

ALAMEDA ALLIANCE FOR HEALTH

PROVIDER BULLETIN

AUGUST 2007

Claims and Customer Care

As defined by Health Insurance Portability and Accountability Act (HIPAA), Alameda Alliance for Health (Alliance) is a covered entity subject to HIPAA requirements and standards. We have developed the claim status procedure below to comply with HIPAA. When requesting the status of a claim, the caller must identify himself/herself and provide the following:

1. Patient Name
2. Insured Identification Number
3. Provider Name
4. Patient's Date of Birth
5. Date of Service of Claim
6. Billed Charge
7. Provider's Tax Identification Number

If the caller requests the status of a claim and cannot provide the elements above, the Alliance cannot release any information. **This procedure is designed to protect the privacy of the member, which is a responsibility we all share.**

Once the identity of the caller has been established, protected health information (PHI) can be discussed as needed to resolve the provider's call. "Minimum necessary" should always be kept in mind.

For further information, please contact the Alliance Claims department at (510) 747-4530 or e-mail claims@alamedaalliance.org.

BioScrip is Our New Pharmacy for Specialty Drugs

As of July 1, 2007, BioScrip is our new pharmacy supplying specialty drugs for Alliance members. BioScrip will provide drug approval, monitoring, and distribution services for all Alliance members living with chronic diseases, including hepatitis C, immune disorders, rheumatoid arthritis, and multiple sclerosis. BioScrip will ensure that innovations in specialty drugs, including new infusible and injectable biologic medications approved by the Food and Drug Administration over the next few years, provide maximum value for your patients who are Alliance members.

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BioScrip has many positive features for doctors and their patients, including:

- Streamlined authorization of medications with an easy one-page request form
- Delivery of medications directly to your infusion center or patient's home within 24 business hours of approval
- Reduced inventory management responsibility for doctor offices
- Customer service support, including insurance verification
- Refills and renewals coordinated by BioScrip, which lessens the burden on physician office staff
- Coordinated monthly scheduling of deliveries
- Phone access to pharmacists, nurses, and trained staff to assist Alliance members
- Patient monitoring and education program to improve adherence to prescribed regimens

All Alliance members in the Medi-Cal, Healthy Families, Healthy Kids, and Alliance Group Care programs are required to obtain covered specialty drugs through BioScrip. This specialty drug vendor is not required for dual eligible Alliance members (those who are eligible for both Medicare and Medi-Cal) who have Medicare fee-for-service as their primary coverage.

Alliance members who are currently being managed by OptionCare for Hepatitis C treatment will be allowed to finish the course of treatment with OptionCare. Any new patient to be initiated on Hepatitis C therapy will be referred to BioScrip starting July 1, 2007.

If you have any questions regarding the authorization process or the process for delivering medications, please contact the Alliance Pharmacy Services department at 510-747-4541. If you have any questions regarding Bioscrip, you may reach them directly at BioScrip Customer Service at 1-877-842-5097.

PRR's At Your Service

The primary goal of the Provider Relations Department is to improve and strengthen communication with providers through the development of education and outreach programs.

Alliance Provider Relations Representatives are assigned to physicians by specialty type and are responsible for building relationships with directly contracted providers. The representatives serve as the main point of contact for issue resolution and educating providers on Alliance policies and procedures.

A Provider Relations Representative will be contacting your office to schedule a meeting and plan to visit each practice at least twice per year.

Quality Management Programs Available to Alliance Providers

The Alliance has a Quality Improvement Program to evaluate and improve services for its members. The program adheres to the principles of the National Committee on Quality Assurance (NCQA). The goals of the Alliance Quality Improvement Program are to:

- Implement an integrated performance measurement and assessment system to provide valuable information to the health care plan, purchasers, providers and consumers of health care services
- Comprise a system of performance measurement that the Alliance, the State, and other purchasers of health care services can effectively utilize to promote a better understanding of health care services in improving services provided

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- Define and collect performance measures in a manner consistent with State and Nation parameters to allow comparison of information among health care plans and define benchmarks for improvement
- Consider existing information to contain costs and avoid duplication of effort
- Continue to evolve with the incorporation of new performance measures and the revision or elimination of old performance measures as new information is developed and defined
- Respect patient confidentiality and all data and information provided and used in the performance measurement and assessment system

The role of the Alliance Quality Management staff is to:

- Develop reports, analyses, summaries and graphical presentations of plan performance measures and provider profiles
- Design studies and develop methods of data collection
- Provide administrative support for Health Care Quality and Peer Review Committees
- Serve as internal consultants/trainers on concept and methodology of Continuous Quality Improvement
- Assure compliance of the Quality Improvement Program and regulatory requirements

For additional information regarding the Quality Improvement Program or for a copy of the Quality Improvement Plan, please call (510) 747-4555, ext. 4120.

Deficit Reduction Act of 2005 Employee Education about False Claims

The California Department of Health Care Services (DHCS) recently implemented a new policy as a result of revisions made to the Federal Deficit Reduction Act (DRA) of 2005. Section 6032 of the DRA took effect on January 1, 2007. It requires as a condition of receiving payments, any Medicaid managed care organization that receives or makes \$5 million or more in annual payments under the State plan, such as the Alliance, to address the following three areas:

- establish written policies and procedures for its employees, subcontractors and agents about the federal False Claims Act and California laws that pertain to civil or criminal penalties for false claims and statements;
- include as part of these written policies, a detailed description regarding the Alliance's policies and procedures for detecting and preventing fraud, waste, and abuse; and
- include in any employee handbook, a detailed description of the rights of employees to be protected as whistleblowers and restating the Alliance's policies and procedures pertaining to detecting and preventing fraud, waste and abuse.

One important aspect of this new policy provides that subcontractors and agents of the Alliance must also adopt these policies. Alliance contracted providers must now comply with this new requirement as a condition of receiving payments from Medi-Cal.

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Examples of Medi-Cal Fraud may include:

- Billing for undocumented services
- Billing for medically unnecessary services
- Applying incorrect codes to get higher reimbursement
- Participating in kickbacks, bribes or rebates

The government has increased funding to create a new Medicaid Integrity Program to combat cases of fraud and abuse. This new program parallels what is being done with Medicare.

The Alliance is committed to preventing unlawful health care activity. If you or your staff suspect fraud and abuse, please call the DHCS Medi-Cal Fraud Hotline at 1-800-822-6222 to make a report. Callers may remain anonymous. You may also call the Alliance Compliance Officer to report any suspected cases of fraud and abuse at (510) 747-4576, or e-mail compliance@alamedaalliance.org.

Are You Using Your NPI?

The Alliance is currently in the implementation phase for the National Provider Identifier (NPI). To avoid any disruption in payment, providers should ensure any billing done on their behalf by billing vendors or a clearinghouse is accurate.

Important information on Group Practices requiring an NPI

A group practice that conducts any of the HIPAA standard transactions is a covered health care provider (a covered entity under HIPAA) and, as such, must obtain and use an NPI. The providers employed by the group practice, on the other hand, are only furnishing services at the group practice—they are not conducting any of the HIPAA standard transactions (e.g., submitting claims, checking eligibility and obtaining claim status electronically). Therefore, these employed providers are not covered health care providers and are not required by the NPI Final Rule to obtain NPIs. However, as a condition of employment, the group practice may require these providers to obtain NPIs so that the group practice can use them to identify the employed providers as the Rendering Providers in the claims that the group submits to the Alliance.

Two new Educational Products posted by CMS

Fact Sheets available as a resource are listed below:

- For Providers who are Organizations:
http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Provi_web_07-03-07.pdf
- For Providers who are Sole Proprietors:
http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Sole_Prop_web.pdf

New CMS 1500 form version 08-05

In 2006, the Centers for Medicare and Medicaid Services (CMS) introduced the revised Form CMS-1500 (08-05). This form is widely available for purchase from print vendors. CMS began accepting the revised Form in January 1, 2007, with a planned cut-off of the old version Form CMS-1500 (12-90) on April 1, 2007. In order to assist providers in locating the Form CMS-1500 (08-05), CMS recommends:

- Searching “CMS-1500 (08-05)” or “CMS-1500 08/05” via the internet and locating online print vendors. Ask for samples before ordering to ensure that the formatting is correct.
- Contacting the National Uniform Claim Committee (NUCC) (www.nucc.org) for assistance.

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Potential Issues Related to Clearinghouse Practices

CMS urges physicians utilizing a clearinghouse for billing purposes to check with their clearinghouse to assure NPIs are not being stripped from claims. Based on reports from CMS, some Clearinghouses are stripping the National Provider Identifier (NPI) off the claim prior to its submission to the health plan. This could adversely affect providers in two ways. First, providers may be under the false impression that their claims are being successfully submitted through their clearinghouse using an NPI. Second, without an NPI, there could possibly be a disruption in claims payment. If the provider determines that their clearinghouse is stripping NPIs from the claim, the provider may wish to investigate further or consider other billing options.

More information and education on the NPI can be found on the CMS NPI page at the CMS Web site: www.cms.hhs.gov/NationalProvdentStand. 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.

Please direct questions to Alliance Provider Services at (510) 747-4510, or e-mail providerservices@alamedaalliance.org.

Getting an NPI is free - not having one can be costly.

Dermatology Clinic for PCPs

The Alliance is pleased to announce that it will offer a hands-on dermatology clinic where primary care providers can refresh their skills in diagnosing and treating common dermatological conditions in addition to performing in-office dermatology procedures. Dr. Toby Maurer, Chief of Dermatology, San Francisco General Hospital, will teach this class. The session will be held at the Alliance offices, 1240 South Loop Road, Alameda, on **Tuesday, August 21, 2007, from 6:00 p.m. - 9:30 p.m.** Twenty-five openings are available and **CME credits** will be offered. An advance reservation and a refundable pre-registration deposit of \$30 to reserve a seat is required. Please direct questions about this event to Provider Services at (510) 747-4510 or e-mail providerservices@alamedaalliance.org.

FREE Interpreter Services 24/7

Interpreter services for health care are FREE and accessible to all Alliance members 24-hours a day, 7 days per week. Whenever possible, requests for interpreter requests should be made at least 48 hours in advance. Please follow the steps below to request an interpreter:

Telephonic Interpreter Services

1. Check patient's eligibility. The patient must be an Alliance member.
2. Call (510) 257-5995 to request telephonic services.



Face-to-Face Interpreter Services

1. Check patient's eligibility. The patient must be an Alliance member.
2. Complete an Interpreter Request Form and fax it to (415) 788-4829 or call (510) 257-5995.
3. Confirmation of your request will be sent to you via e-mail or fax.

American Sign Language Interpreter Services

- 1) Check patient's eligibility. The patient must be an Alliance member.
- 2) Call Almalssi Interpreting Service at (510) 382-9111/TTY: (510) 382-9111 or call International Effectiveness Center at (510) 257-5995.