



Alameda Alliance For Health – Provider Visit Form

2016 3rd Quarter Provider Packet

Provider Name: _____ Date of Visit: _____

PCP ___ Specialist ___ CBAS ___ Home Health ___ SNF ___ Ancillary ___ Other ___

- PCP Change Request Process
- Electronic Funds Transfer (EFT) Enrollment Form
- Care Management Referral Form
- Prior Authorization Request Form
- Referral and Authorization Grid
- Abbreviated Drug Formulary
- Formulary Update 4/15/16
- Formulary Update 7/15/16
- Quit Smoking Flyer
- Health Literacy CE Credits for Physicians and Nurses
- Alameda County Fetal Infant Mortality Newsletter 2016
- Childhood Lead Poisoning Refresher
- Staying Healthy Assessment (SHA) Reminder
- Cultural & Linguistic Services
- Culture & Linguistic Spotlight: Pacific Islanders
- List of contracted Urgent Care facilities

1. What is the Alliance doing that is working? _____

2. What could the Alliance do to improve? _____

Provider /Office Staff Signature: _____

Health Plan Representative Signature: _____

Comments: _____



Health care you can count on.
Service you can trust.

The Alliance Improves PCP Change Request Process

The Alliance values our loyal community of providers and members. The Alliance is committed to continuously improving our provider and member customer satisfaction.

EFFECTIVE, June 1st, 2016 the Alliance will no longer accept the PCP Change Form.

To request a PCP change:

- The Alameda Alliance Member or Member Representative will need to **call Member Services at 510-747-4567 between the hours of 8am – 5pm.**
- Member Services will make the change effective the first day of the following month from the date that the request was made.
- Retroactive requests (prior to the current month) will not be processed.

Questions? Call Provider Relations, at 510-747-4510.



Do You Want to Get Paid Faster? The Alliance Now Offers Electronic Funds Transfer (EFT) Payments!

The Alliance values our loyal community of providers and is committed to continuously improving our provider customer satisfaction. **EFFECTIVE MONDAY, MARCH 21ST, 2016** the Alliance will now offer Electronic Funds Transfer (EFT) as an option to receive provider payments.

The EFT payment option is available to all **contracted** providers. Providers who enroll in EFT will have Fee-For-Service (FFS) payments deposited directly into their bank account.

Providers can enroll to receive EFT provider payments for Fee-For-Service (FFS) payments by:

- Returning a completed **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM** available at www.alamedaalliance.org/providers
- Providers with more than one National Provider ID (NPI) will need to include a separate attached list of NPI numbers to the enrollment form. *Any attachments to the ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM must have an original authorized signature.*
- Provider Groups that receive payments under the Group ID only need to complete one (1) single enrollment form for the Group NPI.
- Provider Group Members, **who also bill individually**, can enroll in EFT as an individual provider by submitting a separate enrollment form with their individual Provider NPI.

***The Alliance is giving a provider training luncheon on the recent ERA and EFT updates!
Please complete the RSVP form below and fax to 1-855-891-7257 to join us on:
Thursday, April 21st, 2016, 12:00 to 1:30 PM, Alameda Alliance for Health, 1240 S. Loop Rd.***

Provider Name / Provider Group

Number of Attendees

Questions? Call Provider Relations, at 510-747-4510.



ELECTRONIC FUNDS TRANSFER (EFT) For Provider Payments

Alameda Alliance for Health is pleased to announce the availability of Electronic Funds Transfer (EFT). Providers who enroll in EFT will have Fee-For-Service (FFS) payments deposited directly into their bank account. The EFT option is available to all **contracted** providers.

To enroll in EFT, providers must complete the **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM** that can be found at the end of this document. Prior to completing the form, please read the INSTRUCTION SHEET carefully and follow the directions.

Providers with more than one National Provider ID (NPI) should attach a list of NPI numbers to the application. Please note that any attachments to the ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM must have an authorized original signature.

Provider Groups that receive payments under the Group ID only need to complete one (1) single enrollment form for the Group NPI. Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their **individual Provider NPI**. Only one (1) TIN can be used per form.

ONE (1) of the following items must be attached to your enrollment form:

- A voided check from your checking account.
- If you have a deposit-only checking account (and do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer verifying your account information. The letter must be on bank letterhead and include the bank's name, address and routing number, the type of account, the account number, and the account owner's name, address and tax ID number. The letter also must be signed by a bank officer and notarized.

EFT enrollment applications that do not meet these requirements will be rejected.

After sending the ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM to Alameda Alliance for Health, please allow a minimum of four (4) weeks for processing.

The EFT transactions will be transmitted to Alliance's bank on Thursday. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

If you have any questions about the EFT process, please call Alameda Alliance for Health Provider Relations at 510-747-4510

If you would like to **Electronic Remittance Advice (ERA)** and haven't enrolled please follow this link and enroll today. [EDI Trading Partner Agreement Form](#)



INSTRUCTIONS FOR ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Providers wishing to request EFT of Alameda Alliance for Health FFS funds must complete and return an ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM, along with a blank check from the checking account to which the funds are to be transferred. The check must contain the name and address of the provider or provider organization and the word "VOID" must be written across its face.

OR

If you have a deposit-only checking account (and you do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer. The letter must be on bank letterhead and include the bank's Name, address and routing number, the type of account, the account number, and the account owner's name, address and tax ID number. The letter also must be signed by a bank officer and notarized.

Sections A and B of the EFT form must be complete and legible, otherwise, the request will not be processed and will be returned.

Section A: Provider Information

Step 1 – Enter the Provider's Name: Complete legal name of the institution, corporate entity, practice, or individual provider as it is filed with Alameda Alliance for Health.

Step 2 – Enter the Provider Identifier National Provider ID (NPI) (or Group NPI if payment is made to a Group Practice).

Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number need only to complete a single enrollment form for the Group NPI.** Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their **individual Provider NPI**.

Step 3 – Enter the Doing Business As (DBA) name: A fictitious business name, under which the business or operation is conducted and presented to the world and is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

Step 4 – Enter the Provider Identifier Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

Step 5 – Enter the **Provider Contact Name**: Name of contact in provider office for handling EFT issues.

Step 6 – Enter **Telephone**: Associated with contact person.

Step 7 – Enter **Email Address**: An electronic mail address in which the health plan might contact the provider.

Step 8 – Enter **Provider Address**: The number and street name where a person or organization can be found, City, State and Zip Code.

Step 9 – Enter **Provider Agent Name**: Name of provider’s authorized agent.

Step 10 – Enter **Provider Agent’s Telephone Number**

Step 11 – Enter the **Provider Agent’s Address**.

Step 12 – Enter **Provider Agent Email Address**.

Section B: Banking Information

Step 1 – Enter the **Financial Institution Routing Number**: A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited. Numbers can be found at the bottom of your check.

Step 2 – Enter the **Provider’s Account Number** with Financial Intuition: Provider’s account number at the financial institution to which EFT payments are to be deposited.

Step 3 – Type of **Account at Financial Institution**: The type of account the provider will use to receive EFT payments, e.g. Checking, Saving.

Step 4 – **Financial Institution Name**: Official name of the Provider’s financial institution.

Step 5 – **Financial Institution Address**: Street Address associated with receiving depository financial institution name field, City, State, Zip Code.

Section C: EFT Authorization or Cancellation

Providers should complete and sign this section. All documents received will be processed and placed in the provider’s file. Please note: For providers who have claims paid within a particular payment cycle, FFS funds are normally scheduled to be transferred on Thursdays. Due to normal banking procedures, the funds may not become available in the provider’s account for up to forty-eight (48) hours from the initial transmission. Please contact your banking institution with questions about the availability of funds.

Please allow a minimum of four (4) weeks for your ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM request to be processed.

To change banking information, providers must send the following:

- A new ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM indicating the new banking information. The enrollment form must be signed with an original signature and a title must be indicated.
- A voided check with the new account and routing numbers must be attached to the new enrollment form. If the account is a “deposit only” account, attach a signed, notarized letter from your banking institution indicating the new account and routing numbers. Regardless of what is being updated, both the account and routing numbers must always be indicated.
- A letter indicating changes to your account is required. The letter must be on company letterhead and include any provider number(s) (tax ID and NPI), new account and routing numbers and a brief explanation for the change. The letter must have an original signature and a title should be indicated.

Note: If you are changing your EFT from one banking institution to another banking institution, your payments will automatically transfer back to paper for a minimum of two (2) weeks while your EFT is being set up on your new account.

To cancel EFT transactions, providers must send an ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM, including the provider number(s), applicable Tax ID and/or NPIs, to the address below. Please allow a minimum of four (4) weeks to transition to a paper check.

Email, Fax or Mail the completed form with the voided check and attachments (if applicable) to:

Email: Finance@alamedaalliance.org
ATTN: Alameda Alliance (DBA/Provider Name)

OR

Mail: Alameda Alliance for Health, Attention: EFT Processing - Finance Dept.
1240 South Loop Road, Alameda, California 94502

OR

Finance Dept. Fax: 510-995-3709

Questions about completing the form should be directed to Alameda Alliance Provider Relations Department at 510-747-4510.



Health care you can count on.
Service you can trust.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Alameda Alliance for Health: This authorization remains in full force and effect until Alameda Alliance for Health receives written notification from the provider of its termination, or until Alameda Alliance for Health or an appointing authority deems it necessary to terminate the agreement.

DIRECTIONS: An original pre-imprinted voided check for checking accounts, or an original bank letter for savings accounts, must be submitted with this form. The provider name, routing number and account number on either of those documents must match what is entered on this form. Photocopied documents will not be accepted. *Use ink for signatures, including notary.*

SECTION A: PLEASE PRINT OR TYPE

1. NAME OF PROVIDER (must match name on bank account and name registered with AAH)		2. PROVIDER IDENTIFIER NPI NUMBER (attach the Providers with more than one NPI form below if multiple NPI's)	
3. DOING BUSINESS AS NAME (DBA)		4. PROVIDER IDENTIFIER (TIN OR EIN, only one TIN/EIN per form)	
5. PROVIDER CONTACT NAME	6. TELEPHONE PHONE NUMBER (REQUIRED)	7. EMAIL ADDRESS	
8. PROVIDER ADDRESS		City	State Zip Code
9. PROVIDER AGENT NAME (Name of provider's authorized agent)		10. PROVIDER AGENT TELEPHONE NUMBER (REQUIRED)	
11. PROVIDER AGENT ADDRESS		City	State Zip Code
12. PROVIDER AGENT EMAIL ADDRESS			

SECTION B

1. FINANCIAL INSTITUTION ROUTING NUMBER	2. PROVIDER'S ACCOUNT NUMBER (include leading zeros)	3. TYPE OF ACCOUNT AT FINANCIAL INSTITUTION <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
4. FINANCIAL INSTITUTION NAME			
5. FINANCIAL INSTITUTION ADDRESS		City	State Zip Code

SECTION C (Check the appropriate box)

- I hereby authorize Alameda Alliance to initiate credit entries to my bank account as indicated above, and the depository named above to credit the same to such account. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.
- I hereby **CANCEL** my EFT authorization

I understand that by signing this form, payments issued will be from Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Authorized Signature: _____ Date: _____
Title: _____ Print Name: _____
(PRINT the form, sign; (signature must be owner, partner or corporate officer), and send it via mail, fax or email.)

Mail This Completed Form To:

Alameda Alliance for Health
ATTN: EFT Processing – Finance Dept.
1240 South Loop Road
Alameda, California
94502

Email/Fax Only:

ATTN: Alameda Alliance for Health [DBA/PROVIDER NAME]
Finance@alamedaalliance.org / Fax: 510-995-3709

Privacy Statement (Civil Code Section 1798 et seq.): The information requested on this form is required by Alameda Alliance for Health for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not processed.

Internal Use Only:

Reviewed by:
Finance signatory: _____
Date signed: _____
SR Number: _____

Please print Provider name here: _____

Providers with more than one NPI

Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number need only to complete a single enrollment form for the Group NPI.** However, members of Provider Groups who also bill individually may enroll by submitting a separate enrollment form using their individual provider number.

Provider Group/Individual Name	Provider Group/Individual NPI	AAH Use Only

Authorized Signature Required: _____ Date: _____

Title: _____ Print Name: _____
(PRINT the form, sign; (signature must be owner, partner or corporate officer), and send it via mail, fax or email.)



CARE MANAGEMENT PROGRAMS REFERRAL FORM

1240 South Loop Road
Alameda, CA 94502
Tel: 1-877-251-9612
Fax: (510)747-4130
www.alamedaalliance.org

URGENT (24 hours) ROUTINE (5 days)

INSTRUCTIONS:

- 1) Print clearly in blue or black ink
- 2) Fax or mail original form to the address above

Note: The member will be notified directly if they are selected for one of the programs

A. REFERRING PROVIDER INFORMATION

REQUEST DATE:	SUBMITTED BY:	CONTACT PHONE #:
FACILITY/CLINIC:		FAX:
REFERRAL SOURCE:		
<input type="checkbox"/> Hospital <input type="checkbox"/> PCP <input type="checkbox"/> Specialty Provider <input type="checkbox"/> Community Partner		

B. MEMBER INFORMATION

MEMBER NAME:	DOB:	AGE:	SEX:
ADDRESS & CITY:			ZIP:
MEMBER PHONE # (HOME OR CELL):			

C. REFERRAL INFORMATION

REFERRAL REASON: (PLEASE CHECK ALL THAT APPLY)

ASTHMA INTERVENTION (children 5-11) DIABETES INTERVENTION
 COMMUNITY BASED RESOURCES AND SERVICES COMPLEX MEDICAL CONCERNS
 CARE COORDINATION FOR MEDICAL NEEDS

- **For Behavioral Health, please contact Beacon at 855-856-0577**
- **Please refer to Member Services for ID card requests, PCP requests, or general benefit questions.**

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).



Please Don't Handwrite!
 Download this PDF file and type in the data fields before printing. You can save your data in the PDF file.

AAH Prior Authorization Request

Fax: (855) 891-7174 **Telephone:** (510) 747-4540

Note: All fields that are **BOLDED** are required.

Authorizations are based on medical necessity and covered services. Authorizations are contingent upon member's eligibility and are not a guarantee of payment. The provider is responsible for verifying member's eligibility on the date of service.

Member must be eligible on date of service and procedure must be a covered benefit. REMAINING BALANCE MAY NOT BE BILLED TO THE PATIENT. If interested in becoming an AAH contracted provider, contact Provider Services at (510) 747-4510. Please verify eligibility using one of the following methods:

1. Web: <https://www.alamedaalliance.org>
2. AAH Customer Service: (510) 747-4567

TYPE OF REQUEST (please check only one):

REQUESTING PROVIDER

<p><u>Routine</u> Approval based on AAH review. AAH has up to <u>5 business</u> days to process routine requests.</p> <p><u>Urgent</u> Inappropriate use will be monitored. AAH has up to <u>72 hours</u> to process urgent requests for all lines of business.</p> <p><u>Retro</u> Only granted for member eligibility issues on DOS or for services rendered in emergent or urgent situation. AAH has up to 30 calendar days to process retro requests.</p> <p><u>Modification</u> Request for existing authorized services. Please enter the <u>AAH Auth Number</u> and the <u>Member information</u> below. Use a separate sheet to specify your changes or to attach additional supporting documentation.</p>	Name:		
	Address:		
	City:	State:	Zip:
	Requesting Provider NPI #:		
	Office Contact:		
	Phone:	Fax:	
If Mod, AAH AUTH #:	Email:		

MEMBER (For newborn services provide mother's information and check newborn fields below)

First Name:	Health Plan ID#:
Last Name:	Newborn DOB:
Date of Birth:	Phone:
Address:	Other Insurance (i.e. Commercial, Medicare A, B):
City: State: Zip:	

RENDERING PROVIDER/FACILITY

Name/Facility:		Phone:
Specialty/Dept:		Fax:
Provider NPI #:	Provider TIN#:	Address:
Facility NPI #:	Facility TIN#:	City: State: Zip:
Place of Service (Check one-please do not circle) Inpatient Hospital Outpatient Clinic Outpatient Hospital Ambulatory Surgical Center Provider's Office Home		Non-Contracted. Provide reason for out of network request
		Elective Inpatient. Estimated admission date:
		Anticipated Date of Service:

DIAGNOSES / SERVICE CODES Please **DO NOT** describe the procedures; only enter the Code, Modifier, and Quantity.

Diagnosis Code(s):												
	CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty

ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION GRID FOR MEDICAL BENEFITS FOR DIRECTLY CONTRACTED PROVIDERS ONLY
Before services are provided PLEASE CHECK ▪ Member Eligibility ▪ Medical Group ▪ Benefit Coverage ▪ Contracted Provider ▪ Medi-Cal Excluded Code
QUESTIONS – Call the Alliance at 510-747-4510

Type of Service	Line of Business and benefit criteria	Non-covered benefit	Authorization Required	No Authorization Required
Acupuncture	Medi-Cal	√		
	GroupCare FIRST 10 visits per benefit year			√
	GroupCare AFTER 10 visits per benefit year	√		
All services from non-contracted providers	All lines of Business		√	
Bariatric psychiatric evaluations (Managed by Beacon Health Strategies)	All lines of Business		√	
Biofeedback (check EOC for exceptions)	All lines of Business	√		
Cataract spectacles and lenses	All lines of Business		√	
Children’s Developmental Evaluations	All lines of Business			√
Chiropractic services	Medi-Cal: Provided OUTSIDE of Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for all members	√		
	Medi-Cal: Provided at FQHC and RHC greater than 2 visits per month for all ages		√	
	GroupCare: After 20 visits per benefit year	√		
Clinical Trials	All lines of Business		√	
Cosmetic Services	All lines of Business	√		
Custodial Care	All lines of Business	√		
Dental Care (Refer to EOC for coverage criteria and exceptions).	Medi-Cal For IV Sedation & general anesthesia		√	
	GroupCare Covered through Public Authority	√		
Diagnostic and Laboratory Services (rendered through Quest Diagnostics)	All lines of business			√
Dialysis	All lines of business		√	
Durable medical equipment/repair (CHME aaorders@chme.org or fax 844-583-4049)	All lines of business		√	
Enteral and nutrition formulas (CHME aaorders@chme.org or fax 844-583-4049)	All lines of business		√	
Emergency Care/Treatment	All lines of business			√
EPSDT supplemental services	All lines of business		√	
Experimental/Investigational treatments	All lines of business	√		
Facility admissions (emergency & elective Inpatient, LTAC)	All lines of business		√	
Health Education	All lines of business			√
Home Health (PT, OT, MSW, infusion, wound care, etc)	All lines of business		√	
Hospice	All lines of Business- Place of Service: At Home			√
	All lines of Business - Place of Service: Inpatient		√	

*** This list is not all inclusive, please reference EOC for details about benefits or contact the Alliance if you have questions. Last revised 09.04.2015

Type of Service	Lin of Business and benefit criteria	Non-covered benefit	Authorization Required	No Authorization Required
Incontinence creams and washes	All lines of business	√		
Infertility treatment	All lines of business	√		
In-office injectables and chemotherapy (specialty drugs only, refer to website for specific drugs)	All lines of business		√	
Maternity and Newborn Admissions	All lines of business		√	
Mental Health (Beacon Health Strategies, 1-855-856-0577)	All lines of business			√
Non-emergency medical transportation (Refer to Logisticare 1-866-791-4158)	Group Care	√		
	Medi-Cal		√	
Nutrition and dietician assessment/counseling (both general and diabetic)	All lines of business			√
OB/GYN services including ultrasounds	All lines of business			√
Ophthalmology (annual services and care related to DM, glaucoma, macular degeneration)	All lines of business			√
Orthodontics, orthognathics and appliance therapy for TMJ	All lines of business	√		
Orthotics and Prosthetics	All lines of business		√	
Outpatient surgery and specialty procedures (refer to list for specific procedures)	All lines of business		√	
Outpatient therapy (ST,PT, OT)	All lines of business		√	
Podiatry services	Medi-Cal: ≥21 years old if provided <u>OUTSIDE</u> of a Federally Qualified Health Center (FQHC) or at a Rural Health Clinic (RHC) whenOnly certain conditions are covered.		√	
	Medi-Cal: 1) <21 years old with no limitations on care settings 2) ≥21 years old if provided at FQHC or RHC up to 2 visits/month			√
	Medi-Cal: ≥21 years old if provided at FQHC or RHC greater than 2 visits/month		√	
	Group Care: All ages, clinic settings, and conditions		√	
Preventative Care	All lines of Business			√
Radiology (CT, MRI, and PET). Refer to website for specific codes; submit authorizations at www.carecorenational.com	All lines of Business		√	
Screening, Brief Intervention, and Referral to Treatment (SBIRT) for ≥ 18 years old. ***Substance abuse not covered.	Medi-Cal			√
	Group Care	√		
Second opinion requests	All lines of Business		√	
Sensitive services (including therapeutic abortion and HIV testing, & counseling)	Medi-Cal (contracted and non-contracted providers)			√
	Group Care (contracted providers only)			√
Sleep studies	All lines of Business		√	
Specialist referrals (within network)	All lines of Business			√
Standard diagnostic procedures (i.e. colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc)	All lines of Business			√
Transplant Services	All lines of Business - All pre-transplant services and evaluations, kidney and corneal transplants		√	
	Group Care- All major organ and bone marrow transplants		√	
	Medi-Cal- Major organ transplants (heart, lung, liver, bone marrow, etc)	√		
Vaccines	All lines of Business			√

This formulary summary does not include all possible options. Please visit www.alamedaalliance.org for the complete list of covered drugs. The Alliance reserves the right to change the formulary at any time. When an acceptable generic is available, it is considered the covered drug (brand would require prior authorization). KEY: QL = Quantity limit (prior authorization required for greater quantities), e.g. 120/30 = 120 tablets per 30 days; AL = Age limit; OTC = Over-the-Counter; 90-D = medication that can be filled for a 90-day supply.

<p>ANTI-INFECTIVES</p> <p>Cephalosporins Cefaclor Cefdinir Cefuroxime Cephalexin</p> <p>Fluoroquinolones Ciprofloxacin QL 60/30 Levofloxacin</p> <p>Macrolides Erythromycin Azithromycin 250, 500, 600mg Azithromycin (Z-Pak) QL 5-day supply Clarithromycin</p> <p>Penicillins Penicillin VK Amoxicillin Augmentin Ampicillin</p> <p>Sulfonamides Sulfamethoxazole-Trimethoprim</p> <p>Tetracyclines Doxycycline monohydrate caps Tetracycline</p> <p>Antifungals/Antivirals Acyclovir Valganciclovir Metronidazole Fluconazole Ketoconazole Itraconazole</p>	<p>ANTICOAGULANTS & ANTIPLATELETS Warfarin 90-D Aspirin Aspirin-Dipyridamole QL 60/30, AL min 21, 90-D Cilostazol QL 60/30 Clopidogrel 90-D Dipyridamole 90-D</p> <p>ANTIDIABETIC AGENTS</p> <p>Oral Metformin, Metformin ER 90-D Pioglitazone 90-D Glimepiride 90-D Glipizide 90-D Glipizide ER 500 mg or 750 mg tabs 90-D Glyburide AL max 65 90-D Glyburide/Metformin 5-500 90-D</p> <p>Insulins Lantus QL 30/30 Lantus Solostar Pens QL 30/30 Novolog QL 30/30 Novolog Mix 70-30 QL 30/30 Humalog QL 30/30 Humalog Mix 50-50 or 75-25 QL 30/30 Humulin 70/30 QL 30/30 Humulin N QL 30/30 Novolin N QL 30/30 Humulin R QL 30/30 Novolin R QL 30/30</p> <p>Testing Supplies Freestyle test strips QL 100/30 Freestyle lancets QL 200/30 Freestyle Lite meter QL 1/365 Precision Xtra monitor QL 1/365 Precision test strips QL 100/30</p>	<p>ASTHMA/COPD</p> <p>Beta-Agonists Ventolin HFA, albuterol tabs, nebulizer Levalbuterol Serevent</p> <p>Inhaled Corticosteroids QVAR Flovent Arnuity Ellipta</p> <p>Beta-Agonist + Inhaled Corticosteroid Dulera QL 26 GM/30 Breo Ellipta</p> <p>Anticholinergics & Combinations Ipratropium-Albuterol Anoro Ellipta Combivent Spiriva Tudorza Pressair</p> <p>CARDIOVASCULAR</p> <p>ACE Inhibitors & ARBs Lisinopril, Lisinopril-HCTZ 90-D Benazepril, Benazepril-HCTZ 90-D Enalapril, Enalapril-HCTZ 90-D Captopril 90-D Fosinopril 90-D Irbesartan, Irbesartan-HCTZ QL 30/30, 90-D Losartan, Losartan-HCTZ 90-D Telmisartan QL 30/30, 90-D Valsartan QL 60/30 (320mg 30/30, 90-D) Valsartan-HCTZ QL 30/30, 90-D</p> <p>Antihyperlipidemics Simvastatin 90-D (continued next column)</p>	<p>Atorvastatin QL 80mg 30/30; AL min 21, 90-D Lovastatin QL 30/30, 90-D Pravastatin 90-D Fenofibrate QL 30/30, 90-D Gemfibrozil 90-D Cholestyramine Light powder QL 240g/30, 90-D Colestipol tabs, granules, packets 90-D Niacin, Niacin ER (OTC) Fish Oil 360 mg-1,200 mg (OTC) 90-D</p> <p>Beta Blockers Atenolol, Atenolol/Chlorthalidone 90-D Bisoprolol 90-D Carvedilol 90-D Metoprolol succinate 90-D Metoprolol tartrate 25, 50, 100 mg 90-D Propranolol 90-D</p> <p>Ca+ Channel Blocker Amlodipine 90-D Amlodipine-Valsartan Diltiazem (CD caps; ER 60, 90, 120mg caps) 90-D</p> <p>Diuretics Hydrochlorothiazide, HCTZ-Spironolactone 90-D Chlorthalidone 90-D Furosemide 90-D Bumetanide 90-D</p> <p>Other Hydralazine 90-D Digoxin 90-D Isosorbide dinitrate, mononitrate 90-D Spironolactone 90-D Doxazosin 90-D Prazosin 90-D Terazosin 90-D</p>
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This formulary summary does not include all possible options. Please visit www.alamedaalliance.org for the complete list of covered drugs. The Alliance reserves the right to change the formulary at any time. When an acceptable generic is available, it is considered the covered drug (brand would require prior authorization). KEY: QL = Quantity limit (prior authorization required for greater quantities), e.g. 120/30 = 120 tablets per 30 days; AL = Age limit; OTC = Over-the-Counter; 90-D = medication that can be filled for a 90-day supply.

<p>CONTRACEPTIVES</p> <p>Alyacen Amethyst Apri Balziva Briellyn Ella Enskyce Gildess Gildess FE Junel Junel FE Kariva Loryna Lutera Marlissa Microgestin Microgestin FE Necon Nexplanon Norinyl Nortrel Nuvaring Ogestrel Portia Reclipsen Tilia FE Tri-Legest FE Tri-Lo-Sprintec Tri-Norinyl Trivora Velivet Triphasic Xulane Zovia</p>	<p>CORTICOSTEROIDS</p> <p><i>Nasal</i></p> <p>Fluticasone Nasal Allergy 55 Mcg</p> <p><i>Topical</i></p> <p>Alclometasone cream, ointment Augmented betamethasone 0.05% cream Betamethasone dipropionate Betamethasone valerate Clobetasol ointment, scalp solution Hydrocortisone cream, lotion, ointment Fluocinolone 0.025% cream & ointment Fluocinolone 0.01% solution Fluocinonide 0.05% gel, cream, ointment, soln. Triamcinolone cream, lotion, ointment Fluticasone cream, ointment</p> <p>GERD & ANTI-ULCER MEDICATIONS</p> <p><i>Proton Pump Inhibitors</i></p> <p>Omeprazole 20mg Omeprazole 40mg QL 60/30 Pantoprazole QL 60/30 Step Therapy required for Nexium, Lansoprazole (T/F with Omeprazole, Protonix)</p> <p><i>H2-Receptor Antagonists</i></p> <p>Cimetidine Famotidine Ranitidine</p> <p>MIGRAINE</p> <p>Rizatriptan QL 12/30 Naratriptan QL 9/30 Sumatriptan oral QL 9/30</p>	<p>NSAIDs</p> <p>Diclofenac sodium DR tabs Etodolac caps, tabs Ibuprofen tabs, caps, suspension Indomethacin caps Ketoprofen caps Ketorolac oral QL 20/5 Meloxicam tabs Nabumetone Naproxen Piroxicam Sulindac</p> <p>OPIOIDS</p> <p><i>Short-Acting</i></p> <p>Morphine IR tabs, solution Hydromorphone IR tabs QL 180/30 Tramadol QL 120/30 Acetaminophen-Codeine QL 120/30 Hydrocodone/APAP 5-7.5-10/325 QL 180/30 Oxycodone/APAP 5-7.5-10/325 QL 180/30</p> <p><i>Long-Acting</i></p> <p>Methadone tabs, solution Morphine ER QL 90/30</p> <p>SEDATIVES/HYPNOTICS/SLEEP AIDS</p> <p>Eszopiclone Zaleplon QL 30/30 Zolpidem QL 30/30 Diphenhydramine AL min 2 Sleep Aid 50mg caps AL min 2 Hydroxyzine Promethazine</p>	<p>ANXIOLYTICS</p> <p>Alprazolam Clonazepam Lorazepam Temazepam 15mg, 30mg Triazolam Buspirone</p> <p>SEIZURE</p> <p>Carbamazepine 90-D Divalproex 90-D Gabapentin 90-D Lamotrigine 90-D Phenytoin tabs 90-D</p> <p>SMOKING CESSATION/NICOTINE</p> <p>Nicotine Patch QL 84/365 Nicotine Lozenge QL 360/30 Nicotine Gum QL 360/30 Nicotine Inhaler QL 504/30 Nicotine Nasal QL 120/30 Chantix QL 60/30 Bupropion</p> <p>STIMULANTS</p> <p>Amphetamine salt combo QL 60/30 Dextroamphetamine ER caps Dextroamphetamine tabs Mixed amphetamine salts ER QL 60/30, AL min 4/max 18 Vyvanse QL 30/30 Daytrana Dexmethylphenidate QL 60/30 Methylphenidate ER caps QL 30/30, AL min 3 Methylphenidate tabs AL min 4/max 18 Methylphenidate ER tabs 10, 20mg QL 60/30, AL min 4/max 18</p>
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Alameda Alliance for Health
FORMULARY UPDATE

April 15, 2016

Alameda Alliance for Health Pharmacy & Therapeutics (P & T) Committee Decisions

The P & T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories at the March 3, 2016 meeting:

- Pediculicides
- Inhaled anticholinergics
- Novel oral anticoagulants
- Hepatitis B treatment agents
- Cold sore treatment
- Daliresp monograph
- Breo Ellipta monograph

*The P & T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs:

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
ipratropium-albuterol 0.5mg-2.5mg per 3ml solution for nebulization	Duoneb	Remove unit dose exclusion
cromolyn 20mg/2ml solution for nebulization		Remove unit dose exclusion
blood glucose meter	FreeStyle and Precision Meter	Add to the pharmacy benefit for 1 meter per year
selenium sulfide 2.5% lotion		Add to formulary
hydrochlorothiazide 12.5mg tablet		Add to formulary
malathion 0.5%	Ovide	Add to formulary with prior authorization
spinosad 0.9% suspension	Natroba	Add to formulary with prior authorization
umeclidinium bromide 62.5mcg/inh	Incruse Ellipta	Add to formulary
umeclidinium-vilanterol 62.5-25mcg/inh	Anoro Ellipta	Add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
fluticasone-vilanterol 100-25mcg/act and 200- 25mcg/act	Breo Ellipta	Add to formulary
famciclovir 125mg, 250mg, and 500mg tablet	Famvir	Add to formulary
valacyclovir 500mg and 1000mg tablet	Valtrex	Add to formulary
docosanol 10% cream	Abreva	Add to formulary
budesonide-formoterol 80-4.5mcg/act and 160- 4.5mcg/act	Symbicort	Add prior authorization for new starts only. Grandfather existing users with 1 year look back.
triamcinolone 55mcg/act	Nasacort OTC	Add to formulary for Medi-Cal only
milnacipran 12.5-25- 50mg tablet ds pk, 12.5mg tablet, 25mg tablet, 50mg tablet, and 100mg tablet	Savella	Add to formulary with step therapy on duloxetine
pentosan polysulfate sodium 100mg capsule	Elmiron	Remove prior authorization to make formulary with maximum daily dose of 3/day, fill limit 3/365 days, and age minimum of 16 years
prasugrel 5mg and 10mg tablet	Effient	Add to formulary with step therapy on clopidogrel
dronabinol 2.5mg, 5mg, and 10mg capsule	Marinol	Remove prior authorization requirement for ICD-10 code B20 (HIV disease)—all other diagnoses will require prior authorization
hyaluronidase 200U/ml vial, hyaluronidase 150U/ml	Vitrase, Hylanex	Remove from formulary
nicotine cartridge 10mg	Nicotrol 10mg Inhaler	Add to formulary with quantity limit (504/30 days or 3x168 cartridge inhalers) maximum daily dose #16.8 cartridges/day, maximum fills of 6fills/365 days
nicotine 10mg/ml	Nicotrol NS	Add to formulary with quantity limit (120ml/30 days or 12 bottles of 10ml spray) maximum daily dose #4ml/day and maximum 3 fills/365 days

PRIOR AUTHORIZATION GUIDELINE UPDATES
Albuterol HFA
Urinary Incontinence Agents
Atomoxetine
Atovaquone
Cartilaginous Repair Agents
Celecoxib
Novel Oral Anti-Coagulants
Erythropoiesis-Stimulating Agents: Procrit and Aranesp
Epogen
Growth Hormone
Lenalidomide
Modafinil and Armodafinil
Palivizumab
Tacrolimus/Pimecrolimus
Ribavirin
Cyclosporine Ophthalmic
Butorphanol Nasal Spray
Cholinesterase Inhibitors
Testosterone
Sevelamer
Nasal Steroids
Makena
Dronabinol
Savella
Hyaluronidase
Elmiron

*Note: Drugs removed from the formulary will be grandfathered for utilizing members unless noted otherwise under "Committee Actions."

Alameda Alliance for Health
FORMULARY UPDATE

Effective: July 15, 2016

Alameda Alliance for Health Pharmacy & Therapeutics (P&T) Committee Decisions

The P & T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the June 2, 2016 meeting:

- Pulmonary Arterial Hypertension Treatment Agents
- Multiple Sclerosis Treatment Agents
- Novel Oral Anticoagulants
- Gaucher's Disease Treatment Agents
- Triptans
- Phosphate Binders
- Nucala
- Lidocaine Ointment
- Corlanor
- Zepatier
- Daliresp

The P&T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs:

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
macitentan 10mg tablet	Opsumit	Add to formulary with prior authorization
riociguat 0.5mg, 1mg, 1.5mg, 2mg, and 2.5mg tablet	Adempas	Add to formulary with prior authorization
treprostinil diolamine 0.125mg, 0.25mg, 1mg, and 2.5mg tablet ER	Orenitram	Add to formulary with prior authorization
selexipag 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, and 1600mcg tablet; selexipag 200-800mcg ds pk	Upravi	Add to formulary with prior authorization
tadalafil 20mg tablet	Adcirca	Add to formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
treprostinil sodium 1mg/ml, 2.5mg/ml, 5mg/ml, 10mg/ml vials (20ml)	Remodulin	Add to formulary with prior authorization
sildenafil citrate 10mg/ml susp recon	Revatio Suspension	Remove age limit of 21 years. Remains formulary with prior authorization
sildenafil citrate 10mg/12.5ml vial	Revatio IV	Remove from formulary (Medical Benefit)
epoprostenol sodium (glycine) 0.5mg and 1.5mg vial	Flolan IV	Remove from formulary (Medical Benefit)
dalfampridine 10mg tablet ER 12HR	Ampyra	Add to formulary with prior authorization
peginterferon beta-1a 125mcg/0.5ml and 63- 94mcg/1ml syringe and pen injct	Plegridy	Add to formulary with prior authorization
naratriptan 1mg and 2.5mg tablet	Amerge	Add to formulary with quantity limit #9 tablets/30 days
rizatriptan benzoate 5mg and 10mg tablet; 5mg and 10mg oral disintegrating tablet	Maxalt	Remove step therapy to remain as formulary with quantity limit #12 tablets/30 days
sumatriptan succinate 4mg/0.5ml and 6mg/0.5ml pen injector; 4mg/0.5ml and 6mg/0.5ml cartridge refill	Imitrex	Add to formulary with prior authorization
eletriptan 20mg and 40mg tablet	Relpax	Remove from formulary. Current users will be grandfathered for 3 months. Effective October 15, 2016 , grandfathering will stop. Targeted letters to members and providers will be sent out at least 30 days prior to change.
frovatriptan 2.5mg tablet	Frova	Remove step therapy to remain as formulary with prior authorization
almotriptan 6.25mg and 12.5mg tablet	Axert	Remove step therapy to remain as formulary with prior authorization
zolmitriptan 2.5mg and 5mg tablet	Zomig	Add to formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
ivabradine 5mg and 7.5mg tablet	Corlanor	Add to formulary with prior authorization
roflumilast 500mcg tablet	Daliresp	Add to formulary with prior authorization
telmisartan 20mg, 40mg, and 80mg tablet	Micardis	Remove prior authorization to remain as formulary without restriction
amlodipine/valsartan 5mg-160mg, 10mg-160mg, 5mg-320mg, and 10mg-320mg tablet	Exforge	Remove prior authorization to remain as formulary without restriction
calcitonin, salmon, synthetic 200U/spray nasal spray	Miacalcin	Remove step therapy to remain as formulary without restriction
fenofibrate nanocrystallized 48mg and 145mg tablet	Tricor	Remove step therapy to remain as formulary without restriction
fenofibrate, micronized 67mg, 134mg, and 200mg capsule	Lofibra	Add to formulary with quantity limit #1/day
levalbuterol 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml vial-neb; 1.25mg vial	Xopenex	Remove prior authorization and step on treatment failure with albuterol
levalbuterol 45mcg HFA	Xopenex HFA	Remove prior authorization and step on treatment failure with albuterol HFA
mesalamine 4Gm/60ml enema	Rowasa SfRowasa	Remove prior authorization to remain as formulary without restriction
balsalazide 750mg capsule	Colazal	Add to formulary
lidocaine 5% ointment		Add quantity limit 50Gm/30 days. Targeted letters to existing users and providers at least 30 days prior to change.

***Note:** Drugs removed from the formulary will be grandfathered for utilizing members unless noted otherwise under “Committee Actions.”

PRIOR AUTHORIZATION GUIDELINE UPDATES

Ophthalmic Antihistamines
Alpha-1 Proteinase Inhibitors
Fuzeon
Angiotensin II Receptor Blocker and Renin Inhibitor Medications
Antibiotic Eye Drops
Calcitonin
Carbamazepine SA
Fenofibrate
Fentanyl Transdermal Patch
Leukine, Mozobil, Neupogen, Neulasta
Isotretinoin
Lacosamide
Lamotrigine XR
Levalbuterol
Lidoderm Patch
Mesalamine
Nutritional Formulas
Proton Pump Inhibitors
Hepatitis C
Infed
Irritable Bowel Syndrome – Constipation
PCSK9 Inhibitors

For questions, please contact the Alliance's Pharmacy Services department at (510) 747-4541.

Providers: Helping Alameda Alliance for Health Members Quit Smoking Just Got Easier

Nicotine Inhaler & Nasal Spray Added to the Formulary as of April 15, 2016



Generic smoking cessation drugs do NOT require prior authorization. Brand medications require prior authorization if a generic is available (gum, patches, lozenges, bupropion).

The Alliance covers the following smoking cessation drugs:

Nicotine Gum: Members can receive up to 8 boxes (880 pieces) of nicotine gum in a 2 year period.

Nicotine Inhaler: Members can receive up to 504 cartridges per 30 days, with a total of 6 fills each year.

Nicotine Nasal Spray: Members can receive up to 12 bottles of the spray (each bottle has 10 mL) per 30 days.

Nicotine Patches: Members can receive up to 28 weeks of nicotine patches per course of therapy in a year.

Nicotine Lozenges: Members can receive up to a quantity limit of 360 per 30 days.

Bupropion: Members can receive bupropion with no restrictions.

Chantix (varenicline): Members can receive two tablets per day with a fill limit of 6 fills per year.

The Alliance no longer requires quit certificates or other written proof from smoking cessation classes before providers can write prescriptions or request coverage for smoking cessation drugs. The Alliance still recommends that providers encourage their patients to participate in smoking cessation classes as part of their treatment.

Please contact Alliance Pharmacy Services at (510) 747-4541 with any questions.

ALAMEDA
Alliance
FOR HEALTH

Health care you can count on.
Service you can trust.



Health Literacy CE Credits for Physicians & Nurses

Physicians and nurses can earn CE credits while learning about the challenges in caring for patients with low health literacy as well as strategies to improve overall patient communication and care.

OptumHealth Education is issuing continuing education credit for taking the Agency for Healthcare Research and Quality (AHRQ)-developed Health Literacy Knowledge Self-Assessment. No fees are charged for the two CE activities:

An Updated Overview of Health Literacy

(<https://www.optumhealtheducation.com/health-literacy-activity1>)

Improving Health Literacy by Improving Communication Skills

(<https://www.optumhealtheducation.com/wellness/health-literacy-activity2>)

Contact moreinfo@optumhealtheducation.com with questions.

Pediatricians and family physicians can earn credit for re-certification (MOC Part 2) as well as CE by taking the Health Literacy Knowledge Self-Assessment through the American Board of Pediatrics and the American Academy of Family Physicians, respectively.

To learn about AHRQ's tools to address health literacy, visit Health Literacy Topics at: <http://www.ahrq.gov/health-care-information/topics/topic-health-literacy.html>



Alameda County Fetal Infant Mortality Newsletter 2016

Each year Alameda County Public Health reviews incidents of preventable fetal and infant death. This review, the Fetal Infant Mortality Review (FIMR), sheds light on common themes and strategies that might prevent future occurrences.

The Alameda County FIMR Team came up with four(4) key interventions that can help reduce preventable fetal and infant death:

- 1) Screening for Maternal Depression
- 2) Helping Patients with Access to MediCal
- 3) Facilitating Patient Reporting of Decreased Fetal Movement
- 4) Caring for the Pacific Islander Population

Find details on these interventions and tools to help providers put them into practice at:

Alameda County FIMR 2016 Newsletter

<http://us13.campaign-archive2.com/?u=da4e24bc73c64f10b9c06ed74&id=dff909ddcc&e>

Questions about the Alameda County FIMR 2016 Newsletter?

***Please contact Carole McGregor, FIMR Coordinator, at 510-667-3673 or
Carole.McGregor@acgov.org .***



Childhood Lead Poisoning Refresher

Recent news about lead exposure to thousands in Flint, Michigan, is a reminder of the importance of lead testing in children. Did you know childhood lead poisoning remains a serious concern in Alameda County? Based on preliminary data from 2013, of the small percentage of children tested, 527 children showed evidence of elevated lead exposure. Yet, it is widely accepted that there is no safe level of lead in a child's body.

Targeted blood lead screening guidelines-California Department of Public Health

- Anticipatory guidance and lead risk assessment at each periodic office visit up to 72 months
- Blood lead screening at 12 *and* 24 months for children on publicly funded programs; catch up testing for any child or any child at risk for lead poisoning, including recent immigrants.

Our local Alameda County Healthy Homes Department (ACHHD) is a nationally recognized department that partners with medical providers to prevent lead poisoning and assist children with elevated blood lead levels.

Services Provided by the Alameda County Healthy Homes Department

- Nursing case management for children with blood lead levels > 7 mcg/dL
- Housing and environmental investigations for identification of lead sources
- Patient health educational materials:
http://www.achhd.org/leadpoisoning/educational_materials.htm
- Provider support materials

To refer a patient with an elevated blood lead levels

- *Call 510-567-8280*
- *Access referral forms, follow-up testing guidelines, prenatal lead information, and other resources on the website:*
<http://www.achhd.org/medicalproviders/medicalproviders.htm>



Staying Healthy Assessment (SHA) Reminder

The Department of Health Care Services (DHCS) requires all Primary Care Providers (PCP) who serve Alameda Alliance members to complete the Staying Healthy Assessment (SHA) or approved alternate within **120 days** of enrollment and periodically thereafter.

- The SHA is a way for PCPs to identify members' high risk behaviors such as smoking, diet and car safety.
- Patients benefit from anticipatory and health education guidance and referrals targeted to their questions and current behaviors.
- Correct completion and record-keeping of the SHA will help improve your Medical Record Review scores.
- There are nine different age groups for the SHA form and it is available in 12 languages. Most languages can be downloaded from the State website below. Contact the Alliance for forms in Farsi, Khmer and Somali.

How do I offer the SHA? For a provider-guide to the SHA and the most current SHA (IHEBA) forms, go to the DHCS Website for the Staying Healthy Assessment or click on the link below: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

Still not trained? The Alliance needs an attestation of training on the SHA from all PCPs. You can complete an on-line training and sign an attestation in just a few minutes. See link below.

Health Education Resources: Need culturally relevant referrals and handouts on Staying Healthy topics? We have handouts and brochures in English, Spanish, Chinese & Vietnamese as well as a provider resource directory. See link below.

SHA training & resources: <https://www.alamedaalliance.org/providers/medical-management/staying-healthy-assessment>

For questions or assistance accessing on-line resources, please contact Linda Ayala, Health Educator, at 510-747-6038 or layala@alamedaalliance.org.

Questions? Call Network Management, Provider Relations at 510-747-4510



Cultural & Linguistic Services

Interpreter Services for Members

The Alliance provides FREE interpreter services, including American Sign Language, for its members. To schedule in-office interpretation, members or providers can call 510-747-4567, Monday – Friday, 8:00 am – 5:00 pm. Providers can also use the [Interpreter Request Form](#) to make a request. Please request 72 hours in advance when possible. For telephone or after hours interpretation call Alliance’s interpreting vendor, International Effectiveness Center (IEC) at 1-866-948-4149, 24/7.

Office Signage: Point to your Language!

Please provide multilingual signage for non-English speaking patients. This will help you identify which language Alliance members speak. We can provide you with a flyer for use in your office which states: "[Point to your language! We will get you an interpreter.](#)" in multiple languages.

Written Translation or Alternate Formats of Alliance Member Materials

Members can also request written member materials in a language or format they need. All key Medi-Cal Alliance materials are in English, Spanish, Chinese and Vietnamese. Key Group Care materials are in English, Spanish and Chinese. Members can call Member Services, 510-747-4567, Monday – Friday, 8:00 – 5:00 pm to request materials in their preferred language, or materials in an audio, braille, large print or other alternative formats.

Documenting Staff Language Proficiency

All Alliance providers need to keep documentation of the language proficiency for all of their clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English. Providers may use the [Employee Language Self-Assessment Tool](#) to document proficiency.

Thank you for all you do to make health care accessible to all patients!
*For signs, forms and more information go to alamedaalliance.org/providers/resources,
Language Access, or call Provider Relations.*

Cultural and Linguistic Spotlight: Pacific Islanders

Population Spotlight: Pacific Islanders

Alameda County Public Health (ACPH) has published a [Pacific Islander fact sheet](#) [alamedaalliance.org/providers/provider-training] on the health of Alameda County Pacific Islanders (PI).

The PI population is growing fast. From 2000 to 2010 there was a 41% increase in Pacific Islanders living in Alameda County. That makes them the fastest growing population in our County.

However, their health needs are often overlooked. Their health outcomes are usually grouped with Asians as “API” or “Asian Pacific Islanders,” which can hide their reality. Numerous health facts point to the need to pay closer attention to their needs and seek ways to offer culturally appropriate care.

What can providers do?

- Educate your staff about PI health disparities by sharing the Fact Sheet, see link above.
- Consider hiring PI staff if you are serving many PI patients.
- Refer pregnant PI patients to the ACPH Pacific Islander Family Health program. Patients will receive supportive services to attend all medical/prenatal appointments. Call 510-618-2079 for more information.

“Pacific Islander men have the highest all-cause mortality rate in Alameda County.”

Only “79.2% of Pacific Islander pregnant women receive prenatal care in the first trimester, the lowest rate in the county.”

- *Pacific Islander Health Fact Sheet for Alameda County, 2015*



Alameda Alliance for Health: Urgent Care / After Hours Facilities

The Alliance values our loyal community of providers and is committed to continuously improving our provider customer satisfaction. Please refer to the list below for Alliance Urgent Care/ After Hours Facilities:

FACILITY	LOCATION	PHONE NUMBER	HOURS
LIFELONG MEDICAL CARE	2001 DWIGHT WAY. 1ST FLOOR BERKELEY, CA 94704	510.204.7979	MONDAY – FRIDAY: 10AM – 6 PM
LIFELONG MEDICAL CARE	20263 VALE ROAD SAN PABLO, CA 94806	510.231.9800	MONDAY – FRIDAY: 10AM – 8PM SATURDAY: 9AM – 5PM SUNDAY: 9 AM – 5 PM
ST. FRANCIS URGENT CARE CENTER	1649 INDUSTRIAL PARKWAY WEST HAYWARD, CA 94544	510.780.9400	MONDAY- FRIDAY: 10AM – 8PM SATURDAY: 9AM – 5PM SUNDAY: 10 AM – 2 PM
WASHINGTON URGENT CARE	2500 MOWRY AVENUE, SUITE 212 FREMONT, CA 94538	510.791.2273	MONDAY – SUNDAY 8AM – 8PM

Questions? Call Provider Relations, at 510-747-4510.