



Alameda Alliance For Health – Provider Visit Form

2017 1st Quarter Provider Packet

Provider Name: _____ Date of Visit: _____

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

- Provider’s At-A-Glance Guide to the Provider Portal
- Provider Portal Instruction Manual
- Provider Ownership Form
- HEDIS Quick Reference Guide for Providers-Adults
- HEDIS Quick Reference Guide for Providers-Pediatrics
- Important Update on Provider Directory Attestation Notice
- Health Education Update- Quarter 1- 2017
- Member Satisfaction Survey Flyer-Announcement
- CAHPS Survey

Provider /Office Staff Signature: _____

Health Plan Representative Signature: _____

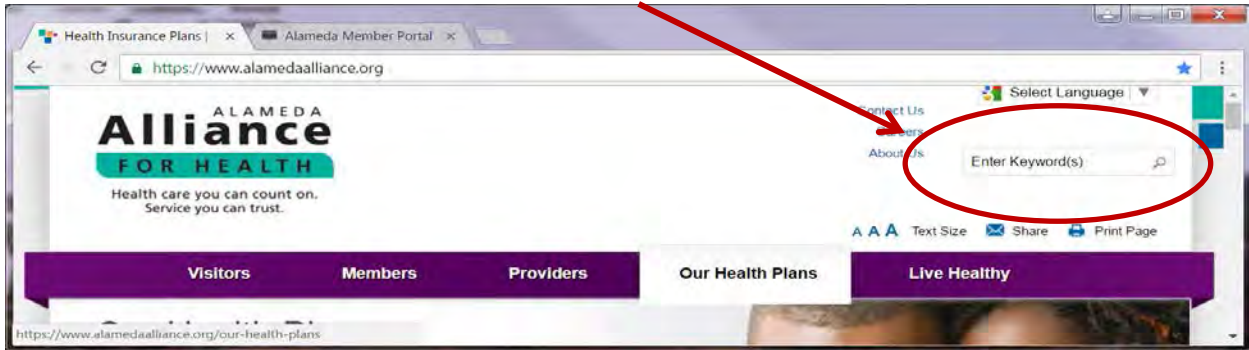
Comments: _____

Alameda Alliance for Health

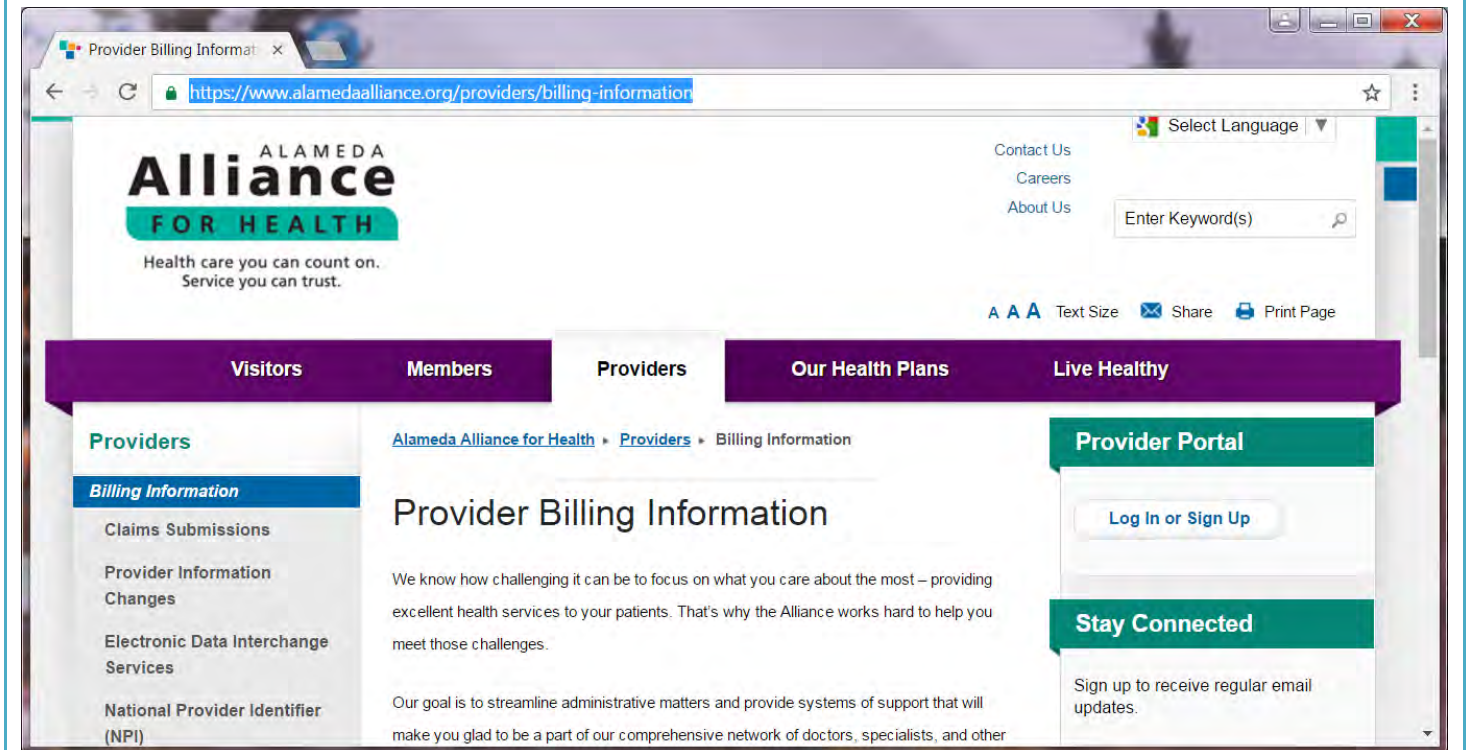
Provider At-A-Glance Guide to the Provider Portal

www.AlamedaAlliance.org

Keyword Search for Quick Results



Topic	Keyword Search	Link
Claims	"Billing Information"	https://www.alamedaalliance.org/providers/billing-information

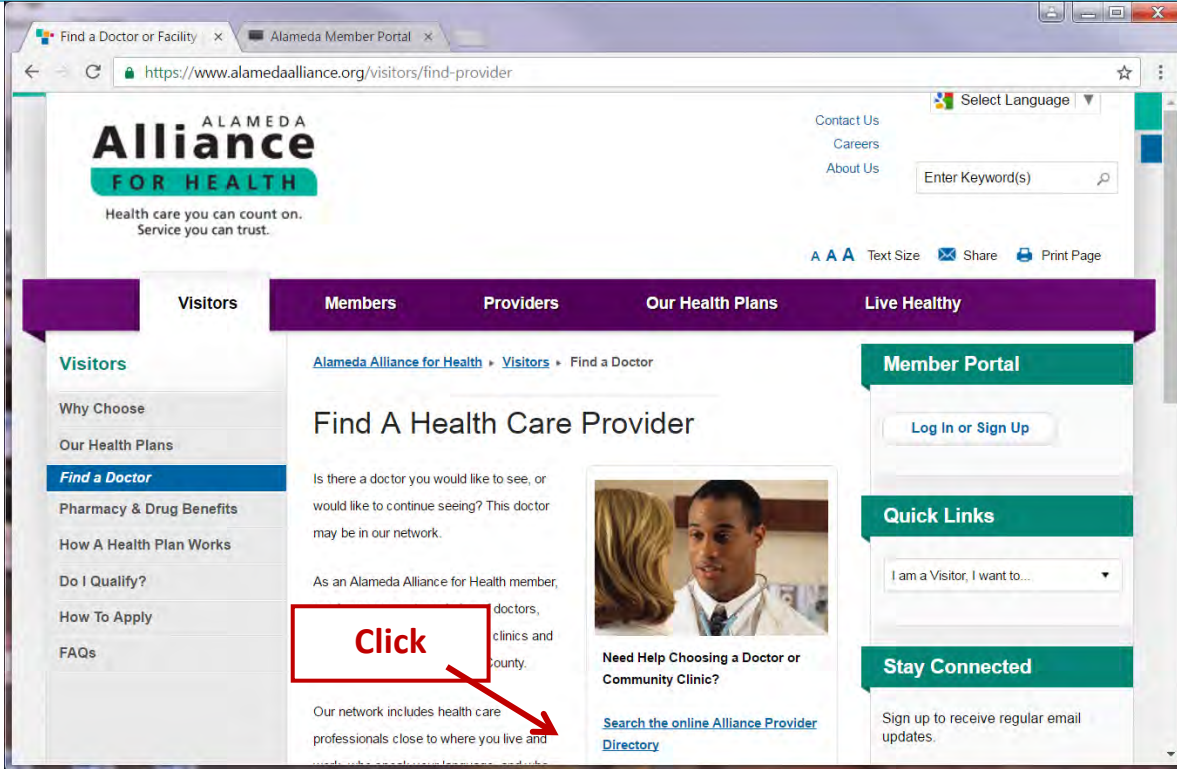


Alameda Alliance for Health

**Provider
Directory**

“Find a Doctor”

<https://www.alamedaalliance.org/visitors/find-provider>

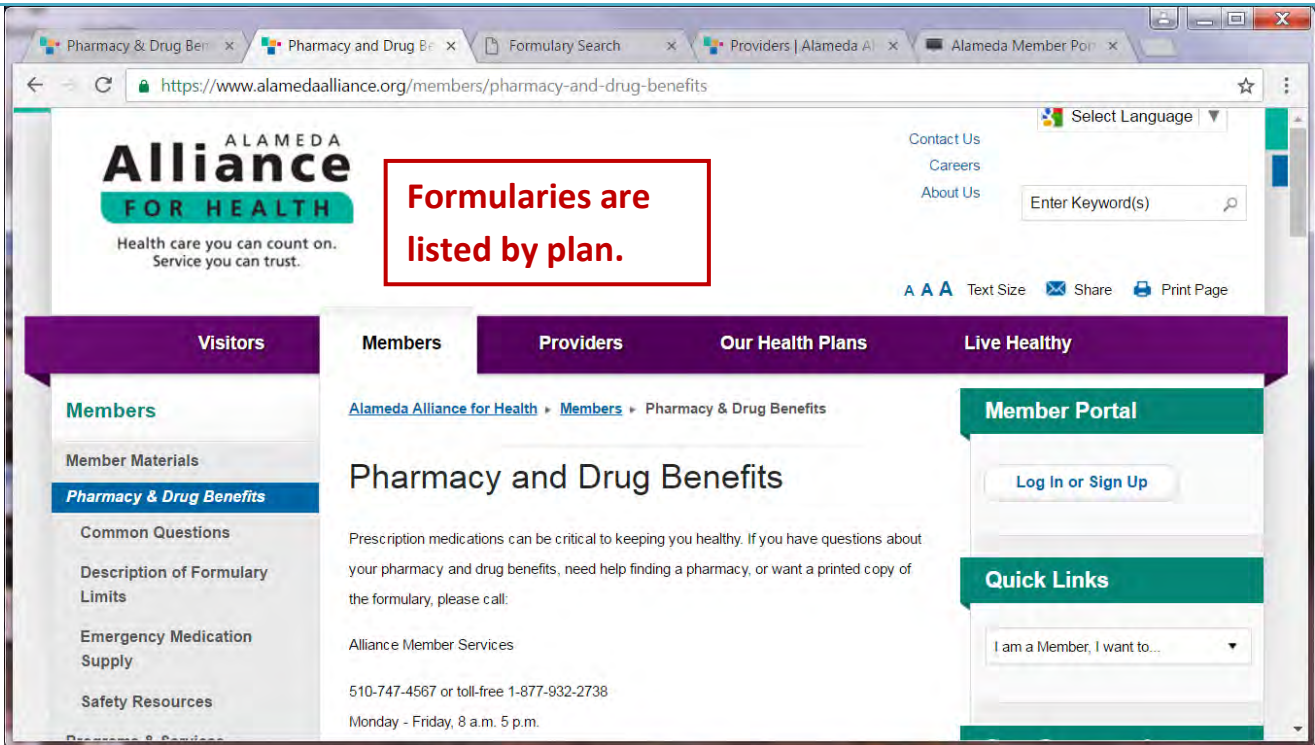


Formulary

“Online Drug
Search”

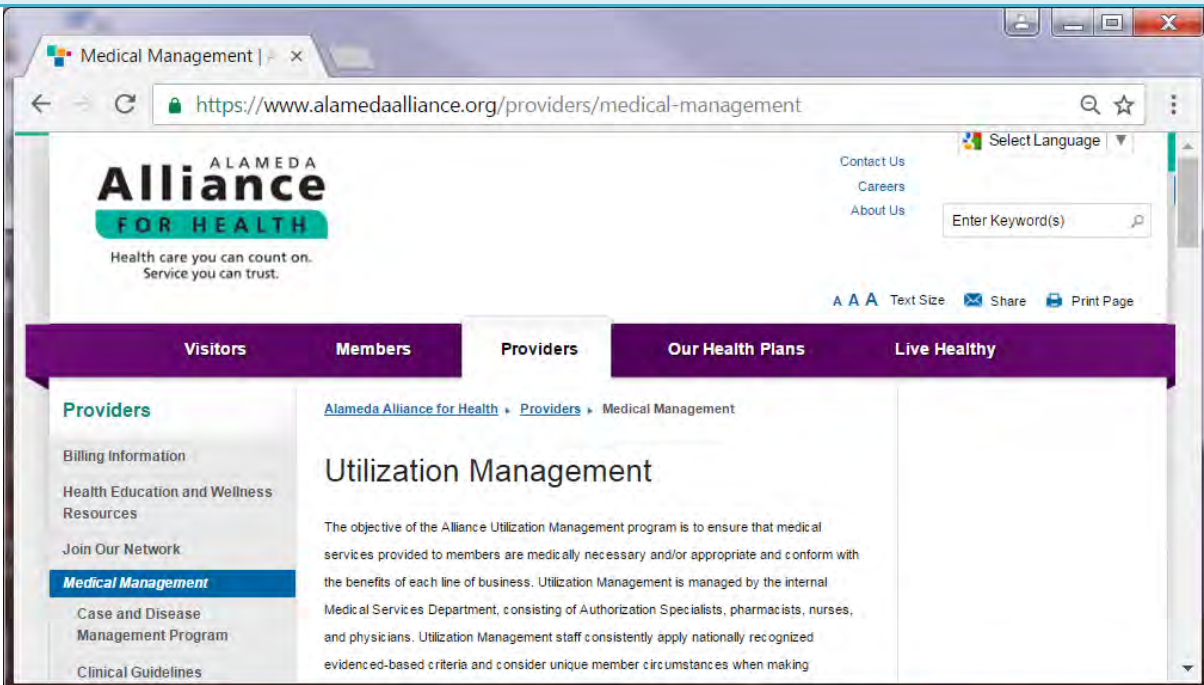
<https://www.alamedaalliance.org/members/pharmacy-and-drug-benefits>

Alameda Alliance for Health



Utilization Management “Medical Management”

<https://www.alamedaalliance.org/providers/medical-management>



And scroll down to . . .

Alameda Alliance for Health

Authorization Management

For all Alliance lines of business, Medical Services staff at the Alliance manage authorizations for members assigned to directly contracted providers (DCPs).

Authorization requests for members assigned to delegated medical groups are managed by the medical groups. Please refer to the coverage policies and utilization criteria of the respective medical groups. Please see the Delegated Medical Group table below.

You can locate a member's assigned medical group by referring to the back of the member's card, logging into the Provider Portal, or calling the Alliance Member Services department.

Delegated Medical Group	Phone	Fax	Website
Children First Medical Group	510-429-3489	510-450-5888	www.children-first-medical.com
Community Health Center Network	510-297-0220	510-297-0222	www.chcnetwork.org Provider Portal: https://portal.chcnetwork.org

For a complete list of services requiring authorization, [click here](#).

For a code specific list of services requiring authorization, [click here](#).

Click here for code specific list of services requiring authorization.

**Initial Health “IHA”
Assessment
& SHA/IHEBA**

<https://www.alamedaalliance.org/providers/medical-management/initial-health-assessment>

Alameda Alliance for Health

The screenshot shows the Alameda Alliance for Health website. The main content area is titled "Initial Health Assessment (IHA)". Below the title, there is a paragraph explaining that an IHA is a comprehensive assessment completed during a patient's first visit with their PCP. It also states that all new members must have an IHA completed by their PCP within 120 calendar days of Plan enrollment.

The "IHA Components" section lists two items:

1. A comprehensive history, physical and mental status, and where age appropriate, a developmental exam and immunization...
2. An approved Individual Health Education Behavioral Assessment (IHEBA). The Alliance recommends using the Staying Healthy Assessment [alamedaalliance.org/providers/medical-management/staying-healthy-assessment](https://www.alamedaalliance.org/providers/medical-management/staying-healthy-assessment).

A red box highlights the link in the second component, and a red callout box points to it with the text: "Click either link for the details on the Staying Healthy Assessment (SHA/IHEBA)." The sidebar on the left has "Initial Health Assessment" highlighted in blue.

Wellness and Health Education

“Wellness and Health Education”

<https://www.alamedaalliance.org/providers/health-education-and-wellness-resources>



PROVIDER PORTAL

Alameda Alliance for Health Provider Portal

Table of Contents

Getting Started

[How to Obtain Username/Password](#)

[Logging In](#)

[Forgot Username](#)

[Forgot Password](#)

Provider Home Page

[Viewing Member Information](#)

[Quick Links](#)

[Change Username or Password](#)

Member Eligibility Search

[Eligibility Details](#)

[Member Benefits](#)

Member Roster Listing

[Download Roster Listing](#)

Claims Search

[View Claims Status](#)

[Claims Details](#)

Authorizations Search

[View Authorizations Status](#)

Pharmacy/Prescription Search

[View Pharmacy/Prescription Status](#)

[Pharmacy/ Prescription Detail](#)

Provider Directory

Provider Attestation

Alameda Alliance for Health Provider Portal

How to Obtain Username/Password:

- To begin the sign-up process, click [here](#)

The Alameda Alliance for Health Provider Portal will enable you to exchange information with us and gain access to services in a secure environment.

As an integral part of the success of Alameda Alliance for Health, our providers represent some of the finest medical professionals in the area. We are now offering [EpocratesRx®](#).

Non-Contracted Providers & CompleteCare (Medi-Medi)

Non-contracted providers may file a claim appeal for services or benefits provided to a Medi-Medi member by faxing their appeal to 1-877-748-4522.

Find A Doctor or Facility:

Click [here](#) to search for a PCP, specialist, and/or facility

Step 1: License Agreement

- Review the License Agreement and click on [Agree](#) to continue

Step 2: Personal Information

- Complete the required fields and click on [Next](#)

Step 2 of 5: Personal Information

*First Name:

*Last Name:

*Address Line 1:

Line 2:

*City:

*State:

*Zip:

*Contact Phone:

*Organization Name:

Alameda Alliance for Health Provider Portal

Step 3: Identification

- Enter your Tax ID number and click **Update**
- ❖ The TIN is **required** in order to display claims.
- Enter in one or more NPI's for the account. If entering more than one NPI, separate each one with a comma (,) then click on **Update**
- ❖ If the account is for a PCP, you **must** enter the PCP's individual NPI in the "Add new TIN(s)" field in order to view a Member Roster.

ALAMEDA Alliance FOR HEALTH

Step 3 of 5: Identification

Add new TIN(s):

ALAMEDA Alliance FOR HEALTH

Step 3 of 5: Identification

Tax ID:
000000000

National Provider ID(s):

Add new TIN(s):

Step 4: Create User ID and Password

- Fill in the required fields and click **Next**

ALAMEDA Alliance FOR HEALTH

Step 4 of 5: Create User ID (Username) and Password

*Username:

*E-mail Address:

*Confirm E-mail Address:

*Password:

*Confirm Password:

*Secret Question:
Select Secret Question

*Secret Answer:

Step 5: Verification

- Verify the information entered is correct and click on **Finish**

Step 5 of 5: Verify

Username: aah.provider.16

First Name: Alameda
Last Name: provider
E-Mail Address: test@healthx.com
Address: 123 Test Alameda, CA 00000

Phone: 000-000-0000
Practice Name: Alameda Practice

TIN: 12345678900
NPI(s): 0987654321

Alameda Alliance for Health Provider Portal

Account Maintenance:

1. Once an account is created, you must contact Provider Relations (510-747-4510) to add/delete Tax ID and or NPI's to your account
2. Your office is responsible to contact Provider Relations (510-747-4510) to disable an account when staff is no longer associated with your practice.

Logging In:

- Enter your Username and Password
- If you do not already have an account, please refer to the [How to Obtain Username/Password](#) section

Forgot Username:

- If you forget your Username, contact Provider Services Department at (510) 747-4510 for assistance

Forgot Password:

- If you forget your Password, click [here](#)

The Alameda Alliance for Health Provider Portal will enable you to exchange information with us and gain access to services in a secure environment.

As an integral part of the success of Alameda Alliance for Health, our providers represent some of the finest medical professionals in the area. We are now offering [EpocratesRx®](#).

Non-Contracted Providers & CompleteCare (Medi-Medi)

Non-contracted providers may file a claim appeal for services or benefits provided to a Medi-Medi member by faxing their appeal to 1-877-748-4522.

Find A Doctor or Facility:

Click [here](#) to search for a PCP, specialist, and/or facility

Select Language Powered by [Google Translate](#)

Text Size

Provider Log-in

Username:

Password:

Click [here](#) to create your user account.

- Should you forget your username or password, please click [here](#) to prevent your account from being disabled.
- After the third failed attempt to authenticate your username and password, you will be required to contact Alameda Alliance for Health Provider Services Department to re-enable your account.

Provider Services Department
(510) 747-4510

Alameda Alliance for Health Provider Portal

Forgot Password cont'd:

- Enter your Username, click [Next](#)

ALAMEDA
Alliance
FOR HEALTH

Select Language Powered by Google Translate

Text Size

Forgot Password: Account Information

*Username:

Find your account.

Please fill in your User Name, then click the 'Next' button. You will then be prompted to answer the 'Password secret question' that you provided when you first signed up.

Next Cancel

Forgot Username:
For assistance retrieving your username, please contact Provider Services Department at (510) 747-4510

- Answer the Secret Question you set up when creating your account, click [Next](#)

ALAMEDA
Alliance
FOR HEALTH

Select Language Powered by Google Translate

Text Size

Forgot Password: Security Check

Secret Question:

*Secret Answer:

Secret Question.

Please enter the answer to the 'Password secret question' then click the 'Next' button.

Previous Next Cancel

Forgot Username:
For assistance retrieving your username, please contact Provider Services Department at (510) 747-4510

Alameda Alliance for Health Provider Portal

Forgot Password cont'd:

- Click **Finish** to be taken back to the Log-in screen
- A temporary password will be created and emailed to the address on your account

The screenshot shows the 'Forgot Password: Complete' page. At the top left is the logo 'ALAMEDA Alliance FOR HEALTH'. At the top right is a 'Select Language' dropdown and 'Powered by Google Translate'. On the right side, there are search and text size icons. The main heading is 'Forgot Password: Complete'. Below it, a message states: 'An e-mail with your new password has been sent to the e-mail address on record.' To the right of this message is a teal box titled 'Information Sent' containing the text: 'A new password was generated and e-mailed.' At the bottom right are two buttons: 'Finish' and 'Cancel'. Below these buttons, there is a section titled 'Forgot Username:' with the text: 'For assistance retrieving your username, please contact Provider Services Department at (510) 747-4510'.

- From the Provider Log-in Page, enter your Username and temporary Password
- You will then be prompted to change your password
- Enter a new password, click **Finish**, you will be then taken to the Home page
- For assistance, please contact Provider Services Department at (510) 747-4510

The screenshot shows the 'Change your Password' page. At the top left is the logo 'ALAMEDA Alliance FOR HEALTH'. At the top right is a 'Select Language' dropdown and 'Powered by Google Translate'. On the right side, there are search and text size icons. The main heading is 'Please complete the following:'. Below this is a section titled 'Change your Password'. Underneath, there are two input fields: '*Password:' and '*Confirm Password:'. To the right of these fields is a teal box titled 'Help' containing the text: 'Fields in bold are required.' At the bottom right are two buttons: 'Finish' and 'Cancel'.


Alameda Alliance for Health Provider Portal

Provider Home Page:

Viewing Member Information:

The "Member Info" tab, allows you access to:

- Member Eligibility
- Member Roster
- Claims Status
- Authorizations Status
- Pharmacy



ALAMEDA
Alliance
FOR HEALTH

Select Language ▼ Powered by [Google Translate](#)


You are currently logged in as: **Alameda Provider**

[Messages \(7\)](#) [Profile](#) [Logout](#)

Text Size

[Home](#) [Member Info](#) [Provider Directory](#)

[Home](#) • Home



Avoid waiting on the phone - use our web services

Our Provider Service team is receiving an unusually high volume of calls. Recent system changes are causing longer than usual phone wait times. We are working very hard to support each of our provider practices through the recent changes and return to the level of customer service you have come to expect from us. Thank you from all of us at Alameda Alliance for Health for your patience during this transition.

Avoid waiting on the phone by using our secure provider portal to check member eligibility.

Announcement

Affordable Care Act - Provider Payment Increase

Affordable Care Act (ACA) Section 1202 provides enhanced payment to primary care providers for specific services for dates of service in 2013 and 2014. Our goal is to send the enhanced payment to individual eligible providers starting in late fall 2013. Please follow the instructions in the letter below and submit all required information via the online form.

[Instructions for Completing Pay Increase Attestation](#)

[Letter to Directly Contracted Providers](#)

ACA Provider Information form (Attestation and W9): Click [here](#) to complete the online form

Click [here](#) to complete Form W-9

Quick Links I want to...

- [Update User Account Contact Information](#)
- [Change Username or Password](#)
- [View Pharmacy and Drug Benefits](#)
- [Download Claims Appeal Form](#)
- [View Lab Results](#)
- [Pharmacy](#)
- [Radiology Prior Authorization: CareCore National](#)
- [View Current Attestation](#)

Alameda Alliance for Health Provider Portal

Quick Links:

Will take you directly to the following locations:

- Update User Account Contact Information
 - Your account Profile allows you change your Username, email address, change your password and change your Security Question
- Change Username or Password
 - The “Account Info” tab allows you to change your Username
 - The “Security Info” tab allows you to change your password
- View Pharmacy and Drug Benefits
 - Will take you to the page containing links for our Drug Formulary, Prior Authorization Form and more
- Download Claims Appeal Form
 - You can download and print a PDF of the Claims Appeal
- View Lab Results
 - Links to Quest Diagnostic’s website to view lab information
- Pharmacy
 - Takes you to the links for current authorization forms
- Radiology Prior Authorization: CareCore National
 - Links you to the CareCore website
- View Current Attestation
 - Takes you to the list of providers to review and approve based on the NPIs in your account (completed on a yearly basis)

Alameda Alliance for Health Provider Portal

Member Eligibility Search:

- You may view eligibility for a Member by searching the Member ID, SSN, CIN number or with the last name and date of birth
- You may copy and paste multiple numbers into the search box
- The results will display the Member's status as of today's date
- Click on the Member's name to see more detailed eligibility information
- To download results to an Excel spreadsheet, click [here](#)

ALAMEDA Alliance FOR HEALTH

Select Language Powered by Google Translate

You are currently logged in as: **Alameda Provider**
[Messages \(0\)](#) [Profile](#) [Logout](#) Text Size

[Home](#) [Member Info](#) [Provider Directory](#)

[Home](#) • [Member Eligibility](#)

Eligibility is presented as of today's date. Additional information can be accessed by selecting a member.

All benefits and medical services are contingent upon the member's eligibility status at the time services are rendered. This does not guarantee the member's eligibility for benefits and medical services as his/her eligibility status may be subject to retroactive changes.

Search by: Member ID (12345678901), SSN (123456789), CIN # (12345678E) or the Member's last name and DOB.

If entering multiple Member ID numbers, separate each one with a comma or press "Enter" after each number.

Current Member: [None Selected](#)

Member Eligibility

Member ID	Member Name	Date of Birth	Gender	PCP	Plan	Status

Page 1 of 1

4 records found.

[Show/Hide Search](#)

First Name: Member ID: Date of Birth:





Last Name:

[Download Results](#)

Alameda Alliance for Health Provider Portal

Eligibility Details:

- Member demographic information
- Current PCP information
- Eligibility and PCP History
- Current Eligibility, Plan, CoPays and COB Coverage

Member Details			
Member Name:		Member ID:	
Gender:		DOB:	
Address:		Preferred Language(s):	
Home Phone:		Relationship:	
			
PCP Details			
PCP Name:		PCP NPI:	
PCP Gender:		PCP's Network:	
Address:			
City		State	Zip
PCP Phone:		PCP Email:	
PCP Website:		Current Date:	
This member is affiliated through Community Health Center Network - MCAL, please contact Community Health Center Network at 510-297-0200 before rendering service			
			
PCP History			
Start	End	PCP	Group
01/01/2017	Open		MEDI-CAL EXPANSION
03/01/2016	06/30/2016		MEDI-CAL EXPANSION
01/01/2014	02/29/2016		MEDI-CAL EXPANSION
			
Eligibility Information			
Secondary Alliance Coverage			
Effective Date:		Plan:	
01/01/2017 - Active		MEDI-CAL EXPANSION MND	
CoPays:		COB Coverage:	
Office Visit, ER, Hospital - \$0 Rx - \$0G/\$0B		N:	
<p>Disclaimer: All benefits and medical services are contingent upon the member's eligibility status at the time services are rendered. This does not guarantee the member's eligibility for benefits and medical service as his/her eligibility status may be subject to retroactive changes.</p>			
			
Current Profile			
Click on the link below to see the member's benefit highlights.			
Medi-Cal Benefits			

Member Benefits:

Click here to view the Member's benefits

Alameda Alliance for Health Provider Portal

Member Roster:

- You may view, download and print a Member Roster by selecting an NPI from the dropdown menu
- The results will display the Member's status as of today's date
- Click on the Member's name to see more detailed eligibility information
- To download your Member Roster to an Excel spreadsheet, click here.

ALAMEDA Alliance FOR HEALTH

Select Language | Powered by Google Translate

You are currently logged in as: **Alameda Provider**

Messages (7) Profile Logout

Home Member Info Provider Directory

Home • Member Roster

New Members Require an Initial Health Assessment Within 120 Days

Eligibility is presented as of today's date and corresponds to the members assigned to the selected provider (NPI). Please click on the member's name for more detailed information.

All benefits and medical services are contingent upon the member's eligibility status at the time services are rendered. This does not guarantee the member's eligibility for benefits and medical services as his/her eligibility status may be subject to retroactive changes.

Search by: Member ID (123456789), SSN (123456789), CIN # (12345678E) or the Member's last name and DOB.

If entering multiple Member ID numbers, separate each one with a comma or press "Enter" after each number.

Select Provider NP

Member Roster

PCP Begin Date	New Member	Member ID	Member Name	Date of Birth	Gender	PCP	Plan	Status
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y			9	M		MEDI-CAL	Active
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y			3	M		MEDI-CAL	Active
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y			5	F		MEDI-CAL	Active
1/1/2017	Y				F		MEDI-CAL	Active
1/1/2017	Y				M		MEDI-CAL	Active

2375 records found.

Show/Hide Search

Page 1 of 238

[Download Results](#)

Alameda Alliance for Health Provider Portal

Claims Search:

View Claim Status:

- An auto-populated list of claims will display based on the selected TIN, within a 90 day Date of Service
- You may also search for a claim by the Claim number, Member ID, SSN, CIN number or with the Member ID and date of birth
- You may copy and paste multiple claim numbers into the search box
- Click on the Claim number to see more detailed information

ALAMEDA Alliance FOR HEALTH

Select Language | Powered by Google Translate

You are currently logged in as: **Alameda Provider**
[Messages \(7\)](#) [Profile](#) [Logout](#)

Home Member Info Provider Directory

[Home](#) • Claim Status

Claims are automatically displayed for the selected TIN in the dropdown box for dates of service within the last 90 calendar days. The Begin Date and End Date search can be used for claims with a date of service older than 90 days.

Claims can also be searched by Claim number, Member ID (123456789), CIN (12345678E), SSN (123456789) or Check Number.

If entering multiple claim numbers, separate each one with a comma or press "Enter" after each number.

Select Provider:

Claim Status

Claim Number	Member Name	Member ID	Date of Service	End Date of Service	CPT Codes and Modifier	Rendering Provider	Total Billed	Amount Paid

Page 1 of 1

3 claims found.

[Show/Hide Search](#)

Claim Number(s):

Member ID:

Begin Date:

Check Number:

Date of Birth:

End Date:

[Download Results](#)

Alameda Alliance for Health Provider Portal

Claims Details:

- View Claims detail information
- All claim lines will be displayed including adjustments and reversals
- All Claims that are not finalized will display the "Status" of "Received"
- Once the Claim is finalized, the "Status" will display as either "Paid" or "Denied"
- To print a copy of the claim, click here

THIS IS NOT A BILL

Claim Detail for Member

Member Name:		Member Number:	
Claim Number:		Date Received:	
Date of Service:		Total Charges:	
Rendering Provider:		Member Cost/Responsibility:	
RA Date		Total Paid:	

Services and Charges

Line	From Date	Through Date	POS	Services	Qty	Amount Billed	Amount Approved	Member Cost	Other Amount	Amount Paid	Status	RA/Check Date	Check Number
001													
002													

Claim Notes/History

Date Received	
---------------	--

[Back to Search Results](#) | [Print View](#)

Alameda Alliance for Health Provider Portal

Authorization Search:

- You may search for an Authorization by the Member ID, SSN, CIN number, Authorization number or with the Member ID and date of birth.
- You may copy and paste multiple Authorizations numbers in the search box.
- Click on the Authorization number to see more detailed information.
- Results can be downloaded to an Excel spreadsheet by clicking here

ALAMEDA Alliance FOR HEALTH

Select Language Powered by Google Translate

You are currently logged in as: Alameda Provider
[Messages \(7\)](#) [Profile](#) [Logout](#) [Text Size](#)

Home Member Info Provider Directory

[Home](#) • Auth Status

Providers may view only authorizations where he/she is the requesting and/or referred to provider. PCPs may view all authorizations for their assigned members.

Search by: Member ID (12345678901), SSN (123456789), CIN # (12345678E), Member ID and DOB or Authorization Number (IP1234567899 or OP1234567899).

If entering multiple Authorization numbers, separate each one with a comma or press "Enter" after each number.

Auth Status

Member ID	Member Name	Patient Date of Birth	Auth Number	Requesting Provider	Start Date	End Date	Service	Service Description	Type	Status

Page 1 of 1

4 authorizations found.

[Show/Hide Search](#)

Authorization Number(s):

Member ID:

Begin Date:

Date of Birth:

End Date:

[Download Results](#)

Alameda Alliance for Health Provider Portal

View Authorizations Status:

- Authorization summary
- Provider Details including Requesting, Servicing Provider and PCP
- Authorization Details with Place of Service and Diagnosis Codes
- To print a copy of the Authorization, click here

Authorization Summary:			
Auth Number:		Status:	
Request Date:		Authorization Type:	
Member Name:		Member ID:	
Date of Birth:			

Provider Details:			
Requesting Provider:		Servicing Provider:	
Phone:		Phone:	
PCP:			
Phone:			
Authorization Details:			
---	---	---	---
Service Dates		Days/Units	
Start Date:		Requested:	
End Date:			
Place of Service:			
Procedure Codes:			
Additional Notes:			

[Back to Search Results](#) | [Print View](#)

Alameda Alliance for Health Provider Portal

Pharmacy/Prescription Search: View Pharmacy/Prescription Status:

- You may search for Prescriptions by the Prescription number, Member ID, SSN, CIN number or with the Member ID and date of birth
- You may copy and paste multiple Prescription numbers into the search box
- To download results to an Excel spreadsheet, click [here](#)

The screenshot shows the Alameda Alliance for Health Provider Portal. At the top, there is a navigation bar with 'Home', 'Member Info', and 'Provider Directory'. Below this is a search section with a search box and a 'Search' button. The search results are displayed in a table with the following columns: RX Number, Member Name, Drug Name, Pharmacy, Date Filled, Refills Remaining, Days Supply, and Prescriber Name. Below the table, there is a 'Download Results' button circled in red. A red arrow points from the text 'To download results to an Excel spreadsheet, click here' to this button.

Pharmacy/Prescription Detail:

- Member Details and Prescriber name
- Prescription summary information
- To print a copy of the Prescription information, click [here](#)

The screenshot shows the Pharmacy/Prescription Detail page. It is divided into two main sections: 'Member Details' and 'Prescription Summary'. The 'Member Details' section contains a table with the following information: RX Number, Date Filled, Member Name, Member DOB, Pharmacy Name, Prescriber Name, and Member ID. Below this is a 'Prescription Summary' section with a table containing: Label Name, Quantity, Prescribed Date, Days Supply, and Refills Remaining. At the bottom right, there is a 'Print View' button circled in red. A red arrow points from the text 'To print a copy of the Prescription information, click here' to this button.

Alameda Alliance for Health Provider Portal

Provider Directory:

- Search for a PCP, Specialist, Facility, and Hospital by clicking on the Provider Directory tab
- To search for a Pharmacy, click the “Find a Facility or Hospital” tab

Search for a Doctor or Facility

Welcome to the Alameda Alliance for Health (Alliance) online Provider Directory. This search feature will help you find a hospital, medical provider, or community health clinic.

Search Instructions

Request printed copy of Provider Directory

Report an Error in Provider Directory

Or call: 1-877-932-2738
Or write to:
Alameda Alliance for Health (Provider
Directory)
1240 South Loop Road
Alameda, CA 94502

Or call: 1-877-932-2738
or email:
AAHDirectory@alamedaalliance.org

Click [here](#) for the Glossary of Terms of each item in our provider list, how we collect the information for each item and how often we receive and check the information.

Alliance Partners (Mental Health, Dental, Vision, Lab, Rehab Therapists)

Primary or Specialty Care Provider

Facility or Hospital

Primary or Specialty Care Provider Search

Alliance Plan *

Please Select

More Search Options

Medical Group/Network

Any Network

Start Over

Type

Any Provider Type

Find A Provider

Specialty

Any Specialty

Use current location

Zip Code

Show results within

10 Miles

Language Interpreter Services

Access for people with disabilities

Alameda Alliance for Health Provider Portal

Provider Attestation:

- Clicking the “I acknowledge...” statement will be captured and reported to AAH
- Remind me later has a limit of 3 times, then will no longer be offered and the user must review the attestation information

The screenshot displays the Alameda Alliance for Health Provider Portal interface. At the top left is the logo "ALAMEDA Alliance FOR HEALTH". On the top right, there is a language selection dropdown set to "Select Language" and a note "Powered by Google Translate". Below the logo, it says "You are currently logged in as: Alameda Provider" with links for "Messages (7)", "Profile", and "Logout". A search icon and "Text Size" link are also present. A purple navigation bar contains "Home", "Member Info", and "Provider Directory". The main content area features a white notification box titled "Notification to Update Provider Directory (Senate Bill 137)". The text inside the box explains that Senate Bill 137 requires regular updates to provider information. Below the text is a checkbox labeled "I acknowledge that I received notification that I am required to review and update my information", which is currently unchecked. At the bottom of the notification box are two buttons: "Review and update now" and "Remind me later".

Alameda Alliance for Health Provider Portal

- The “Only show providers that need attestation” check box shows only the providers that need the attestation completed. Uncheck the checkbox to see all providers along with the date of attestation for completed providers.

ALAMEDA Alliance FOR HEALTH

Select Language
 Powered by Google Translate

You are currently logged in as: **Alameda Provider**
 Messages (7) Profile Logout

Home Member Info Provider Directory

Review provider directory information

The following providers are listed in our provider directory and associated to your account by National Provider ID (NPI). Please review this information and submit any necessary changes. **Note that any changes you make will not be immediately reflected in the provider directory. It may take up to 30 days to be updated in the directory.**

Filter Results **Attestation Results** (6 results)

Only show providers that need attestation

Karim M., Hussain, MD NPI 1881723971 Attestation received by N/A Last reviewed and updated on N/A	Review Information
Stephen, Post, MD NPI 1891727947 Attestation received by N/A Last reviewed and updated on N/A	Review Information
Vicky, Valverde-Salas, MD NPI 1669551883 Attestation received by N/A	Review Information

- Shows the attestation date for completed providers

Review provider directory information

The following providers are listed in our provider directory and associated to your account by National Provider ID (NPI). Please review this information and submit any necessary changes. **Note that any changes you make will not be immediately reflected in the provider directory. It may take up to 30 days to be updated in the directory.**

Filter Results **Attestation Results** (7 results)

Only show providers that need attestation

Norman, Cheung, MD NPI 1407879984 Attestation received by Alameda Provider Last reviewed and updated on 7/14/2016	Review Information
Karim M., Hussain, MD NPI 1881723971 Attestation received by N/A Last reviewed and updated on N/A	Review Information

Alameda Alliance for Health Provider Portal

- To submit the attestation with or without changes, the "I have reviewed..." checkbox must be checked before clicking "Confirm"


██████████, MD
 Print

Please review the following and select the icon or data to make changes if information is inaccurate, has changed, or no longer applies. If all information is correct, then you can submit the request without changes.

Provider name	Gender	Accepting New Patients	
██████████, n,	Male	Accepting new patients	
Provider Contact Info	Type of Provider	California License Number	
Phone: 510-██████████ ██████████ Email: Not Available Phone: 510-██████████ ██████████ Email: Not Available	PCP	██████████	
Specialty	Board Certifications (or other)	NPIN	
Internal Medicine		██████████	
Alliance Plan	Medical Group/Network	Provider Language(s)	Hospital Name
Group Care Medi-Cal	Alliance Network	Urdu English Gujarati Hindi	Washington Township Hospital District DBA Washington Hospital Admitting Privileges: Yes
Facilities			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>██████████ MD </p> <p>██████████</p> <p>Gender Limits: None</p> <p>Age Limits: 18 and Over</p> <p>Hours: Mon - Fri: 9:00AM - 5:00PM</p> <p>Staff Languages (Other than English):</p> <p>Accessibility: Limited</p> <p></p> <p>Facility NPI: ██████████</p> <p>Facility Type:</p> </div> <div style="width: 45%;"> <p>██████████, D, Inc. </p> <p>██████████</p> <p>Gender Limits: None</p> <p>Age Limits: 18 and Over</p> <p>Hours: Mon - Fri: 8:30AM - 5:00PM</p> <p>Staff Languages (Other than English): Urdu, Telugu, Tagalog, Spanish, Punjabi, Mandarin, Hindi, Gujarati</p> <p>Accessibility: Limited</p> <p></p> <p>Facility NPI: ██████████</p> <p>Facility Type:</p> </div> </div>			
<p>General comments or changes</p> <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>			
<p><input type="checkbox"/> I have reviewed and confirm that all the above information is correct</p> <div style="text-align: center; margin-top: 10px;"> Confirm </div>			

Alameda Alliance for Health Provider Portal

- From the Home Page, Quick Links, the user can return to the attestation to complete remaining list or reiew already completed items



ALAMEDA
Alliance
FOR HEALTH


Select Language Powered by Google Translate

You are currently logged in as: **Alameda Provider**

[Messages \(7\)](#) [Profile](#) [Logout](#) Text Size

[Home](#) [Member Info](#) [Provider Directory](#)

[Home](#) • Home



Avoid waiting on the phone - use our web services

Our Provider Service team is receiving an unusually high volume of calls. Recent system changes are causing longer than usual phone wait times. We are working very hard to support each of our provider practices through the recent changes and return to the level of customer service you have come to expect from us. Thank you from all of us at Alameda Alliance for Health for your patience during this transition.

Avoid waiting on the phone by using our secure provider portal to check member eligibility.

Announcement

Affordable Care Act - Provider Payment Increase

Affordable Care Act (ACA) Section 1202 provides enhanced payment to primary care providers for specific services for dates of service in 2013 an 2014. Our goal is to send the enhanced payment to individual eligible providers starting in late fall 2013. Please follow the instructions in the letter below and submit all required information via the online form.

[Instructions for Completing Pay Increase Attestation](#)

[Letter to Directly Contracted Providers](#)

ACA Provider Information form (Attestation and W9): Click [here](#) to complete the online form

Click [here](#) to complete Form W-9

Quick Links
I want to...

- [Update User Account Contact Information](#)
- [Change Username or Password](#)
- [View Pharmacy and Drug Benefits](#)
- [Download Claims Appeal Form](#)
- [View Lab Results](#)
- [Pharmacy](#)
- [Radiology Prior Authorization: CareCore National](#)
- [View Current Attestation](#)



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

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<p>CCS</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 every three years with results or findings <p>Women ages 30-64:</p> <ul style="list-style-type: none"> Cervical cytology with human papillomavirus (HPV) co-testing performed every five years with results or findings <p>*HPV test ordered after positive Pap testing does not count as co-testing</p>	<p>Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 ICD10: Z12.4</p> <p>HPV Test CPT: 87624, 87625 LOINC: 21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0</p> <p>Exclusion: Absence of Cervix CPT: 51925, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 ICD10: Q51.5, Z90.710, Z90.712</p>	<ul style="list-style-type: none"> Use chart preparation time before the visit to review the record for overdue screenings Review and confirm all preventive health screenings at each visit Consistently document all dates and results When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete Take the opportunity to screen at post-partum visit Complete detailed documentation of hysterectomy, including date of surgery and presence or absence of the cervix If date of hysterectomy is unknown when taking medical history then document year Use outreach lists to contact members overdue for screenings

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
CDC 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 ACE/ARB therapy Retinal or dilated eye exam in 2016 (regardless of result) or negative retinal or dilated eye exam in 2015 Most recent blood pressure in 2016 taken in a physician’s office (goal is <140/90) 	<u>Diabetes</u> ICD-10: E10.1-E13.9, O24.011-O24.33, O24.811-O24.83 <u>A1c</u> HbA1c CPT: 83036 HbA1c LOINC: 17856-6, 4548-4, 4549-2 HbA1c level 7.0-9.0: 3045F HbA1c level less than 7.0: 3044F HbA1c level greater than 9.0: 3046F <u>Urine Protein Test</u> CPT: 81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F <u>Blood Pressure</u> Systolic BP < 140 CPT: 3074F, 3075F Systolic BP >= 140 CPT: 3077F Diastolic BP 80-89 CPT: 3079F Diastolic < 80: 3078F Diastolic >= 90: 3080F	<ul style="list-style-type: none"> Use chart preparation time before the visit to review the record for overdue screenings or tests Review and confirm all diabetes management screenings at each visit Consistently document all dates and results Use standing orders and empower office staff to order labs, take blood pressure etc. Repeat labs indicating “poor” control later in the calendar year Use outreach lists to contact members overdue for screenings Communicate the importance of the eye exam and help coordinate the scheduling When the service is reported but completed offsite obtain the record and results to ensure medical record is complete

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
CDC Comprehensive Diabetes Care Continued	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 ACE/ARB therapy • Retinal or dilated eye exam in 2016 (regardless of result) or negative retinal or dilated eye exam in 2015 • Most recent blood pressure in 2016 taken in a physician’s office (goal is <140/90) 	<u>Exclusion: Underlying Condition</u> IDC10: E08.00-E08.01, E08.10, E08.11, E08.21-E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39-E08.44, E08.49, E08.51-E08.52, E08.59, E08.61, E08.618, E08.620-E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9 <u>Exclusion: Drug or Chemical Induced Diabetes</u> IDC10: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39- E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620-E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9 <u>Exclusion: Gestational Diabetes</u> IDC10: O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.439, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93	

HEDIS Quick Reference Guide for Providers

Contact AAHHEDIS@alamedaalliance.org with questions.



HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<p>MPM-ACE/ARBs</p> <p>Annual Monitoring for Patients on ACE/ARBs</p>	<p>Members 18 years of age and older with at least 180 treatment days of angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)</p> <p>AND <u>at least one</u> medication monitoring event in 2016.</p>	<p>Calculated using the following:</p> <ul style="list-style-type: none"> • Lab panel test • Serum potassium test and serum creatinine test <p>*Blood urea nitrogen (BUN) is not allowed as a therapeutic monitoring test</p>	<p>Lab Panel Test CPT: 80047, 80048, 80053, 80069</p> <p>Serum Potassium Test CPT: 80051, 84132</p> <p>Serum Creatinine Test CPT: 82565, 82575</p>	<ul style="list-style-type: none"> • Use chart preparation time before the visit to review the record for overdue screenings • Use standing orders and empower office staff to order labs and follow up with the member before the visit • Repeat labs indicating “poor” control later in the calendar year. • Confirm all preventive health screening at each visit • Consistently document all dates and results • When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete
<p>MPM-DIU</p> <p>Annual Monitoring for Patients on Diuretics (DIU)</p>	<p>Members 18 years of age and older with at least 180 treatment days of diuretics (DIU)</p> <p>AND <u>at least one</u> medication monitoring event in 2016.</p>	<p>Calculated using the following:</p> <ul style="list-style-type: none"> • Lab panel test • Serum potassium test and serum creatinine test <p>*Blood urea nitrogen (BUN) is not allowed as a therapeutic monitoring test</p>	<p>Lab Panel Test CPT: 80047, 80048, 80053, 80069</p> <p>Serum Potassium Test CPT: 80051, 84132</p> <p>Serum Creatinine Test CPT: 82565, 82575</p>	<ul style="list-style-type: none"> • Use chart preparation time before the visit to review the record for overdue screenings • Use standing orders and empower office staff to order labs and follow up with the member before the visit • Repeat labs indicating “poor” control later in the calendar year. • Confirm all preventive health screening at each visit • Consistently document all dates and results • When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
MMA Medication Management for People with Asthma	Members 5-64 years of age with persistent asthma who remained on asthma controller medications for at least 75% of their treatment period in 2016.	Calculated using the following: <ul style="list-style-type: none"> • Diagnosis of asthma • Date and type of asthma medications dispensed • Days covered by asthma medications dispensed 	Asthma ICD 10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> • At each visit, verify that prescriptions are being filled and that the member is compliant • Prescribe a long-term controller medication as well as a short-term “rescue” inhaler • Conduct parent and patient education on compliance and proper medication use • Follow up with newly diagnosed patients and contact patients who have not filled controller medications
AMR Asthma Medication Ratio	Members 5-64 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 	Asthma ICD 10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> • At each visit, verify that prescriptions are being filled and that the member is compliant • Conduct parent and patient education on compliance and proper medication use • Follow up with newly diagnosed patients
W34 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>* Inpatient or ED visits are excluded</p>	Well Care Visit ICD-10: Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9 CPT: 99381-99384, 99391-99394	<ul style="list-style-type: none"> • Use the Staying Healthy Assessment to note health education/anticipatory guidance: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx • Consider and bill for a well child visit at the time of a sick visit by submitting appropriate codes or modifier codes • When completing school forms, add a physical, history and anticipatory guidance • EMR templates can help ensure proper documentation • Document the specific topics of the health education/anticipatory guidance provided

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<p>CIS</p> <p>Combo 3</p> <p>Childhood Immunizations</p>	<p>Children who received the following immunizations by their 2nd birthday:</p> <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 	<p>Documentation indicating name of specific antigen and date of immunization</p> <p>OR</p> <p>Immunization record</p> <p>*Document all immunizations in the California Immunization Registry (CAIR)</p>	<p>DTaP CPT: 90698, 90700, 90723</p> <p>IPV CPT: 90698, 90713, 90723</p> <p>HepB CPT: 90723, 90740, 90744, 90747, 90748</p> <p>HiB CPT: 90647-90648, 90698, 90748</p> <p>VZV CPT: 90710, 90716</p> <p>MMR CPT: 90707, 90710</p> <p>PCV CPT: 90670</p> <p>HepA_CPT: 90633</p> <p>Rotavirus 2 dose CPT: 90681</p> <p>Rotavirus 3 dose CPT: 90680</p> <p>Flu CPT: 90655, 90657, 90662, 90673, 90685</p>	<ul style="list-style-type: none"> • Use chart preparation time before the visit to review the record for overdue immunizations • Review, recommend and confirm all immunizations with the parent at each visit • Consistently document and date all immunizations • Document any parent refusal, allergies or contraindications • Include immunizations given in the hospital at birth and at other health departments • See CDC immunization schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
<p>CAP</p> <p>Children and Adolescents' Access to Primary Care Providers (PCP)</p>	<ul style="list-style-type: none"> • Members 12-24 months who had a visit with a PCP in 2016. • Members 25 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. 	<p>Documentation of the date of service of ambulatory or preventive care at the PCP office.</p> <p>* Any PCP visit counts but specialist visits are excluded</p>	<p>Ambulatory Visit CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99384, 99391-99394, 99401, 99429</p> <p>HCPCS: T1015</p>	<ul style="list-style-type: none"> • Outreach to families with children and adolescent members at least yearly for well child checks • Educate parents on the importance of regular well child visits through adolescence • When an appointment is made for one child, schedule well child visits for all siblings in the family

HEDIS Quick Reference Guide for Providers

Contact AAHHEDIS@alamedaalliance.org with questions.



HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<p>CBP</p> <p>Controlling High Blood Pressure (BP)</p>	<p>Members 18-85 years of age with a diagnosis of hypertension (HTN) and adequately controlled blood pressure in 2016 per the following guidelines:</p> <ul style="list-style-type: none"> Members 18-59 years of age whose most recent BP was <140/90. Members 60-85 years of age <u>with diabetes</u> whose most recent BP was <140/90. Members 60-85 years of age <u>without diabetes</u> whose most recent BP was <150/90. 	<p>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 Dated documentation of the most recent blood pressure taken in a physician office in 2016</p>	<p><u>Hypertension</u> ICD-10: I10</p>	<ul style="list-style-type: none"> Make taking and recording blood pressure part of every patient intake Document blood pressure for any member with a diagnosis of hypertension When the member’s BP is elevated at the visit, repeat the measurement AND document the new result. The repeat BP is often lower! If the member has other conditions complicating hypertension, document and code as specifically as possible

HEDIS Quick Reference Guide for Providers

Contact AAHHEDIS@alamedaalliance.org with questions.



HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
MMA Medication Management for People with Asthma	Members 5-64 years of age with persistent asthma who remained on asthma controller medications for at least 75% of their treatment period in 2016.	Calculated using the following: <ul style="list-style-type: none"> • Diagnosis of asthma • Date and type of asthma medications dispensed • Days covered by asthma medications dispensed 	Asthma ICD 10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> • At each visit, verify that prescriptions are being filled and that the member is compliant • Prescribe a long-term controller medication as well as a short-term “rescue” inhaler • Conduct parent and patient education on compliance and proper medication use • Follow up with newly diagnosed patients and contact patients who have not filled controller medications
AMR Asthma Medication Ratio	Members 5-64 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 	Asthma ICD 10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> • At each visit, verify that prescriptions are being filled and that the member is compliant • Conduct parent and patient education on compliance and proper medication use • Follow up with newly diagnosed patients
W34 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>* Inpatient or ED visits are excluded</p>	Well Care Visit ICD-10: Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9 CPT: 99381-99384, 99391-99394	<ul style="list-style-type: none"> • Use the Staying Healthy Assessment to note health education/anticipatory guidance: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx • Consider and bill for a well child visit at the time of a sick visit by submitting appropriate codes or modifier codes • When completing school forms, add a physical, history and anticipatory guidance • EMR templates can help ensure proper documentation • Document the specific topics of the health education/anticipatory guidance provided

HEDIS MEASURES QUICK REFERENCE GUIDE

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
CIS Combo 3 Childhood Immunizations	Children who received the following immunizations by 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 *Document all immunizations in the California Immunization Registry (CAIR)	DTaP CPT: 90698, 90700, 90723 IPV CPT: 90698, 90713, 90723 HepB CPT: 90723, 90740, 90744, 90747, 90748 HiB CPT: 90647-90648, 90698, 90748 VZV CPT: 90710, 90716 MMR CPT: 90707, 90710 PCV CPT: 90670 HepA_CPT: 90633 Rotavirus 2 dose CPT: 90681 Rotavirus 3 dose CPT: 90680 Flu CPT: 90655, 90657, 90662, 90673, 90685	<ul style="list-style-type: none"> • Use chart preparation time before the visit to review the record for overdue immunizations • Review, recommend and confirm all immunizations with the parent at each visit • Consistently document and date all immunizations • Document any parent refusal, allergies or contraindications • Include immunizations given in the hospital at birth and at other health departments • See CDC immunization schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
CAP Children and Adolescents' Access to Primary Care Providers (PCP)	<ul style="list-style-type: none"> • Members 12-24 months who had a visit with a PCP in 2016. • Members 25 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. * Any PCP visit counts but specialist visits are excluded	Ambulatory Visit CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99384, 99391-99394, 99401, 99429 HCPCS: T1015	<ul style="list-style-type: none"> • Outreach to families with children and adolescent members at least yearly for well child checks • Educate parents on the importance of regular well child visits through adolescence • When an appointment is made for one child, schedule well child visits for all siblings in the family



Important Update on Provider Directory Attestation Notice

The Alliance values our loyal community of providers and is committed to continuously improving member and provider customer satisfaction. We have an important update that we would like to share with you.

Senate Bill (SB) 137 requires the Alliance to notify all providers that providers and provider groups must attest that their information is correct in the provider directory. The attestation will help ensure that the provider information we share with our members is current and accurate.

Please log into your Provider Account on the Provider Portal to:

- Attest that your information is accurate; and
- Submit any updates or changes through the attestation process.

Thank you in advance for all you do to promote clear communication and provide accurate information with your patients!

The screenshot shows the top navigation bar with 'Home', 'Member Info', and 'Provider Directory'. Below the navigation bar, there are three images: a doctor, a nurse, and a woman. To the right is a 'Quick Links' section with a list of links. The link 'View Current Attestation' is highlighted with a red box and a red arrow pointing to it. Below the images, there is a message: 'Avoid waiting on the phone - use our web services' and 'Avoid waiting on the phone by using our secure provider portal to check member eligibility.'

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



Health Education Update: Quarter 1, 2017

Looking for health education referrals for your patients? Healthy living and disease-management handouts in English, Spanish, Chinese & Vietnamese? Info on how to implement the Staying Healthy Assessment? Go to the Alliance website at:

<https://www.alamedaalliance.org/providers/health-education-and-wellness-resources>

The screenshot shows the website's navigation menu with 'Live Healthy' circled in red. A callout box points to it with the text: 'Click "Live Healthy" for patient Handouts.' Below the navigation, the 'Providers' section is highlighted in the left sidebar. A callout box points to the 'Staying Healthy Assessment' link in the main content area with the text: 'Click to reach page on how to implement the Staying Healthy Assessment.' Another callout box points to the 'Programs' section with the text: 'Click on "Provider Resource Directory" for a list of health education referrals for Alliance Members.' A vertical callout box on the right side says: 'Scroll for more on well-ness.'

Call Linda Ayala, MPH, Health Educator, at **510-747-6038**, or e-mail livehealthy@alamedaalliance.org if you have questions or need a paper copy.



Important Update on Member Satisfaction

As a part of our ongoing effort to improve satisfaction with services accessed, we will begin sending post-health care visit surveys to members in April 2017.

- The survey may be mailed to members after a visit with their Primary Care Provider and may measure member satisfaction.
- The survey will help us learn more about provider communication, appointment and office wait times, language access, and overall satisfaction from the member's perspective.
- The survey will be a great opportunity for the Alliance and our providers to receive feedback on ways we are meeting our members' needs and how we might improve.
- Please encourage your patients to complete and return the survey to the Alliance.
- Final survey questions and results will be shared in future communications.

We thank you for your commitment to providing quality care to your patients and value your participation as a network provider.



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

CAHPS Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey evaluates health plan members satisfaction with their doctors, doctor’s office staff, and health plan. The survey is conducted every year, beginning in February, and includes the questions in the Attributes and Key Questions table below. The survey asks members to rate their experience getting appointments in a timely manner, receiving treatment, and for any tests they may have needed, during their last six (6) months of their care.

	Attributes and Key Questions
Getting Needed Care	Q14. Ease of getting care, tests, or treatment needed Q25. Obtained appointment with specialist as soon as needed
Getting Care Quickly	Q4. Obtained needed care right away Q6. Obtained appointment for care as soon as needed
How Well Doctors Communicate	Q17. Doctors explained things in an understandable way Q18. Doctors listened carefully to you Q19. Doctors showed respect for what you had to say Q20. Doctors spent enough time with you
Rating Items	Q13. Rating of Health Care Q23. Rating of Personal Doctor Q27. Rating of Specialist Q35. Rating of Health Plan

How did we do in 2016?

The Alliance summary rates were below the industry benchmark in the majority of the rated composites for each Line of Business that was surveyed in 2016.

2016 CAHPS Survey Results	Medi-Cal Adult		Medi-Cal Child		IHSS/Group Care	
Composite	2016	Benchmark	2016	Benchmark	2016	Benchmark
Getting Care Quickly	66.0%	79.7%	79.0%	88.9%	68.5%	85.7%
Getting Needed Care	66.3%	80.5%	81.0%	84.3%	67.9%	86.8%
How Well Doctors Communicate	87.9%	90.7%	90.8%	93.3%	86.7%	95.1%
Rating of Doctor	79.6%	80.2%	89.3%	88.1%	71.9%	84.9%
Rating of Health Care	71.5%	73.1%	83.1%	85.6%	63.3%	79.1%
Rating of Health Plan	72.0%	75.1%	82.3%	84.6%	62.1%	68.5%
Rating of Specialist	81.9%	80.9%	81.4%	85.4%	70.4%	85.0%

Our efforts to improve in 2017:

The Alliance continues to partner with our providers on initiatives designed to improve the member experience and survey scores in 2017. We look forward to strengthening these partnerships and maintaining improvements in our CAHPS survey results throughout the coming years.

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