Alameda Alliance For Health

2017 3rd Quarter Provider Packet

Provider Name: _____Date of Visit: _____

PCP___ Specialist___ CBAS___ Home Health___ SNF___ Ancillary___ Other___

- Family Planning Services Policy for Contraceptive Supplies
- Prescription Drug Prior Authorization Request Form
- 2017 Provider Appointment Availability Survey
- Timely Access Regulations
- Discharging members Policy and Procedures
- CMS Medicaid Managed Care Rule ("Mega-Reg")
- Medi-Cal Acupuncture Benefit
- Fraud, Waste, and Abuse Prevention & Reporting
- 2016 Group Needs Assessment Summary Report
- Protection Member Confidentiality
- Health Pharmacy & Therapeutics Committee Decisions
- Language Access Services on the Alliance Website

Provider /Office Staff Signature: _____

Health Plan Representative Signature: _____

Comments: _____

_____

_____

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PROVIDER ALERT

To: Alameda Alliance Physicians, Providers, and Pharmacies
From: Alameda Alliance Pharmacy Services Department
Date: June 16, 2017
Subject: Update to Formulary Contraceptive Coverage
Products: Medi-Cal

Family Planning Services Policy for Contraceptive Supplies Update

SUMMARY:

- Effective 1/19/2017, Alameda Alliance Pharmacy Services changed our Coverage Criteria for all contraceptives to allow for up to a 12 month supply in accordance with DHCS rules and regulations

WHAT THIS MEANS FOR YOUR PATIENTS

- All Alameda Alliance Medi-Cal and Group Care/IHSS members can now receive up to 12 months (13 cycles) in a single fill
- **Providers must write new prescriptions** (or authorize verbally to pharmacies) that you will allow up to 12 months (13 cycles) in a single fill at the pharmacy of the member's choice

Oral Contraceptives	• **New Quantity Covered: 13 Cycles / 12 month supply** • Previous Coverage Limit: 1 cycle / 1 month per fill
Contraceptive Patches	• **New Quantity Covered: 36 patches/ 12 month supply** • Previous Coverage Limit: Up to 12 patches / 3 month period
Vaginal Rings	• **New Quantity Covered: 12 rings/ 12 month supply** • Previous Coverage Limit: Up to 4 rings / 3 month period

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Dear Provider,

The Authorization request you sent us **CANNOT BE PROCESSED** as it is a pharmacy outpatient medication request.

By California Law (CCR Section 1300.67.241), outpatient pharmacy requests must be submitted using the attached form and sent to the fax number below.

Thank you!

Alliance Medi-Cal & Alliance Group Care

Please fax the following completed pages to:

1-855-811-9329

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: ALAMEDA ALLIANCE FOR HEALTH

Plan/Medical Group Phone#: (855) 508 - 1713

Plan/Medical Group Fax#: (855) 811 - 9329

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name:	Last Name:	MI:	Phone Number:
Address:	City:	State:	Zip Code:
Date of Birth:	☐ Male ☐ Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg):_____	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:	

Insurance Information

Primary Insurance Name:	Patient ID Number:
Secondary Insurance Name:	Patient ID Number:

Prescriber Information

First Name:	Last Name:	Specialty:	
Address:	City:	State:	Zip Code:
Requestor (if different than prescriber):		Office Contact Person:	
NPI Number (individual):		Phone Number:	
DEA Number (if required):		Fax Number (in HIPAA compliant area):	
Email Address:			

Medication / Medical and Dispensing Information

Medication Name:

☐ New Therapy ☐ Renewal

If Renewal: Date Therapy Initiated: Duration of Therapy (specific dates):

How did the patient receive the medication?

☐ Paid under Insurance Name:_____ Prior Auth Number (if known):_____

☐ Other (explain):

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:

Administration:

☐ Oral/SL ☐ Topical ☐ Injection ☐ IV ☐ Other:

Administration Location:

☐ Patient's Home ☐ Long Term Care

☐ Physician's Office ☐ Home Care Agency ☐ Other (explain):_____

☐ Ambulatory Infusion Center ☐ Outpatient Hospital Care _____

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Patient Name:	ID#:

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

1. Has the patient tried any other medications for this condition? ☐ **YES (if yes, complete below)** ☐ **NO**

Medication/Therapy (Specify Drug Name and Dosage)	**Duration of Therapy** (Specify Dates)	**Response/Reason for Failure/Allergy**

2. List Diagnoses:	**ICD-9/ICD-10:**

3. <u>Required clinical information</u> - Please provide all relevant clinical information to support a prior authorization review.

Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.

☐ Attachments

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date**:_____

Plan Use Only: Date of Decision:_____

☐ Approved ☐ Denied Comments/Information Requested: _____

_____

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Five Minutes of Your Time:
2017 Provider Appointment Availability Survey

Timely access to routine and urgent care appointments is integral to maintaining health. Alameda Alliance for Health conducts the Provider Appointment Availability Survey annually to ensure that members can access care in a timely manner.

Provider Appointment Availability Survey

Timely access is measured by the availability of your next appointment for a routine appointment, an urgent appointment not requiring prior authorization, and an urgent appointment requiring prior authorization.

Our survey vendor will telephone contracted providers between July and December 2017 to complete the survey. The survey is directed to staff who schedule appointments. If the surveyor reaches a recording or if staff is unavailable to complete the survey, you will receive instructions on how to complete the survey within 48 hours via telephone, fax or email. Results of the survey will be available to the public.

All of the following providers are eligible for the survey and will likely receive a call:

- Primary Care Providers
- Cardiologists
- Endocrinologists
- Gastroenterologists
- Psychiatrists
- Child and Adolescent Psychiatrists
- Providers Rendering Physical Therapy
- Providers Rendering MRIs
- Provider Rendering Mammograms
- Non-Physician Mental Health Providers

The survey follows a script created by the Department of Managed Health Care and begins as follows:

> *"Hello. My name is _____. I'm calling from Alameda Alliance for Health. Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take approximately 5 minutes."*

See the next side for the Timely Access Regulations and how to optimize your practice's publicly available survey results.

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Timely Access Regulations

All providers contracted with Alameda Alliance are required to offer appointments within the following timeframes:

Timely Access Regulations[1] – Appointment Availability Standards	
Appointment Type:	**Offer the Appointment Within:**
Non-urgent appointments with Primary Care Physicians	**10 business days of request**
Urgent care appointments that *do not* require prior authorization	**48 hours of request**
Urgent care appointments that require prior authorization	**96 hours 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**

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

How to Optimize Your Performance

Your response to the 5-minute survey will measure timely access for your practice for 2017. To ensure that your appointment availability is accurately reflected:

- Internally review your appointment availability to ensure it meets the required timeframes noted above.
- Educate staff who schedule appointments on the purpose and importance of the survey so that they are prepared when called.
- If your practice receives a message from the surveyor, call back and complete the survey within 48 hours of the message.

Thank you in advance for taking five minutes to complete the survey.

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

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Discharging Members Policy and Procedure

Alameda Alliance allows PCPs and Specialists to request discharge of members. The Alliance will work with the member to choose another PCP or Specialist who can best meet her or his needs.

HOW TO DISCHARGE A MEMBER

1. Determine the reason for the proposed discharge. Under the Medical Services Agreement, PCPs may only request discharge of a member if medical services can no longer be successfully provided for reasons *other than* medical conditions. Some acceptable reasons for discharge include: unruly behavior, threatening remarks, frequently missed appointments, fraud, etc. Document the reason(s) for discharge in the member's medical record. **Requests to discharge a member due to medical conditions, frequent visits, or high cost of care will be denied.**

2. Contact the Provider Services department (or your Provider Relations Representative) in writing to request a discharge. On the practice letterhead, provide complete documentation regarding the nature of the problem(s) and reason(s) for the discharge. The Provider Services department will review the request.

3. When a discharge request is granted, the Member Services department will notify the member regarding the change in status, and will work with the member to find a new PCP or Specialist.

4. The PCP or Specialist must maintain responsibility for the member's care until reassignment is completed. This responsibility includes giving the patient 30 days' written notice of the discharge. The member discharge notice must state the following:

- That the PCP will be available for *emergencies and prescriptions* for the 30 days or until a new PCP or Specialist assignment is effective;
- That the member should contact the Alliance Member Services department for assistance with selecting a new PCP or Specialist; and
- That the PCP or Specialist will make available the member's medical records to the member's new PCP or Specialist upon request.

Additionally, a copy of the member discharge letter must be sent to the Provider Services department to ensure appropriate follow-up and member assistance.

5. If the PCP, Specialist, or the member is dissatisfied with the decision, the PCP, Specialist, or member may file a grievance for further review.

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CMS Medicaid Managed Care Rule ("Mega-Reg"):
What Providers Need to Know

The Department of Health Care Services (DHCS) is currently working with Medi-Cal Managed Care Health Plans to implement the Mega-Reg Deliverables. Below is a summary of the requirements relevant to providers*.

Affected Area	Impact for Providers
Provider Preventable Conditions (PPC)	Providers are responsible to report PPCs to DHCS using the required 7107 form electronically. Paper forms will no longer be accepted starting 7/1/17. Here is the link for the online reporting portal: http://www.dhcs.ca.gov/individuals/Pages/PPC_Reporting.aspx
Health Information Form (HIF)/Member Evaluation Tool (MET)	All new members enrolled in the Alliance must receive a HIF/MET form. The Alliance must use HIF/MET within 90 days of member enrollment to identify member's needs.
	The Alliance will share HIF/MET data with other health plans upon request when members are disenrolled from Alliance.
Emergency 72 Hour Outpatient Drug Supply	Members must be provided with a 72 hour supply of outpatient drugs in emergency circumstances until they can get the full prescription filled (i.e. ER/hospital discharges).
Drug Utilization Review (DUR)	The Alliance shall have a prospective and retrospective DUR process to review drug therapy, screening, and drug claims utilization patterns. The Alliance will be providing education programs for physicians and pharmacist to identify pattern and reduce FWA.
Grievances & Appeals	A grievance can be filed at any time and is no longer restricted to 180 days.
	An appeal must be filed within 60 days, not the 90 days previously allowed.
	The Alliance is implementing new authorization decision notices (Notice of Action and Notice of Appeal Resolution forms).
Recoveries of Overpayments	The Alliance tracks overpayments and recoveries from providers and will annually report this data to DHCS.
Provider Contracts & Alliance Policies and Procedures	Contracts with the Alliance will include requirements to comply with all State and Federal laws. Contracted providers must report ownership and control disclosures to the Alliance. Any non-compliance issues by providers and their subcontractors should be reported to the Alliance within three (3) business days.
	Providers can be audited by regulatory agencies. Fraud investigations may lead to suspension or termination from participating in the Medicaid program.
Provider Directory	The Alliance is required update the Provider Directory monthly. This will require gathering updated provider information to ensure the Alliance's provider directory is accurate.
Data Certification Reporting	Providers must verify the accuracy of data submitted to the Alliance on a monthly basis, including encounter, financial, grievance and appeals, utilization management, continuity of care, and ownership and control data.
340B Program	Alliance must ensure its encounter data for outpatient drugs from participants in the federal 340B program contain DHCS-required identifiers to maintain compliance with the requirements.
Authorization Timeframes	Pharmacy authorizations must be reviewed for a decision by the Alliance within 24 hours. Urgent medical authorizations will be reviewed for a decision within 72 hours, and routine authorizations will continue to be reviewed within five (5) business days.

**42 Code of Federal Regulations §438*

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

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Important Update: Medi-Cal Acupuncture Benefit

Effective July 1, 2016, Medi-Cal members have a benefit for Outpatient Acupuncture Services. These services provide coverage to prevent, change, or relieve perceived severe and persistent chronic pain. The pain must be caused by a known medical condition.

<u>Covered Acupuncture services provided by contracted Alliance providers must be</u>:

- **Prescribed by a Medi-Cal provider (licensed physician, dentist, podiatrist or certified acupuncturist);**
- **Used to treat a condition also covered by other forms of treatment;**

<u>Authorization Requirements (Effective Immediately)</u>:

- **Limited to two (2) visits per calendar month without a prior authorization; or**
- **Receive a prior authorization for more than two (2) visits per calendar month. Prior authorization requests will be reviewed based on medical necessity.**

<u>Claims Denials</u>:

- **Contact your Provider Relations Representative for assistance with denied claims.**

<u>Billable Acupuncture Codes</u>:

- **97810, 97811, 97813, 97814**

Please note this new benefit does not affect existing Acupuncture services for Group Care (IHSS) members.

Please Direct Questions to Provider Relations, at 510-747-4510.

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Fraud, Waste and Abuse Prevention & Reporting

Health care fraud costs taxpayers millions of dollars each year and can endanger the health of the community. The Alliance promotes prevention, detection, and resolution of fraud, abuse, and unlawful activities.

If you know of possible unethical business practices or potential illegal activity regarding our health plan, our providers, vendors, or members, please report immediately by one of the following methods:

- **Email Alliance's Compliance Department:compliance@alamedaalliance.org**
- **Call Alliance's Compliance Anonymous Hotline: 1-855-747-2234**
- **Call Alliance's Compliance Officer: 510-373-5647**
- **Contact Medi-Cal Fraud and Abuse: Call 1-800-822-6222 or email at stopmedicalfraud@dhcs.ca.gov**

We appreciate your help fighting health care fraud and abuse. The Alliance is committed to complying with all applicable federal and state laws addressing fraud, the False Claims Act, and the Deficit Reduction Act of 2005 (Section 6032).

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

Alameda Alliance for Health
2016 Group Needs Assessment Summary Report

Introduction

Every five years the Department of Health Care Services (DHCS) requires Medi-Cal managed care Plans to conduct a Group Needs Assessment (GNA). Alameda Alliance for Health (Alliance) utilizes this assessment to evaluate health education, cultural and linguistic resources, and health status and risks based on language, ethnicity, age, and disability. The results guide future Alliance programs and interventions to improve our Medi-Cal members' health.

Data Sources and Methodology

The data sources for this GNA include the following: a member survey conducted in spring of 2016, county and census data, encounter data from 2015, Healthcare Effectiveness Data and Information Set (HEDIS) 2016, Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2016, Healthy People 2020, and previously conducted GNAs. Alliance completed a random sample of 716 telephonic surveys for Medi-Cal members, and 396 surveys for Group Care members. The surveys were conducted in English, Spanish, Vietnamese, or Chinese, and based on the member's preferred language.

Membership Demographics

Between survey intervals the Alliance membership has more than doubled, from 116,142 members in 2011 to over 260,000 members in 2016. The 45–65 year age group has the largest increase in total membership. Although there has not been a change in threshold languages since 2011, the percentage of Spanish speakers have decreased while the percentage of English and Asian languages speakers have increased. When looking into trends with ethnicity, the Child population is over 40% Hispanic, and the Seniors and Persons with Disabilities (SPD) group is almost 30% Black.

Member Disease Prevalence and Health Disparities

Based on encounter data, the top three diagnoses in 2015 for SPD, Adult Medi-Cal, Expansion and Group Care are hypertension, diabetes and hyperlipidemia. The Alliance Child population top three diagnoses are acute upper respiratory infections, cough and asthma.

Disease prevalence and health disparities among the following Alliance membership sub-groups are summarized below:

Adult and Expansion members - hypertension is the most frequent diagnosis, with a higher rate in the "Other-Defined" race category, comprised of primarily Filipino and Asian Indian members. Black Adult members carry a significantly higher rate in asthma, diabetes, and hypertension. Combined Asian/Pacific Islander subgroups account for over 40% of the adult members with diabetes.

Child members - asthma and obesity are the most prevalent, with rates of pediatric asthma significantly higher amongst Hispanic children, followed by Black children. Notably, Hispanic children have higher rates of obesity/overweight, diabetes, and hypertension diagnoses than other groups.

SPD members - hypertension is of the greatest concern, affecting 42.6% of members, followed by diabetes which affects 20.9%. Black SPD members have rates of asthma significantly higher than other subgroups as well as high rates of hypertension. Black SPD members account for over one-third of the obese/overweight diagnoses.

Group Care members - hypertension is of the greatest concern affecting 30.8%, followed by Hyperlipidemia (15.2%) and Diabetes (14.9%). Group Care members also have a slightly higher rate of Low Back Pain (11.7%) than Alliance SPD members, despite being younger in age overall.

GNA Survey Results

Access to Language Services: Overall, 58.9% of Alliance Medi-Cal members prefer to speak English with their Primary Care Physician (PCP), 19.2% prefer Spanish, 12.2% prefer Cantonese or Mandarin, and 6.8% Vietnamese. Fewer than 3% of members prefer Tagalog, Farsi, Arabic or other languages combined. Of the Child Medi-Cal members, 41.5% prefer Spanish. Among Group Care members 64.7% prefer English, 11.4% prefer Cantonese, and 23.9% prefer other languages. Of the members who stated they need an interpreter, 74.1% of Medi-Cal members knew that the Alliance has no-cost interpreter services available, 23.1% did not know of this, and 27% of Group Care members didn't know as well. Almost half of members surveyed who need an interpreter use a family member or a friend to interpret.

PCP Understanding and Respect of Health Beliefs: When asked if their PCP explains things clearly, 87.3% of Medi-Cal and 85.1% of Group Care members responded "always." However the SPD and Medi-Cal Expansion members have significantly lower responses (81.6% and 82.5% respectively). Although 77% of members responded that their health beliefs never went against their PCP's advice, of Medi-Cal Chinese speakers, 24.4% said their beliefs "always" went against their PCP's advice. English speakers had the lowest rate at 9.4%. When asked if their PCP understands and respects member's use of alternative medicine, 88% of English speakers in both Medi-Cal and Group Care agree, compared to 60% of Vietnamese speaking members in Medi-Cal and only 33.3% of Vietnamese speaking members in Group Care who did not agree. When asked if their PCP understands their religious beliefs related to health, 99% of Spanish speaking members answered "Yes" compared to 88.6% of Chinese speaking Medi-Cal members and 90.6% of Chinese speaking Group Care members who did not agree.

Reported Health Concerns and Experiences: The top three health concerns were **the following:**

1) Doctors who treat patients with respect
2) Getting information on getting healthy
3) Finding healthy food nearby

When accounting for language specific responses, appointment times at doctors' office/clinics were of greater concern for Chinese and Vietnamese members, and respect from doctors and information on getting healthy was more important to Vietnamese speakers than for members overall. Just over 90% of all Alliance members were interested in knowing who to call when sick after hours.

Health Communication: The most frequent ways members stated they learned about health were speaking to a health professional, searching the internet, and watching a video. The preferred mode of getting information from the Alliance continues to be by mail, and just over half preferred website or phone messages as well. Over one-third of Alliance members would like communications in large text size.

Findings & Analysis

Changes in demographics and disease prevalence

- The changes to the Alliance member demographics call for increased resources and support for members 45-65 while continuing to serve children, who still make up the largest percent of our membership. For the growing segment of our adult population, chronic diseases, and interventions that address the conditions that contribute to them, such as obesity and tobacco use, should continue to be a high priority.
- The Alliance English and Asian language speaking memberships have increased slightly as a percent of the total membership, demanding an increased look at the needs of the English-speaking and diverse Asian and Pacific Islander (API) communities represented. This will require additional data analysis and assessment to understand the many API cultures.

Adult & Expansion Health Concerns

- The Alliance should address interventions aimed at our Medi-Expansion members who experience the highest rates of Diabetes, yet are among our newest members. Also, there are high rates of diabetes within the Asian/Pacific Islander communities that can benefit from interventions.
- The survey results point to significant disparities in the disease rates in particular by Black adults as they are disproportionately affected by the inter-related diseases of hypertension, diabetes, asthma and obesity.

Child Health Concerns

- Childhood asthma continues to greatly affect our members, especially our Hispanic and Black children and merits continued prioritization in our Disease Management program.
- The Hispanic child member group has a significantly higher rates of obesity, asthma and hypertension and hypertensive diseases than other children. These diseases are inter-related and pose a possibility for a systematic intervention approach tailored to that specific group.

SPD Health Concerns

- There is also an opportunity to address a high rate of essential hypertension (high blood pressure) within our SPD members. HEDIS improvement projects regarding medication monitoring present an opportunity for improvement in hypertension self-management.
- Almost one-fifth of SPD members have a Diabetes diagnosis, which merits continued focus on ways to support self-management that meet the needs of this population.

Group Care Health Concerns

- Group Care members will benefit from interventions developed for our Expansion and SPD groups targeting top chronic diseases.

➔ Group Care members also have higher rates of back pain that should be a continued focus for education and interventions.

Member Communication with their PCP and PCP Respect for Members' Health Beliefs

➔ Alliance PCPs are explaining things in a way easy to understand for the great majority of members, although less effectively for the SPD members than for other groups, indicating a need for increased training on communicating with SPD members.

➔ Although the majority of members feel their PCP understands their beliefs, respects use of alternative medicine and religious beliefs, there is a concern for religious beliefs for our Chinese speaking members and the use of alternative medicine of Vietnamese speaking members.

Access to Language and Health Care Services

➔ Alliance should increase outreach and education among members and providers regarding our interpreter services program and the risks in using family or friends.

Diversity of Health Communication Methods

➔ Alliance members would benefit from increased presence on the internet, including videos, enhanced website usability and outreach to increase member use of the Alliance website.

➔ The Alliance should look for ways to increase number of materials available in large text/font.

Next Steps and Action Plan

Based on the results of the 2016 Group Needs Assessment, the Alliance will be focusing strategically on the three improvement areas in the upcoming five years. Below is a summary of the areas and activities the Alliance plans to work on to help address our members' cultural and linguistic needs and better serve them to improve their overall health.

Goal 1: Disease Self-management for Members

The Alliance will address chronic disease through continued community collaborations, plan-sponsored disease management programs, as well as innovative interventions highlighting the needs within particular subgroups that are disproportionately affected.

Activities:

1. Promote participation, especially for Hispanic families, in family education and community healthy living classes and support community action to treat and prevent childhood asthma and obesity through plan participation in asthma and childhood obesity coalitions.
2. Promote chronic disease (diabetes, heart disease and asthma) prevention and self-management, in particular for Black adults, through participation in community interventions, Alliance disease management programs and promotion of plan-sponsored classes on diabetes, hypertension and weight management. Integrate prevention messages into prenatal and postpartum interventions including timely access to care, healthy weight during pregnancy, gestational diabetes management and child nutrition.
3. Enhance culturally appropriate education and programs for Asian/Pacific Islander members regarding diabetes and pre-diabetes risks.
4. Promote hypertension awareness and self-management among SPD members through community classes and education, senior-friendly heart disease handouts, and quality initiatives.

Goal 2: Provider Cultural Capacity Education

The Alliance will educate providers with population-specific information to enhance culturally appropriate care, respect and understanding for diverse health care practices and religions, and messaging regarding interpreter services.

Activities:

1. Enhance provider education regarding specific cultures through quarterly provider communications, referral to classes and website listing of resources.
2. Update yearly Cultural Competency training to enhance culture-specific information.
3. Support providers in promoting use of professional health interpreters and advertising availability of interpreter services.

Goal 3: Member Communication and Access to Health Information

Alliance will enhance culturally appropriate health education presence on the internet and in provider offices, and diversify health information communication strategies for members.

Activities:

1. Ensure Alliance website updates include enhanced health information, usability and accessibility and promote Alliance website awareness and use among members.
2. Explore and implement diverse health communications strategies that meet diverse member needs including health videos, text-based programs, and large print materials.
3. Promote use of Alliance multilingual health education handouts and materials among providers for sharing with patients.

Summary Report Written By:
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View the Power Point Summary of Group Needs Assessment 2016 at www.alamedaalliance.org.

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Protecting Member Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated the establishment of national standards to protect members' health care information. Additionally, federal and California laws have been enacted to cover the release of information, sharing member information, new HIPAA incident notification rules, and set civil/criminal penalties and fines for inappropriate release of member information.

Here are a few ways you can protect our members and their confidential health care information:

1) Notifying the Alliance of any suspected incidents within 24 hours of discovery (Contact Alliance's Compliance Department at compliance@alamedaalliance.org or call at 1-855-747-2234)
2) Provide ongoing training of HIPAA protection procedures and reporting methods to office staff
3) Do not take any member records offsite from your physical office location
4) Store and lock up all documents containing member information
5) Shred documents that contain member identifiers when no longer needed
6) Keep appointment and registration sheets away from public view
7) Speak in a low volume voice when using member information on the phone or at the front desk area
8) Secure your office computers and mobile devices from any unauthorized access
9) Never text PHI

For more information about HIPAA compliance, visit www.hhs.gov or visit Alliance's website at https://www.alamedaalliance.org/providers/resources

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

Alameda Alliance for Health

FORMULARY UPDATE

Effective: **July 14, 2017. Drugs notated with an * have an undetermined implementation date**

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

The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the June 1, 2017 meeting:

Therapeutic Class Reviews		Drug Monographs
• Diuretics • Pancreatic Enzymes • Gout Treatment agents • Novel Oral Anticoagulants • Platelet Aggregation Inhibitors	• Antiarrhythmic agents Asthma & COPD: inhalers • Phosphate Binders • Pulmonary Arterial Hypertension • Multiple Sclerosis agents • Injectable and Infusible Biologic agents	• Emflaza

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*
Amiloride 5mg	Midamor	Remove quantity limit #30/30
Hydrochlorothiazide and Spironolactone 50-50 mg	Aldactazide 50-50 mg	Remove from formulary (no grandfather, no utilization)
Bumetanide	Bumex	Add step therapy and grandfathering (prior use of torsemide 100 mg or furosemide 80 mg required)
Furosemide oral solution	Lasix	Add prior authorization requirement
Colchicine 0.6 mg tablet	Colcrys 0.6 mg tablet	Add quantity limit #1 per day
Dabigatran	Pradaxa	Remove prior authorization, add quantity limit # 2/day
Rivaroxaban	Xarelto 15 mg	Remove prior authorization, add quantity limit # 2/day

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Rivaroxaban	Xarelto 10 and 20 mg	Remove prior authorization, add quantity limit #1/day
Rivaroxaban	Xarelto dose pack	Add to formulary and add quantity limit #51/30 days
Apixaban	Eliquis	Remove prior authorization, add quantity limit # 2/day
Ticagrelor	Brilinta	Add to formulary, add limit of #1 fill/365 days
Prasugrel	Effient	Remove step therapy, add quantity limit #1/day and add fill limit of #1 fill/365 days
quinidine gluconate 324 mg SR tab	Quinidine Gluconate 324 mg SR tab	Remove from formulary (no grandfather, no utilization)
Diltiazem 360 mg ER 24h cap	Cardizem 360 ER 24h cap	Remove from formulary, remove PA, remove quantity limit (grandfather one existing user)
Flecainide	Tambocor	Remove quantity limit #90/30 days
Propranolol SA 24 h capsule	Inderal XL	Remove quantity limit #30/30
Sotalol	Betapace	Remove quantity limit #60/30
Verapamil ER tablet	Calan SR	Remove quantity limit #30/30
Verapamil 24h capsule	Verelan PM	Remove quantity limit #30/30
Diltiazem ER 24 h cap	Cardizem LA	Remove quantity limit #30/30
Diltiazem 180, 240, 300, 360 mg ER capsule	Tiazac®	Remove quantity limit #30/30
Diltiazem HCl ER 60, 90, 120 mg ER 12h capsule	Cardizem SR	Remove quantity limit #30/30
Diltiazem HCl ER 120, 180, 240 mg ER capsule	Cartia XT	Remove quantity limit #30/30
Verapamil 100, 200, 300 mg 24h capsule	Verelan 100, 200, 300 mg 24 h capsule	Add to formulary
Sildenafil 20 mg tablet	Revatio	Add quantity limit # 3/day
Deflazacort	Emflaza	Add to formulary with PA
Adapalene gel 0.1% l	Differin 0.10% OTC gel	Add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Tretinoin 0.025, 0.05, 0.5% cream, 0.01, 0.025% gel	Retin-A	Add step therapy requiring trial and failure of Differin 0.1% OTC (For members 21 years old or younger)
Rabeprazole 20 mg tablet	Aciphex 20 mg	Add to formulary and add step therapy requiring trial and failure of omeprazole 40 mg **AND** pantoprazole
Epinastine	Elestat	Remove PA, add step therapy requiring trial and failure of ketotifen or azelastine and add quantity limit of #5 ml per 30 days. Grandfather existing users
Olopatadine	Pataday	Remove step therapy, add prior authorization. Grandfather existing users
Linaclotide 72 mcg	Linzess 72 mcg	Add to formulary and add prior authorization
oxybutynin chloride	Gelnique pump	Add to formulary and add prior authorization
Maraviroc 25, 75 mg tablet	Selzentry 25, 75 mg tablet	Add to carve out list
Antihemophilic Factor (Recombinant), Pegylated	Adynovate	Add to carve out list
Antihemophilic Factor (Recombinant), Fc Fusion Protein	Eloctate	Add to carve out list
coagulation factor IX (recombinant)	Ixinity	Add to carve out list

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

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Ophthalmic antihistamines	Angiotensin II Receptor Blocker and Renin Inhibitor Medications
Serotonin receptor agonists (triptans)	Lyrica
Long Acting Oral Opioid containing products	Lidoderm (lidocaine) 5% patches
Non-formulary & PA Required Medications without Drug-Specific Criteria	Nutritional Formulas, Infant Formulas: STC, C5F, C5C

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Tegretol SR (Carbamazepine SA)	Lamictal XR (Lamotrigine XR)
Ivabradine (Corlanor)	Xopenex (Levalbuterol)
Daliresp (Roflumilast)	Lialda (Mesalamine)
Fenofibrate and Fenofibric Acid	Alpha-1 Proteinase Inhibitors (Human)
White Blood Cells Stimulators	Fuzeon (Enfuvirtide)
Vimpat (Lacosamide)	Praluent (Alirocumab) and Repatha® (Evolocumab)

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

ALAMEDA Alliance FOR HEALTH

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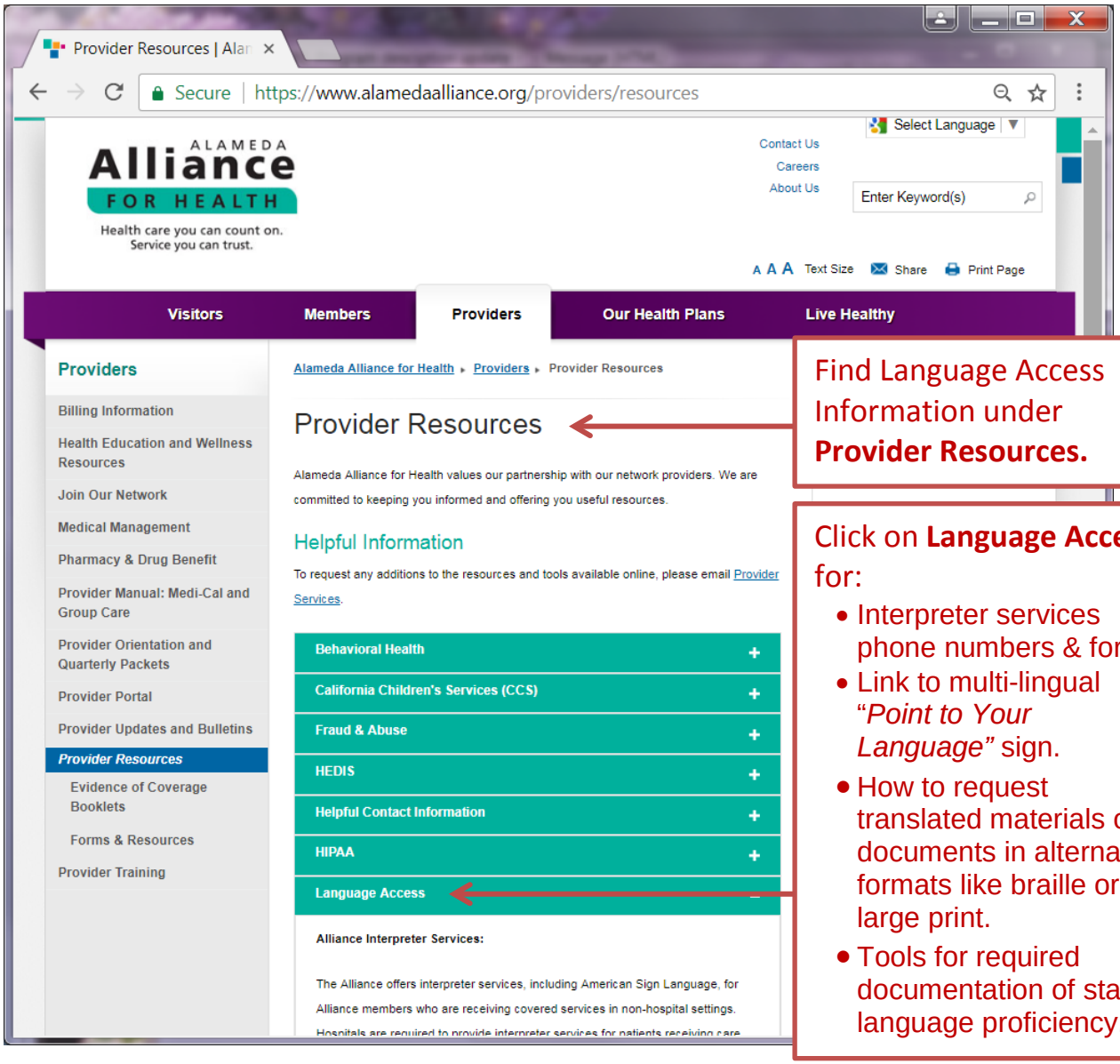
Language Access Services on the Alliance Website

alamedaalliance.org/providers/resources



Find Language Access Information under **Provider Resources.**

Click on **Language Access** for:

- Interpreter services phone numbers & forms
- Link to multi-lingual "*Point to Your Language*" sign.
- How to request translated materials or documents in alternate formats like braille or large print.
- Tools for required documentation of staff language proficiency.

Important Tip: Some members have "Chinese" or "Spanish" listed in their medical record, but may speak a local language that is distinct like Taishanese (spoken in Southern China) or Mam (spoken in the Northwestern Guatemala and Chiapas, Mexico). If not sure, ask the member to make sure you have the correct language.

Thank you for all you do to make health care accessible to all patients!

For signs, forms and more information go to the Alliance website or call Provider Relations.