

Alameda Alliance For Health – Provider Visit Form

2016 4th Quarter Provider Packet

Provider Name: _____ Date of Visit: _____

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

- Ownership Form
- Information on the new look of the Medi-Cal card
- 1500 Claim Form Instructions
- Formulary Contraceptives
- Formulary Updates
- Pain Management Survey
- Updated Urgent Care / After Hours listing
- Updated HIV Testing Sites
- After-Hours Message Checklist
- Timely Access Standards
- HEDIS Measures
- Updated Authorization Grid
- Breastfeeding: Nature’s Health Plan Memo
- E-pocket guide: help your patients quit smoking
- Tobacco Cessation Coverage
- Communication Strategies

Provider /Office Staff Signature: _____

Health Plan Representative Signature: _____

Comments: _____



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

Alameda Alliance for Health

Ownership Form

OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

Alameda Alliance for Health discloses any purchases or leases of services, equipment, supplies, or real property from an entity in which any of the following persons have a substantial financial interest:

- a) Any person or corporation having 5% or more ownership or controlling interest in the plan
- b) Please Submit this form with a current W9

Note: The Ownership data requested below is required per the Federal regulations set forth in 42 CFR 455.104 – Disclosure by Medicaid providers and fiscal agent. The State Medicaid agency mandates Health Plans to submit Provider data, including this information monthly via ASC X12 274 transaction file.

	*Individual Name (required)	Rendering NPI Number (If Applicable)	*PERCENT (%) OF OWNERSHIP OR CONTROL (required)	*Billing NPI Number (required)	*SSN/TIN Number Associated (required)	<u>Ownership Code: *REQUIRED</u> <input type="checkbox"/> Gov-Multiple Owners <input type="checkbox"/> Gov-State & City/County <input type="checkbox"/> Gov-City <input type="checkbox"/> Gov-City-County <input type="checkbox"/> Gov-County <input type="checkbox"/> Gov-Federal <input type="checkbox"/> Gov-Hospital District <input type="checkbox"/> Gov-State <input type="checkbox"/> N/A – The individual only practices as part of a group, e.g., as an employee <input type="checkbox"/> Proprietary-Corporation <input type="checkbox"/> Proprietary-Individual <input type="checkbox"/> Proprietary-Multiple owners <input type="checkbox"/> Proprietary-Other <input type="checkbox"/> Proprietary-Partnership <input type="checkbox"/> Proprietary-Government <input type="checkbox"/> Voluntary – multiple owners <input type="checkbox"/> Voluntary – Non-Profit/Other <input type="checkbox"/> Voluntary – Non-Profit/Religious <input type="checkbox"/> Voluntary – Proprietary <input type="checkbox"/> Voluntary – Government
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

For questions please call Provider Relations at (510) 747-4510
Please fax this document along with a current W9 to dedicated fax # (855) 891-7257



Release of New Medi-Cal Beneficiary Identification Cards (BIC)

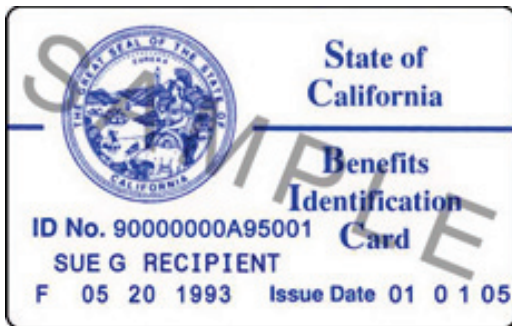
The Alliance values our loyal community of providers and is committed to continuously improving our provider customer satisfaction.

In commemoration of Medi-Cal's 50th anniversary, the Department of Health Care Services (DHCS) is issuing newly designed Beneficiary Identification Cards (BIC).

Effective September 12, 2016 the newly designed BIC will be provided to newly eligible recipients and recipients requesting replacement cards. Existing Medi-Cal members can still use the current BIC.

- **Both BIC designs should be accepted by providers.**
- **Providers must continue to verify eligibility.**
- **Possession of a Medi-Cal BIC does not guarantee eligibility**

Old Design:



New Design:



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



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) MEDI-CAL/AAH ID NUMBER									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S LAST NAME, FIRST NAME					3. PATIENT'S BIRTH DATE DATE OF BIRTH					4. INSURED'S NAME (Last Name, First Name, Middle Initial) MOTHER'S NAME FOR NEWBORN									
5. PATIENT'S ADDRESS (No., Street) PATIENT'S COMPLETE ADDRESS					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)									
CITY PATIENT'S CITY			STATE ST		8. RESERVED FOR NUCC USE					CITY			STATE						
ZIP CODE PATIENT'S ZIP CODE			TELEPHONE (Include Area Code) PATIENT'S PHONE		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) IF APPLICABLE COMPLETE 9A-9D					10. IS PATIENT'S CONDITION RELATED TO: CHECK APPROPRIATE BOX			11. INSURED'S POLICY GROUP OR FECA NUMBER						
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. RESERVED FOR NUCC USE		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>			SEX						
c. RESERVED FOR NUCC USE			d. INSURANCE PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE CARRIER CODE IF APPLICABLE						
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? CHECK APPLICABLE BOX If yes, complete items 9, 9a, and 9d.			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.						
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NAME OF REFERRING PHYSICIAN										17a. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ADDITIONAL INFORMATION. I.E; TIME, JUSTIFICATION, CORRECTED CLAIM INFO										20. OUTS OF POCKET Check if Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES					21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ADD ALL ICD 9/10's				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ADD ALL ICD 9/10's										22. RESUBMISSION CODE					23. PRIOR AUTHORIZATION NUMBER AUTHORIZATION NUMBER				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE					C. EMG				
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIERS										E. DIAGNOSIS POINTER					F. \$ CHARGES				
G. DAYS OR UNITS										H. EPSDT Family Plan					I. ID. QUAL.				
J. RENDERING PROVIDER ID. #										K. NPI					L. NPI				
25. FEDERAL TAX I.D. NUMBER FED TAX ID NUMBER										26. PATIENT'S ACCOUNT NO. PATIENT ACCT NBR					27. ACCEPT ASSIGNMENT? (govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNATURE OF PROVIDER OR PERSON AUTHORIZED										32. SERVICE FACILITY LOCATION INFORMATION NAME AND ADDRESS OF SERVICE FACILITY					33. BILLING PROVIDER INFO & PH # BILLER ADDRESS				
SIGNED DATE										a. FACILITY NPI					b. NON-NPI NUMBER				
SIGNED DATE										BILLER NPI					NON-NPI NUMBER				

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Formulary Contraceptives

List of Contraceptives on the Alameda Alliance Formulary

Products shaded in grey require prior authorization

Generic products are listed under "Label Name" by their ingredient components

All formulary contraceptives are available as a 90-day supply

LABEL NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
ALYACEN 1/35	NORETHINDRONE & ETHINYL ESTRADIOL	1 MG-35MCG	TABLET
ALYACEN 7/7/7	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG/0.75MG/1MG-35MCG	TABLET
AMETHIA	LEVONORGESTREL & ETHINYL ESTRADIOL & ETHINYL ESTRADIOL	0.15MG-30MCG/10MCG 3 MONTH DOSE PACK	TABLET
AMETHIA LO	LEVONORGESTREL/ETHINYL ESTRADIOL & ETHINYL ESTRADIOL	0.10MG-20MCG/10MCG 3 MONTH DOSE PACK	TABLET
AMETHYST	ETHINYL ESTRADIOL & LEVONORGESTREL	90MCG-20MCG	TABLET
APRI	ETHINYL ESTRADIOL & DESOGESTREL	0.15MG-0.03MG	TABLET
BALZIVA	ETHINYL ESTRADIOL & NORETHINDRONE	0.4MG-35MCG	TABLET
BEYAZ	DROSPIRENONE/ ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	3MG-0.02MG-0.45MG	TABLET
BRIELLYN	ETHINYL ESTRADIOL & NORETHINDRONE	0.4MG-35MCG	TABLET
CAMRESE	LEVONORGESTREL/ETHINYL ESTRADIOL & ETHINYL ESTRADIOL	0.15MG-30MCG 3 MONTH DOSE PACK	TABLET
CAMRESE LO	ETHINYL ESTRADIOL & LEVONORGESTREL	0.10MG-20MCG 3 MONTH DOSE PACK	TABLET
CONCEPTROL	NONOXYNOL 9	4%	VAGINAL GEL
CONDOMS	CONDOMS, LATEX, LUBRICATED	N/A	TOPICAL
DROSPIRENONE-ETHINYL ESTRADIOL	DROSPIRENONE-ETHINYL ESTRADIOL	3MG-0.03MG	TABLET
ELLA	ULIPRISTAL	30MG	TABLET
ENSKYCE	DESOGESTREL & ETHINYL ESTRADIOL	0.15MG-0.03MG	TABLET
GENERESS FE	NORETHINDRONE & ETHINYL ESTRADIOL & FERROUS FUMARATE	0.8MG-25MCG/75MG	TABLET

LABEL NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
GIANVI	DROSPIRENONE & ETHINYL ESTRADIOL	3MG-20MCG	TABLET
GILDESS 1.5/30	NORETHINDRONE & ETHINYL ESTRADIOL	1.5MG-30MCG	TABLET
GILDESS 1/20	NORETHINDRONE & ETHINYL ESTRADIOL	1MG-20MCG	TABLET
GILDESS FE 1/20	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL & FERROUS FUMARATE	1MG-20MCG/75MG	TABLET
GILDESS FE 1.5/30	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL & FERROUS FUMARATE	1.5MG-30MCG/75MG	TABLET
GYNOL II	NONOXYNOL 9	3%	VAGINAL GEL
INTROVALE	LEVONORGESTREL & ETHINYL ESTRADIOL	0.15MG-30MCG	TABLET
JOLESSA	LEVONORGESTREL & ETHINYL ESTRADIOL	0.15MG-30MCG	TABLET
JUNEL 1.5/30	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL	1.5-0.03MG	TABLET
JUNEL 1/20	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL	1MG-20MCG	TABLET
JUNEL FE 1.5/30	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL & FERROUS FUMARATE	1.5-0.03MG	TABLET
JUNEL FE 1/20	NORETHINDRONE ACETATE & ETHINYL ESTRADIOL & FERROUS FUMARATE	1MG-20MCG	TABLET
KARIVA	DESOGESTREL-ETHINYL ESTRADIOL	0.15MG/0.02MG-0.01MG	TABLET
LEVONORGESTREL-ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1MG-20MCG (84)/10MCG (7), 3 MONTH PACK	TABLET
LEVONORGESTREL-ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1MG-20MCG	TABLET
LEVONORGESTREL-ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15MG-30MCG, 3 MONTH PACK	TABLET
LEVONORGESTREL	LEVONORGESTREL	0.75 MG	TABLET
LEVONORGESTREL	LEVONORGESTREL	1.5 MG	TABLET
LO LOESTRIN FE	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG-10MCG/75MG	TABLET
LOMEDIA 24 FE	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG-20MCG/75MG	TABLET
LORYNA	DROSPIRENONE & ETHINYL ESTRADIOL	3MG-20MCG	TABLET
LOW-OGESTREL	NORGESTREL & ETHINYL ESTRADIOL	0.3MG-30MCG	TABLET
LUTERA	LEVONORGESTREL & ETHINYL ESTRADIOL	0.1MG-20MCG	TABLET
MARLISSA	LEVONORGESTREL & ETHINYL ESTRADIOL	0.15MG-30MCG	TABLET

LABEL NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
MICROGESTIN 1.5/30	NORETHINDRONE & ETHINYL ESTRADIOL	1.5MG-30MCG	TABLET
MICROGESTIN 1/20	NORETHINDRONE & ETHINYL ESTRADIOL	1MG-20MCG	TABLET
MICROGESTIN FE 1.5/30	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1.5MG-30MCG/75MG	TABLET
MICROGESTIN FE 1/20	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG-20MCG/75MG	TABLET
MINASTRIN 24 FE	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG-20MCG/75MG	TABLET
NATAZIA	DIENOGEST & ESTRADIOL VALERATE	3MG/2MG-2MG/2MG-3MG-1MG	TABLET
NECON 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG-35MCG	TABLET
NECON 1/35	NORETHINDRONE & ETHINYL ESTRADIOL	1MG-35MCG	TABLET
NECON 1/50	NORETHINDRONE-MESTRANOL	1MG-50MCG	TABLET
NECON 10/11	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG-35MCG/1MG-35MCG	TABLET
NECON 7/7/7	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG/0.75MG/1MG-35MCG	TABLET
NEXPLANON	ETONOGESTREL	68MG	SUBDERMAL
NORETHINDRONE	NORETHINDRONE	0.35MG	TABLET
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	0.25MG-35MCG	TABLET
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	0.18MG/0.215MG/0.25MG-25MCG	TABLET
NORGESTIMATE-ETHINYL ESTRADIOL	NORGESTIMATE-ETHINYL ESTRADIOL	0.18MG/0.215MG/0.25MG-35MCG	TABLET
NORINYL 1+50	NORETHINDRONE-MESTRANOL	1MG-50MCG	TABLET
NORTREL 1/35	NORETHINDRONE & ETHINYL ESTRADIOL	1 MG-35MCG	TABLET
NORTREL 7/7/7	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG/0.75MG/1MG-35MCG	TABLET
NUVARING	ETONOGESTREL/ETHINYL ESTRADIOL	0.12MG-0.015MG	VAGINAL RING
OGESTREL	NORGESTREL & ETHINYL ESTRADIOL	0.5MG-50MCG	TABLET
PORTIA	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15MG-0.03MG	TABLET
QUARTETTE	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15MG-20MCG/0.15MG-25MCG 3 MONTH DOSE PACK	TABLET
QUASENSE	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15MG-30MCG 3 MONTH DOSE PACK	TABLET
RECLIPSEN	DESOGESTREL-ETHINYL ESTRADIOL	0.15MG-0.03MG	TABLET
SAFYRAL	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	3MG-0.03MG-0.451MG	TABLET

LABEL NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
TILIA FE	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG/20MCG-30MCG- 35MCG (75MG)	TABLET
TODAY CONTRACEPTIVE SPONGE	NONOXYNOL 9	1000MG	VAGINAL SPONGE
TRI-LEGEST FE	NORETHINDRONE & ETHINYL ESTRADIOL (FERROUS FUMARATE)	1MG/20MCG-30MCG- 35MCG (75MG)	TABLET
TRI-NORINYL	NORETHINDRONE & ETHINYL ESTRADIOL	0.5MG/1MG/0.5MG-35MCG	TABLET
TRI-LO-SPRINTEC	NORGESTIMATE-ETHINYL ESTRADIOL	0.18MG/0.215MG/0.25MG- 25MCG	TABLET
TRIVORA	LEVONORGESTREL/ETHINYL ESTRADIOL	0.05MG-0.075MG- 0.125MG/0.03MG-0.04MG- 0.03MG	TABLET
VAGINAL CONTRACEPTIVE FILM	NONOXYNOL 9	28%	VAGINAL FILM
VAGINAL CONTRACEPTIVE FOAM	NONOXYNOL 9	12.5%	VAGINAL FOAM
VELIVET TRIPHASIC REGIMEN	DESOGESTREL/ETHINYL ESTRADIOL	0.1MG-0.125MG- 0.15MG/25MCG	TABLET
VESTURA	DROSPIRENONE-ETHINYL ESTRADIOL	3MG-20MCG	TABLET
XULANE	NORELGESTROMIN-ETHINYL ESTRADIOL	4.86MG-0.53MG	TRANSDERMAL PATCH
ZENCHENT FE	NORGESTIMATE-ETHINYL ESTRADIOL (FERROUS FUMARATE)	0.4MG-35MCG/75MG	TABLET
ZOVIA 1/35E	ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	1MG-35MCG	TABLET
ZOVIA 1/50E	ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET

Alameda Alliance for Health FORMULARY UPDATE

Effective: October 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 September 1, 2016 meeting:

Therapeutic Class Reviews	Drug Monographs
<ul style="list-style-type: none"> Agents to Treat Fibromyalgia and Neuropathic Pain Oral NSAIDs and COX-2 Inhibitors Topical Anti-Inflammatory and Counter Irritants 	<ul style="list-style-type: none"> Epclusa Veltassa Xolair

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*
Sodium Polystyrene Sulfonate Suspension and Powder	Kayexalate, SPS	Add to Formulary
Omalizumab	Xolair	Add to Formulary with Prior Authorization
Duloxetine 60mg	Cymbalta	Add Quantity Limit of #1 Per Day
Lamotrigine 25 mg Dose Pack, Lamictal XR Dose Pack, Lamotrigine ODT Dose Pack	Lamictal	Remove from Formulary
Oxcarbazepine 150mg, 300mg, 600mg Tablet	Trileptal	Remove Quantity Limit
Carbamazepine 200 mg Tablet and Carbamazepine 100mg/5 ml Suspension	Carbatrol, Tegretol	Remove Prior Authorization to Remain as Formulary Without Restriction
Ketoprofen 50mg Tablet	Ketoprofen	Add to Formulary
Ketorolac 10mg Tablet	Ketorolac	Add Quantity Limit of #20 Per 5 Days

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Celecoxib All Strengths	Celebrex	Remove Step Therapy and Age Limit to Remain as Formulary with New Quantity Limits (See Next Two Lines)
Celecoxib 50, 100, 200mg Capsules	Celebrex	Add Quantity Limit of #2 Per Day
Celecoxib 400mg Capsules	Celebrex	Add Quantity Limit of #1 Per Day
Diclofenac 1% Gel	Voltaren	Remove Prior Authorization to Remain as Formulary with New Quantity Limit of #200 Grams per 30 Days
Trolamine Salicylate 10% Cream, 10% Spray	Various	Add to Formulary
Capsaicin 0.1%, 0.03%, 0.08% Cream	Various	Add to Formulary

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

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Injectable Atypical Antipsychotics	Lipotropics
Incretin Mimetics	Rosuvastatin
Alosetron	Methylsantrexone
Deferasirox	SGLT2 Inhibitors
DPP-IV Inhibitors	Entresto
Niacin	Opioid Dependency Agents
Obesity Medications	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Inhaler Assistant Devices	Dornase Alfa
Cystic Fibrosis Agents	Dronabinol
Blood Glucose Testing Supplies	Epoetin Alfa (Procrit, Epogen)
Desvenlafaxine	Malaria Prophylaxis Agents
Diclofenac 3% Gel	Febuxostat
Ezetimibe	

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



Provider Survey: Pain Management October 2016

With the ongoing problem of opioid misuse, abuse and diversion, Alameda Alliance for Health is developing a new program intended to help providers manage their patients with pain. Some of the elements of the program include expansion of formulary medication alternatives and non-drug therapies (such as acupuncture, physical therapy), implementation of some drug benefit limits, and improved provider education/training.

In order to help us determine what would be most useful for our providers, please complete the following survey and return it using one of the methods listed on the next page. You can also complete the survey online at this URL: <http://tinyurl.com/gvgyht> .

Your Title: Physician Nurse Practitioner Physician Assistant Other _____

Primary Practice Setting: Hospital Community Clinic Office Other _____

Specialty: _____ **Your Name (Optional):** _____

1. Please rate your comfort level with prescribing opioids to treat your patients who have pain. (Choose one)

Very Comfortable Somewhat Comfortable Slightly Comfortable Not At All Comfortable

2. How familiar are you with alternative, non-opioid medications to treat pain? (Choose one)

Very Familiar Somewhat Familiar Slightly Familiar Not At All Familiar

3. Which of the following pain management/opioid guidelines are you familiar with? (Select all that apply)

CDC CA Medical Board American Pain Society American Academy of Pain Medicine
 International Association for the Study of Pain Other _____

4. Which elements would you find most helpful in managing your patients with pain? (Check all that apply)

Sample pain contract
 Stricter formulary management (e.g., quantity limits)
 More medication alternatives covered (e.g., Lyrica, Lidoderm, Voltaren)
 More non-medication therapies covered (e.g., physical therapy, acupuncture)
 Assistance with behavioral health and/or substance abuse treatment for Alliance members
 Sample dialogue for patient encounters
 Summary of the most recent clinical guidelines
 Other: _____

5. Would you support implementation of formulary changes (for example, quantity limits for short-acting opioids) for Alliance members?

Yes No Not sure

6. If offered continuing education and/or training on pain management, how likely would you use such services? (Choose one)

Very Likely Somewhat Likely Slightly Likely Not At All Likely

7. Please rank, in order of preference, with 1 being the highest, available methods of continuing education and training for opioid prescribing that you are likely to participate in.

_____ Phone-Based _____ Online/Webinar _____ In-Person _____ Self-Study

Any Other Comments or Suggestions:

Please return this survey using one of the following methods:

Fax	Mail	E-mail	Online Survey
1-510-747-4154	Pharmacy Services Dept. Alameda Alliance for Health 1240 South Loop Road Alameda, CA 94502	Chad Rockwell crockwell@alamedaalliance.org	http://tinyurl.com/gvgtyht

Thank you for your participation. If you have any questions or comments, please contact Pharmacy Services at 510-747-4541 between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.



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
CITY HEALTH URGENT CARE	13690 EAST 14TH STREET, SUITE 100 SAN LEANDRO, CA 94578	510.984.2489	MONDAY – FRIDAY 8AM – 7PM SATURDAY 9AM - 5PM SUNDAY 9AM – 5PM
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.



Alameda Alliance for Health: HIV Testing Sites and Referral Process

Referral Process:

Alliance providers may refer a patient requesting confidential HIV testing to a confidential test site, family planning or sexually transmitted disease provider within the Alliance provider network for all product lines. Referrals to in-plan sites are encouraged; however, Medi-Cal members do have the option of seeking HIV testing through non-contracted providers. Providers should advise any member who chooses to go to an out-of-plan confidential test site to sign a release of information form to allow his or her name to be submitted on the claim. If the claim is submitted without a name to determine eligibility for services, the Alliance will not reimburse the provider.

Please refer to the list below for ALLIANCE-CONTRACTED TEST SITES:

FACILITY	LOCATION	PHONE NUMBER
ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL	1411 E. 31ST ST., OAKLAND, CA 94602	510-437-4800
ASIAN HEALTH SERVICES	818 WEBSTER ST., OAKLAND, CA 94607	510-410-2226
BERKELEY PUBLIC HEALTH CLINIC	830 UNIVERSITY AVE., BERKELEY, CA 94710	510-981-5350
EAST OAKLAND HEALTH CENTER	7450 INTERNATIONAL BLVD., OAKLAND, CA 94621	510-430-9401
LA CLINICA DE LA RAZA, TRANSIT VILLAGE	3451 E. 12TH STREET, OAKLAND, CA 94601	510-535-3500
LA CLINICA ALTA VISTA	1515 FRUITVALE AVE., OAKLAND, CA 94602	510-535-6300
PLANNED PARENTHOOD, HAYWARD	1032 "A" ST., HAYWARD, CA 94541	510-300-3800
TRI-CITY HEALTH CENTER	39500 LIBERTY ST., FREMONT, CA 94538	510-770-8133
VALLEY COMMUNITY HEALTH CENTER	4361 RAILROAD AVE., PLEASANTON, CA 94566	925-462-1755
WEST OAKLAND HEALTH	CENTER 700 ADELIN OAKLAND, CA 94607	510-835-9610

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



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HEDIS MEASURES: Quick Reference Guide

Updated September 2016

ADULT PREVENTION & CHRONIC CONDITION MEASURES

MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Adult Body Mass Index (BMI) Assessment	Members 18-74 years of age who had an outpatient visit and whose BMI was documented in 2016 or 2015.	Documentation of the following in 2015 or 2016: <ul style="list-style-type: none"> • Ages 18-19: Medical record must indicate the height, weight, and BMI percentile or BMI percentile plotted on an age-growth chart • Ages 20-74 : Medical record must indicate weight and BMI value
Colorectal Cancer Screening	Members 50-75 years of age who had appropriate screening for colorectal cancer.	Documentation of the following: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT Value Set) during in 2016 with result • Flexible sigmoidoscopy performed since 1/1/12 • Colonoscopy performed since 1/1/07
Controlling High Blood Pressure (BP)	<ul style="list-style-type: none"> • Members 18-85 years of age whose most recent BP in 2016 was controlled. • Members 60-85 years of age <u>with diabetes</u> whose most recent BP in 2016 was <140/90. • Members 60-85 years of age <u>without diabetes</u> whose most recent BP in 2016 was <150/90. 	Documentation of the following in the medical record: A notation of hypertension prior to June 30, 2016 OR Undated problem list including the diagnosis of hypertension AND A dated documentation of the most recent blood pressure taken in a physician office in 2016
Comprehensive Diabetes Care	Members 18-75 years of age with diabetes who had EACH of the following: <ul style="list-style-type: none"> • Hemoglobin A1c test • Nephropathy screening test or evidence of medical attention for nephropathy • Diabetic retinopathy eye exam • Blood pressure 	Documentation of EACH of the following: <ul style="list-style-type: none"> • Hemoglobin A1c test in 2016 and result (goal is <8.0%) • Urine protein lab test in 2016 or on ACE/ARBs • Retinal or dilated eye exam in 2016 (regardless of result) or <u>negative</u> retinal or dilated eye exam since 2015 • Most recent blood pressure in 2016 taken in a physician's office (goal is <140/90)
Cervical Cancer Screening	Women 21-64 who had a cervical cancer screening by one of two methods.	Documentation of the following: Women ages 21-64: <ul style="list-style-type: none"> • Cervical cytology performed between 1/1/14 and 12/31/16 with result or finding Women ages 30-64: <ul style="list-style-type: none"> • Cervical cytology with human papillomavirus (HPV) co-testing performed between 1/1/12 and 12/31/16 with results or findings

ADULT PREVENTION & CHRONIC CONDITION MEASURES

Screening for Clinical Depression and follow up plan (ages 12 and up)	Members 12 years of age and older screened for clinical depression at the time of their visit. If the screen is positive, a follow up plan is documented.	Documentation of the following in 2016: <ul style="list-style-type: none"> • Name of the age appropriate standardized depression screening tool used • The depression screening was reviewed and addressed in the provider office AND If the screening is <u>positive</u> , documentation of the follow-up plan
Breast Cancer Screening	Women 52-74 years of age who had one or more mammograms between 10/1/14 and 12/31/16.	Calculated using the following: <ul style="list-style-type: none"> • Mammogram* within 10/1/14 and 12/31/16 *This measure evaluates primary screening. Biopsies, breast ultrasounds, MRIs or diagnostic screenings are not included
Annual Monitoring for Patients on Persistent Medications	Members 18 years of age and older with at least 180 treatment days of: <ul style="list-style-type: none"> • Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) or • Diuretics AND <u>at least one</u> medication monitoring event in 2016.	Calculated using the following: Members prescribed <u>ACE inhibitors/ARBs</u> : <ul style="list-style-type: none"> • Lab panel test • Serum potassium test and serum creatinine test Members prescribed <u>diuretics</u> : <ul style="list-style-type: none"> • Lab panel test • Serum potassium test and serum creatinine test
Asthma Medication Ratio	Members 5-85 years of age with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater in 2016.	Calculated using the following: <ul style="list-style-type: none"> • Diagnosis of asthma • Date and type of asthma medications dispensed
Avoidance of Antibiotic Therapy for Adults with Acute Bronchitis	Members 18-64 years of age with a diagnosis of acute bronchitis who were <u>not</u> dispensed an antibiotic prescription.	Calculated using the following: <ul style="list-style-type: none"> • Date of services for any outpatient or ED visit during 2016 with a diagnosis of acute bronchitis • Dispensed prescription for antibiotic medication, if applicable
Use of Imaging Studies for Low Back Pain	Members 18-50 years of age with a primary diagnosis of low back pain in 2016 who did not have an imaging study within 28 days of diagnosis.	Calculated using the following: <ul style="list-style-type: none"> • Principal diagnosis of uncomplicated low back pain • Imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis, if applicable
All-Cause Readmissions	Members 18 years of age and older, who had an acute inpatient stay in 2016, followed by an unplanned acute readmission for any diagnosis within 30 days.	Calculated using the following: <ul style="list-style-type: none"> • Acute inpatient discharge date(s)

To obtain a copy of the qualifying billing codes (including ICD-10) for these measures, contact Julia Still, Quality Improvement Department, at (510) 373-5680.



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HEDIS MEASURES: Quick Reference Guide

Updated September 2016

WOMEN'S HEALTH MEASURES

MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Adult Body Mass Index (BMI) Assessment	Members 18-74 years of age who had an outpatient visit and whose BMI was documented in 2016 or 2015.	<p>Documentation of the following in 2015 or 2016:</p> <ul style="list-style-type: none"> • Ages 18-19: Medical record must indicate the height, weight, and BMI percentile or BMI percentile plotted on an age-growth chart • Ages 20-74 : Medical record must indicate weight and BMI value
Prenatal Care (live births between 11/5/15 and 11/6/16)	Women who had a prenatal visit within the first trimester (or within 42 days of enrollment with the Alliance).	<p>Documentation of dated prenatal visit and ONE of the following:</p> <ol style="list-style-type: none"> 1. Physical exam with ONE of the following: <ul style="list-style-type: none"> • Auscultation of fetal heart tone • Pelvic exam with obstetric observations • Measurement of fundus height (use of a standardized prenatal flow sheet is encouraged) 2. Evidence of prenatal care procedure performed, such as: <ul style="list-style-type: none"> • Screening test in the form of an OB panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or • TORCH antibody panel alone, or • A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or • Echography of pregnant uterus 3. Documentation of LMP & EDD with either of the following: <ul style="list-style-type: none"> • Prenatal risk assessment/counseling or education • Complete obstetrical history

WOMEN'S HEALTH MEASURES

<p>Postpartum Care (live births between 11/5/15 and 11/6/16)</p>	<p>Women who had a postpartum visit between 21-56 days after delivery.</p>	<p>Documentation of dated postpartum visit and ONE of the following:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of breasts, abdomen, weight, blood pressure (BP) • Notation of postpartum care or preprinted "Postpartum Care" form in which information was documented during the visit
<p>Frequency of Ongoing Prenatal Care (live births between 11/5/15 and 11/6/16)</p>	<p>Number of prenatal visits a woman received during pregnancy compared to the number of expected* prenatal visits.</p>	<p>Required documentation mirrors Prenatal Care measure</p> <p>*The number of expected prenatal visits ranges between 1– 17 visits and is determined by using both the gestational age (in weeks) on date of delivery and stage of pregnancy at time of Alliance enrollment (month of pregnancy when member enrolled)</p>
<p>Cervical Cancer Screening</p>	<p>Women 21-64 who had a cervical cancer screening by one of two methods.</p>	<p>Documentation of the following:</p> <p>Women ages 21-64:</p> <ul style="list-style-type: none"> • Cervical cytology performed between 1/1/14 and 12/31/16 with result or finding <p>Women ages 30-64:</p> <ul style="list-style-type: none"> • Cervical cytology with human papillomavirus (HPV) co-testing performed between 1/1/12 and 12/31/16 with results or findings
<p>Breast Cancer Screening</p>	<p>Women 52-74 years of age who had one or more mammograms between 10/1/14 and 12/31/16.</p>	<p>Calculated using the following:</p> <ul style="list-style-type: none"> • Mammogram* within 10/1/14 and 12/31/16 <p>*This measure evaluates primary screening. Biopsies, breast ultrasounds, MRIs or diagnostic screenings are not included</p>

To obtain a copy of the qualifying billing codes (including ICD-10) for these measures, contact Julia Still, Quality Improvement Department, at (510) 373-5680.

CHILDREN/ADOLESCENTS MEASURES

MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Well Child Visits (ages 3-6)	Children 3-6 years of age as of December 2016, who had at least one well-child visit with a primary care practitioner (PCP) in 2016.	Documentation must include the date of the visit and evidence of all of the following: <ul style="list-style-type: none"> • Health history • Mental developmental history • Physical developmental history • Physical exam • Health education/anticipatory guidance <p><i>* Inpatient or ED visits are excluded.</i></p>
Weight Assessment & Counseling for Nutrition and Physical Activity	Children and adolescents 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during 2016. <ul style="list-style-type: none"> • Body Mass Index (BMI) percentile • Counseling for nutrition • Counseling for physical activity 	Documentation of the following: <ul style="list-style-type: none"> • Height, Weight and BMI percentile value or BMI percentile plotted on an age-growth chart • Counseling, education, or anticipatory guidance for nutrition* • Counseling, education, or anticipatory guidance for physical activity* <p><i>*Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators</i></p>
Immunizations in Adolescents	Adolescents who received the following immunizations by their 13th birthday: <ul style="list-style-type: none"> • 1 meningococcal conjugate • 1 Tdap • 3 HPV * <p><i>* HPV series is required for both males and females</i></p>	Documentation indicating name of specific antigen and date of immunization OR Immunization record

CHILDREN/ADOLESCENTS MEASURES

Childhood Immunizations	Children who received the following immunizations before their 2nd birthday: <ul style="list-style-type: none"> • 4 DTaP • 3 IPV • 3 HepB • 3 HiB • 1 VZV (chicken pox) • 1 MMR • 4 PCV (pneumo) • 1 HepA • RV (complete 2 dose or 3 dose series) • 2 Influenza 	Documentation indicating name of specific antigen and date of immunization OR Immunization record
Screening for Clinical Depression and follow up plan (ages 12 and up)	Members 12 years of age and older screened for clinical depression at the time of their visit. If the screen is positive, a follow up plan is documented.	Documentation of the following: <ul style="list-style-type: none"> • Name of the age appropriate standardized depression screening tool used • The depression screening was reviewed and addressed in the provider office AND If the screening is <u>positive</u> , documentation of the follow-up plan
Children and Adolescents' Access to Primary Care Practitioners (PCP)	<ul style="list-style-type: none"> • Members 12-24 months who had a visit with a PCP in 2016. • Members 24 months to 6 years of age who had a visit with a PCP in 2016. • Members 7-11 years of age who had a visit with a PCP in 2016 or 2015. • Members 12-19 years of age who had a visit with a PCP in 2016 or 2015. 	Documentation of the date of service of ambulatory or preventive care at the PCP office. *Specialist visits are excluded.
Asthma Medication Ratio	Members 5-85 years of age with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater in 2016.	Calculated using the following: <ul style="list-style-type: none"> • Diagnosis of asthma • Date and type of asthma medications dispensed

To obtain a copy of the qualifying billing codes (including ICD-10) for these measures, contact Julia Still, Quality Improvement Department, at (510) 373-5680.



Alameda Alliance for Health: Checklist for Recorded After-Hours Messages

When patients call your practice after business hours, clear instruction on how to access care is crucial. Alameda Alliance for Health is required by state and national regulatory agencies to monitor its provider network for after-hours access. This is accomplished by conducting a telephone survey outside of normal business hours to assess providers' after-hours messages.

It is a best practice to include the following information on your after-hours recording:

- ✓ Instructions for an emergency situation (i.e., "If this is an emergency, please hang up and dial 911.")
- ✓ Identification of the provider's name
- ✓ Statement that the office is closed
- ✓ Identification of regular business hours
- ✓ After-hours contact information for the provider
- ✓ Instructions or option for speaking with a live person, such as an on-call provider

For more information about timely access requirements and strategies, please call the Alliance's Quality Improvement Department at 510-747-6224.

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



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Alameda Alliance for Health: Timely Access Standards

Timely Access Regulations ^[1] – Appointment Availability Standards	
Appointment Type:	Offer the Appointment Within:
Urgent care appointments that <i>do not</i> require prior authorization	48 hours of request
Urgent care appointments that require prior authorization	96 hours of request
Non-urgent appointments with Primary Care Physicians	10 business days of request
Non-urgent appointments with Specialist Physicians	15 business days of request
Non-urgent appointments for Ancillary Services (for diagnosis or treatment of injury, illness or other health condition)	15 business days of request
Non-urgent appointments with a Non-physician Mental Health Care Provider	10 business days of request
Exceptions to the Appointment Availability Standards	
<p>Preventive Care Services and Periodic Follow Up Care: Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.</p>	
<p>Extending Appointment Waiting Time: The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.</p>	
<p>Advanced Access: The primary care appointment availability standard listed above may be met if the primary care physician office provides “advanced access.” “Advanced access” means offering an appointment to a patient with a primary care physician (or nurse practitioner or physician’s assistant) within the same or next business day from the time an appointment is requested (or a later date if the patient prefers not to accept the appointment offered within the same or next business day).</p>	

1. DMHC Regulations, Title 28 §1300.67.2.2(c)(5)

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

ALAMEDA ALLIANCE FOR HEALTH PRIOR AUTHORIZATION GRID FOR MEDICAL BENEFITS FOR DIRECTLY CONTRACTED PROVIDERS ONLY
Before services are provided PLEASE CHECK • Member Eligibility • Medical Group • Benefit Coverage • Rendering Provider • Prior Authorization Code List
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	All lines of Business FIRST 10 visits per benefit year			√
	All lines of Business 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 (except Davita centers)	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 at a facility		√	

*** This list is not all inclusive, please refer to EOC for details about benefits and the comprehensive PA list for codes that require a prior authorization. Contact the Alliance if you have questions. Last revised 09.28.2016

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). Only 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			√



Breastfeeding: Nature's Health Plan

Join us in promoting breastfeeding as the norm for Alliance families!

What Community Health Centers can do: View the NEW guide “9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings” at <https://www.cdph.ca.gov/programs/NEOPB/Documents/9StepGuide.pdf> . This California Department of Health guide shares best practices on promoting breastfeeding at clinics.

Free Alliance Lactation Support. Alliance members can meet with International Board Certified Lactation Consultants (IBCLC) to receive culturally competent, expert guidance. Providers can refer expecting or new moms with BF questions and concerns, such as:

- how to increase milk supply
- solutions for painful breastfeeding
- latching challenges, multiple births
- strategy for return to school or work & advice about pumps

Our experienced consultants provide individualized support by phone or at the member's home. No prior-authorization required. **To make a referral**, either the mom or the provider office can call our IBCLC's directly.



Tina Benitez (English/Spanish)	510-206-7080
Brandi Gates	510-372-3026
Allana Samuel	510-999-6455
Sylvia Boyd (Only by phone or in Hayward office)	510-863-1537

Handouts, Classes and Support Groups: Find handouts on pregnancy and baby care in English, Spanish, Chinese and Vietnamese at: www.alamedaalliance.org/live-healthy. Most birthing hospitals have breastfeeding classes and/or support groups that are free or covered by the Alliance. Members can call AAH Health Programs **510-747-4577** to enroll.

WIC: Most members are eligible for WIC, where they can find great breastfeeding supports.

Local BF Guide: The *Alameda County Breastfeeding Referral Guide* has a listing of local BF supports. <http://www.acphd.org/media/351377/bf%20referral%20guide.pdf>

For questions about the Alliance breastfeeding support programs or to arrange for a provider training, contact Linda Ayala, AAH Health Educator, at 510-747-3068.



**YOU
ARE KEY TO
YOUR PATIENTS'
SUCCESS!**

Remember, every quit attempt brings a smoker closer to quitting for good.

YOU succeed every time you encourage a smoker to quit.

1 ASK

Every patient at every visit:

“Do you smoke?”

ADVISE

Tobacco users to quit.

Your advice **doubles the chance** that your patients will make a quit attempt.*

* Monogr Natl Cancer Inst 5, 1-22. NIH Publication No. 94-3693

3 REFER

Your patients to 1-800-NO-BUTTS.

LET THEM KNOW:

“You can double your chances of quitting successfully by calling 1-800-NO-BUTTS.”*

* Zhu S-H., Anderson CM, Tedeschi G., et al. Evidence of real world effectiveness of a telephone quitline for smokers. N Engl J Med 2002; 347: 1087-93

1-800-NO-BUTTS

Operated by Moores UCSD Cancer Center

FREE Cessation Services Include:

- Self-help materials
- Referral to local services
- Telephone counseling
 - Up to 6 one-on-one counseling sessions to help patients create a plan and stick to it.
 - Specialized services available for teens, tobacco chewers, and pregnant smokers.

All services are FREE

English
1-800-NO-BUTTS
(1-800-662-8887)

Spanish
1-800-45-NO-FUME
(1-800-456-6386)

Mandarin & Cantonese
1-800-838-8917

Korean
1-800-556-5564

Vietnamese
1-800-778-8440

Chewing Tobacco
1-800-844-CHEW
(1-800-844-2439)

TDD: Deaf or Hard of Hearing
1-800-933-4TDD
(1-800-933-4833)

Hours of Operation
Monday–Friday: 7am – 9pm
Saturday and Sunday: 9am – 5pm

➤ **ORDER FREE PATIENT MATERIALS AT** WWW.NOBTTS.ORG

7 Suggestions for Clinical Use of Pharmacotherapies for Smoking Cessation (The information contained within this table is not comprehensive)

PHARMACOTHERAPY	SIDE EFFECTS	DOSAGE	DURATION	PRODUCT NAME & AVAILABILITY
Nicotine Patch	Local skin reaction; Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4-6 weeks then 2 weeks then 2 weeks	Nicoderm CQ (OTC) Generic (Rx & OTC)
Nicotine Gum	Mouth soreness; Dyspepsia	1-24 cigs/day-2 mg gum. (To start: every 1-2 hrs, up to 24 pcs/day) 25+ cigs/day-4 mg gum. (To start: every 1-2 hrs, up to 24 pcs/day)	Up to 12 weeks	Nicorette, Generic (OTC) Original & various flavors
Nicotine Nasal Spray	Nasal irritation	8-40 doses/day. (To start: every 1-2 hrs)	3-6 months	Nicotrol NS (Rx)
Nicotine Inhaler	Local irritation of mouth and throat	6-16 cartridges/day. (To start: every 1-2 hrs)	Up to 6 months	Nicotrol Inhaler (Rx)
Nicotine Lozenge	Mouth soreness; Local irritation of throat; Hiccups	2 mg or 4 mg. (To start: every 1-2 hrs, up to 20 pcs/day)	12 weeks	Commit, Generic (OTC)
Bupropion SR** (Precautions/contraindications include history of seizure and eating disorder)	Insomnia; Dry mouth	150 mg every morning for 3 days, then 150 mg twice daily. (Begin treatment 1-2 weeks pre-quit)	7-12 weeks; Maint. up to 6 months	Zyban, Generic (Rx)
Varenicline*** (Precautions/contraindications include pregnant or breastfeeding women, children under 18, history of kidney problems)	Nausea; Headache; Insomnia; Flatulence; Vomiting and Potentially serious neuropsychiatric events (AAH added in 2016)	0.5 mg once a day for 1-3 days, then 0.5 mg twice daily (1 in am, 1 in pm) for 4-7 days. On day 8 through completion, 1 mg twice daily. (Begin treatment 1 week pre-quit)	12 weeks; Maint. option: add'l 12 weeks	Chantix (Rx)



Tobacco Cessation Counseling (California Smoker's Helpline Web-based referral)

For your patients who smoke, as little as a 3 minute intervention can make a big difference. Each conversation with a smoker is a stepping stone to the first or the next quit attempt.

Web-Based Referral: The Alliance encourages providers to use the California Smokers' Helpline web-based referral for tobacco cessation counseling. It is easy to sign up and refer. Visit the registration page at: <https://www.forms-nobutts.org/referral/> .

For tobacco cessation Interventions, the gold standard is:

ASK Systematically identify all tobacco users at every visit

ADVISE smokers to quit

ASSESS each smoker's willingness to quit → **REFER** to Helpline at 1-800-NO-BUTTS

ASSIST smokers with a quit plan. → The Helpline helps patients create a quit plan.

ARRANGE follow up contact. → The Helpline provides multiple follow-up calls.

The Alliance covers Tobacco Cessation Counseling:

- ***Individual Counseling:*** Providers can bill for tobacco cessation counseling. Use CPT Codes 99406 (up to 10 min) and 99407 (greater than 10 min). ***Please code so we can meet monitoring requirements.*** Pregnant smokers are covered for at least one face-to-face counseling session per quit attempt. Services are covered for 60 days after delivery plus any additional days up to the end of the month.
- ***Group Counseling:*** Refer patients to the Berkeley Quit Smoking Class or Alliance Health Programs at **510-747-4577** for other group classes.
- ***Telephone Counseling:*** Refer patients to the California Smoker's Helpline. Use the web-referral and ask Alliance Provider Relations for free Helpline postcards in English, Spanish, Chinese & Vietnamese. The Helpline has specialized support for pregnant women and incentives for Asian smokers too. See attached handout.
- ***Anticipatory Guidance:*** Education or brief counseling for adolescence or school aged children to prevent initiation of tobacco use.

Please refer to the Alliance website at alamedaalliance.org for future updates to smoking cessation requirements, training and monitoring.



Communication Strategies When Caring for Immigrant Families

The recent implementation of SB 75 brings full scope Medi-Cal for all income-eligible children, including the undocumented. As a result, we are welcoming into the Alliance plan what we expect to be thousands of new child members.

When providing health care to immigrants, it may be helpful to consider the following:

Parents may not be familiar with the U.S. health care system, and especially managed care and the role of diagnostic tests and preventative services.

- Provide a brief explanation of the role of PCP as care manager
- Explain that tests will help you decide the best medicine or treatment
- Emphasize the importance of well visits and prevention

Relationship and feeling respected are important.

- Spend a little time to build rapport
- Consider which family members may need to be involved in decision making

Botanicals and home remedies may be commonly used.

- Ask about the use of home remedies
- Treat traditional practices with respect; support as complementary when appropriate

Immigrant parents may fear communicating with public or government agencies.

- Ensure privacy and confidentiality of health information
- Ask respectful questions to understand parent's concerns

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