



## 2020 Quarter 4 Provider Packet

### In-Person Visits Have Been Suspended due to Shelter-in-Place Orders

The Alliance is available to support and assist our providers during the shelter-in-place orders that have been enacted in our community to prevent the spread of the Coronavirus (COVID-19).

Here are ways that you can access Alliance updates and reach out to us for assistance:

- Contact your Provider Relations Representative directly by email or phone
  - Errin Poston-McDaniels: [eposton-mcdaniels@alamedaalliance.org](mailto:eposton-mcdaniels@alamedaalliance.org), 1.510.747.6291
  - Stacey Woody: [swoody@alamedaalliance.org](mailto:swoody@alamedaalliance.org), 1.510.747.6148
  - Tom Garrahan: [tgarrahan@alamedaalliance.org](mailto:tgarrahan@alamedaalliance.org), 1.510.747.6137
  - Leticia Alejo (Delegated Groups/Hospitals): [lalejo@alamedaalliance.org](mailto:lalejo@alamedaalliance.org), 1.510.373.5706
- Email us at [providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)
- Contact our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at [www.alamedaalliance.org/providers](http://www.alamedaalliance.org/providers)

#### **THIS PACKET INCLUDES:**

- DHCS Medi-Cal Rx Postponement & Provider Registration for Portal Training
- Rx Safety Guidelines
- P4P My 2020 Gap in Care Reports
- Stanford Cancer Network Program Partnership
- Immunizations
- Alliance Lactation Program Changes
- Population Needs Assessment
- 2020 Provider Appointment Availability Survey (PAAS)
- Important Update on Member Satisfaction
- Important Reminder on Member Satisfaction
- Provider Demographic Attestation Form
- Vendor Disclosure of Ownership Form
- Provider Satisfaction Survey Campaign

Accepting New Patients    
  Accepting Existing Patients    
  Not Accepting Patients

Comments: \_\_\_\_\_

Provider/Office Staff Print: \_\_\_\_\_

Provider/Office Staff Signature: \_\_\_\_\_

Provider/Office Staff Print: \_\_\_\_\_



## Important Update: Medi-Cal Rx Transition is Postponed Until April 1, 2021 - Provider Portal Training is Available Now

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect health and wellbeing in our community. We have an important update we would like to share with you.

**The California Department of Health Care Services (DHCS) is postponing the transition of pharmacy services, also known as Medi-Cal Rx, to Thursday, April 1, 2021.**

Medi-Cal Rx transitioning pharmacy services from Medi-Cal managed care to fee-for-service will:

- Standardize the Medi-Cal pharmacy benefit statewide, under one delivery system.
- Improve access to pharmacy services with a pharmacy network that includes the vast majority of the state's pharmacies and is generally more expansive than individual Medi-Cal managed care plan pharmacy networks.
- Apply statewide utilization management protocols to all outpatient drugs, as appropriate.
- Strengthen California's ability to negotiate state supplemental drug rebates with drug manufacturers as the largest Medicaid program in the country with over 13 million beneficiaries.

DHCS and Magellan have launched a training on the Medi-Cal Rx portal for Medi-Cal prescribers and pharmacies. The training is available now. Registration is the first step in the process toward full utilization of the secure Provider Web Portal and the included tools for delivery and management of consumer services.

The secure Provider Web Portal includes key functions for providers and prescribers, such as:

- Prior Authorization Information and Submittal Instructions
- Beneficiary Eligibility Look Up
- Web Claims Submission, Activities, and Inquiries

For detailed registration and training instructions, please visit the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> and select the "Medi-Cal Rx Web Portal and Training Registration" article. You can also visit <https://medi-calrx.dhcs.ca.gov/provider> and click "Register" in the upper right-hand corner.

It is important that registration be completed early so that user training and functionality are complete and active for use. Also, the Medi-Cal Rx subscription service is now available. You can sign up and receive Medi-Cal Rx updates by email.

Thank you for your continued partnership. We appreciate you for all of your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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**Questions?** Please call the Alliance Pharmacy Services Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4541**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

# ALAMEDA ALLIANCE FOR HEALTH MEDICATION SAFETY GUIDELINES

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are here to help ensure that you have everything that you need to care for Alliance members. Please use this medication safety guideline when prescribing treatment options to your patient.

The information described in this guide is subject to change. For the most up to date information, please call the Alliance Pharmacy Services department at **1.510.747.4541**.

## Side Effects of Montelukast

On Wednesday, March 4, 2020, the U.S. Food and Drug Administration (FDA) implemented a boxed warning to describe mental side effects associated with montelukast.<sup>1</sup>

Associated side effects may include agitation, aggression, depression, sleep disturbances, suicidal thoughts, and behavior (including suicide).

To minimize risk and maximize the patient's benefit from montelukast, prescribers should consider the following:

- Offer alternative treatment options in patients for allergic rhinitis and/or asthma:
  - Allergic rhinitis alternative treatment: oral antihistamines, nasal sprays.
  - Asthma alternative treatment: ICS/LABA inhaler.
- Require the use of montelukast if an alternative treatment is ineffective and intolerable.
- Counsel all patients on mental side effects and advise them to stop the medication if they experience mental side effects. Advise patient to contact a healthcare professional immediately if they experience suicidal thoughts/ideation.
- Educate patients and be aware of any mental side effects that were reported after discontinuation of montelukast.

## References

1. FDA News Release: FDA Requires Stronger Warning About Risk of Neuropsychiatric Events Associated with Asthma and Allergy Medications Singulair and Generic Montelukast. Available at: [www.fda.gov/news-events/press-announcements/fda-requires-stronger-warning-about-risk-neuropsychiatric-events-associated-asthma-and-allergy#:~:text=The%20U.S.%20Food%20and%20Drug,the%20drug%2C%20which%20is%20used](http://www.fda.gov/news-events/press-announcements/fda-requires-stronger-warning-about-risk-neuropsychiatric-events-associated-asthma-and-allergy#:~:text=The%20U.S.%20Food%20and%20Drug,the%20drug%2C%20which%20is%20used). Accessed July 15, 2020.

## Risk of Fluoroquinolones – Update

The Department of Health Care Services (DHCS) conducted a retrospective cohort study to assess the risk of inappropriate fluoroquinolones use. The initial study included outpatient medical claims from Thursday, November 1, 2018 to Sunday, October 13, 2019. All inpatient stay, skilled nursing facilities, and long-term care were excluded. The inappropriate diagnosis includes acute bacterial sinusitis, acute exacerbation of chronic bronchitis due to a bacterial pathogen, and uncomplicated UTI.<sup>1</sup>

Appropriately, two-thirds (n=17,024/30,144; 57%) of California Medi-Cal beneficiaries appear to have inappropriate fluoroquinolones used based on FDA recommendations, with 2,092 members (7%) having a primary or secondary diagnosis of acute bacterial exacerbation of chronic bronchitis, a total of 4,679 members (16%) with acute sinusitis, and 10,253 members (34%) with uncomplicated urinary tract infections (UTI).<sup>1</sup>

### Background

Fluoroquinolones are broad-spectrum antibiotic and concentration-dependent bactericidal activity commonly used for lower respiratory tract infections, osteomyelitis, and UTI. Levofloxacin and moxifloxacin are commonly used for respiratory pathogens and gram-positive organism. Among fluoroquinolones, ciprofloxacin has the most potent activity against gram-negative organisms, especially *Pseudomonas*. Fluoroquinolones work by directly inhibiting DNA synthesis by binding to enzymes that are essential for DNA replication.<sup>2</sup>

### FDA warnings

Over the last few decades, the FDA has issued multiple safety communication highlighting the potential adverse effects of fluoroquinolones:

- May 2016 – Restricted the use of uncomplicated infection such as acute sinusitis, acute bronchitis, and uncomplicated urinary tract infections.<sup>3</sup>
- July 2016 – Increased risk of disabling side effects of tendons, muscles, joints, nerves, and central nervous system:<sup>4</sup>
  - Tendonitis, tendon rupture.
  - Numbness or tingling or pricking sensation in arms or legs.
  - Muscle weakness, muscle pain, joint pain, joint swelling, peripheral neuropathy.
- July 2018 – Increased risk of blood sugar disturbances and mental health side effects:<sup>5</sup>
  - Anxiety, depression, delirium, confusion, hallucinations, insomnia, paranoia, memory impairment, suicidal thoughts.
  - Hypoglycemia, hyperglycemia.
- December 2018 – Increased risk of ruptures or tears to the aorta.<sup>6</sup>

Other serious side effects may include:<sup>1,7</sup>

- Serious heart rhythm changes, including QT prolongation
- Skin rash
- Sunburn
- Intestinal infection

The FDA restricted the use of acute sinusitis, acute bronchitis, and uncomplicated UTI due to the side effects outweighing the risks. The table below provides first-line alternatives to fluoroquinolones.

**Table 1. First-Line Alternatives to Fluoroquinolones<sup>8</sup>**

INDICATION	DRUG	ADULT DOSAGE <sup>a</sup>
Acute sinusitis and acute exacerbation of chronic bronchitis <sup>c</sup> due to bacterial pathogen	Amoxicillin	500 mg po TID x 5-7 days
	Amoxicillin/clavulanate	875 mg/125 mg po x 5-7 days
	Doxycycline <sup>b</sup>	100 mg po bid or 200 mg qd x 5-7 days
Acute Uncomplicated Cystitis	Trimethoprim/sulfamethoxazole	160/800 mg po bid x 3 days
	Nitrofurantoin	100mg po bid x 5 days

- Dose adjustment may be needed for renal or hepatic impairment
- For use in penicillin-allergic patients
- Most cases of acute bronchitis are viral

### Key Take-Away

#### Fluoroquinolones

- Do not prescribe fluoroquinolones and offer other treatment options in patients who have acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, and uncomplicated UTI.
- Outweigh the risks versus benefits before prescribing fluoroquinolones.
- Ask patients to talk to pharmacists in discussing the signs and symptoms of severe side effects of fluoroquinolones which require immediate action.
- Discontinue and avoid fluoroquinolones if the patient experiences or previously experienced severe side effects.

#### General Antibiotic Stewardship<sup>8</sup>

- Incorporate allergy testing in physical examination to assess for true penicillin allergy.
- Avoid treating viral symptoms with antibiotics.
- Refer to the Centers for Disease Control and Prevention (CDC) website and Infectious Diseases Society of America (IDSA) guidelines on the treatment of appropriate antibiotic use for specific infections. The CDC has informational handouts for patients and providers on improving antibiotic use, bacteria vs. viral infections, true penicillin allergy, and antibiotic therapy reassessment.

For more information, please visit [www.cdc.gov/antibiotic-use/community/materials-references/print-materials/index.html](http://www.cdc.gov/antibiotic-use/community/materials-references/print-materials/index.html).

- Reassess antibiotic use 48 to 72 hours with the most current cultures/sensitivity results and how the patient has improved and tolerated the antibiotic.
- Ensure that each antibiotic order has dose, duration, and indication.

## References

1. Medi-Cal DUR: Improving Quality of Care-Update of Risks Associated with Use of Fluoroquinolones. Available at: [files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured\\_30417.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_30417.pdf). Accessed July 15, 2020.
2. Oliphant, C. M., & Green, G. M. (2002). Quinolones: a comprehensive review. *American family physician*, 65(3), 455–464.
3. FDA Drug Safety Communication: FDA advises restricting fluoroquinolone antibiotic use for certain uncomplicated infections; warns about disabling side effects that can occur together. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-advises-restricting-fluoroquinolone-antibiotic-use-certain](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-advises-restricting-fluoroquinolone-antibiotic-use-certain). Accessed July 15, 2020.
4. FDA Drug Safety Communication: FDA updates warnings for oral and injectable fluoroquinolone antibiotics due to disabling side effects. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics). Accessed July 15, 2020.
5. FDA Drug Safety Communication: FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-reinforces-safety-information-about-serious-low-blood-sugar-levels-and-mental-health-side](http://www.fda.gov/drugs/drug-safety-and-availability/fda-reinforces-safety-information-about-serious-low-blood-sugar-levels-and-mental-health-side). Accessed July 15, 2020.
6. FDA Drug Safety Communication: FDA warns about increased risk of ruptures or tears in the aorta blood vessel with fluoroquinolone antibiotics in certain patients. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-increased-risk-ruptures-or-tears-aorta-blood-vessel-fluoroquinolone-antibiotics](http://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-increased-risk-ruptures-or-tears-aorta-blood-vessel-fluoroquinolone-antibiotics). Accessed July 15, 2020.
7. Kabbani S, Hersh AL, Shapiro DJ, et al. Opportunities to improve fluoroquinolone prescribing in the United States for adult ambulatory care visits. *Clin Infect Dis*. 2018; 67(1):134-136. Available at: [academic.oup.com/cid/article/67/1/134/4823098](http://academic.oup.com/cid/article/67/1/134/4823098). Accessed July 15, 2020.
8. Alternatives to Fluoroquinolones. *JAMA*. 2016; 316(13):1404-1405.

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Thank you for being a part of the Alliance provider network! Together, we are creating a healthier community for all.

## We are here to help

If you have any questions, please contact:

Alliance Pharmacy Services Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4541**



## Update about Gap-in-Care Reports for PCPs

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share this important update with you about Gap-in-Care reports for our provider partners.

The Alliance distributes “Gap in Care” reports each month to assist you with your Pay-for-Performance (P4P) program measure initiatives by mail.

In an effort to move towards electronic reports, the Alliance Provider Relations Representatives have reached out to you in order to assist you in selecting designated provider portal user(s) to receive the reports via the Alliance Provider Portal. For those who have signed up to the portal, you are receiving the reports by mail and on the Alliance Provider Portal.

**Effective Friday, January 1, 2021, the Alliance will only provide Gap-in-Care Reports via the provider portal;** the reports will no longer be sent by mail. If you need assistance in setting up or accessing the Gap-in-Care Reports via the provider portal, please contact your Provider Relations Representative or the Provider Services Call Center at **1.510.747.4510**.

You may contact your Provider Relations Representative directly by email or phone:

- Errin Poston-McDaniels: [eposton-mcdaniels@alamedaalliance.org](mailto:eposton-mcdaniels@alamedaalliance.org), **1.510.747.6291**
- Stacey Woody: [swoody@alamedaalliance.org](mailto:swoody@alamedaalliance.org), **1.510.747.6148**
- Tom Garrahan: [tgarrahan@alamedaalliance.org](mailto:tgarrahan@alamedaalliance.org), **1.510.747.6137**
- Leticia Alejo: [lalejo@alamedaalliance.org](mailto:lalejo@alamedaalliance.org), **1.510.373.5706**

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

Thank you for your continued partnership. We appreciate you for all of your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
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[www.alamedaalliance.org](http://www.alamedaalliance.org)

## **New Alliance & Stanford Cancer Network Program Partnership Now Also Includes Gynecologic Oncology**

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Alameda Alliance for Health (Alliance) is thrilled to announce our new partnership with Stanford Medicine and Stanford Health Care's University HealthCare Alliance (UHA) Cancer Network Program. This partnership will allow Alliance members with oncologic or hematologic diagnoses to have access to Stanford Cancer Network specialists through both in-person and virtual visits.

The Stanford Cancer Network Program cancer specialists will provide enhanced care coordination and streamlined access to Stanford Cancer Network surgical and medical specialists. These specialists will help remove barriers for patients to access specific, highly complex Stanford Cancer Network Program diagnostic services and cancer clinical trials.

### **Who qualifies?**

Any Alliance member with an oncologic or hematologic diagnosis and directly assigned to an Alliance primary care provider (PCP).

### **How do I refer an Alliance member who qualifies?**

Alliance directly contracted providers may refer Alliance members to one of the Stanford Cancer Network Program cancer specialists listed on the next page by completing an online referral or the attached referral form. In accordance with the Alliance referral policy, care initiated by a listed provider will not require prior authorization (PA). Consultations with any Stanford Cancer Network Program subspecialists will be coordinated by Stanford clinical administration.

### Online Referral Instructions

1. Log into the Stanford Referring Provider Portal – PRISM at [prism.stanfordhealthcare.org](https://prism.stanfordhealthcare.org).
2. Select your patient and complete the referral information.
3. Attach any relevant records.

You can log back into the portal to see the status of your referral at any time.

### Attached Referral Form Instructions

1. Complete the Stanford Cancer Network Referral Request Form (PDF) attached.
2. Fax the completed referral form to the fax number for the specific provider, listed on the next page.

The Alliance and Stanford Cancer Network specialists will meet monthly to review care of members, clinical requirements, and goals and outcomes of care. Stanford Cancer Network specialists will collaborate with Stanford Cancer Network subspecialists to facilitate members' access to applicable cancer clinical trials where members will be seen at Cancer Center Palo Alto. The Alliance will cover local ground transportation for members participating in clinical trials.



**Please Note:** This does not apply to members who are assigned to an Alliance delegated provider network.

For more details about the referral process, please visit the Stanford Health Care website at [stanfordhealthcare.org/health-care-professionals/referring-physicians.html](http://stanfordhealthcare.org/health-care-professionals/referring-physicians.html).

## Breast Oncology Surgery

### Emeryville and Pleasanton

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Daphne Ly	1.650.498.6004	1.650.498.7237
Dr. Jean Bao		

## General Medical Oncology and Hematology

### Pleasanton

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Rishi Sawhney	1.925.734.8130	1.925.225.9520
Dr. Kavitha Raj		

### Castro Valley

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Nitin Joshi	1.510.888.0657	1.510.886.4532

### Emeryville

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Ellen Chuang	1.510.901.3552	1.510.806.2557
Dr. Anjali Sibley		

## Gynecologic Oncology

### Emeryville

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Isabel Lazo	1.650.498.6000	1.650.498.7237

### Pleasanton

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
Dr. Isabel Lazo	1.650.498.6000	1.650.498.7237
Dr. Valerie Sugiyama		

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Monday – Friday, 7:30 am – 5 pm  
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[www.alamedaalliance.org](http://www.alamedaalliance.org)



# Stanford Cancer Network Referral Request Form

*Thank you for choosing Stanford Health Care. We look forward to partnering with you in your patient's care. Please note which location this is for:*

Valley Care CAP SHC Emeryville UHA Pleasanton UHA Castro Valley

Date: \_\_\_\_\_

SHC Emeryville Fax: 510-806-2557

# of pages faxed \_\_\_\_\_

UHA Pleasanton Fax: 925-225-9520

UHA Castro Valley Fax: 510-886-4532

### Referring Provider Information:

Referred by (MD): \_\_\_\_\_ Medical Group: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ PCP Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

This form completed By: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### Patient Information (Please provide copy of patient demographics/face sheet):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Ht: \_\_\_\_ Wt: \_\_\_\_

Patient's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Needs Interpreter? Y / N Language: \_\_\_\_\_

Special Assistance? \_\_\_\_\_

### Reason for Referral:

Diagnosis/ICD10: \_\_\_\_\_ Service /Specialty Requested: \_\_\_\_\_

Physician Requested: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Authorization Required? Y / N

Type of Service Requested:

Type of Visit:

Clinic Consultation  2<sup>nd</sup> Opinion  Follow-up  Surgery  Clinical Trials  Tumor Board

### All Relevant Documentation to Support Diagnosis (Please fax with this form):

- Tumor Board
- Clinical Trials
- Genetic / Molecular Testing
- Lab Reports
- Imaging Report
- Chemotherapy Treatment Records
- Pathology (biopsy results)
- Radiation Oncology Results
- Operative Reports for Cancer Surgery

## Immunizations

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect health and wellbeing in our community. We have an important update we would like to share with you.

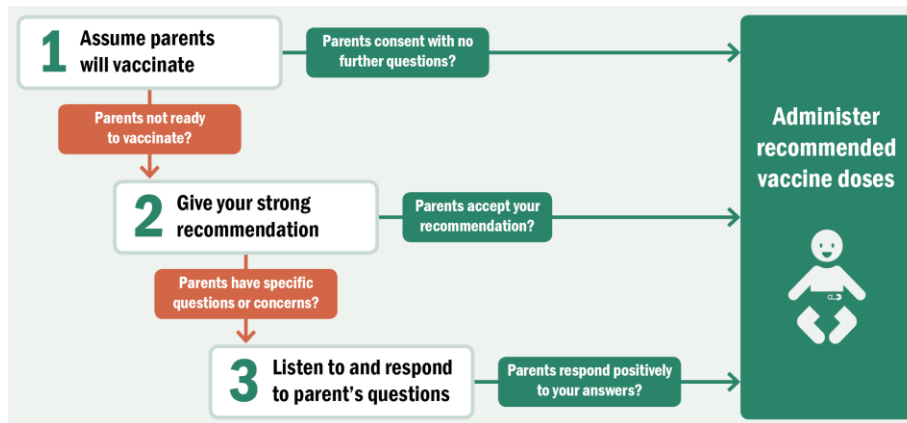
Now more than ever, it is necessary to continue immunization services and communicate with your patients the importance of getting vaccinated. By doing so, we are helping protect the health of all patients during COVID-19 and the upcoming flu season.

### Continuing Immunization Services

- **Check vaccination status:** During each visit, check whether the patient needs any vaccines. This helps avoid multiple trips for the patient.
- **Schedule vaccine catch-up:** Schedule any due or past due immunizations as soon as possible while limiting healthcare visits. All vaccines can be found on the Centers for Disease Control and Prevention (CDC) Immunization Schedule at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).

### Communicating with Patients:

During these times of COVID-19, patients may be more hesitant to go out to get routine examinations and vaccinations. However, patients trust you, and it is important to educate them on the importance of these vaccines and to hear your strong recommendation to get vaccinated.



### References and resources:

- Center for Disease Control and Prevention (CDC), Vaccination Guidance During a Pandemic [www.cdc.gov/vaccines/pandemic-guidance/index.html](http://www.cdc.gov/vaccines/pandemic-guidance/index.html)
- Center for Disease Control and Prevention (CDC), Healthcare Providers/Professionals [www.cdc.gov/vaccines/hcp/index.html](http://www.cdc.gov/vaccines/hcp/index.html)
- For health education resources, please visit the Alliance website at [www.alamedaalliance.org/providers/patient-health-wellness-education](http://www.alamedaalliance.org/providers/patient-health-wellness-education).

**Questions?** Please call Alliance Health Programs  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4577**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Alliance Lactation Program Changes

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The Alliance is committed to offering quality lactation support. We appreciate our provider partners for supporting breastfeeding families through guidance and referrals.

As of **Wednesday, September 30, 2020**, the Alliance program offering in-home visits from international board-certified lactation consultants (IBCLCs) ended. We thank our lactation consultant partners Allana Samuel, Brandi Gates-Burgess, and Tina Benitez for working with us to provide excellent lactation support services to our members for many years.

**We are happy to announce a new component of our lactation support services.** We now offer outpatient lactation support with **Alta Bates Summit Medical Center**.

To schedule an appointment (in-person at the hospital, online, or over the phone) with a lactation consultant, please advise Alliance Members to call:

Alta Bates Summit Medical Center - Breastfeeding Support Program  
Monday – Friday, 9 am – 4 pm  
Phone Number: **1.510.204.6546**

Members can also get support with breastfeeding and food through the **Women, Infants, and Children (WIC) Program**. Medi-Cal members are eligible for WIC. To learn more about WIC and search for an office nearest to your patient's work or home, please visit [myfamily.wic.ca.gov](http://myfamily.wic.ca.gov).

For breastfeeding classes and support groups, Alliance members can continue to contact **Alliance Health Programs** at **1.510.747.4577**. Please stay tuned for updates regarding additional IBCLC support services.

If you have questions about these changes, please contact Linda Ayala, Alliance Health Education Manager, at [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org).

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## Population Needs Assessment

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect health and wellbeing in our community. We have an important update we would like to share with you.

The Population Needs Assessment (PNA) is an **annual report** required by the Department of Health Care Services (DHCS). It newly replaces the previous Group Needs Assessment that was done every five (5) years. The goal of the PNA is to improve health outcomes and ensure that the Alliance and our provider partners are meeting the needs of all its Medi-Cal members.

The PNA identifies member health needs and health disparities from data about the membership, health status and disease prevalence, access to care, and quality of care. The 2020 PNA reports on data from 2019.

From the review of the data and input from the Alliance Member Advisory Committee, we identified the following healthcare opportunities:

- 1. Increase engagement in culturally and linguistically appropriate disease self-management education for the following groups:**
  - a. Hypertension, Hyperlipidemia, and Diabetes in Asian and Pacific Islander adults, ages 45 and over
  - b. Obesity in Hispanic (Latinx) children
  - c. Asthma in Hispanic (Latinx) and Black (African American) children
  - d. Asthma in Black (African American) adults, ages 21 to 44
- 2. Increase access and participation in routine care appointments**
  - a. Getting routine care appointments quickly
  - b. Well-child visits
- 3. Improve member satisfaction with the plan through targeted information and coordination of member benefits**

We are seeking opportunities to partner with providers and community organizations to address these health needs and disparities and meet our shared goals of improving health.

You can find a brief visual report as well as the full report of the 2020 Alliance PNA at [www.alamedaalliance.org/providers/quality](http://www.alamedaalliance.org/providers/quality).

For questions about the PNA, please reach out to Linda Ayala, Alliance Health Education Manager, at [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org).

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## 2020 Provider Appointment Availability Survey (PAAS)

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

Each year, the Alliance conducts its annual Provider Appointment Availability Survey (PAAS). All health plans in California are required to survey providers to assess the availability of routine and urgent appointments. **Per the Department of Managed Health Care (DMHC) APL 20-018, COVID-19 (OPM) Modification of Timely Access PAAS Timeframes, the 2020 survey will be conducted from August to December.**

### **About This Survey**

**Providers:** Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, dependent on DMHC methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (mammogram or physical therapy).

**Methodology:** The Alliance contacts a randomized sample (and oversample, as appropriate) of network providers contracted with the Alliance as of **December 31 of the previous year**. The Alliance first faxes/emails the survey. If we do not receive a fax or email response, the Alliance follows up with a phone call.

**Questions:** The survey solicits answers about the next available appointment<sup>1</sup> date and time for:

1. Urgent and non-urgent services for PCP, specialist, psychiatrist, and NPMH providers.
2. Non-urgent services for ancillary providers.

Appointment dates and times are collected at the location level for those providers practicing at Federally Qualified Health Centers (FQHCs).

Provider offices are **contractually obligated** to complete the survey. Please note that non-responsiveness/refusal to comply with the survey may result in a corrective action plan.

On the next page, please find a table that outlines the required appointment time frames.

Thank you for your attention and assistance in completing the PAAS.

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<sup>1</sup> Appointments can be either in-person or via telehealth.

## **TIMELY ACCESS STANDARDS\***

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

<b>PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment	10 Business Days of Request
First 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

<b>SPECIALTY/OTHER APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of Request
Non-Urgent Appointment with an <b>Ancillary Service</b> Provider	15 Business Days of Request
First 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

<b>ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

**\*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines**

**PA = Prior Authorization**

**Urgent Care** refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

**Non-urgent Care** refers to routine appointments for non-urgent conditions.

**Triage or Screening** refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member's need for care.

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



## Important Update on Member Satisfaction

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

Each quarter, the Alliance surveys members to gather information about member experience with health care. All health plans in California are required to maintain procedures to monitor waiting times in providers' offices, telephone calls (to answer and return), and time to obtain various appointment types<sup>1</sup>.

### **About This Survey**

**Providers:** Alliance network providers include primary care providers (PCPs).

**Methodology:** The Alliance contacts a randomized sample of members who visited their PCP in the past six (6) months. Surveys are first mailed. If we do not receive a response, we will follow up with a phone call. Members are not surveyed more than once a year. Surveys are offered in English, Spanish, Chinese, and Vietnamese.

**Questions:** The survey questions are based on the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey, with additional questions to help us learn more about provider communication, appointment and office wait times, language access, and overall satisfaction from the member's perspective.

The survey provides a continued opportunity for the Alliance and our providers to receive feedback on ways we are meeting our members' needs and how we can improve.

Additionally, the Alliance surveys members annually through the Consumer Assessment of Healthcare Providers and Systems (CHAPS) to obtain feedback on member experience with the Alliance, health care, and their personal doctors. This provides the Alliance with additional opportunities for making improvements that lead to enhanced quality of care for our members.

On the next page, please find a table that outlines the required appointment timeframes.

Thank you for encouraging your patients to participate in these surveys if they are contacted.

Thank you for your continued partnership. We appreciate you for all of your hard work and providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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<sup>1</sup> DHCS Exhibit A, Attachment 9, 3(C)





**TIMELY ACCESS STANDARDS\***

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

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**PA = Prior Authorization**

**Urgent Care** refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

**Non-urgent Care** refers to routine appointments for non-urgent conditions.

**Triage or Screening** refers to the assessment of a member’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member’s need for care.

**Questions?** Please call the Alliance Provider Services Department  
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[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Important Reminder on Member Satisfaction

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share this important reminder with you about the coordination of your patients' care that may help serve your patients and increase member satisfaction.

The Alliance cares about how our members feel about having us as their health plan, so we survey them periodically to ask them.

We have noticed a trend in the yearly surveys over the past few years that the lowest measure of member satisfaction is around Coordination of Care. The question we ask is: **How often did your personal doctor seem informed and up-to-date about the care you got from (other) doctors or other health providers?**

This relates to how well their PCP is updated about their specialty care provided to them by other providers. To help improve this measure, we would like to ask you to help link the information about the care you are providing to our members to your colleagues who are also providing care to them.

Here are some recommendations:

- When making a referral to a specialist, or specialty services, please ask their office to send you the outcome of the assessment/treatment.
- Before your appointment with our member, please remind the specialists' office to send you the outcome of the assessment/treatment.
- Review the results with our members during the next visit or telehealth appointment.
- For specialists, please send the outcome or assessments to the primary care provider (PCP) once they are available.

Thank you for your continued partnership. We appreciate you for all of your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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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](http://www.alamedaalliance.org)**



## 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](http://www.alamedaalliance.org)



# 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**

<b>Check the entity type that describes your structure:</b>			
<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**

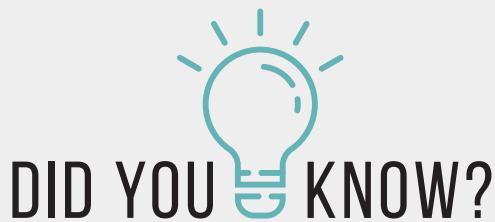
For the purpose of this disclosure, the following definitions apply:

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.





*Service Excellence Guaranteed*  
**YOUR SATISFACTION IS OUR PRIORITY**  
*Annual Provider Satisfaction Survey*

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

**We are here for you** and we strive to provide the highest levels of customer service to our provider partners. Every year the Alliance conducts a provider satisfaction survey to help us learn how we can serve you better. We use these results to learn what is working and what we need to improve.

**You speak. We listen.**

**About This Survey:**

**Who:** Alliance network providers including primary care providers (PCPs), specialists, and behavioral health providers. Survey respondents include nurses and other provider office staff, physicians, office managers, and behavioral health clinicians.

**What:** The survey measures how well we are meeting your expectations and needs, within various Alliance service areas, and open-ended feedback around ways in which the Alliance can improve its service to your organization.

**When:** The survey is fielded annually between September and November.

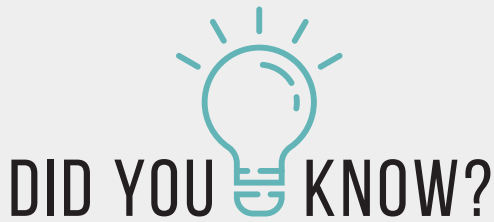
**Why:** Information obtained from these surveys helps the Alliance serve you better.

**How:** Surveys are completed through a third party vendor, by mail and the Internet, with follow-up phone calls to non-respondents.

Year after year, the Alliance, **your local #1 health plan**, beats the benchmarks in all areas of provider satisfaction:

1. Call Center Staff
2. Network Coordination of Care
3. Overall Satisfaction, Compared to Other Health Plans
4. Pharmacy
5. Provider Relations
6. Reimbursement and Claims
7. Utilization and Quality Management

We strive to continue to get better and we want you to know what we have learned and improved. Over the next several weeks we will share key takeaway **Did You Know** facts with you, and we hope that you will continue to help make us stronger, together.



*Year after year, **9 OUT OF 10** ALLIANCE PROVIDERS would recommend us to their colleagues.*

**Service Excellence Guaranteed Your Satisfaction is Our Priority:  
ANNUAL PROVIDER SATISFACTION SURVEY**

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**You speak. We listen.**

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**Did You Know:**

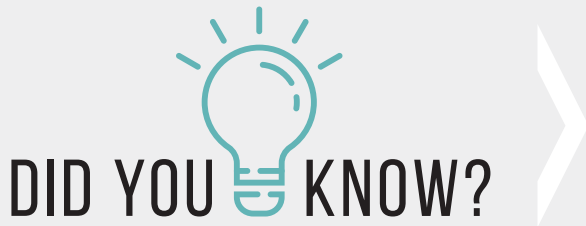
In the last 3 Annual Provider Satisfaction Surveys, we learned that **9 out of 10 Alliance Providers would recommend us to their colleagues.** We continue to increase our provider network to meet the needs of our members and increase access.

---

Year after year, the Alliance, **your local #1 health plan**, beats the benchmarks in all areas of provider satisfaction:

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4. Pharmacy
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# The Alliance Beats the Benchmarks in CLAIM PAYMENT

## Service Excellence Guaranteed. Your Satisfaction is Our Priority: ANNUAL PROVIDER SATISFACTION SURVEY

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

**We are here for you** and we strive to deliver the highest levels of customer service to our provider partners. Every year, the Alliance conducts a provider satisfaction survey to help us learn how we can serve you better. We use these results to learn what is working and what we can improve.

**You speak. We listen.**

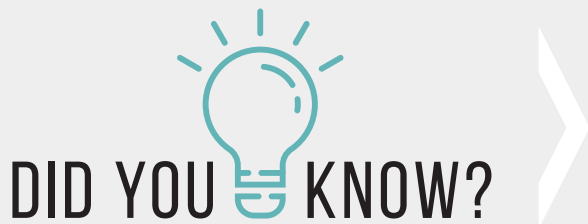
### Did You Know: The Alliance is beating the benchmarks in claim payment?

1. State regulators require the Alliance to pay 90% of clean claims within 30 calendar days; the Alliance 12-month average for paying clean claims is **97.9% within 30-days**.
2. State regulators also require the Alliance process 95% of all claims within 45 working days; the Alliance 12-month average for processing claims is **99.8% within 45 working days**.
3. The Alliance average turn-around-time (TAT) from receipt to payment is **22.5 days** – and by the way if you want to **get paid faster**, you can sign-up for our **Electronic Funds Transfer (EFT) service by visiting: [www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms)**

Year after year, the Alliance, **your local #1 health plan**, beats the benchmarks in all areas of provider satisfaction:

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2. Network Coordination of Care
3. Overall Satisfaction, Compared to Other Health Plans
4. Pharmacy
5. Provider Relations
6. Reimbursement and Claims
7. Utilization and Quality Management

We strive to continue to get better and we want you to know what we have learned and improved. Over the next several weeks, we will share key takeaway **Did You Know** facts with you, and we hope that you will continue to help make us **stronger, together**.



## *The Alliance Processes More than 1.4 Million Claims Every Year*

### **Service Excellence Guaranteed Your Satisfaction is Our Priority:**

#### **ANNUAL PROVIDER SATISFACTION SURVEY**

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

**We are here for you** and we strive to deliver the highest levels of customer service to our provider partners. Every year, the Alliance conducts a provider satisfaction survey to help us learn how we can serve you better. We use these results to learn what is working and what we need to improve.

**You speak. We listen.**

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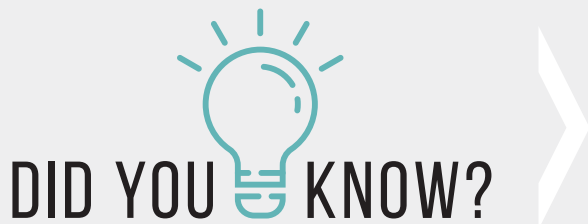
**Did You Know:** On average, the Alliance receives more than **5,500 claims a day**, almost **28,000 claims a week**, and more than **1.4 million claims every year** – and we have a **98% accuracy** rate in claims processing.

---

Year after year, the Alliance, **your local #1 health plan**, beats the benchmarks in all areas of provider satisfaction:

1. Call Center Staff
2. Network Coordination of Care
3. Overall Satisfaction, Compared to Other Health Plans
4. Pharmacy
5. Provider Relations
6. Reimbursement and Claims
7. Utilization and Quality Management

We strive to continue to get better and we want you to know what we have learned and improved. Over the next several weeks, we will share key takeaway **Did You Know** facts with you, and we hope that you will continue to help make us **stronger, together**.



## *The Alliance has a Dedicated Call Center for Providers*

### **Service Excellence Guaranteed Your Satisfaction is Our Priority:**

#### **ANNUAL PROVIDER SATISFACTION SURVEY**

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

**We are here for you** and we strive to deliver the highest levels of customer service to our provider partners. Every year, the Alliance conducts a provider satisfaction survey to help us learn how we can serve you better. We use these results to learn what is working and what we need to improve.

**You speak. We listen.**

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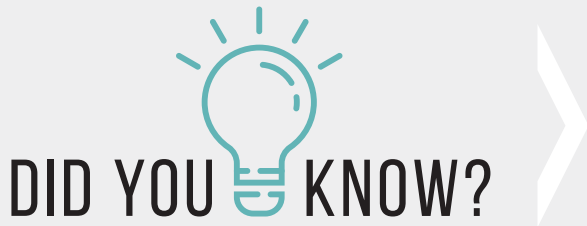
**Did You Know:** The Alliance has a **dedicated call center for providers** to help with all of your questions. On average, the call center completes close to **80,000 calls each year.**

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Year after year, the Alliance, **your local #1 health plan**, beats the benchmarks in all areas of provider satisfaction:

1. Call Center Staff
2. Network Coordination of Care
3. Overall Satisfaction, Compared to Other Health Plans
4. Pharmacy
5. Provider Relations
6. Reimbursement and Claims
7. Utilization and Quality Management

We strive to continue to get better and we want you to know what we have learned and improved. Over the next several weeks, we will share key takeaway **Did You Know** facts with you, and we hope that you will continue to help make us **stronger, together.**



## We have Improved our Provider Portal

### Service Excellence Guaranteed Your Satisfaction is Our Priority: ANNUAL PROVIDER SATISFACTION SURVEY

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**Did You Know:** We have improved our Provider Portal? We reviewed feedback on the services that you want to access through the portal. You can now **submit and review authorizations, and provider dispute requests (PDRs) all online.**

#### 1. Authorizations:

- Submitting authorizations electronically allows you to attach medical records **securely and easily**, and speeds up the turnaround timeframe for making a decision.
- **33% of outpatient and inpatient pre-elective authorizations** are received via our portal.
- We have beat the benchmark of having **95%** of authorizations processed within required timeframes by averaging at **98.5% for 2020.**
- Our regulatory turnaround timeframe requirement for reviewing routine authorizations is **5 business days**, we are beating the requirement by reviewing within an average of **1 business day.**

#### 2. PDRs:

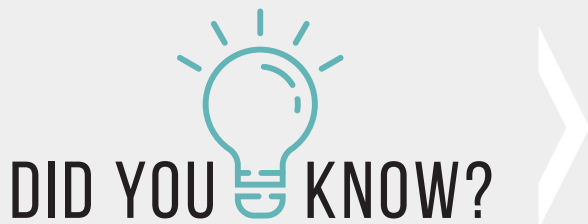
- Since July 1, 2020, **35% of all PDRs are submitted electronically via our online portal and continues to trend upwards.**
- Our average turnaround time for PDRs is **31 working days**, well within the regulatory requirement of **45 working days.**

You can learn more about signing-up for our online portal by visiting [www.alamedaalliance.org](http://www.alamedaalliance.org)

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## *The Alliance Provides Member Orientations*

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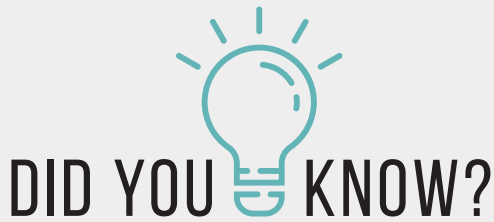
**Did You Know:** The Alliance offers **member orientations** to all of our members to help them better understand their benefits and how to use them, and who to call when they need help. Our member orientation program has been recognized, by state regulators, as a promising practice to improve member knowledge and awareness about the importance of the Initial Health Assessment.

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DID YOU KNOW?



## *The Alliance has a Dedicated Website for COVID-19 Provider Updates*

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**Did You Know:** The Alliance has a dedicated website for **COVID-19 provider updates?** Updates include an FAQ for providers and guidance on how to bill for telephonic and telehealth services.

**The website can be found at:**

**[www.alamedaalliance.org/providers/covid-19-resources-for-providers](http://www.alamedaalliance.org/providers/covid-19-resources-for-providers)**

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