

# living healthy

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A newsletter for the members of Central California Alliance for Health



you make good choices so you can stay well.

**Picking your doctor or clinic.** The Alliance offers a number of doctors and clinics for you to choose from. How do you pick the one who's right for you?

Start with family members or friends who are members of the Alliance. Ask what they like about their doctor. Then look in your provider directory or go on our website, [www.ccah-alliance.org](http://www.ccah-alliance.org), and look at our online directory. Look in the directory to see if the provider you want is taking new patients. Then call Member Services to let us know who you want.

In general, look for someone who:

- Makes you feel at ease
- Encourages you to ask questions
- Listens to you
- Explains things clearly

## What is a PCP?

**T**hink of your Primary Care Provider (PCP) as a gateway to the world of health care.

He or she will be your first stop when you're sick and when you need advice about staying well.

PCPs can be general practice or family medicine doctors, pediatricians, or internists. You can

also choose a clinic to be your PCP. Among other things, your PCP will:

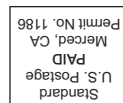
- Guide all of your health care
- Treat a wide range of health issues
- Help prevent health problems
- Refer you to other doctors as needed

Over time, your PCP will get to know your health history and help

## We can help

One of the best ways to stay well is to work closely with a doctor.

To find a doctor in our network, call Member Services at 1-800-700-3874. Or you can use our online directory at [www.ccah-alliance.org](http://www.ccah-alliance.org).





## What do I do if I get a bill?

**A**s an Alliance member, you should not have to pay for covered services unless you:

- Have a Medi-Cal Share of Cost
- Are an Alliance Healthy Kids or Alliance Care IHSS member getting a service that has a co-payment
- Go to a provider that doesn't take the Alliance, but you tell the provider you want to be seen there anyway and that you will pay for the services yourself
- Have Medicare and Medi-Cal and:
  - You choose to see a doctor that doesn't accept Medi-Cal as your secondary insurance

- You are paying your Medicare drug co-payment

But there may be times when you get a bill. Don't ignore it.

Follow these steps:

- Call the phone number on the bill and ask why they sent it to you. They might not know what insurance you have.
- If you were eligible with the Alliance when you got the services, tell the provider you were an Alliance member and give them your Alliance ID number. You will find this on your Alliance card.
- Ask the provider to bill us for the service(s).

If you have done this but keep getting a bill, call Member Services. Make sure you have:

- Your Alliance ID number
- The name and phone number of the provider billing you
- The account number on the bill
- Information about the service(s) you got and the date(s) you got them
- The amount of the bill

We may not be able to help you if you don't have this information. We also cannot help you with a bill that is more than one year old.

**If you have other health insurance.** In most cases, your other health insurance is primary. This means that the provider bills the other insurance first before billing the Alliance. If you get a bill and have other health insurance, check to make sure the provider billed your other health insurance first.

**If you get retroactive Medi-Cal.** Medi-Cal beneficiaries sometimes get eligibility after they receive medical services. The eligibility can go back to cover the services that were provided. This is called retroactive eligibility.

If you are an Alliance Medi-Cal member who received retroactive eligibility, it is your responsibility to tell the provider you now have Medi-Cal. The provider will have to bill state Medi-Cal for the retroactive period, not the Alliance. Give the provider your Medi-Cal ID number so they can bill the state for the services.

# Confused by referrals and authorizations?

**D**o you know when you need a referral from your Primary Care Provider (PCP) before getting a service? What is the difference between a referral and an authorization? Are you able to go to a noncontracted provider? What about an out-of-area doctor?

The rules of your health plan can be confusing. But if you don't follow them, your services may not be covered. Here is information to help you follow the rules of your plan.

**Referrals.** If you are assigned to an Alliance PCP, you **must** have a referral to see another doctor. There are some exceptions to this. Please see the box at right for a list of some exceptions.

If your PCP thinks you need to see another doctor, he or she will fill out a Referral Consultation Form. Your PCP sends a copy to the doctor you are being referred to and a copy to the Alliance. The referral is how the other doctor and the Alliance know your PCP has approved the visit. If we don't have a referral, we will not pay the claim from the other doctor.

**Authorized referrals.** In most cases, your PCP will refer you to a doctor in our service area. Our service area includes Santa Cruz, Monterey and Merced counties. If your PCP refers you to a doctor out of our service area, he or she will need to get approval (also called

authorization) from us in advance. This is called an **authorized referral**. It is called this because we have to authorize, or approve, the referral before you can see the other doctor.

If you are an Alliance Healthy Kids, IHSS or Medi-Cal Access Program member, you will need an authorized referral if your PCP is referring you to a doctor that is not contracted with the Alliance—even one in our service area.

**Prior authorization.** The Alliance has to approve some

services, procedures, medications and equipment before you get them. This is called **prior authorization**. The provider who is going to perform the service must fill out a **request for prior authorization**. The provider sends it to us online, by fax or by mail. We will review the request and any medical records the provider sends. If the service, procedure, medication or equipment is medically necessary and a covered benefit, we will approve the request. We will let the provider know, and then you can get the service. If we deny a request, we will let you and the provider know. You will be able to file a complaint if you disagree with our denial.

Services that do not require a referral	
<b>All Alliance members</b>	<ul style="list-style-type: none"> <li>Emergency services: You are covered 24 hours a day, 7 days a week</li> </ul>
<b>Alliance Medi-Cal members</b>	<p>You can go to any provider that accepts Alliance Medi-Cal for these services:</p> <ul style="list-style-type: none"> <li>Family planning services: includes pregnancy testing and birth control</li> <li>Sensitive services: includes testing and treatment of sexually transmitted diseases and termination of pregnancy</li> </ul> <p>You can go to any OB-GYN provider in the Alliance's service area that accepts Alliance Medi-Cal for these services:</p> <ul style="list-style-type: none"> <li>Annual well-woman exam, Pap smear and breast exam</li> <li>Pregnancy services</li> </ul>
<b>All other Alliance members</b>	<ul style="list-style-type: none"> <li>Annual well-woman exam, Pap smear and breast exam</li> <li>Pregnancy services</li> </ul> <p>You can go to any contracted OB-GYN provider within the Alliance's service area for these services.</p>
<p>There are other services that do not require a referral. For more information, see your Evidence of Coverage/Member Handbook.</p>	

# You can quit

**M**any former smokers say quitting was the hardest thing they ever did. However, millions of people have been able to do it, and you can too. Quitting is a process that involves practice, flexibility, commitment and effort. It's OK to make mistakes. People learn something new about quitting every time they try, and they are much stronger the next time they try.

The first step of the quitting process is learning why you feel like you need to smoke. Knowing this can prepare you to find the best ways to quit and live a smoke-free life.

One of the main reasons smokers keep smoking is because of nicotine. Nicotine is a highly addictive substance found naturally in tobacco. Over time, your body gets used to having nicotine. The more you smoke, the more nicotine you need to feel normal. When your body doesn't get nicotine, you may feel uncomfortable and crave cigarettes. This is called withdrawal. It also takes time to get over withdrawal. So don't give up. You can do this. Stay positive, and just keep trying.

The most effective way to quit is by using a combination of counseling and medication. Counseling in person or over the phone is equally effective. Quit-smoking programs help smokers



manage and cope with problems they have when trying to quit. The programs teach problem-solving and other coping skills.

Talk to your doctor to find the option that will work best for you. There are **new enhancements** to the Alliance Tobacco Cessation Program. The Alliance is committed to supporting members who wish to stop smoking and/or using tobacco products. For more

information about this benefit and how to access local tobacco cessation classes, call the Health Education Line at **1-800-700-3874, ext. 5580**. If you want to talk to a quit-smoking counselor right away, call **1-800-NO-BUTTS (1-800-662-8887)**. Eligible Medi-Cal members ages 18 and older can receive a free **nicotine patch** and a **\$20 gift card** from the helpline after completing the first session.

## Formulary changes

Drug name	Used for	Action
Granulex (0.12–87g spray); Vasolex (90U–87g ointment)	Wound care	Added
Zanaflex (2mg, 4mg tablets only)	Muscle relaxant	Added
Precose (25mg, 50mg, 100mg)	Diabetes	Added
tolazamide (250mg, 500mg); tolbutamide (500mg)	Diabetes	Deleted
Janumet, Janumet XR, Jentadueto, Kazano, Kombiglyze XR	Diabetes	These five drugs are being added as step therapy when both metformin and a sulfonylurea have been tried and failed.

# Tools for staying in control of your asthma

**A**sthma attacks can be scary, especially if you are watching your child try to breathe or you are the one gasping for air. People with asthma have trouble breathing at times. Signs of an asthma attack can include cough, tight-feeling chest, wheezing and difficulty talking.

There is no cure for asthma, but you can take control of it. We have made a checklist based on national guidelines to make sure you have the tools to manage your asthma.

**□ Know your asthma medicine.** Meet with your doctor to talk about your asthma and what medicine you may need. Most people need two kinds of medicine to control their asthma: Quick-relief medicine to help stop an asthma attack (“relievers” or “rescue” medicine) and medicine to prevent asthma attacks that is used every day, known as controller medicine.

**□ Create an asthma action plan (AAP).** Work with your doctor to create an AAP to guide how and when you use your medicines. Your doctor may have you use your medicine differently if you feel worse or are going to be exposed to something that makes your symptoms worse, called an asthma trigger.

**□ Manage your asthma.** Keep track of how you are feeling. Adjust your treatment according to your

AAP. Know when to call your doctor. This should also be written on your AAP.

**□ Work with your doctor.** Visit your doctor about your asthma treatment at least once a year. Also make sure to go in to the doctor’s office after an emergency room visit or hospitalization for asthma.

**□ Know your asthma triggers.** Avoid your asthma triggers. Limit contact with things that make your asthma worse—smoke, dust, strong smells and sprays, animals, pollen from trees and flowers, colds and the flu, and running or other vigorous physical activity. Triggers are unique to each person with asthma. Do you know what triggers your asthma symptoms?

By working with your doctor and learning how to manage your asthma, you can breathe freely and live an active life. The Alliance has

a program, called the *Healthy Breathing for Life Program*, that covers certain asthma education visits and classes. Also, Alliance members ages 5 to 64 with asthma who complete an AAP with their doctor can be entered into a **raffle to win a \$50 gift card**. To find out more about this program, call the Health Education Line at **1-800-700-3874, ext. 5580**.





## 4 tests you need

**G**et screened. That's smart advice if you care about your health. Screening tests can find health problems before you have symptoms and feel that something may be wrong. And that's important. When you find a disease early, it may be easier to treat.

The chart at right will help you learn about four tests all adults need.

You may need to be tested earlier or more often depending on your personal or family medical history. Ask your doctor about these tests and when you should start getting tested.

For more information, call the **Health Education Line at 1-800-700-3874, ext. 5580.**

Sources: American Diabetes Association; Centers for Disease Control and Prevention; National Institutes of Health

### 1. Test for BLOOD PRESSURE

WHEN you need it	Starting at age 20, get tested at least every two years.
HOW it's done	Your provider can test your blood pressure at a checkup.
WHY you need it	High blood pressure often has no signs. The only way to know you have it is to be tested. Left untreated, it can cause a heart attack or stroke.

### 2. Test for DIABETES

WHEN you need it	Starting at age 45, get tested at least every three years.
HOW it's done	A blood sample is drawn and tested.
WHY you need it	There are only a few symptoms of diabetes in its early stages. That means it often isn't diagnosed for up to 10 years. During this time, it could harm your heart, eyes, kidneys and nerves.

### 3. Test for CHOLESTEROL

WHEN you need it	Starting at age 20, get tested at least every four to six years.
HOW it's done	A blood sample is drawn and tested.
WHY you need it	Too much cholesterol in your blood can cause a heart attack. But even when cholesterol is high, you might not feel sick.

### 4. Test for COLON CANCER

WHEN you need it	Start at 50. There are many ways to be tested. Some tests are done every one to two years, others every 5 to 10 years.
HOW it's done	That depends on which test you have. Some tests can be done at home. Others need to be done at a clinic or hospital.
WHY you need it	Testing can find growths before they turn into cancer.