

PROVIDER BULLETIN

OCTOBER 2007

October is Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month, and the American Cancer Society continues to recommend mammograms for all women age 40 and older every year to help detect breast cancer early. Although breast cancer death rates among women have been decreasing steadily since 1990 due to earlier detection and better treatments, mammography rates are now declining, according to a recent study. This raises cause for concern, as studies continue to show that one of the most important ways to make strides in the fight against breast cancer is to ensure that women continue getting their yearly mammogram, which can detect cancer at its earliest and most treatable stages. Take advantage of the free mammogram reminder at www.cancer.org/mammogramreminder to encourage your patients to get their yearly mammograms. In addition, you and your patients may be interested in attending the American Cancer Society's Making Strides Against Breast Cancer in the Bay Area on October 20 at Golden Gate Park in San Francisco. For more information about Making Strides Against Breast Cancer, call 1-877-906-7222, email makingstridesbayarea@cancer.org, or visit www.cancer.org/stridesonline.



New Coordinators for Grievances and Appeals

The Alliance has two coordinators responsible for grievances and appeals. **Kelly Haeussler** and **Ana Zepeda** are responsible for ensuring member and provider satisfaction with the grievance and appeals investigation process. Kelly has a background in healthcare compliance, including investigations and audits. Ana comes to the Alliance from Kaiser, and has 10 years of experience in quality and service compliance. If Kelly or Ana contact you to follow up on a member concern, their careful documentation of your recounting of the events will help us achieve appropriate resolution of members' concerns. For further information, please contact the Grievance and Appeals department at (510) 747-4540.

Alameda Alliance for Health I-Diamond Website Update: User ID Timeout

To protect the information maintained in I-Diamond, the system has an automatic time out mechanism. Users who are logged into the Web site but leave the page idle without use for five minutes will be timed out. If this happens, call Provider Services at (510) 747-4510 to request a "stop session." We will reset the profile to allow you to log back into the system. To avoid being timed out, users are urged to log out of the system when not in use and close the Alameda Alliance for Health window. By doing this, providers will be able to log back into I-Diamond for future use without problems.

If you currently do not have access to I-Diamond and want the ability to check member eligibility and claim status online, please visit www.alamedaalliance.org and click the "Provider Connection" box. At the bottom of this page, click the link titled "Sign Up for Provider Account." Once the online form has been completed, an Alameda Alliance for Health representative will contact you to complete the process. For further information, please contact Provider Services at (510) 747-4510 or email providerservices@alamedaalliance.org.

Deficit Reduction Act of 2005, Employee Education about False Claims

The California Department of Health Care Services 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 (such as the Alliance) that receives or makes \$5,000,000 or more in annual payments under the State plan (Medi-Cal in California) to comply with the following requirements:

- 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 detailed descriptions of the Alliance's policies and procedures for detecting and preventing fraud, waste, and abuse; and
- Include in any employee handbook detailed descriptions of the rights of employees to be protected as whistleblowers and restate the Alliance's policies and procedures pertaining to detecting and preventing fraud, waste, and abuse.

The Alliance's subcontractors and agents, including providers, must comply with this new policy as a condition of receiving payments from Medi-Cal. Contact Provider Services at (510) 747-4510 or email providerservices@alamedaalliance.org if you have questions.

Provider Claim Appeals & Disputes

The Alliance has created a dispute resolution process that complies with Title 28, Section 1300.71 of the California Code of Regulations related to the resolution of a provider dispute. A dispute, under these circumstances, is the appeal of an action taken by the Alliance.

If a provider wishes to dispute (1) a claim payment or denial for reasons not related to a submission error or omission, (2) an authorization request outcome, or (3) the resolution to any other provider complaint/grievance, the provider may use the Alliance's dispute resolution process to appeal the decision.

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These disputes must be in writing and should be submitted to the appropriate department at one of the addresses listed below.

<p style="text-align: center;"><u>Claims Disputes</u> NOPD Unit - Claims Department Alameda Alliance for Health P.O. Box 2460 Alameda, CA 94501-0460 (fax) 510-747-4506</p>	<p style="text-align: center;"><u>Authorization Disputes</u> NOPD Unit – Authorization Department Alameda Alliance for Health 1240 South Loop Road Alameda, CA 94502 (fax) 510-747-4507</p>
<p style="text-align: center;"><u>Other Provider Disputes</u> NOPD Unit - Provider Services Department Alameda Alliance for Health 1240 South Loop Road Alameda, CA 94502 (fax) 510-747-4508</p>	

The process for providers to submit a claims dispute, and the steps that the Alliance will take in responding to it, are as follows:

1. The provider must send a Notice of Provider Dispute (NOPD) via facsimile or in writing along with any relevant and supporting documentation within 365 days of the Alliance's action or inaction that is the subject of the dispute.
2. The NOPD shall include:
 - a. The provider's name and provider identification number;
 - b. The provider's contact information, including name, address, and telephone number of the provider's contact person;
 - c. An explanation of the issue, including any pertinent attachments,
 - d. Documentation and supplemental information; and,
 - e. If the dispute involves a patient, the name of the patient and patient identification number.
3. The Alliance will notify the provider of receipt of the NOPD within fifteen (15) working days of receipt by the Alliance. The provider will be advised of the Alliance's contact person and telephone number for follow-up and status inquiries.
4. If the Alliance receives an incomplete NOPD from the provider, the Alliance will return it and require that the NOPD be completed as indicated above.
5. The provider has thirty (30) working days from the receipt of the returned NOPD to resubmit the completed notice.
6. When a provider resubmits the NOPD, the resubmission date shall be deemed to be the date of original submission.
7. The Alliance must resolve the provider dispute after receipt of a complete NOPD within forty-five (45) working days.
8. The appropriate department, in consultation with other Alliance staff as necessary, will determine the resolution and advise the provider of the decision.
9. The Alliance's resolution of the dispute, including a statement of the pertinent facts and reasons upon which the Alliance is relying, shall be sent to the provider in writing within forty-five (45) working days.

For further information, please contact our Claims department at (510) 747-4530 or email claims@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 International Effectiveness Center (IEC) at (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 IEC at (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 IEC at (510) 257-5995.