracted providers
- Children’s First Medical Group (CFMG)
- Community Health Center Network (CHCN)
- Kaiser Foundation Health Plan (KHP)

To determine which group the member belongs to, refer to the member’s ID card, call the Alliance eligibility line at (510) 747-4505 or call the Member Services Department (510) 747-4567. Please note all referrals must be to in-network providers as listed in the above groups. You may find a current list of the Alliance provider network on our website www.alamedaalliance.org. For further information, please call the Provider Services Department (510) 747-4510.



National Provider Identifier (NPI): Paper Claims Submission Requirement

Although the National Provider Identifier (NPI) Final Rule does not state the NPI must be used on paper claims, CMS allows health plans to determine if they will require the NPI on paper claim forms.

Effective September 30th, 2008, all electronic **and paper claims** submitted to Alameda Alliance for Health must contain the registered National Provider Identifier (NPI) for each provider in the primary fields (i.e., billing, pay to & rendering provider fields) for all Medi-Cal, Healthy Families, Commercial and Medicare Advantage claim submissions. This number must be used to be compliant with Health Insurance Portability and Accountability Act (HIPAA) of 1996 standards.

Claims submitted without a valid NPI after September 30th, 2008 may be rejected or returned to the provider for correction. Claims submitted on HCFA-1500 or UB-92 forms will be returned for correct submission form.

“New” CMS-1500 claim form Requirements:

Fields	Requirements
Field 17b	NPI of referring provider
Field 24j	NPI of rendering provider
Field 25	Tax Identification Number
Field 31	Signature of Physician
Field 33	Entire address , including zip code of the billing provider's service location
Field 33a	NPI of billing provider; used for reimbursement
Field 32	Entire address, including the zip code of the servicing facility location

“New” UB-04 claim form Requirements:

Fields	Requirements
Form Locator Field 1	The Billing provider service location name, address and zip code
Form Locator Field 5	Tax Identification number of billing provider
Form Locator Field 56	NPI number of billing provider
Form Locator Field 76	NPI of attending physician
Form Locator Field 77	NPI of operating physician
Form Locator Field 78 & 79	NPIs for other provider types

Contracted providers can register their National Provider Identifier (NPI) with Alameda Alliance for Health in order to continue to receive payment for services provided to Alameda Alliance for Health Members, if they haven't already done so. For questions about the NPI or taxonomy specialty codes, please contact AAH Provider Services Department at (510) 747-4510.

Still need an NPI? Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203 or TTY 1-800-692-2326. To learn more about NPI, visit the Centers for Medicare & Medicaid Services (CMS) Web site at: www.cms.hhs.gov/NationalProvIdentStand/.

Provider BULLETIN



Upcoming Events



You are invited to attend the Alliance's
Primary Care Physician Dinner

Please join us and meet our new Chief Medical Officer,
Wayne Pan, M.D.

Dinner will be served.

Sessions are open to physicians and staff.

Agenda Items Include:

❖ Welcome and Introductions	❖ HEDIS Update
❖ Provider Updates: Electronic Data Sharing	❖ Alliance Complete Care Update
❖ Cultural and Linguistics Overview	❖ General Alliance Updates

Please choose one of the sessions below:

Tuesday, October 14, 2008
6:00 to 7:30 p.m.
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA

Wednesday, October 22, 2008
6:00 to 7:30 p.m.
St. Rose Hospital – St. Joseph Pavilion
27190 Calaroga Avenue
Hayward, CA

To RSVP, please call Provider Relations at 510.747.4510.

Save the Date

Merck is conducting a program titled "Eliminating Health Care Disparities: A Call to Action" with Joseph Betancourt, M.D., on Tuesday, October 28th at 6:30pm at Oliveto's in Oakland. More details to follow.

Provider BULLETIN

FORMULARY UPDATES

Effective October 10, 2008

Alameda Alliance for Health Pharmacy & Therapeutics (P & T) Committee Decisions – September 4, 2008

The Alameda P & T committee reviewed the efficacy, safety, cost and utilization profiles of the following therapeutic categories at the September 4th, 2008 meeting:

- Antidepressants
- Cardiovascular- Lipotropics
- Anti-Inflammatory- NSAIDs
- Muscle Relaxants
- Neurological Disease- Multiple Sclerosis, ALS
- Diabetic Testing Strips

*The Pharmacy & Therapeutics Committee has approved the following modifications:

Generic Name & Strength/Dosage Form	Brand Name & Strength	Committee Actions
ESCITALOPRAM OXALATE 5 MG, 10MG, 20MG tabs; 5MG/5ML soln	LEXAPRO (all strengths)	Remove Grandfathering edit on 12/31/08 (Outreach program for providers to allow continued therapy if medical necessity)
FLUOXETINE HCL 40MG capsule	FLUOXETINE HCL 40MG	PA: Add POS message "Use 2 of the 20mg caps"
PAROXETINE HCL 12.5MG, 25MG, 37.5MG tabs	PAXIL CR (all strengths of tabs)	Remove Grandfathering edit on 12/31/08 (Outreach to providers to allow continued therapy if medical necessity)
SERTRALINE HCL 50MG, 100MG tabs	SERTRALINE HCL (50MG, 100MG tabs)	Remove Grandfathering edit on 12/31/08 (Outreach program for providers to allow continued therapy if medical necessity)
SERTRALINE HCL 20MG/ML solution	SERTRALINE HCL 20MG/ML	Remove Grandfathering edit
DESIPRAMINE HCL 75MG tabs	DESIPRAMINE HCL 75MG	Add to Formulary
ATORVASTATIN CALCIUM 10MG, 20MG, 40MG, 80MG tabs	LIPITOR (all strengths of tabs)	Remove Grandfathering edit effective 12/01/08 (Outreach program for providers to allow continued therapy if medical necessity)

Generic Name & Strength/Dosage Form	Brand Name & Strength	Committee Actions
NIACIN/LOVASTATIN 500MG-20MG, 750MG- 20MG, 1000MG-20MG, 1000MG-40MG tabs	ADVICOR (all strengths)	PA: Add POS message "Use Niacin SR and Simvastatin"
TRICOR 48MG, 145MG tabs	TRICOR (all strengths)	Add step-edit for Gemfibrozil
COLESTIPOL HCL 1G tab	COLESTIPOL HCL 1G	Add to Formulary
ETODOLAC 400MG SR tab	ETODOLAC 400MG SR	PA
INDOMETHACIN 75MG SA caps	INDOMETHACIN 75MG	PA: Add POS message "Use 25mg or 50mg"
MELOXICAM 7.5MG, 15MG tabs	MELOXICAM (all strengths of tabs)	Add to Formulary
TRUETRACK TEST STRIPS	TRUETRACK TEST STRIPS	Add to Formulary
ONE TOUCH/ONE TOUCH ULTRA TEST STRIPS	ONE TOUCH/ONE TOUCHULTRA TEST STRIPS	Remove from formulary
ACCU-CHECK TEST STRIPS	ACCU-CHECK TEST STRIPS	Remove from formulary

***Note: Drugs removed from the formulary will NOT be grandfathered for utilizing members unless noted otherwise.**

New Glucometers

Beginning October 1, 2008, the TRUEtrack Meter and Test Strips will be the preferred product on the drug formulary. Monthly utilization limits for test strips will remain the same at 100 strips per month. Claims for other brands of meters and test strips will need prior authorization. For newly diagnosed patients, please write a prescription for TRUEtrack Meters and Test Strips, to be filled at any network pharmacy. For current Diabetes patients using another meter/test strips, members will be able to pick up a TRUEtrack meter at no cost and fill their prescription for TRUEtrack Test Strips at the Pharmacy. Information about the TRUEtrack glucometer and a standing pharmacy order form were recently faxed to your office. If you would like additional information, please call your Provider Relations Representative at 510.747.4510.

Provider BULLETIN

