



Alameda Alliance for Health (Alliance) – Provider Visit Form
2018 1st Quarter Provider Packet

Provider Name: _____

Date of Visit: _____

PROVIDER TYPE:

[] Ancillary

[] SNF

[] CBAS

[] Specialist

[] Home Health

[] Other: _____

[] PCP

SELECT ONE:

[] Accepting New Patients

[] Accepting Existing Patients

[] Not Accepting Patients

PACKET INCLUDES:

- Transportation PCS Notice
Transportation PCS Form
Transportation PCS FAQ
HEDIS Letter from Alliance CMO
Claims Editing Software
Electronic Coordination of Benefits (COB)
Electronic Prior Authorization Form
Provider Ownership Form
Updated on the Alcohol Misuse Screening & Counseling Benefit
Update on Breast Pumps for Alliance Members
Breastfeeding Request Form
Breast Pump Help Guide
Provider Resource Guide
Provider Request Form – Wellness Program Information

Provider/Office Staff Name (Print)

Alliance Representative Name (Print)

Provider/Office Staff Name (Sign)

Alliance Representative Name (Sign)

Date: _____

Comments: _____



DATE: January 23, 2018

TO: Providers Treating Alliance's Medi-Cal Members

SUBJECT: Updated Request Form for Transportation Services

Alameda Alliance for Health (Alliance) has updated its Physician Certification Statement (PCS). **Effective immediately**, providers should use the updated PCS form included with this notice to request any transportation needed for Alliance Medi-Cal members. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) have been covered benefits for Medi-Cal members since July 1, 2017.

NEMT and NMT requests can be initiated by completing the PCS form and faxing it to the Alliance's transportation vendor, LogistiCare. NMT services can also be requested by calling LogistiCare directly.

BELOW ARE THE CHANGES TO THE PCS FORM:

- NMT requests no longer require a signature from a physician or mid-level provider.
- NEMT requests must be signed by an MD, DO, NP or PA.
- A phone number has been added for the Alliance's transportation vendor, LogistiCare, for requesting NMT services or answering questions about a transportation request.
- The PCS form duration now includes options for 6 and 12 months for certain situations, such as dialysis or when a member's condition requires longer-term treatment.

Members may also request NMT for themselves by using the form or calling LogistiCare. Certain levels of NMT services that require assistance for the member will be confirmed with their provider.

ATTACHMENTS:

Attachment 1: Alliance's Physician Certification Statement form (revised November 2017)

Attachment 2: Medi-Cal Transportation Benefits: Frequently Asked Questions (revised January 2018)

RESOURCES:

DHCS All Plan Letter 17-010: Non-Emergency Medical and Non-Medical Transportation

www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf

The Alliance's Provider Resources page on the website:

www.alamedaalliance.org/providers/resources/forms



Physician Certification Form – Request for Transportation

Please print clearly. For NEMT only, the physician must sign this form where indicated below. *Required fields must be completed. Please return form by fax to LogistiCare – Attn: Utilization Review **877.457.3352**.

PATIENT INFORMATION	
*PATIENT'S NAME	*PATIENT'S DOB
*PATIENT'S ID NUMBER/CIN#	MEMBER'S CONTACT NUMBER
DIAGNOSIS	
DIAGNOSIS	ICD CODE

TRANSPORTATION NEEDS (*Please check <u>ONLY ONE</u> level of service in <u>either</u> NEMT <u>or</u> NMT section)	
<p>Non-Emergency Medical Transportation (NEMT) NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. Check the applicable level of service needed:</p> <p> <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Ambulance/Litter Van/Gurney Van (Patient bed bound) <input type="checkbox"/> ALS (Patient requires ALS services/availability) <input type="checkbox"/> CCT/SCT (Patient requires cardiac monitoring) <input type="checkbox"/> LS (Patient requires oxygen not self-administered or regulated) <input type="checkbox"/> Air Transport </p>	<p>Non-Medical Transportation (NMT) NMT includes transportation provided via taxi, car or other public conveyances for medically necessary covered services. <i>No signature is required for NMT.</i> Check the applicable level of service needed.</p> <p> <input type="checkbox"/> Public Transportation/Mass Transit <input type="checkbox"/> East Bay Paratransit <input type="checkbox"/> Curb-to-Curb Vehicle Transportation (Taxicab) <input type="checkbox"/> Door-to-Door Vehicle Transportation <input type="checkbox"/> Private Vehicle arranged by patient* <i>*Additional verification information needed for approval.</i> </p>

*DURATION (Based on medical necessity and continued health plan eligibility)				
<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months

FUNCTION LIMITATIONS JUSTIFICATION
<p>When transportation is requested for an ongoing basis, the chronic nature of the patient's medical, physical, or mental health condition must be indicated in the treatment plan. A diagnosis alone will not satisfy this requirement. Treatment plan should include the medical, behavioral health, or physical condition that prevents normal public or private transportation. NMT services do not require physician signature and will be approved based on the least costly method of transportation that meets the member's needs.</p> <p>*PLEASE INCLUDE YOUR JUSTIFICATION BELOW:</p>

CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION	
<p>The provider responsible for providing care for the member is responsible for determining medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, or NP who is employed or supervised by the hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate.</p>	
Provider's Name & Credential (Print):	Date:
Provider's Signature:	Phone Number:

Questions? Call LogistiCare's California Facility Department at 866.529.2128



Medi-Cal Transportation Benefits: Provider Frequently Asked Questions (FAQ)

WHAT ARE NEMT AND NMT SERVICES?

- **Non-Emergency Medical Transportation (NEMT)** – Ambulance, litter van, wheelchair van, or air medical transportation ambulance. You can request for this service if a member cannot get to your scheduled medical appointment by car, bus, train, or taxi, for medically necessary Medi-Cal services covered by the Alliance, such as Primary Care Provider (PCP) and specialist visits, pharmacy trips, and mild to moderate mental health visits.
- **Non-Medical Transportation (NMT)** – Passenger car, taxicab, ADA compatible vehicles, or any other form of public or private transportation such as bus, or BART and paratransit. You can request this service for members, who need the assistance of a driver and transportation getting to and from medical appointments for Medi-Cal services covered by the Alliance, as well as other Medi-Cal covered services, such as dental and Substance Use Disorder services.

HOW CAN I REQUEST NEMT AND NMT SERVICES FOR AN ALLIANCE MEDI-CAL MEMBER?

- **To request NEMT**, the provider must to complete the Physician Certification Statement (PCS) form, indicating the medical justification, appropriate service level and duration. The PCS form must be signed by the physician or mid-level provider (MD, DO, NP or PA), and returned by fax to LogistiCare at **877.457.3352**.
- **To request NMT**, the provider can complete the PCS form and fax it to LogistiCare at **877.457.3352**. A signature is not required for requesting NMT. The provider or member can also call LogistiCare directly at **866.529.2128** to request NMT. Certain NMT requests may need provider confirmation of the level of service needed for the member's condition. LogistiCare will call the provider to verify NMT for taxi/private and door-to-door assistance transportation requests. Public transportation or East Bay Paratransit will be processed as requested by the member or provider.
- The PCS form can be found on the Alliance's website:
www.alamedaalliance.org/providers/resources/forms

WILL I RECEIVE AN AUTHORIZATION LETTER?

No. LogistiCare will process requests received without sending a confirmation letter. If you have a question about whether the form was received or the status of a request, you may call LogistiCare at **866.529.2128**.

CAN A SPECIALIST INITIATE A TRANSPORTATION REQUEST?

Yes. Any physician or mid-level provider (MD, DO, NP or PA) responsible for an Alliance Medical member's care may complete the PCS form to request NEMT. The provider or member can request NMT via the form or by calling LogistiCare.

HOW FAR IN ADVANCE OF AN APPOINTMENT SHOULD THE TRANSPORTATION REQUEST BE SUBMITTED?

Providers should submit a request for transportation at least **seven (7) business days** before the appointment. There are exceptions for situations such as hospital discharges, which can be provided within **four (4) hours** of the request. Requests for public transportation or East Bay Paratransit require LogistiCare to mail the member vouchers. Therefore, providers must allow additional time for the member to receive the vouchers in the mail prior to the appointment or service needed. Retrospective requests (request submitted after the service was provided) will not be accepted.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

Last updated 1/18

ALAMEDA
Alliance
FOR HEALTH

January 8, 2018

Dear Provider Partner and Staff:

The annual Healthcare Effectiveness Data and Information Set (HEDIS) medical record data retrieval season is upon us. Thanks to your clinical care and documentation, last year's HEDIS scores showed significant improvement – congratulations! Starting this January 2018, Alameda Alliance for Health (Alliance) staff may be contacting your office to verify the HEDIS contact information, arrange a time to collect medical records, or to request that medical records be uploaded to a secure site, faxed or mailed. We understand that this request can be burdensome, but this information is critical in order to accurately reflect the quality of care you have provided. We will do everything we can to help make the process as smooth as possible.

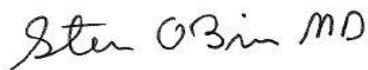
As a reminder, all Alliance contracted providers must give the Alliance access to member medical record and health information to complete the annual HEDIS review. HEDIS data collection and reporting is required by the Centers for Medicare & Medicaid Services (CMS) and the California Department of Health Care Services (DHCS), to help measure the quality of care and services being provided to our members. The Health Insurance Portability and Accountability Act (HIPAA), authorizes the Alliance to collect HEDIS member patient information without patient-authorized information release forms.

We appreciate your assistance with the annual HEDIS review procedures. We are working to provide you with your member patient list and give you as much advance notice as possible. Please help us by returning all requested medical records **within 5-10 business days** of the request date.

If you identify a member on the list whom was never seen in your practice or facility, or have any questions, please email us at HEDIS@alamedaalliance.org or fax us at **510.373.5998**.

Thank you for the excellent care you provide to our members and being a part of our network. We value your partnership and support in achieving a shared mission.

Sincerely,



Steve O'Brien, M.D.
Chief Medical Officer
Alameda Alliance for Health



Launch of the New Claims Editing Software to Help Streamline Reimbursement Process

Alameda Alliance for Health (Alliance) values our loyal community of providers and is committed to continuously improving our provider partner satisfaction.

Effective October 2, 2017, the Alliance will be implementing a new claims editing software called **Claims Edit System (CES)** to:

- Replace our current claims editing software ClaimCheck.
- Edit claims with dates of service on or after October 1, 2017. Claims with dates of service prior to this date will not be affected.
- Be a strong complement to the HEALTHsuite claims adjudication system.
- Automatically review and edit claims in order to streamline claims processing workflows, provide accurate and consistent rules-based reimbursement, and improve payment integrity.

KEY FEATURES OF CES INCLUDE:

- Payment rules and edits based on Medi-Cal and national Medicaid payment guidelines, including standard National Correct Coding Initiative (NCCI) edits.
- Integrated edit transparency and disclosure to help providers understand edits and minimize inquiries and appeals.

As a Medi-Cal provider, you should already be submitting claims according to the applicable Medi-Cal billing rules.

If you have any questions about our new claims editing system, please call our Provider Relations Department at **510.747.4510**.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org



Important Update on Electronic Coordination of Benefits Claims

Alameda Alliance for Health (Alliance) values our loyal provider partner community. We are committed to continuously improve our provider customer satisfaction.

This notification is to advise you that the Alliance has postponed accepting **electronic** Coordination of Benefits (COB) claims until **Tuesday, May 1, 2018**. The Alliance will deny COB claims that are submitted **electronically** until further notice.

Alliance providers must submit a **paper** copy of COB claims when the Alliance is the secondary payer. The primary payer's Explanation of Benefits (EOB) must be submitted with the paper copy of the COB claim.

PAPER COB CLAIMS MUST BE MAILED TO:

**Alameda Alliance for Health
P.O. Box 2460
Alameda, CA 94501-0460**

If you have any questions about this change, please call the Alliance Provider Services Department at **510.747.4510**.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

CR, Revised 1/18



Important Update on Electronic Prior Authorization Forms

Alameda Alliance for Health (Alliance) values our loyal provider partner community. We are committed to continuously improve our provider customer satisfaction.

This notification is to advise you that the Alliance is working to implement an **electronic Prior Authorization (PA) Form** submission process. The new electronic process will convert PA Form fax submissions into Electronic Data Interchange (EDI) files. This change will help improve both the accuracy and the response time of the Alliance prior to the authorization process.

Beginning **Wednesday, November 15, 2017**, the Alliance will launch the new electronic PA Form submission process on a trial basis. Our targeted goal to “go live” with the new electronic process is **Thursday, February 1, 2018**. After the new process is finalized, the Alliance will no longer accept handwritten PA Forms.

The updated electronic PA Form is now available on our website at **www.alamedaalliance.org**. If you have any questions regarding this change, please call the Alliance Provider Services Department at **510.747.4510**.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

CR, Revised 1/18

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 Practice.
- 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)	Ownership Code: *REQUIRED <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.						

Please fax this document along with a current W9 to 855.891.7257

Questions? Call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5:30 pm

Phone Number: **510.747.4510**

www.alamedaalliance.org



Important Update on the Alcohol Misuse Screening & Counseling Benefit

The Alcohol, Screening, Intervention, and Referral to Treatment (SBIRT), is now called Alcohol Misuse Screening and Counseling (AMSC) and has the following key revisions:

1. Training is recommended, but no longer required for those who provide, or supervise those who provide AMSC services.
2. Patients who meet criteria for alcohol use disorder, or who have an uncertain diagnosis, must be referred for further evaluation and treatment.

REIMBURSEMENT FOR AMSC SERVICES:

- **Expanded Alcohol Screenings** are covered for all eligible members, 18 years of age or older when:
 - Alliance contracted primary care providers (PCPs) identify a potential alcohol misuse problem and a validated screening tool is used.
 - Eligible members answer “yes” to the alcohol question on the Staying Healthy Assessment.

Please note:

- Providers should use the Alcohol Use Disorder Identification Text (AUDIT) or the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C), and then bill using HCPCS code H0049.
 - Benefit is limited to one (1) time per member per year.
 - A pre-screen or brief screen is not reimbursable.
- **Brief counseling interventions** are covered for all eligible members who:
 - Screen positively for risky or hazardous alcohol use or potential alcohol use disorder.

Please note:

- Providers may refer these services to offsite locations, however we encourage providing services within the primary care clinic to help increase the likelihood of behavioral change.
- Brief counseling interventions can be billed by using HCPCS code H0050 (for a 15-minute session).
- H0050 can be billed on the same day as H0049, and H0050 can be billed for one (1), two (2), or three (3) sessions per day up to the benefit maximum of three (3) sessions per year.
- H0050 can also be billed on the same day as regular E&M (Evaluation and Management) services, such as provider office visits.
- Benefit is limited to three (3) sessions per member per year.

REFERRALS FOR FURTHER EVALUATION AND TREATMENT:

- Patients who meet criteria for alcohol use disorder, or who have an uncertain diagnosis, must be referred for further evaluation and to State certified treatment services. Alliance members can be referred by calling the following contacts:

For Alliance Medi-Cal members:

Alameda County Behavioral Health - ACCESS

Toll-Free: **1.800.491.9099**

For Alliance Group Care members:

Alliance’s Mental Health Provider - Beacon Health Strategies

Toll-Free: **1.855.856.0577**

WHO CAN OFFER AMSC SERVICES?

- AMSC services may be provided in the primary care setting by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to the following: Licensed Physician, Physician Assistant, Nurse Practitioner, or Psychologist.
- At least one supervising licensed provider per clinic or practice may take four (4) hours of AMSC training after initiating AMSC services. The training is not required, however, it is recommended. Training opportunities can be found at the following website:
www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT_Trainings.aspx

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org



Important Update on Breast Pumps for Alliance Members

WHO IS ELIGIBLE?

Alameda Alliance for Health (Alliance) members* may receive a medically necessary lactation device, such as a breast pump, when requested by an Alliance contracted provider or International Board Certified Lactation Consultant (IBCLC) to support breastfeeding.

TYPES OF PUMPS:

1. **Hospital grade breast pump, double electric (daily rental or purchase) (E0604).** When requesting a Hospital Grade pump, clinical notes must be included in the request.
2. **Personal use breast pump, double electric (E0603).** May be requested up to one month prior to the Estimated Delivery Date EDD, but will not be delivered until after birth.

Hospital Grade and Personal Use pumps are considered separate types of Durable Medical Equipment (DME); the provision of one will not exclude the provision of the other, if deemed necessary by the provider.

REQUESTING A PUMP:

- Providers can send breast pump requests directly to the Alliance preferred DME vendor for authorization and delivery:

California Home Medical Equipment
Phone Number: **800.906.0626**
Fax Number: **844.583.4049**

- Providers may, but are not required to, use the Alliance Breast Pump Request Form, found under Authorization Submission at:

www.alamedaalliance.org/providers/medical-management

** KAISER: Alliance members who are assigned to Kaiser must request breast pumps through Kaiser. Members can speak with a Lactation Specialist when in-patient, or when out-patient, or call the pediatric advice line, 510.752.1200 to speak with an R.N. and request an appointment with an out-patient Lactation Specialist. For other questions, please call Kaiser Member Services at **1.800.464.4000**.*

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org



DATE RECEIVED

BREAST PUMP REQUEST FORM

Please complete and fax to the Alameda Alliance for Health (Alliance) Durable Medical Equipment (DME) vendor:
California Home Medical Equipment
 Phone Number: **1.800.906.0626** | Fax: **1.844.583.4049**

PLEASE SELECT ONE (1): ROUTINE URGENT

A. REQUESTING PROVIDER INFORMATION			
REQUEST DATE (MM/DD/YY)	PROVIDER OR ALLIANCE IBCLC NAME	CONTACT PHONE NUMBER	
PCP/CLINIC		FAX NUMBER	
PCP/CLINIC ADDRESS		NPI NUMBER	
B. MEMBER INFORMATION			
PATIENT NAME	DOB (MM/DD/YY)	MOTHER'S HEIGHT	MOTHER'S WEIGHT
ADDRESS & CITY			ZIP
ALLIANCE ID NUMBER	MEMBER PHONE NUMBER	DATE OF DELIVERY (OR DUE DATE)	
C. REQUESTED SERVICE			
BREAST PUMP CODE: <input type="checkbox"/> E0604 Hospital-grade electric pump rental and kit. (Please attach clinical notes, or include notes below.) <input type="checkbox"/> E0603 Personal use electric pump <input type="checkbox"/> E0602 Manual breast pump CLINICAL NOTES FOR HOSPITAL GRADE PUMP. (Please attach any additional notes as necessary.)			
PATIENT REQUEST <input type="checkbox"/> Check if applicable		NUMBER OF MONTHS (HOSPITAL GRADE PUMP) <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> Other: _____	
REASON FOR REQUEST: Maternal <input type="checkbox"/> O92.29 Disorders of the breast (engorgement, infection, lactation failure, nipple pain/trauma) <input type="checkbox"/> O92.70 Mother/baby separation (including return to work) <input type="checkbox"/> O92.70 Establish milk supply <input type="checkbox"/> O92.3 Failure of lactation <input type="checkbox"/> Other: _____			
Infant <input type="checkbox"/> P92.9 Newborn feeding problems <input type="checkbox"/> R63.3 Feeding problems, Infant (>28 days) <input type="checkbox"/> P92.6 Failure to thrive (Newborn) <input type="checkbox"/> R62.51 Failure to Thrive (Child) <input type="checkbox"/> P59.9 Jaundice, neonatal <input type="checkbox"/> Q38.1 Tongue Tied (Ankyloglossia) <input type="checkbox"/> Other: _____			
D. PHYSICIAN'S OR ALLIANCE IBCLC'S SIGNATURE (REQUIRED)			
REQUESTOR'S SIGNATURE	PRINT NAME	DATE	

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

Do you need Free Breastfeeding Help?



We want you and your baby to receive
the best care and services

Alameda Alliance for Health (Alliance) members can receive free breastfeeding help by phone or in your home.

- Have questions or concerns about breastfeeding?
- Is your baby having problems latching on?
- Do you worry about your milk supply?
- Want to learn how to use a breast pump?



Just call one of our Breastfeeding Partners:
(Please have your Alliance member number ready)

- Allana Samuel - **510.999.6455**
- Brandi Gates - **510.372.3026**
- Tina Benitez - **510.206.7080**
(Spanish and English)
- Sylvia Boyd, PT - **510.909.1537**
(only by phone or in Hayward office)

Our Breastfeeding Partners are International Board Certified Lactation Consultants (IBCLC).

To request an interpreter or ask any questions, please contact Alliance Health Programs.

Para solicitar un intérprete o hacer alguna pregunta, comuníquese a Programas de Salud de Alliance.

需要洽詢一名口譯員或詢問任何問題，請聯絡 Alliance 健康計畫。

Nếu quý vị cần một thông dịch viên hoặc có câu hỏi, vui lòng liên lạc Chương Trình Y Tế Alliance.

ALAMEDA
Alliance
FOR HEALTH

Questions? Please call Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577** • Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

alamedaalliance.org

Alameda Alliance for Health Provider Resource Guide

Free Health Education, Programs, Services & Referrals for Members

Alameda Alliance for Health (Alliance) invites you to refer Alliance members to the health education classes, support groups, phone support, and case management programs, listed in this resource directory. The programs included in this listing are either free or the cost is paid by the Alliance. To participate in a program, our members can either call Alliance Health Programs at **510.747.4577** or, in most cases, can call the program directly.

Program phone numbers are provided throughout this directory. This resource guide is not intended to be a comprehensive list.

Interpreter Services

We offer free language services for members who speak a non-English language or American Sign Language for health education interventions and medical appointments. Members have the right to health care in their language 24 hours a day, 7 days a week. Our providers or members may call the Alliance Member Services Department at **510.747.4567** to schedule an interpreter.

The Alliance encourages the use of our free interpreter services. If a member prefers to use family or friends, please document it in the member's medical record.

Pamphlets and Books

The Alliance has handouts available on various health topics, which we encourage providers to use in educating patients. Materials are available in English, Spanish, Chinese, and Vietnamese. Providers may request copies of these materials, either in an electronic format or hard copy. Many flyers can also be found on our website at alamedaalliance.org/live-healthy.

For more information about health education resources or refer Alliance Members to Health Education Programs by fax, please contact:

Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Members: **510.747.4577**

Providers: **510.747.6038**

Email: livehealthy@alamedaalliance.org

Fax: **1.877.813.5151**

Fax Form: alamedaalliance.org/providers/health-education-and-wellness-resources

Website: www.alamedaalliance.org

JANUARY 2018

Asthma

Asthma Start/Alameda County Public Health

Phone Number: **510.383.5181**

www.acphd.org/asthma

Asthma Start provides in-home case management for families of children with asthma ages 0-18 living in Alameda County. The program provides in-home assessment, teaches self-management skills, inspects the home for triggers, and supports the family with housing issues. The program also collaborates with the school and/or day care providers as needed. The program notifies providers regarding their services rendered to specific patients. The Alliance reimburses the program for services. Families or providers may call the program directly or fill out a fax referral.



Behavioral Health/ Drug and Alcohol Treatment Beacon Health Strategies

Toll-Free: **1.855.856.0577**

The Alliance has one phone number for all behavioral health referrals. Medi-Cal members will first be screened for level of need. Some members may receive services through the Alliance's behavioral health vendor, Beacon Health Strategies, and others will be referred if appropriate to Alameda County Behavioral Health Care Services (ACCESS).

Questions? Call the Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577**

www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH



Breastfeeding
Alliance Lactation Partners

Our breastfeeding partners are International Board Certified Lactation Consultants (IBCLC). They can offer free support by phone or in the home for any mother who is an Alliance member or for the mother of a child member.

- Allana Samuel: **510.999.6455**
- Brandi Gates: **510.372.3026**
- Sylvia Boyd: **510.863.1537**
 (only by phone or in Hayward office)
- Tina Benitez: **510.206.7080**
 (Spanish and English)

Breastfeeding Classes and Support Groups
 Members: **510.747.4577**

Breastfeeding classes and support groups are free to all Alliance members. Members can call the numbers below to enroll, or the Alliance staff can help members find a class or support group in their area.

- Alta Bates Summit Hospital: **510.204.6546**
- Eden Hospital (call the Alliance): **510.747.4577**
- La Leche League: llnocal.org/localgroups.html
- St. Rose Hospital: **510.264.4044**
- Tri-City Health Center: **510.456.3584**
- Washington Hospital: **510.818.5041**
- West Oakland Health Council (East Oakland and West Oakland Clinic): **510.835.9610 ext. 2272**

Women, Infants, and Children (WIC)
 Toll-Free: **1.888.942.9675**

WIC agencies provides free breastfeeding support and information during both the prenatal and the postpartum period.

Case and Disease Management
Alliance Case and Disease Management Program

Toll-Free: **1.877.251.9612**

www.alamedaalliance.org/providers/medical-management/case-and-disease-management-program

The Alliance Case and Disease Management Program is designed to assist in managing the care of medically complex members by coordinating services and supporting members to improve patient outcomes and member satisfaction. Find the referral form on our website.

Alliance Obstetrics Case Management (OBCM) Program

Toll-Free: **1.877.251.9612**, select language, then press **4** for the Alliance OBCM Program.

The Alliance has a new OBCM program offers free help and support to pregnant and postpartum members.

Childbirth Education

Members: **510.747.4577**

The Alliance pays for childbirth education for members at your delivery hospital. Alliance staff can facilitate the arrangements, or the member may sign up directly with the hospital. The hospital bills the Alliance for members who participate in their childbirth education programs.



Community-Based Adult Services (CBAS)

Toll-Free: **1.877.251.9612**

CBAS refers to an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, meals, and transportation to eligible Medi-Cal beneficiaries enrolled in a managed care plan. This service is for at-risk patients who need supervision and support in order to remain living in their homes. Members must be 18 years and older, an active member in Alliance Medi-Cal, and meet CBAS eligibility and medical necessity criteria.

Questions? Call the Alliance Health Programs
 Monday – Friday, 8 am – 5 pm
 Phone Number: **510.747.4577**
www.alamedaalliance.org





Dental Care

The provider of dental care depends on the program in which our member is enrolled.

Alliance Group Care

Delta Dental: **1.888.335.8227**

Alliance Medi-Cal

Denti-Cal: **1.800.322.6384**

Diabetes

Diabetes classes and programs teaches self-management skills for those who have diabetes such as blood sugar testing and monitoring, how and when to access health care, how to work with the primary care provider, and medication administration and timing. The classes offer educational materials, nutrition and exercise tips, and more.

Alameda County Diabetes Program

Referrals: **510.383.5185**

www.acphd.org/diabetes

American Diabetes Association (ADA) recognized program. Classes offered in English, Spanish, Farsi, Punjabi, Hindi and Urdu. The Alliance reimburses the program for services.

Alta Bates Summit Diabetes Center

3030 Telegraph Ave., Berkeley

Referrals: **510.204.1081**

www.altabatessummit.org/diabetes

American Diabetes Association (ADA) recognized program. New classes start weekly. Find the referral form on their website.

Bay Area Diabetes and Wellness Center

1904 Franklin St., Suite 801, Oakland

Referrals: **510.922.8208**

www.bayareadiabeteswellness.com

American Diabetes Association (ADA) recognized program. Offers a combination of group classes and individual consultations for people with diabetes or pre-diabetes. Find the referral form on their website.

Eden Medical Center

20101 Lake Chabot Road, Castro Valley

Referrals: **510.727.3032**

www.edenmedicalcenter.org

Find the referral form under “Classes & Events” at the website, then call to register. Physician referral required.



Stanford Health Care ValleyCare

5725 W. Las Positas Blvd., Suite 220, Pleasanton

Referrals: **925.416.6710**

www.valleycare.com

American Diabetes Association (ADA) recognized program. Physician referral required.

Washington Hospital Outpatient Diabetes Center

3575 Beacon Avenue, Fremont

Referrals: **510.745.6556**

www.washingtonhospital.org

American Diabetes Association (ADA) recognized program.

Domestic Violence

Alameda County Family Justice Center

Phone Number: **510.267.8800**

Toll-Free: **1.800.799.7233**

www.acfjc.org

This center provides crisis intervention, legal services, arranges for medical and mental health services, and other services necessary for victims and their families.

Questions? Call the Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577**

www.alamedaalliance.org

Emergency Shelter Program

Toll-Free: **1.888.339.7233**

www.rubysplace.org

Provides shelter, food, support, and education to women and children victims of domestic violence.

Family Violence Law Center

Phone Number: **510.208.0220**

24-Hour Crisis Hotline: **1.800.947.8301**

www.fvlc.org

This center offers violence related assistance to women, crisis intervention, legal assistance, support groups, and teen violence prevention programs.

HIV/AIDS

AIDS Project of the East Bay

Phone Number: **510.663.7979**

www.apeb.org

Provides primary care and health education to residents of Alameda County.

East Bay AIDS Center

Phone Number: **510.869.8400**

www.altabatessummit.org/clinical/aids_scvs.html

Part of the Alta Bates Summit Medical Center campus. By appointment only.

Hypertension

Alameda County Hypertension Class

Phone Number: **510.383.5185**

www.acphd.org/diabeteshypertension

Group classes offered in various locations. Topics include: what is hypertension; heart attack; lifestyle modification; and nutrition.



Questions? Call the Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577**

www.alamedaalliance.org

Independent Living

Assistance and referrals for people with disabilities and older adults. Resources include housing and legal referrals, travel training, assistive devices, caregiving, food and nutrition, and much more.



Alameda County Area Agency on Aging

Phone Number: **510.577.3530**

www.alamedasocialservices.org

Senior information and referrals.

Center for Independent Living, Inc.

Phone Number: **510.841.4776**

TTY: **510.848.3101**

www.cilberkeley.org

Serves people with disabilities in Berkeley/Oakland area.

Community Resources for Independent Living

Phone Number: **510.881.5743**

TTY: **510.881.0218**

www.crilhayward.org

Serves people with disabilities in Hayward/Fremont/Livermore area.

Information and Referral Numbers

Alameda County 2-1-1

Toll-Free: **211**

www.211alamedacounty.org

Provides housing information, and critical health and human services referrals.

Alameda County Public Health

Toll-Free: **1.888.604.4636**

www.achealthcare.org

Referrals to health care and support services.



Help Me Grow

Toll-Free: **1.888.510.1211**

www.first5alameda.org/help-me-grow

First 5 program that offers resources for early childhood development.

**Injury Prevention
CPR and First Aid Classes**

Members: **510.747.4577**

Toll-Free: **1.877.932.2738**

The Alliance pays the cost of Adult and Infant CPR and First Aid classes. Members call the Alliance to enroll.

**Parenting
4Cs of Alameda County**

Members: **510.582.2182**

www.4c-alameda.org

Offers free tip sheets, classes and workshops. Members can call for information about the type of classes, days/times. Serves Central-South County.

BANANAS, Inc.

Members: **510.658.7353**

www.bananasbunch.org

Offers parent support services and child development instruction. Services are open to residents of Alameda County and are usually free. Serves North County.

Child Care Links

Members: **925.417.8733**

www.childcarelinks.org

Free events and workshops. Serves East County.

Family Paths

Hotline: **1.800.829.3777**

www.familypaths.org

24-hour Parent Support Hotline offers crisis support, resources, and referrals.

Local Hospitals

Members: **510.747.4577**

Toll-Free: **1.877.932.2738**

Several hospitals offer newborn care and parenting classes. Members may enroll directly with the hospitals or call the Alliance.



Smoking Cessation

The Alliance does not require members to be enrolled in a quit program to receive nicotine patch and/or drugs. However, participating in a program can increase the chance of success for your patient.

California Smokers' Helpline

Cantonese/Mandarin: **1.800.838.8917**

English: **1.800.662.8887**

Spanish: **1.800.456.6386**

Tobacco Chewers: **1.800.844.2439**

Vietnamese: **1.800.778.8440**

People with hearing and speaking impairments (TTD/TTY): **1.800.933.4833**

www.nobutts.org

California Smokers' Helpline also has a program for pregnant smokers.

City of Berkeley Quit Smoking Class

Phone Number: **510.981.5330**

www.cityofberkeley.info

"Freedom from Tobacco" quit smoking classes is an 8-class series. Call to sign up.

Questions? Call the Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577**

www.alamedaalliance.org

Nicotine Anonymous

Toll-Free: **1.877.879.6422**

www.nica-norcal.org/meetings.html

www.nicotine-anonymous.org

Nicotine Anonymous brings together groups of people who have felt the grip of nicotine addiction. The primary purpose is to help others to live free of nicotine. Meetings can be in-person, online, or over the phone.

Smokefree.gov

Toll-Free: **1.877.448.7848**

Text Message: **smokefree.gov/smokefreetxt**

www.smokefree.gov

Connect with a National Cancer Institute Information Specialist to get information and answers about quitting smoking. Visit online to receive tools, tips, and resources. Sign up for SmokefreeTXT to receive 3-5 messages per day (message and data rates may apply).



Vision Care

The provider of vision care depends on the Alliance plan in which the member is enrolled.

Alliance Group Care

EyeMed: **1.866.723.0514**

Alliance Medi-Cal

March Vision Care: **1.844.336.2724**

Weight Management

Alameda Alliance Health Programs can refer members to additional nutrition or healthy weight classes or meetings offered by local clinics, government programs and non-profits.



Alliance Health Programs

www.alamedaalliance.org/live-healthy/health-issues/healthy-weight

The Alliance recommends these member education resources, which are easy to read and translated.

- **51 Ways to Keep Fit** is a fun listing of 51 ways to get active.
- **Healthy Weight and Your Child** addresses how to increase good nutritional habits and activity.
- **One Small Change** is a goal-setting handout developed for adults, children, or pregnant women. The flyer lists changes in nutrition and physical activity that support a healthy lifestyle.
- **Ready to Reach Your Healthy Weight?** is a general overview of the importance of healthy weight and the role of good nutrition and exercise for adults.

Weight Watchers

Members: **510.747.4577**

The Alliance will connect eligible members interested in Weight Watchers with a local meeting and coupons to attend for free. Meetings cover healthy eating topics and peer support to lose weight. Members can contact the Alliance and submit a copy of their weigh-in record to request additional coupons after attending the first series of ten (10) classes. For adults, with some exceptions.

Websites

Members: **510.747.4577**

www.cdc.gov/healthyliving

www.healthylivingforlife.org

www.heart.org/healthyliving

These websites offer information on local farmer's markets, activity programs, good nutrition, recipes and other healthy living referrals.

Questions? Call the Alliance Health Programs

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4577**

www.alamedaalliance.org

 **PROVIDER REQUEST FORM - ALLIANCE WELLNESS PROGRAMS & MATERIALS**

Please check off the topics that you want us to send your patients covered by Alameda Alliance for Health (Alliance). All Alliance wellness materials and programs are free for members. You can also request the materials in other formats. Many handouts can be downloaded at www.alamedaalliance.org.

 **BOOKS**

- Cookbook:
 - Diabetes
 - Healthy Eating
- What to do When Your Child Gets Sick

 **CLASSES & PROGRAM REFERRALS**

- Asthma
- Alcohol and Other Substance Use
- Breastfeeding Support
- CPR/First Aid
- Diabetes
- Healthy Weight
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking
(Member consents for Smoker's Helpline to call them)
- Senior Centers/Programs
- Weight Watchers

 **MEDICAL ID BRACELETS OR NECKLACE**

- Allergy
- Asthma
- Diabetes
- Other (list): _____

 **WRITTEN MATERIALS**

- Advanced Directive (medical power of attorney)
- Alcohol and Other Substance Use
- Asthma:
 - Adult
 - Child
- Back Care
- Birth Control and Family Planning
- Breastfeeding
- Car Seat Safety
- Diabetes
- Domestic Violence
- Exercise:
 - General
 - Resistance Bands
- Healthy Eating
- Heart Health
- Parenting and Discipline
- Pregnancy and Childbirth
- Quit Smoking
- Safety:
 - Adult
 - Baby
 - Child
 - Senior
- Sexual Health
- Stress and Depression

Provider Name: _____ Provider Clinic: _____

Provider Phone: _____ Provider Fax: _____

Member Name: _____ Alliance ID Number: _____

Address to Mail Materials to: _____

City: _____ Zip: _____

Language Preferred: Chinese English Spanish Vietnamese

To order, fax this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Fax: **1.877.813.5151** • Phone Number: **510.747.4577**

Email: livehealthy@alamedaalliance.org