



2019 Quarter 4 Provider Packet Provider Visit Form

Provider Name: _____

Date of Visit: _____

PCP____ Specialist____ CBAS____ Home Health____ SNF____ Ancillary____ Other____

PACKET INCLUDES:

- 2019 Quarter 4 Provider Visit Form
- Vendor Disclosure of Ownership Form
- Provider Demographic Attestation Form
- Timely Access Standards
- Provider Alert – Flu Vaccines 2019-2020
- Covered Flu Vaccine List 2019-2020
- Gap in Care Reports Notice
- Our Automated Eligibility Verification Line Notice
- Coming Soon! Enhancements to the Online Provider Portal Notice
- Diabetes Self-Management Education and Support (DSMES) Program Referrals
- Fraud, Waste and Abuse Prevention & Reporting Notice
- Protecting Member Confidentiality Notice
- Opioid Education Pocket Guide: Tapering Opioids for Chronic Pain
- Opioid Education: Best Practices, Resource List, and Sample Patient Agreement Form

Accepting New Patients Accepting Existing Patients Not Accepting Patients

Comments: _____

Provider/Office Staff Signature: _____

Provider/Office Staff Print: _____



Vendor Disclosure of Ownership Form

I. Instructions

This form must be completed and submitted to Alameda Alliance for Health (Alliance) by all providers and subcontractors. A new Disclosure Form is required and must be submitted in the event of renewal or extension of the contract or within 35 days after any information in your original form has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with the Alliance and the Alliance’s administrative requirements.

The disclosure, reporting, and exclusion requirements apply to partnerships on both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III, and VI of the Disclosure Form. The definitions are based on law, regulation, and instructions from regulatory authorities.

Important Note: For the purposes of this Disclosure Form, the term “Person with an Ownership or Control Interest” is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (I) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (II) Partners of a partnership, including without limitation limited liability partnerships.

See Section VII for a complete definition of “Person with an Ownership or Control Interest” as well as definition of other key terms such as “Managing Employee,” “Provider,” and “Agent.”

Please complete this Disclosure Form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this Disclosure Form, please reference the Definitions provided under Section VII.

II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS		DBA (Doing Business As), if applicable	
ADDRESS			NPI/UMPI
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER
FEDERAL EMPLOYER ID (FEIN)		TAX ID	



III. Structure

Check the entity type that describes your structure:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Partnership (i.e., LP, LLP, LLLP)	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Incorporated County	<input type="checkbox"/> Unincorporated County (You may advance to Section VI for Certification)		<input type="checkbox"/> Other

IV. Ownership, Control and Management Information

A. Please provide the following information for each **Managing Employee** and **Person or Entity with an Ownership or Control Interest** in your business, and any Sub-Subcontractor in which you have direct or indirect ownership of 5% or more. All applicable fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided. A non-profit entity must disclose all required information applicable to the entity. Please review the definitions in Section VII.

No.	Full Legal Name and Title	Address Individuals – list home address Entities – list primary business address, every business location and P.O. Box	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1.					
2.					
3.					

B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in subsection IV (A) as a spouse, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	SSN	Name of Person Related To	Related Person's SSN	Relationship
1.					
2.					
3.					

C. For each Person with an Ownership or Control Interest listed in subsection IV (A) who also has an ownership or control interest in a disclosing entity other than that indicated in subsection IV (A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	Address	Date of Birth	SSN or FEIN	% Ownership Interest
1.					
2.					
3.					



V. Excluded Individuals or Entities

A. Are there any of your employees, Persons or Entities with an Ownership or Control Interest in your business, or any of your Managing Employees, Affiliates, or Agents who are or have ever:

- Been excluded from participation in Medicare, any of the State health care programs, or Federal health care program under sections 1128 and 1128A of the Social Security Act?

Yes No

- Been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or any other state or jurisdiction since the inception of these programs?

Yes No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

Yes No

- Entered into a settlement in lieu of conviction involving fraud or abuse of any government program?

Yes No

- Been debarred, suspended, or otherwise excluded for participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

Yes No

B. Do you have any agreements for the provision of items or services related to the Alliance’s obligations under its contracts with the State or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

Yes No

If you answered “Yes” to any of the above questions, list the name and the social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering “Yes” (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1.			
2.			
3.			
4.			



VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify the Alliance of any changes to this information as outlined in Section I.

NAME (print)	TITLE	
SIGNATURE		DATE
EMAIL ADDRESS		

Return a completed, signed Disclosure Form to the Alliance as follows:

Please print single-sided and fax the completed form to the Alliance Provider Services Department:
 Fax: **1.855.891.7257**

You may also mail the form to:
Alameda Alliance for Health
ATTN: Provider Services Department
1240 South Loop Road
Alameda, CA 94502

If you have any questions, please contact the Alliance Provider Services Department:
 Phone Number: **1.510.747.4510**
 Email: **deptproviderrelations@alamedaalliance.org**

VII. Definitions

For the purpose of this disclosure, the following definitions apply:

1. **Act** means the Social Security Act.
2. **Affiliate** means associated business concerns or individuals if, directly or indirectly:
 - A) Either one controls or can control the other; or
 - B) A third party controls or can control both.
3. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider or Subcontractor.
4. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. For purposes of this Disclosure Form, Disclosing Entity shall also include Provider, Other Disclosing Entity, Subcontractor, and Sub-Subcontractor.
5. **Other Disclosing Entity means** any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
 - A) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
 - B) Any Medicare intermediary or carrier; and



- C) Any entity (other than an individual practitioner or group of practitioners) that furnishes or arranges, for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
- 6. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider or Subcontractor, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider or Subcontractor, or part thereof.
- 7. **Person or Entity with an Ownership or Control Interest** means a person or corporation that:
 - A) Has an ownership interest, directly or indirectly, totaling 5% or more in the Provider or Subcontractor;
 - B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider or Subcontractor;
 - C) Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider or Subcontractor, if that interest equals at least 5% of the value of the property or assets of the Provider or Subcontractor;
 - D) Is an officer or director of Subcontractor or a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
 - E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
- 8. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with the Alliance to provide health care services to Alliance members, including members enrolled through the Alliance's contracts with the State. For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with the Alliance to members enrolled through the Alliances' government program contracts with the State, provided those services are significant and material to the Alliance's obligations under the respective government program contract.
- 9. **State** means the California Department of Health Care Services (DHCS).
- 10. **Subcontractor** means an individual, agency, or organization that has a contract with the Alliance that relates directly or indirectly to the performance of the Alliance's obligations under its contract with the State. A network provider is not a subcontractor by virtue of the network provider agreement with the Alliance.
- 11. **Sub-subcontractor** means:
 - A) An individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
 - B) An individual, agency, or organization with which a fiscal agent or Disclosing Entity has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.



Provider Demographic Attestation Form

INSTRUCTIONS:

1. Please print clearly.
2. Please return form by fax to Alameda Alliance for Health (Alliance)
Fax Number: **1.855.891.7257**

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

PROVIDER INFORMATION	
PROVIDER/CLINIC NAME	PROVIDER TAX ID
SITE ADDRESS	
MAIN PHONE NUMBER	FAX NUMBER
HOURS OF OPERATION	
CLINIC EMAIL ADDRESS	
LANGUAGES SPOKEN	ACCEPTING PATIENTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONLY EXISTING

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Date Update Completed (MM/DD/YYYY): ____ / ____ / ____
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Notes:

Questions? Please call the Alliance Provider Services Department
 Monday – Friday, 7:30 am – 5 pm
 Phone Number: **1.510.747.4510**
www.alamedaalliance.org

TIMELY ACCESS REGULATION*

All Providers are required to offer appointments within the following time frames:

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment	10 Business Days of Request
Initial OB/Gyn Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service	15 Business Days of Request
Initial OB/Gyn Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Times	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
After-Hours Telephone Access – Provide 24 Hours Coverage	
Emergency Instructions – Ensure Proper Emergency Instructions	
Language Services – Provide 24 Hour Interpretive Services	

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

PA = Prior Authorization

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Questions? Please call the Alliance Provider Services Department
 Monday – Friday, 7:30 am – 5 pm
 Phone Number: **1.510.747.4510**
www.alamedaalliance.org



2019-2020 Seasonal Influenza Vaccines

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

The Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal members between the ages of 19 to 64 years old, and Alliance Group Care members of any age can now get a flu shot if/when supplies are available and offered at your office.

Providers can be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at the following address:

files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp

For Medi-Cal members under the age of 19, flu vaccines should be through the Vaccines for Children [VFC] program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance.

For Medi-Cal members age 65 years and older, flu vaccines should be covered through Medicare Part B. If the Medi-Cal member does not have Part B coverage, the vaccination will be covered by the Alliance.

Please see the Alliance Covered Flu Vaccine List 2019-2020 in a separate document.

Please note High-Dose (HD) flu vaccines are not covered by the Alliance. If a patient needs a HD flu vaccine please refer them to a network retail pharmacy to request an exception. For help with locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit: <https://www.alamedaalliance.org/members/pharmacy-and-drug-benefits>.

Please encourage all patients to get their flu shot today!

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

Questions? Call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Alameda Alliance for Health Covered Flu Vaccine List 2019-2020



Vaccine Name	CPT Code	NDC	Dosage Form	Manufacturer	Medi-Cal Coverage (632)	Alliance Group Care Coverage (636)
Afluria Quad (PF) 60mcg/0.5ml – 36 months and up	90686	33332-0319-01	IM syringe	SEQIRUS, INC.	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members ≥ 36 months old , 1 fill per 270 days.
Afluria Quad (PF) 30mcg/0.25ml – 6 to 35 months	90685	33332-0219-20	IM syringe	SEQIRUS, INC.	NON FORMULARY. Only covered by VFC	NON FORMULARY
Afluria Quad 60mcg/0.5ml – 6 months and up	90688	33332-0419-10	IM suspension	SEQIRUS, INC.	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members ≥ 6 months old , 1 fill per 270 days.
Fluad (PF) 45mcg/0.5ml – 65 years of age and up	90653 (not a covered Medi-Cal code)	70461-0019-03	IM syringe	SEQIRUS, INC	NON FORMULARY	NON FORMULARY
Fluarix Quad (PF) 60mcg/0.5ml – 6 months and up	90686	58160-0896-52	IM syringe	GSK	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members ≥ 6 months old , 1 fill per 270 days.
Flublok Quad (PF) 180mcg/0.5ml –	90682	49281-0719-10	IM syringe	Sanofi-Pasteur	NON FORMULARY	NON FORMULARY

VFC = Vaccines for Children program

PA = Prior Authorization

Alameda Alliance for Health Covered Flu Vaccine List 2019-2020



Vaccine Name	CPT Code	NDC	Dosage Form	Manufacturer	Medi-Cal Coverage (632)	Alliance Group Care Coverage (636)
18 years of age and up		49281-0719-88				
Flucelvax Quad (PF) 60mcg/0.5ml – 4 years of age and up	90674	70461-0319-03	IM syringe	SEQIRUS, INC.	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members ≥ 4 years old , 1 fill per 270 days.
Flucelvax Quad 60mcg/0.5ml – 4 years of age and up	90674	70461-0419-10	IM suspension	SEQIRUS, INC.		
Flulaval Quad (PF) 60mcg/0.5ml – 6 months and up	90686	19515-0906-52	IM syringe	GSK	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members ≥ 6 months old , 1 fill per 270 days.
Flulaval Quad 60mcg/0.5ml – 6 months and up	90688	19515-0897-11	IM suspension	GSK		
Flumist Quad (live) 2019-2020 – 2-49 years of age	90672 (not a covered Medi-Cal code)	66019-0306-10	Nasal spray	Mediumimmune, INC	Covered for members 19-49 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program.	Covered for members 2–49 years old , 1 fill per 270 days.
Fluzone High Dose (PF) 180mcg/0.5ml – 65 years of age and up	90662	49281-0405-65 49281-0405-88	IM syringe	Sanofi-Pasteur	NON FORMULARY - HIGH DOSE NOT COVERED	NON FORMULARY - HIGH DOSE NOT COVERED
Fluzone Quad (PF) 60mcg/0.5ml – 6 months and up	90686	49281-0419-10 49281-0419-58	IM suspension	Sanofi-Pasteur	Covered for members 19-64 years of age , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not	Covered for members ≥ 6 months old , 1 fill per 270 days.
Fluzone Quad (PF) 60mcg/0.5ml – 6 months and up	90686	49281-0419-50 49281-0419-88	IM syringe	Sanofi-Pasteur		
Fluzone Quad 60mcg/0.5ml –	90686	49281-0631-15	IM suspension	Sanofi-Pasteur		

VFC = Vaccines for Children program

PA = Prior Authorization

Alameda Alliance for Health Covered Flu Vaccine List 2019-2020



Vaccine Name	CPT Code	NDC	Dosage Form	Manufacturer	Medi-Cal Coverage (632)	Alliance Group Care Coverage (636)
6 months up		49281-0631-78			have part B).	
Fluzone Quad Pedi (PF) 30mcg/0.25ml – 6 to 35 months	90685	49281-0519-00	IM syringe	Sanofi-Pasteur	NON-FORMULARY. Only covered by VFC	NON-FORMULARY
		49281-0519-25				

VFC = Vaccines for Children program
PA = Prior Authorization



Pay-for-Performance (P4P) Program: Gap in Care Reports

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we are committed to continuously improving our provider and member customer satisfaction.

The Alliance distributes Gap in Care Reports each month to assist you with your Pay-for-Performance (P4P) Program measure initiatives.

If you identify any members on your report who have had the service in question, please contact the Alliance Provider Services Department or your assigned Provider Representative to review the details.

Thank you for the quality care that you provide to your patients and our community.

Questions? Please call the Alliance Provider Service Call Center
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Avoid Waiting on the Phone Use Our Automated Eligibility Verification Line

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

We are pleased to announce that our Automated Eligibility Verification Line has been updated to provide better customer service to our providers. Alliance providers can now call **1.510.747.4505, 24 hours and 7 days a week** to verify patient eligibility.

To use our Automated Eligibility Verification Line, you will need:

1. A 10 digit NPI (National Provider Identifier) number OR 9 digit Tax ID number
2. A 9 digit member ID number or SSN AND member date of birth (MM/DD/YYYY)

The Automated Eligibility Verification Line will provide the following information about the member:

- Eligibility status
- Copay information (if applicable)
- Current PCP (Primary Care Provider)
- Billing information

Providers will also receive a confirmation number at the end of each call, for your records and tracking purposes, and the option to connect with a live Alliance provider representative.

Thank you for the quality care that you continue to provide to your patients and our community. Together, we are creating a healthier community for all.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Coming Soon!

New Provider Portal Enhancements and Features

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we are committed to continuously improving our provider and member customer satisfaction.

The Alliance is thrilled to announce that we will be upgrading our website and online provider portal soon! We have listened to our provider feedback and we are working diligently to give you the following enhancements and added online features:

Enhancements:

- Provider Directory Search
- Claims Review
- Authorizations Review
- Member Eligibility Review
- Custom notifications

Added online features:

- Authorization Requests
- Remittance Advice (RA) Review
- Provider Dispute Resolution (PDR) Submission and Status Review
- Potential Quality Issue (PQI) Submission and Status Review
- Access-based Reporting and Review, such as:
 - Inpatient (IP) census
 - Emergency Department (ED) census
 - Rosters
 - Member Care Plans; and
 - Healthcare Effectiveness Data and Information Set (HEDIS) reports

More information and training materials will be available, as we begin to roll out these new enhancements and features.

Thank you for the quality care that you continue to provide to your patients and our community. Together, we are creating a healthier community for all.

Questions? Please call the Alliance Provider Service Call Center

Monday – Friday, 9 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Diabetes Self-Management Education and Support (DSMES)

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we're committed to continuously improving our provider and member customer satisfaction.

The Alliance covers Diabetes Self-Management Education and Support (DSMES) programs for our members. The programs we cover meet the National Standards for DSMES, and are recognized by the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE). DSMES programs have been proven to have a positive effect on clinical, psychosocial, and behavioral aspects of diabetes, and they can be an important part of patient care.

Please consider referring your patients to DSMES programs for diabetes education during these times:

- 1) At diagnosis
- 2) Annual assessment of education, nutrition, and emotional needs
- 3) When new complicating factors influence self-management
- 4) When transitions in care occur

Find a DSMES program: Please see our *Health Education Provider Resource Directory* for a listing of DSMES programs throughout the county and for information on how to refer at: <https://www.alamedaalliance.org/providers/health-education-and-wellness-resources>.

Thank you for the quality care you provide to your patients and our community. Together, we are creating a healthier community for all.

Questions? Please call the Alliance Health Programs
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4577**
www.alamedaalliance.org



Fraud, Waste & Abuse (FW&A) Prevention & Reporting

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we're committed to continuously improving our provider and member customer satisfaction.

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

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

1. **Call the Alliance Compliance Department Hotline: 1.855.747.2234**
2. **Email the Alliance Compliance Department: compliance@alamedaalliance.org**
3. **Contact Medi-Cal Fraud and Abuse: 1.800.822.6222**

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

Questions? Please call the Alliance Provider Service Call Center
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Protecting Member Confidentiality

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we are committed to continuously improving our provider and member customer satisfaction.

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated and established national standards to protect members' health care information. 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.

Please ensure you protect our members and their confidential health care information when sending information to the Alliance. Below are key practices to be aware of when protecting member information:

1. When mailing paper claims and billing information, **SECURE** the envelope or box to ensure it is closed and that information will not come out or get lost in the mail.
2. Send and receive email exchanges with member information securely.
3. Faxing is a secure method to exchange member information.
4. Shred documents that contain member identifiers when no longer needed.
5. Provide ongoing training of HIPAA protection procedures and reporting methods to office staff.
6. Notify the Alliance of any suspected incidents within 24 hours of discovery, please contact:
Alliance Compliance Department:
Phone Number: **1.855.747.2234**
Email: compliance@alamedaalliance.org

For more information about HIPAA compliance, please visit: www.hhs.gov
or <https://www.alamedaalliance.org/providers/resources>

Questions? Please call the Alliance Provider Service Call Center
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



October 7, 2019

Re: Alliance Opiate Stewardship Program

Dear Provider,

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate the care you provide to our patients and community.

The Alliance has implemented a substance abuse stewardship program that closely complements the CDC treatment guidelines. Our **Pay-for-Performance (P4P) Program incentivizes you to review quarterly opioid education.**

Please review the attached:

- Pocket Guide: Tapering Opioids for Chronic Pain

On Thursday, October 3, 2019, the quantity limits for Short-Acting Opioids (SAO) will be limited to 90 pills over 30 days.

Program	Oct 2019
"New Start" SAO Limit	14 days
SAO Quantity Limit/Month	90 pills/30 days
PA for All LAOs	Yes
LAO Increase Limit	Yes

Please note that the following members will be *exempt* from the new SAO quantity limit:

- Members on Chronic (greater than 3 months) SAO
 - Tapering these patients to the lowest possible and safest dose is important; the attached guide will assist you with this population.
- Members with Active Cancer Treatment
- Members Undergoing Palliative / Hospice Care

As a community partner, we value your feedback and effort and we need your support as we work towards the safe and appropriate use of opioids.

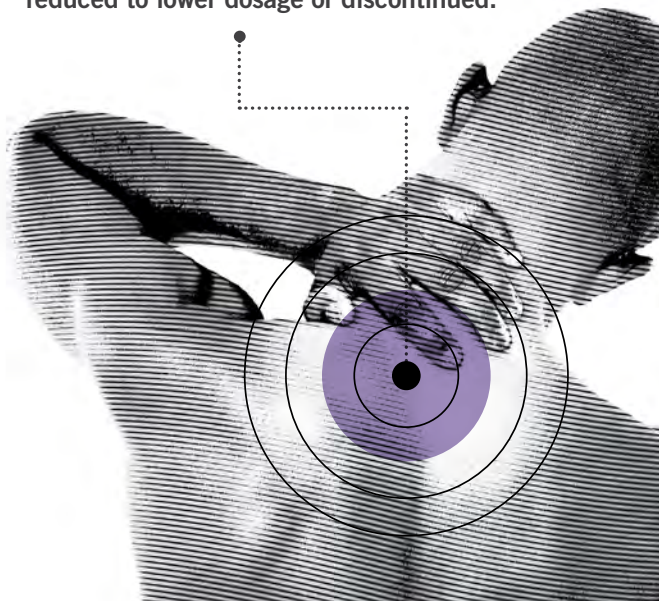
Sincerely,

Sanjay Bhatt, MD MS MMM
Medical Director – Quality Improvement
Alameda Alliance for Health

POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN*



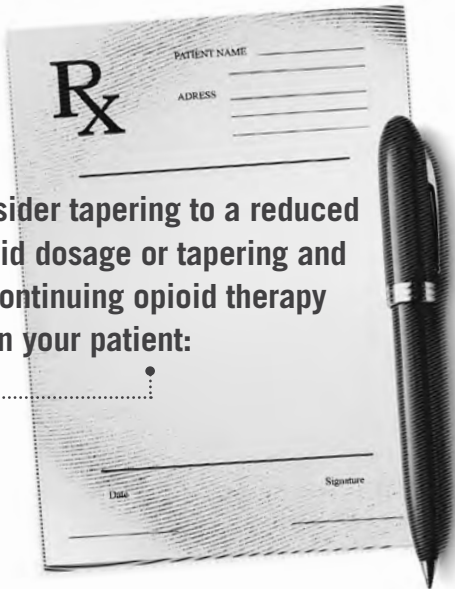
Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.

WHEN TO TAPER



Consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when your patient:

- requests dosage reduction
- does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale)
- is on dosages ≥ 50 MME*/day without benefit or opioids are combined with benzodiazepines
- shows signs of substance use disorder (e.g. work or family problems related to opioid use, difficulty controlling use)
- experiences overdose or other serious adverse event
- shows early warning signs for overdose risk such as confusion, sedation, or slurred speech

*morphine milligram equivalents

Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications. In general:



Go Slow

A decrease of 10% per month is a reasonable starting point if patients have taken opioids for more than a year. A decrease of 10% per week may work for patients who have taken opioids for a shorter time (weeks to months).

Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.



Consult

Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm such as pregnant women or patients with an opioid use disorder.

Use extra caution during pregnancy due to possible risk to the pregnant patient and to the fetus if the patient goes into withdrawal.



Support

Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer naloxone for overdose prevention.

Watch for signs of anxiety, depression, and opioid use disorder during the taper and offer support or referral as needed.



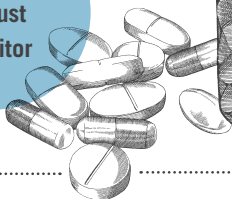
Encourage

Patient collaboration and buy-in are important to successful tapering. Tell patients that improved function and decreased pain after a taper can be expected, even though pain might initially get worse.

Tell patients “I know you can do this” or “I’ll stick by you through this.”

CONSIDERATIONS

**Assess
Adjust
Monitor**



- 1 Weigh the benefits and risks of opioids. Use clinical judgment and patient information to make decisions about whether to continue at the current dosage, taper and continue at a lower dosage, or taper and discontinue opioid therapy.
- 2 Avoid abrupt tapering or sudden discontinuation of opioids.
- 3 Adjust the rate and duration of the taper according to the patient's response.
- 4 Don't reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
- 5 Once lowest available dose is reached, the interval between doses can be extended. If discontinuing opioids, they may be stopped when taken less than once a day.

RESOURCES:

CDC Guideline for Prescribing Opioids for Chronic Pain

www.cdc.gov/drugoverdose/prescribing/guideline.html

CDC Opioid Prescribing Guideline Mobile App

www.cdc.gov/drugoverdose/prescribing/app.html

Tapering Long-Term Opioid Therapy in Chronic Noncancer Pain

[www.mayoclinicproceedings.org/article/S0025-6196\(15\)00303-1/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/drugoverdose



October 7, 2019

Re: Q4 Provider Opioid Education

Dear Provider,

Alameda Alliance for Health (Alliance) values our dedicated provider partners, and we appreciate the care you provide to our patients and community.

Our Pay-for-Performance (P4P) Program incentivizes you to review this quarterly opioid education.

Please review the attached:

- Best Practices for Chronic Pain Management (locally developed by the ACCMA)
- MAT Resource List
- Sample Patient Agreement Form

As a community partner, we value your feedback and effort and we need your support as we work towards the safe and appropriate use of opioids.

We appreciate your involvement in the program.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bhatt", is written over a white rectangular background.

Sanjay Bhatt, MD MS MMM
Medical Director – Quality Improvement
Alameda Alliance for Health

BEST PRACTICES FOR CHRONIC PAIN MANAGEMENT

Disclaimer: This guide does not constitute clinical guidelines, but rather is a toolkit of clinical best practices for the treatment of chronic pain. This document is not a substitute for clinical judgement

IDENTIFYING PATIENTS:

1. Determine if patient is experiencing **chronic or acute pain** and establish a diagnosis supported by diagnostic studies. If patient is experiencing acute pain, refer to the [Safe Prescribing for Acute Pain Toolkit](#).
2. Review medical history, including records from previous providers before prescribing (Check [CURES](#) prior to prescribing schedule II-IV medications and every four months thereafter as long as the medication is part of the patients' treatment)
3. Determine if patient is exhibiting signs of Opioid Use Disorder (OUD). Use these [Tips for Assessing for Opioid Use Disorder](#) to help.
4. Assess patient's risk of future opioid misuse or abuse using validated screening tools such as [DIRE](#) or [SBIRT](#).
5. Have patient fill out a [pre-visit questionnaire](#) to identify changes in functional or behavioral factors that would affect the treatment plan.

Once you have identified the patient's pain management status, review the relevant best practices below.

Statement on Co-prescribing Naloxone: Co-prescribing Naloxone is strongly recommended with any opioid prescription to prevent opioid overdose and begin a conversation with patients regarding the risks involved in opioid therapy.

Under California law, as of 2019 prescribers are required to offer naloxone to patients considered to be at high risk of overdose including patients on 90 Morphine Milligram Equivalent (MME) per day, patients prescribed benzodiazepines along with opioids, and patients that present to prescribers as having an increased risk of overdose. Prescribers are also required to provide education on overdose prevention and the use of naloxone for the complete or partial reversal of opioid overdose to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian. For more information about this requirement, please consult with your liability carrier or local county medical society.

If your patient has or may have Opioid Use Disorder...

- Utilize communication strategies to [avoid the stigmatizing language](#) strongly associated with Opioid Use Disorder.
- Evaluate the risks and benefits of continued chronic opioid treatment
- Strongly consider treatment for OUD that includes Medication Assisted Treatment (MAT).
- Educate patient on the evidence supporting short-term and long-term benefits of [tapering off opioids](#) and transitioning to non-opioid pain management alternatives.
- Refer patients with OUD for MAT when necessary.
 - The [Alameda and Contra Costa County MAT Induction Resource List](#) can help you find places to send patients for Buprenorphine Induction. The [Buprenorphine Treatment Practitioner Locator](#) can help you find individual x-waivered clinicians.
 - The [UCSF Clinician Consultation Center](#) operates a Substance Use Warmline which offers free and confidential clinician-to-clinician telephone consultation focusing on substance use evaluation and management for primary care clinicians
- For assistance with referring patients for MAT, you may also call your county substance use helpline. Alameda County: 1-844-682-7215; Contra Costa County: 1-800-846-1652
- Educate patients on the merits of MAT for the treatment of OUD.
- Co-prescribing Naloxone is particularly important to consider for patients with OUD due to their increased risk of overdose.

If patient is already engaged in long-term opioid pain reduction therapy...

- Assess functional improvement on opioids (with a validated tool such as [PEG](#)), and compare results to baseline function and pain.
- Use patient communication strategies to [avoid stigmatizing language](#), and more effectively discuss transitioning to [non-opioid alternatives](#).
- Educate patient on the evidence supporting short-term and long-term benefits of [tapering off opioids](#) and transitioning to non-opioid pain management alternatives.
- Continue co-prescribing Naloxone with any long-term opioid prescription.
- Consider using [Patient Agreement contracts](#) as a tool to discuss risks and responsibilities of continued opioid therapy.
- Consider periodic urine toxicology monitoring to assess for adherence to prescribed medications and for other substance use at least yearly.
- Continually reassess for worrisome behaviors and side effects.
- Track conditions that increase risks of opioid therapy such as age, cognitive status, respiratory status, other prescriptions, and personal/family history of addiction.
- Review [Tips for Assessing for Opioid Use Disorder](#), and the [Aberrant Drug-Taking Behaviors Info Sheet](#) to monitor for signs of Opioid Use Disorder (OUD).
- Be aware of Medical Board of California and Centers for Disease Control guidelines on high-risk MME dosages and evaluate risks and benefits of continuing opioid therapy at greater than 50 MME per day.
- Use extreme caution with concomitant prescription of opioids with benzodiazepines

Prior to considering initiating long term opioid therapy...

- Perform a physical exam to determine baseline function and pain.
- Educate patients on the evidence supporting the benefits of using non-pharmacological [pain management alternatives](#).
- Be aware that clinical trials show that opioids are not more effective in controlling chronic pain than non-opioid modalities.
- Create a plan of treatment with the patient that incorporates [non-opioid interventions](#) as much as possible.
- Consider starting with a few days' supply while documenting, then bring patient back for in-depth discussion and history review at follow-up appointment.
- Consider using [Patient Agreement contracts](#) as a tool to discuss risks and responsibilities of opioid therapy
- Track conditions that increase risks of opioid therapy such as age, cognitive status, respiratory status, and other prescriptions.
- Discuss an opioid therapy exit plan with patients.
- Conduct a urine toxicology screen prior to initiating opioid therapy
- If prescribing opioids, use the lowest possible dose and work to reduce the dose prescribed.

IMPORTANT INFORMATION FOR ALL CLINICIANS:

- Effective October 2, 2018, physicians are required to consult the CURES database (California's Prescription Drug Monitoring Database [PDMD]) prior to prescribing Schedule II, III, or IV controlled substances to a patient for the first time and at least once every four months thereafter if that substance remains part of the patient's treatment.
 - [CURES Mandatory Use Reference Sheet](#)
 - [CURES Advisory Memo](#)
- [CDC Checklist](#) (MME thresholds are to be considered general guidelines. Each patient's treatment should be individualized)

MEDICATION ASSISTED TREATMENT - RESOURCE LIST

DISCLAIMER: This is not a complete list of organizations and health care providers doing Medication Assisted Treatment. For more information, consult with your patient's insurance carrier.

Community Health Centers

West Oakland Health Council

ADDRESS: 700 Adeline Street, Oakland, CA 94607

PHONE: 510-302-3740

HOURS: M-F: 7:15am-5pm

WEBSITE:

<https://www.westoaklandhealth.org/care-and-services/integrated-behavioral-health/>

SERVICES OFFERED: Methadone maintenance

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Public Programs

Highland Hospital Emergency Department

ADDRESS: 1411 E 31st Street, Oakland, CA 94602

PHONE: 510-437-4800

HOURS: 24/7

WEBSITE: <http://www.highlandemergency.org/>

SERVICES OFFERED: Buprenorphine Induction 24-7

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

Highland Hospital Substance Use Disorder BRIDGE Program

ADDRESS: 1411 E 31st Street OA Wing, 1st Floor, Oakland, CA 94602

PHONE: 510-437-5192

HOURS: M-F: 9am-5pm

WEBSITE:

<https://bit.ly/2UfR9hK>

SERVICES OFFERED: Medication Treatment, psychiatric treatment, and psycho-social support and counseling. Buprenorphine Induction, maintenance, linkage to care.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Contra Costa Health Services- Choosing Change (General info)

PHONE: Referrals: 800-846-1652

General Voicemail: 925-608-5222

Locations: Antioch, Concord, Martinez, Pittsburg and San Pablo

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Highland Hospital Buprenorphine Induction Clinic

ADDRESS: 1411 E 31st Street, Oakland, CA 94602

PHONE: 510-437-4915 **FAX:** 510-437-5170

HOURS: M-F, 8:30 pm to 12 pm, 1 pm to 5 pm.

Medical appointments M&F 8:30 am to 12 pm only

EMAIL: sadkins@alamedahealthsystem.org

SERVICES OFFERED: Buprenorphine induction, stabilization, and linkage services.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Telehealth

Bright Heart Health

ADDRESS: 2603 Camino Ramon, San Ramon, CA 94583

PHONE: 844-884-4474 **FAX:** 415-458-2691

HOURS: M-F: 8am-6pm Sat-Sun: 8am-12pm

WEBSITE:

<https://www.brighthousehealth.com/contact-us/>

SERVICES OFFERED: Telehealth MAT maintenance

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Workit Health

ADDRESS: 911 Moraga Road, Suite 200, Lafayette, California 94549

PHONE: (925) 395-4255

HOURS: 5 am-5 pm

WEBSITE:

<https://www.workithealth.com/opioid-addiction-treatment-bay-area/>

SERVICES OFFERED: Telehealth MAT maintenance

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

OTHER

OASIS Clinic

ADDRESS: 520 27th St, Oakland, CA 94612

PHONE: 510-834-5442 **FAX:** 510-834-0916

HOURS: M-F:6am-12pm Sat-Sun 7:30am-9:30am

EMAIL: oasisclinic@gmail.com

SERVICES OFFERED: Provides Methadone/Buprenorphine Maintenance ONLY in conjunction with Hep C treatment

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Lifeline Treatment Services

ADDRESS: 10429 International Blvd., Oakland, CA 94603

PHONE: 510-777-8448 **FAX:** 510-777-8453

HOURS: M-F: 6am-1:30pm

Weekends/Holidays: 8am-10:15am

WEBSITE:

<http://www.americanhealthservices.org/oakland-california.html>

SERVICES OFFERED: Narcotics Replacement Therapy.

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Narcotic Treatment Programs

BAART-Oakland

ADDRESS: 1124 International Blvd, Oakland, CA 94606

PHONE: 510-533-0800 **FAX:** 510-533-0300

HOURS: M – F: 5:00 am – 1:30 pm Sat-Sun:

8am-10:30am

WEBSITE: <https://baartprograms.com/baart-14th-street>

EMAIL: <https://baartprograms.com/contact-us/>

SERVICES OFFERED: Buprenorphine Maintenance, Methadone Detox, Methadone Maintenance.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

BAART-Richmond

ADDRESS: 1313 Cutting Blvd, Richmond, CA 94804

PHONE: 510-232-0874 **FAX:** 510-232-8652

HOURS: M-F: 6am-2pm Sat-Sun: 7am-10am

WEBSITE: <https://baartprograms.com/contact-us/>

EMAIL: <https://baartprograms.com/baart-richmond>

SERVICES OFFERED: Buprenorphine Detox, Buprenorphine Maintenance, Methadone Detox, Methadone Maintenance.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

BAART-Antioch

ADDRESS: 3707 Sunset Lane, Antioch, CA 94509

PHONE: 925-522-0124 **FAX:** 925-522-0133

HOURS: M-F: 6am-2pm Sat-Sun: 7am-10:30am

EMAIL: <https://baartprograms.com/contact-us/>

WEBSITE: <https://baartprograms.com/baart-antioch/>

SERVICES OFFERED: Buprenorphine Detox, Buprenorphine Maintenance, Methadone Detox, Methadone Maintenance.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

HAART-Oakland

ADDRESS: 10850 MacArthur Blvd, Oakland, CA 94605

PHONE: 510-875-2300 **FAX:** 510-875-2310

HOURS: M-F :6am - 7:45am, 8:30am - 12noon

Sat-Sun: 7:30am-10am

WEBSITE: www.haartoakland.org

EMAIL: info@haartoakland.org

SERVICES OFFERED: Methadone Detox, Methadone Maintenance, Counseling

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

HAART-Hayward

ADDRESS: 20094 Mission Blvd., Hayward, CA 94541

PHONE: 510-727-9755 **FAX:** 510-727-9761

HOURS: M-F:6am-12pm Sat-Sun 7:30am-9:30am

WEBSITE: <http://www.haarthayward.org/>

EMAIL: info@haarthayward.org

SERVICES OFFERED: Methadone/Suboxone Detox (outpatient only), Methadone/Suboxone Maintenance.

PAYMENT TYPES ACCEPTED:

MEDI-CAL MEDICARE PRIVATE

OTHER (PLEASE CALL TO SPECIFY)

Patient Agreement Form

Patient Name:

Medical Record Number:

Agreement for Long Term Controlled Substance Prescriptions

The use of _____ (print names of medication(s)) may cause addiction and is only one part of the treatment for : _____ (print name of condition).

The goals of this medicine are:

- To improve my ability to work and function at home.
- To help my _____ (print name of condition) as much as possible without causing dangerous side effects.

I have been told that:

1. If I drink alcohol or use street drugs, I may not be able to think clearly and I could become sleepy and risk personal injury.
2. I may get addicted to this medicine.
3. If I or anyone in my family has a history of drug or alcohol problems, there is a higher chance of addiction.
4. If I need to stop this medicine, I must do it slowly or I may get very sick.

I agree to the following:

- I am responsible for my medicines. I will not share, sell, or trade my medicine. I will not take anyone else's medicine.
- I will not increase my medicine until I speak with my doctor or nurse.
- My medicine may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my doctor (e.g., primary care, physical therapy, mental health, substance abuse treatment, pain management).
- I will bring the pill bottles with any remaining pills of this medicine to each clinic visit.
- I agree to give a blood or urine sample, if asked, to test for drug use.

Refills

Refills will be made only during regular office hours—Monday through Friday, 8:00AM-4:30 PM. No refills on nights, holidays, or weekends. I must call at least three (3) working days ahead (M-F) to ask for a refill of my medicine. **No exceptions will be made.** I will not come to Primary Care for my refill until I am called by the nurse.

I must keep track of my medications. No early or emergency refills may be made.

Pharmacy

I will only use one pharmacy to get my medicine. My doctor may talk with the pharmacist about my medicines.

Prescriptions from Other Doctors

If I see another doctor who gives me a controlled substance medicine (for example, a dentist, a doctor from the Emergency Room or another hospital, etc.) I must notify my Primary Care doctor.

Privacy

While I am taking this medicine, my doctor may need to contact other doctors or family members to get information about my care and/or use of this medicine. I will be asked to sign a release at that time.

Termination of Agreement

If I break any of the rules, or if my doctor decides that this medicine is hurting me more than helping me, this medicine may be stopped by my doctor in a safe way.

I have talked about this agreement with my doctor and I understand the above rules.

Provider Responsibilities

As your doctor, I agree to perform regular checks to see how well the medicine is working.

I agree to provide primary care for you even if you are no longer getting controlled medicines from me.

Patient's Signature

Date

Resident Physician's Signature

Attending Physician's Signature

- This document has been discussed with and signed by the physician and patient. (A signed copy stamped with patient's card should be sent to the medical records department and a copy given to the patient.)

Disclaimer: The form of this letter can be altered. This particular form has been adapted from a National Institute on Drug Abuse(NIDA) resource.