

PROVIDER NEWSLETTER



First Quarter 2014



St. Vincent IPA would like to welcome its newest

**Primary Care
Providers:**

David Steinberg, MD-FP

Dong Hyun Lee, MD- IM

Young Jik Lee, MD-IM

Grace Lin, MD- IM

Clem Rodriguez, MD- GP

Abdul Rab Khan, MD- GP

Syed Hossain, MD-GP

Michael Singleton, MD- IM

Bijan Motamedi, MD- FP

Houman Kashani, MD-FP

Lorenzo Briones, MD-FP

Raymond Moallemi, MD-FP

Betty Jelen, MD-IM

Michael Habashy, MD-IM

You're invited to our 2014 PCP Surplus Distribution Meeting!

St. Vincent IPA is excited to announce that your final 2013 surplus distribution checks will be distributed at our upcoming PCP meetings on April 24th, April 29th, and May 13th. We will be highlighting the Dual Eligible Demonstration project, marketing activities, P4P/CMS 5 Star programs and other important information that includes: health plan updates, how to maximize your future surplus distribution, HCC projects, and much more. Your attendance at one of the meetings is required in order to receive your check. ***Please do not send office staff.***

Note: Failure to attend the meeting will result in forfeiture of your check.

If you have not already RSVP'd, please contact Kourtney Carter at (562) 860-8771 ext. 112

* **Also please be advised that we will be taking pictures of our PCPs for our website.**



New PCPs who attend will receive a \$100 incentive!

A Specially Catered Meal will be provided.

We look forward to your attendance!

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UM/QM Chairman
Dr. Ronald Shigematsu

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Authorizations**
(562) 257-7893

Customer Relations
(562) 860-8771

Claims Inquiries
(800) 458-2307 Option #3

Credentialing
(562) 924-6921

Cerecons
(800) 864-8160

St. Vincent IPA is excited to announce that effective May 1, 2014, we will add Humana Health Plan to our contracted health plans for senior membership only.

Humana

For more information, please visit their website at:
www.humana.com



Aetna 2014 HEDIS Data Collection Is Underway

A member of Aetna's staff or a contracted representative (Verisk or MedSave) may contact your office to collect medical record information on behalf of Aetna member 2013 visits.

Why do they need this information?

Healthcare Effectiveness Data and Information Set (HEDIS) data collection is a nationwide, joint effort among employers, health plans and physicians. The goal is to monitor and compare health plan performance as the National Committee for Quality Assurance (NCQA) specifies. Aetna must regularly send member diagnosis data to the Centers for Medicare and Medicaid Services (CMS). They collect most of the data from claims and encounters, but also gather diagnosis codes from member medical records. If you are contacted, Aetna asks that you cooperate with the request because they will need the records by a specific date. Their representatives will work with you and give you options for sending the needed medical records.¹



Medicare Star Ratings



Please help us in congratulating Blue Shield of California for having earned a four-star rating for the third consecutive year for their Medicare Advantage plans from the Centers for Medicare and Medicaid (CMS) for 2014. Beginning with the 2014 Medicare Star Ratings, all Medicare Advantage plans must receive a minimum four-star rating to receive revenue for Medicare Star Ratings.²



L.A. Care received a 3.5 star rating for medical services and a 2.5 Star rating for pharmacy services, giving them an overall Star rating of 3.0 Stars for 2014.

What is LA Care doing to improve their Star ratings?

LA Care is working on improving how they reach out to members, making sure that patients get and take their medicine. They are also working with their patient's pharmacists and doctors to make it easier to keep their prescriptions up to date.

More specifically LA Care is working on:

- ◆ Encouraging their doctors to give 90-day prescriptions instead of 30-day to better ensure that Aetna members fill and take their medications as prescribed with minimal effort.
- ◆ More actively reaching out to members to remind them to fill and take their medications as prescribed by their doctors, and to provide additional education materials
- ◆ L.A. Care has also improved customer service by investing in new-state-of-the-art phone services that allow them to better communicate with members who are deaf or hearing impaired.³



Blue Cross Condition Care Program

The ConditionCare program is designed to help participants improve their health and enhance their well-being. This program helps members better understand and control certain medical conditions like diabetes, COPD, heart failure, asthma, and coronary artery disease. A team of nurses with added support from other health professionals such as dietitians, pharmacists, and health educators work with members to help them understand their condition(s), their doctor's orders, and how to become a better self-manager of their condition. Methods include:

- Education about their condition through mailings, telephonic outreach, and/or online tools and resources
- Round-the-clock phone access to registered nurses
- Guidance and support from nurse coaches and other health professionals.

Physician benefits:

- Saves valuable time for the physician and staff by answering patient questions and responding to concerns
- Supports the doctor-patient relationship by encouraging participants to follow their doctor's treatment plan and recommendations
- Informs the physician with updates and reports on the patient's progress in the program

Nurse coaches encourage participants to follow their physician's plan of care, not to offer separate medical advice. For more information about the program go to www.anthem.com/ca and click on Providers. Select CA as your state and click Enter. Go to Health and Wellness and then click on ConditionCare.⁴

¹ Aetna Office Link Updates March 2014-Volume II, Issue I, pg. 6

² Blue Shield of California-H0504-2014 Medicare Star Ratings Memo

³ LA Care Star rating provider memo

⁴ Blue Cross Network Update-Professional- March2104, pg20



New Cultural Competency Training and Resources

In today's society, your patients have many diverse values, belief, and behaviors, along with varying social, cultural, and language needs. To help you address this diversity and improve your patient's health outcomes, several new resources are now available on Cigna's Cultural Competency Training and Resources page.

- **Hispanic-Latino White Paper** – Increase your awareness of the U.S. Hispanic and Latino population's unique health care needs to help in your treatment of these patients.
- **Patient Health Care Preferences Questionnaire**-Print this questionnaire in English or Spanish for help in gathering patient details to determine if there is a need for cultural sensitivity when providing care.
- **Tips on Working with a Language Interpreter**-Learn tips for when working with language interpreters and limited English skilled patients. The use of language interpreters is anticipated to grow for many practices in coming years.
- **Close the Cultural Divide Webinar Replay**– Listen to a 30-minute session that features two case studies focused on helping diverse patients adhere to their medications. Learn steps to help bridge the cultural divide

between patients and health care professionals.

You can access these resources, as well as other important tools that will help you communicate more effectively with patients, by visiting these websites:

Cigna.com>Health Care Professionals>Resources for Health Care Professionals>Health & Wellness Programs>Cultural Competency Training and Resources

CignaforHCP.com>Resources>Medical Resources>Doing Business with Cigna>Cultural Competency Training and Resources⁵

Noteworthy



Dual Eligible Demonstration Update: Cal MediConnect

As Part of the Coordinated Care Initiative, Cal MediConnect has begun in Los Angeles county as of April 1, 2014.

Cal MediConnect is a three-year project between the state Medi-Cal program and the federal Medicare program to promote coordinated health care delivery to seniors and people with disabilities who are dually eligible for both of the public health insurance programs, "dual eligible beneficiaries."

Enrollment Timeline:

April 2014-Voluntary enrollments begin
Plans Available– LA Care and Health Net

- July 2014-Passive (default) enrollments begin
Plans available-Health Net, Care 1st, Caremore, Molina

Dual Eligible Demonstration Update: Cal MediConnect (cont...)

Beneficiaries will receive notices at 90, 60, and 30 days prior to their coverage date. Cal MediConnect information from the state will only arrive in a letter sized blue envelope. Enrollment in managed care Medi-Cal is mandatory but beneficiaries can opt-out on the Medicare side.

- **90 Day notice**-will include information about the CCI-Cal MediConnect Program
- **60 Day notice**-will include information and materials to enroll in Cal MediConnect
- **30Day Notice**– Will include confirmation of the plan selected.
If no plan was selected, this will confirm the plan that was selected for the patient.

Medi-Medis who do not select a Health Plan when they receive their 60 Day Notice with enrollment materials, will be "passively enrolled" (i.e. auto assigned).

St. Vincent IPA has taken all the necessary steps to fully participate in this project and has secured a Cal MediConnect contract with LA Care and is finalizing contracts with Care 1st, Health Net, and Molina.

For more information regarding Cal MediConnect, please contact Yvonne Enriquez, Marketing Manager at (213)393-8402 or visit www.CalDuals.org.⁶



⁵Cigna January 2014 Network New-General News, pg.11

⁶www.CalDuals.org

**ICD- 10 Compliance
Pushed back to at least
October 1, 2015**

On October 1, 2015, the U.S. Department of Health and Human Services will require all health plans, hospitals, physicians, and other health care professionals, as well as vendors and trading partners, to be compliant with the International Classification of Diseases, Tenth Edition (ICD-10) diagnosis and inpatient procedure codes.⁸ ICD-9 codes will be replaced with a larger variety of more detailed ICD-10 codes, which will be required for all health care services provided on or after October 1, 2015. Visit www.cms.gov/ICD10 and sign up for the CMS ICD10 Email Updates to receive the latest news and resources on ICD-10.⁷

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**For any changes contact-
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-Go to stvincentipa.com
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Profiles on left hand side in red
(second down from top)
-Click on Primary Care
Physicians, find your name**



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(on left side, 8th from the top
in red)

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Request Form or call
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**To download your 2014 AV
forms from Ascender, please
follow the below steps:**

1. Go to <http://ascender.pdtrust.com>
2. Type in name and password
3. Under Menu, click on My Applications
4. Click on Ascender Dashboard
5. Click on Reports
6. Click on the + next to the Dashboard folder
7. Click on the + next to the Risk folder
8. Click on the + next to the Custom Reports
9. Click on Physician's Data Trust Assessment Form
10. Click on Run Report
11. Check Select All to print AV's for all of your members or check the letter of their last name for a list of only those patients
12. Click Next- this will open up a separate web page.
Note: If you have pop-up blocker, look for a message regarding options to download the file.
13. Click on this message, and then click on Download File.
14. A message box will pop-up asking: Do you want to open or save the file?
15. Click Open. Note: you must have Adobe in order to view the report.
16. The report will pop-up as a PDF file. You can then print or save the file.

⁷ICD- 10 Compliance (2013, April) Cigna Network News

⁸ <http://ehrintelligence.com/2014/03/31/senate-passes-one-year-sgr-patch-icd-10-delay-bill/>