



## Quarter 2 and 3 2021 Provider Packet

### In-Person Visits by Provider Services Continue to Be Suspended During the COVID-19 Pandemic

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The Alliance continues to be available to support and assist our providers remotely during the Coronavirus (COVID-19) pandemic.

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:**

- Provider Demographic Attestation Form (*Please only complete this form if there are any changes.*)
- Electronic Funds Transfer (EFT) Form
- ACEs Training Reminder
- Communicating With Patients About COVID-19 Vaccines
- Blood Lead Screening Requirements
- Staying Healthy Assessment (SHA) Reminder
- Substance Use Disorder, Chronic Pain, and Opioid and Benzodiazepine
  - Benzodiazepine Taper Decision Tool
  - Substance Use Disorder Opioid Taper Decision Tool
- Preventive Services Guidelines Update – March 2021
- Pharmacy Formulary Updates
- Language Services Update
- Patient Health Education Resources & Referral Overview
- Important Update on 2021 Provider Appointment Availability Survey (PAAS) and Timely Access Standards

☐ Accepting New Patients

☐ Accepting Existing Patients

☐ Not Accepting Patients

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

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

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

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



## Provider Demographic Attestation Form

*(Please only complete this form if there are any changes.)*

### 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
		<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)**



## Reminder – Electronic Funds Transfer (EFT) for Provider Payments

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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.

We would like to remind you that the Alliance offers Electronic Funds Transfer (EFT). Providers who enroll in EFT will have fee-for-service (FFS) payments deposited directly into their bank account. The EFT option is available to all contracted providers.

To enroll in EFT, providers must complete the **Electronic Funds Transfer Authorization Form** that can be found at the end of this document. Prior to completing the form, please read the **Instruction Sheet** carefully and follow the directions.

Providers with more than one (1) National Provider ID (NPI) should attach a list of NPI numbers to the application. Please note that any attachments to the Electronic Funds Transfer Authorization Form must have an authorized original signature.

Provider Groups that receive payments under the Group ID only need to complete one (1) enrollment form for the Group NPI. Provider Group members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their individual Provider NPI. Only one (1) TIN can be used per form.

One (1) of the following items must be attached to your enrollment form:

- A voided check from your checking account; OR
- If you have a deposit-only checking account (and do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer verifying your account information. The letter must be on bank letterhead and include the bank's name, address and routing number, the type of account, the account number, and the account owner's name, address, and tax ID number. The letter also must be signed by a bank officer and notarized.

EFT enrollment applications that do not meet these requirements will be rejected.

After sending the Electronic Funds Transfer Authorization Form to the Alliance, please allow a minimum of four (4) weeks for processing.

The EFT transactions will be transmitted to the Alliance's bank on Thursday. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

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



## Electronic Funds Transfer Authorization Form - Instructions

Providers wishing to request **Electronic Funds Transfer (EFT)** of Alameda Alliance for Health (Alliance) fee-for-service (FFS) funds must complete and return an **Electronic Funds Transfer Authorization Form**, along with one (1) of the following attached to your form:

- A voided check from the checking account to which the funds are to be transferred. The check must contain the name and address of the provider or provider organization and the word "VOID" must be written across its face; OR
- If you have a deposit-only checking account (and you do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer. The letter must be on bank letterhead and include the bank's Name, address and routing number, the type of account, the account number, and the account owner's name, address, and tax ID number. The letter also must be signed by a bank officer and notarized.

Sections A and B of the EFT form must be complete and legible, otherwise, the request will not be processed and will be returned.

### Section A: Provider Information

**Step 1** – Enter **NAME OF PROVIDER** – Complete legal name of the institution, corporate entity, practice, or individual provider as it is filed with the Alliance.

**Step 2** – Enter **PROVIDER IDENTIFIER NPI NUMBER** (or Group NPI if payment is made to a Group Practice).

Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their **individual Provider NPI**.

**Step 3** – Enter **DOING BUSINESS AS (DBA) NAME** – A fictitious business name, under which the business or operation is conducted and presented to the world and is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

**Step 4** – Enter **PROVIDER IDENTIFIER** – Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

**Step 5** – Enter **PROVIDER CONTACT NAME** – Name of contact in provider office for handling EFT issues.

**Step 6** – Enter **PHONE NUMBER** – Associated with contact person.

**Step 7** – Enter **EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider.

**Step 8** – Enter **PROVIDER ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.



**Step 9** – Enter **PROVIDER AGENT NAME** – Name of provider’s authorized agent.

**Step 10** – Enter **PROVIDER AGENT PHONE NUMBER** - Associated with provider agent.

**Step 11** – Enter the **PROVIDER AGENT ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.

**Step 12** – Enter **PROVIDER AGENT EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider agent.

## **Section B: Banking Information**

**Step 1** – Enter the Financial Institution Routing Number: A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited. Numbers can be found at the bottom of your check.

**Step 2** – Enter the Provider’s Account Number with Financial Institution: Provider’s account number at the financial institution to which EFT payments are to be deposited.

**Step 3** – Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g. Checking, Savings.

**Step 4** – Financial Institution Name: Official name of the Provider’s financial institution.

**Step 5** – Financial Institution Address: Street Address associated with receiving depository financial institution name field, City, State, Zip Code.

## **Section C: EFT Authorization or Cancellation**

Providers should complete and sign this section. All documents received will be processed and placed in the provider’s file. Please note: For providers who have claims paid within a particular payment cycle, FFS funds are normally scheduled to be transferred on Thursdays. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

**Please allow a minimum of four (4) weeks for your Electronic Funds Transfer Authorization Form request to be processed.**

**To change banking information, providers must send the following:**

- A new Electronic Funds Transfer Authorization Form indicating the new banking information. The enrollment form must be signed with an original signature and a title must be indicated.
- A voided check with the new account and routing numbers must be attached to the new enrollment form. If the account is a “deposit only” account, attach a signed, notarized letter from your banking institution indicating the new account and routing numbers. Regardless of what is being updated, both the account and routing numbers must always be indicated.



- A letter indicating changes to your account is required. The letter must be on company letterhead and include any provider number(s) (tax ID and NPI), new account and routing numbers and a brief explanation for the change. The letter must have an original signature and a title should be indicated.

**PLEASE NOTE:** If you are changing your EFT from one banking institution to another banking institution, your payments will automatically transfer back to paper for a minimum of two (2) weeks while your EFT is being set up on your new account.

To cancel EFT transactions, providers must send an Electronic Funds Transfer Authorization Form, including the provider number(s), applicable Tax ID and/or NPIs, to the address below. Please allow a minimum of four (4) weeks to transition to a paper check.

Please email, fax, or mail the completed form with the voided check and attachments (if applicable) to:

Email

**finance@alamedaalliance.org**

ATTN: Alameda Alliance for Health – [DBA/Provider Name]

Mail

Alameda Alliance for Health

ATTN: EFT Processing – Finance Department

1240 South Loop Road

Alameda, California 94502

Fax

Alameda Alliance for Health – Finance Department

ATTN: Alameda Alliance [DBA/Provider Name]

Fax Number: **1.510.995.3709**

For questions regarding the Electronic Funds Transfer Authorization Form, please contact:

Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

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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**



## Electronic Funds Transfer (EFT) Authorization Form

This authorization remains in full force and effect until Alameda Alliance for Health (Alliance) receives written notification from the provider of its termination, or until the Alliance or an appointing authority deems it necessary to terminate the agreement.

**DIRECTIONS:** An original pre-imprinted voided check for checking accounts, or an original bank letter for savings accounts, must be submitted with this form. The provider name, routing number and account number on either of those documents must match what is entered on this form. Photocopied documents will not be accepted. Please print or type legibly. Use ink for signatures, including notary. Please print this form single-sided and complete all sections before sending it to the Alliance.

### SECTION A:

1. NAME OF PROVIDER (Name must match name on bank account and name registered with the Alliance)		2. PROVIDER IDENTIFIER NPI NUMBER (Attach the providers with more than one NPI form below if multiple NPI's)	
3. DOING BUSINESS AS NAME (DBA)		4. PROVIDER IDENTIFIER (TIN OR EIN, only one TIN/EIN per form)	
5. PROVIDER CONTACT NAME	6. PHONE NUMBER	7. EMAIL ADDRESS	
8. PROVIDER ADDRESS		CITY	STATE ZIP CODE
9. PROVIDER AGENT NAME (Name of provider's authorized agent)		10. PROVIDER AGENT PHONE NUMBER	
8. PROVIDER AGENT ADDRESS		CITY	STATE ZIP CODE
12. PROVIDER AGENT EMAIL ADDRESS			

### SECTION B:

1. FINANCIAL INSTITUTION ROUTING NUMBER	2. PROVIDER'S ACCOUNT NUMBER (include leading zeros)	3. TYPE OF ACCOUNT AT FINANCIAL INSTITUTION <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
4. FINANCIAL INSTITUTION NAME		
8. PROVIDER ADDRESS		CITY STATE ZIP CODE



## SECTION C:

Please check the appropriate box.

- ☐ I hereby authorize the Alliance to initiate credit entries to my bank account as indicated above, and the depository named above to credit the same to such account. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.
- ☐ I hereby **CANCEL** my EFT authorization.

I understand that by signing this form, payments issued will be from Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Authorized Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature must be owner, partner, or corporate officer. Please send form and attachments (if applicable) via email, fax, or mail.

Email

**finance@alamedaalliance.org**

ATTN: Alameda Alliance for Health [DBA/Provider Name]

Mail

Alameda Alliance for Health

ATTN: EFT Processing – Finance Department

1240 South Loop Road

Alameda, California 94502

Fax

Alameda Alliance for Health

ATTN: Alameda Alliance [DBA/Provider Name]

Fax Number: **510.995.3709**

**Internal Use Only:**

**Reviewed By:**

Finance Signatory: \_\_\_\_\_

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

SR Number: \_\_\_\_\_





## Providers with More Than One (1) NPI

Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** However, members of Provider Groups who also bill individually may enroll by submitting a separate enrollment form using their individual provider number.

Provider Group/ Individual Name	Provider Group/ Individual NPI	Alameda Alliance for Health Use Only

Authorized Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature must be owner, partner, or corporate officer. Please send form and attachments (if applicable) via email, fax, or mail.



## Adverse Childhood Experiences (ACEs) Training Reminder & Pediatric and Adult Trauma Screening Provider Incentive

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update we would like to share with you.

**As a reminder, effective, Wednesday, January 1, 2020**, the California Department of Health Care Services (DHCS) started incentivizing the Adverse Childhood Experiences (ACEs) pediatric and adult trauma screenings. **This is a momentous program for our community. We have outlined the key program facts below to assist our providers and help achieve these important program goals.**

### Goals:

- **Reduce** - ACEs and toxic stress by half
- **Raise Awareness** – Train and expand awareness among Medi-Cal providers on ACEs Screening and Response
- **Practice Change** – Support implementation of ACEs screening and response for Medi-Cal providers
- **Network of Care** – Support development of a functional network of care

### Steps for Provider Incentive Eligibility:

1. **Complete the training:** [www.acesaware.org/screen/provider-training](http://www.acesaware.org/screen/provider-training)
2. **Attest** to completing the training at: [www.medi-cal.ca.gov/TSTA/TSTAattest.aspx](http://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx)

### Important Program Details:

- **Target Population:**
  - Children (annual screening)
  - Adults (through age 64) (once in a lifetime)
- **Screening Tool:**
  - Children (PEARLS)
  - Adults (ACE Questionnaire for Adults)
- **Payment Rate:** \$29
- **HCPCP Codes:**
  - G9919 (ACE ≥ 4; high risk)
  - G9920 (ACE < 4; low risk)

For more information, please visit [www.acesaware.org](http://www.acesaware.org).

We appreciate and thank you for the quality care that you continuously give to your patients and your partnership in making a difference in our community.

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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)**



## Communicating with Patients about COVID-19 Vaccines

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. The COVID-19 vaccine is now available at no cost for all Alliance members ages 12 and older. We would like to share some helpful resources that may help you communicate with your patients about the COVID-19 vaccine and answer some questions they may have.

The Centers for Disease Control and Prevention (CDC) describes the following steps on how to recommend the COVID-19 vaccine:

1. **Start from a place of empathy and understanding.** Acknowledge the stress and disruption that the pandemic has caused. This provides an opportunity to recognize common concerns that can be addressed by a vaccine.
2. **Assume patients will want to be vaccinated but may not know when to expect it.** The COVID-19 vaccine is now available to anyone age 12 and older. You can share information about how to get an appointment and when the vaccine may be available to children under 12 years of age. For the most up-to-date information, please visit [covid-19.acgov.org/vaccines](https://covid-19.acgov.org/vaccines).
3. **Give your strong recommendation.** Share the importance of the vaccine to protect your patient's health, as well as the health of those around them, or talk about your own decision to get the COVID-19 vaccine.
4. **Listen to and respond to patient questions.** Affirm your patient's concerns and perspective, and then provide the information they need in a way they can understand.
5. **Wrap up the conversation.** Let your patient know you are open to continuing the conversation and encourage them to take at least one (1) action.

### Resources

- Recipient Education, Centers for Disease Control and Prevention (CDC)  
[www.cdc.gov/vaccines/covid-19/hcp/index.html](https://www.cdc.gov/vaccines/covid-19/hcp/index.html)
- National Institutes of Health Community Engagement Alliance  
[covid19community.nih.gov](https://covid19community.nih.gov)
- COVID-19 vaccine hesitancy: 10 tips for talking with patients, American Medical Association  
[www.ama-assn.org/delivering-care/public-health/covid-19-vaccine-hesitancy-10-tips-talking-patients](https://www.ama-assn.org/delivering-care/public-health/covid-19-vaccine-hesitancy-10-tips-talking-patients)
- THE CONVERSATION: Between Us, About Us, Kaiser Family Foundation  
Black and Latinx health care workers answer questions about the COVID-19 vaccines.  
[www.greaterthancovid.org/theconversation](https://www.greaterthancovid.org/theconversation)

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[www.alamedaalliance.org](https://www.alamedaalliance.org)



## Blood Lead Screening Requirements

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Protecting children from lead exposure is important to a lifetime of good health. Assembly Bill No. 2276 was passed in September 2020, adding more oversight from the State to ensure that young children in the Medi-Cal program are screened for blood lead poisoning.

### What's new?

**Starting no later than January 2021**, managed care plans like the Alliance must identify at least quarterly all child members under the age of six (6) years old who have no record of receiving a blood lead screening test.

The Alliance will be required to notify the providers responsible for the care of the children missing their blood lead screening test of their requirement to test the child and provide anticipatory guidance to the parent or guardian.

### Requirements for Providers

Providers must follow current federal and state laws and industry guidelines for health care providers issued by Childhood Lead Poisoning Prevention Branch (CLPPB). CLPPB guidelines can be referenced at [www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx](http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx).

These laws and guidelines include:

- Oral or written anticipatory guidance at *each* periodic health assessment from 6 months to 72 months of age (i.e., 6 years old).
- Blood lead screening test at 12 *and* 24 months of age, catch-up testing after 12 months, and testing of any child who is at risk.
- Blood lead screening according to CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

The exceptions are 1) the risk of screening is greater than the risk of lead poisoning, or 2) the parent or guardian refuses to consent to the screening. This reason must be noted in the child's medical record, with a signed statement of voluntary refusal from the parent or guardian.

### Documentation

Providers who conduct an in-office blood lead screening test using a capillary or finger prick and a point of care (POC) device, please use the CPT code 83655.

### Resources

Patient health education materials

[www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/edmatls.aspx](http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/edmatls.aspx)

Alameda County Lead Poisoning Prevention Program

[www.achhd.org/medicalproviders/hsp.htm](http://www.achhd.org/medicalproviders/hsp.htm)

Department of Health Care Services All Plan letter

[www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf)

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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)**



## Staying Healthy Assessment (SHA) Reminder (Required Risk Behavior Assessment)

The Department of Health Care Services (DHCS) requires all primary care providers (PCPs) who serve Alameda Alliance for Health (Alliance) members to complete the Staying Healthy Assessment (SHA) or an approved alternate within **120 days** of enrollment and periodically thereafter.

The SHA helps:

- Identify members' high-risk behaviors, like smoking or poor diet.
- Providers focus anticipatory guidance and health education referrals to issues that are of greatest concern to their patients.
- Improve Medical Record Review scores through the correct completion and record-keeping of the SHA.
- Communicate with your diverse patients. There are nine (9) different age groups for the SHA form, and it is available in 12 languages. Most languages can be downloaded from the State website below. Contact the Alliance for forms in Farsi, Khmer, and Somali.

### How do I offer the SHA?

For a provider guide to the SHA and the most current SHA (IHEBA) forms, please visit the DHCS website at [www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx). If you would like to use a different patient assessment form, please contact the Health Education Manager at the number and email below. The State requires the plan to submit most forms for approval prior to use.

### Can I offer the SHA via Telehealth?

For telehealth visits, you have a few options to complete the SHA. You can send the patient the SHA forms through your patient portal or by mail for completion, or you can verbally review the questions with patients. The completed documentation will need to be saved in the patient's health record.

### Training

All PCPs must complete a one-time training. You can complete the training online and sign an attestation in just a few minutes. Please visit the SHA Training & Resources link below. We can also visit your office or schedule a webinar to train your staff.

### Health Education Resources

Need culturally relevant referrals and handouts on Staying Healthy topics? We have handouts and brochures in English, Spanish, Chinese, and Vietnamese, as well as a provider resource directory of health education referrals. Please visit the SHA Training & Resources link below.

### SHA Training & Resources

[www.alamedaalliance.org/providers/provider-resources/sha](http://www.alamedaalliance.org/providers/provider-resources/sha)

For SHA questions or assistance accessing online resources, please contact:

Linda Ayala, MPH, Health Education Manager  
Phone Number: **1.510.747.6038**  
Email: [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)

**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)



June 16, 2021

Dear Valued Provider,

At Alameda Alliance for Health (Alliance), we appreciate you and the quality health care that you provide to our members. The Alliance is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to Alameda County residents.

In an effort to support our provider's focus on substance use disorder, chronic pain, and opioid and benzodiazepine usage, the Alliance has developed several provider materials for usage:

#### **Provider Tools**

- Opioid Tapering Tool (included with this letter)
- Benzodiazepine Tapering Tool (included with this letter)
- Non-Opioid Alternatives on the Alliance Formulary
- Opioid Dependence Treatment
- Maps of local alternative treating options

#### **Member Tools**

- Opioid Safety Guide

On a quarterly basis, we will mail a list of your patients who:

- Visit the Emergency Department for opioid and/or benzodiazepine overdose
- Concurrently utilize opioids and benzodiazepines
- Are defined as chronic opioid users
- Are defined as rising risk for substance use disorder (SUD)

If you have any questions, or if you would like to request a copy of the other tools, please contact us using the information below.

As always, thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

Sincerely,

Sanjay Bhatt, MD  
Medical Director, QI  
Phone Number: **1.510.747.4510**  
**sbhatt@alamedaalliance.org**

Helen Lee, PharmD, MBA  
Senior Director of Pharmacy, Pharmacy Services  
Phone Number: **1.510.747.4541**  
**hlee@alamedaalliance.org**

# ALAMEDA ALLIANCE FOR HEALTH

## BENZODIAZEPINE TAPER DECISION TOOL – CLINICIAN’S GUIDE



### WE ARE HERE TO HELP YOU!

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we appreciate all of your hard work to improve health and wellbeing in our community.

We have created a Benzodiazepine Taper Decision Tool and reference guide to help clinicians determine:

- If a benzodiazepine taper is necessary.
- When to perform the taper.
- When to provide follow-up and support during the taper.

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## Benzodiazepine Tapering

Combining both opioids and benzodiazepines can be dangerous because both drugs cause sedation and respiratory depression.<sup>1</sup> Long term use of benzodiazepines could increase the risk of cognitive impairment, delirium, falls, fractures and motor vehicle crashes especially in older adults.<sup>2</sup> In 2015, 23% of people who died of an opioid overdose also tested positive for benzodiazepines.<sup>3</sup>

### ***Populations of Who to Taper<sup>4</sup>***

- Those with a combination of benzodiazepines, opioids, and/or amphetamines.
- Those who demonstrate an active use or history of substance use disorder.
- Older patients.
- Those with a cognitive disorder or traumatic brain injury.

Patients who have been on benzodiazepines for 4-6 weeks should be considered for tapering. Patients who are concurrently taking routine opioids and benzodiazepines can be tapered separately or concurrently.

### ***Specific Tapering Recommendations<sup>4</sup>***

#### **Individuals taking higher than recommended doses:**

- Consider hospital monitoring to minimize medical risks.
- Consider switching to long-acting benzodiazepines.
- Reduce dose initially by 25-30%.
- Reduce dose by 5-10% daily to weekly.

#### **Individuals taking therapeutic dose-bedtime dosing:**

- Reduce by approximately 25% weekly.
- Anticipate and educate on rebound insomnia.
- Educate patient on sleep hygiene.
- Provide alternative options: CBT, non-benzodiazepines (trazadone).

#### **Individuals taking therapeutic doses-daytime dosing (QD to QID):**

- Anticipate and educate the patient on rebound anxiety and recurrence of initial anxiety symptoms.
- Plan additional psychological support during taper.
- Educate and prepare for the last phase of withdrawal, which will be the most difficult.
- Warn that dosing schedule changes (e.g. TID to BID) will be psychologically challenging.



- Initial dose taper between 10-25%.
  - Observe signs of withdrawals.
  - Anticipate and educate withdrawals with short-half life.
  - Individualize subsequent reductions based on individualized response.
- Follow with further reductions of 10-25% as tolerated pharmacologically.
  - The patient may need to taper slowly. Some patients may hold their dose for 1-2 months.

#### **Adjunctive options to support the last phase of taper<sup>4, 6, 7</sup>**

More research and trials are needed for supportive therapy. Options listed below are studies with the highest level of evidence:

- Carbamazepine, paroxetine
  - May reduce symptoms of anxiety
- TCA, paroxetine
  - May help with withdrawals
- TCA
  - Potentially positive effective on benzodiazepine discontinuation

### **Benzodiazepine Equivalency<sup>2,4, 5</sup>**

DRUG	DOSE EQUIVALENCE	ELIMINATION HALF-LIFE (HOURS)	TYPE OF BENZO
Chlorodiazepoxide (Librium)	10 mg	14-95	Long
Diazepam (Valium)	5 mg	100	Long
Flurazepam (Dalmane)	15-30 mg	111-113	Long
Alprazolam (Xanax)	0.5 mg	11.2	Intermediate
Clonazepam (Klonopin)	0.5 mg	17-60	Intermediate
Lorazepam (Ativan)	1 mg	12	Intermediate
Temazepam (Restoril)	10-20 mg	3.5-18.4	Intermediate
Triazolam (Halcion)	0.25-0.5 mg	1.5-5.5	Short

Most studies in primary care have found that successful tapering greater than 10 weeks can lead to achieving long-term abstinence.<sup>2</sup>

Withdrawal symptoms: Agitation, anxiety, tachycardia, dysphoria, insomnia, hallucinations, delusions, delirium.<sup>2</sup>

## Tapering Example<sup>4</sup>

Drug: Lorazepam 4 mg bid → Diazepam 40 mg qd

WEEK	DIRECTION	DOSAGE
Week 1		35 mg/day
Week 2	Decrease dose by 25%	30 mg/day (25%)
Week 3		25 mg/day
Week 4	Decrease dose by 25%	20 mg/day (50%)
Week 5-8	Hold dose for 1-2 months	Continue at 20 mg/day for 1 month
Week 9-10		15 mg/day
Week 11-12	Decrease dose by 25% at week 11	10 mg/day
Week 13-14	Decrease dose by 25% at week 13	5 mg/day
Week 15		Discontinue

## References

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### **Disclaimer**

This resource is not a substitute for clinical judgment or medical advice. Adherence to or use of this guide does not guarantee successful treatment. Providers are responsible for assessing the care and needs of the individual patient. Providers must use their professional judgment in making decisions or recommendations that impact the patient's health including the use of this resource.

## **We are here to help!**

If you have any questions, please contact:

Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
Email: **[providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)**

# ALAMEDA ALLIANCE FOR HEALTH SUBSTANCE USE DISORDER OPIOID TAPER DECISION TOOL – CLINICIAN’S GUIDE



## WE ARE HERE TO HELP YOU!

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we appreciate all of your hard work to improve health and wellbeing in our community.

We have created an Opioid Taper Decision Tool and reference guide to help clinicians determine:

- If an opioid taper is necessary.
- When to perform the taper.
- When to provide follow-up and support during the taper.

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## High-Risk Population

Tapering off opioids can present a clinical challenge, especially for patients on a high dose of opioids (>90 MME), those with moderate to severe chronic pain (pain greater than 3 months), and those with co-existing mental health disease.<sup>1</sup>

The Centers for Disease Control and Prevention (CDC) recommends starting an opioid dose taper of 10% per week following the patient's functional and pain status each visit.<sup>2</sup> Some patients may need an even slower dose taper depending on the duration of their opioid use.

Providers should consider an opioid taper when the risk of treatment outweighs the benefit.

Consider tapering opioids in the following scenarios:<sup>1, 2</sup>

- Limited pain reduction or improvement in function on escalating doses.
- Severe side effects requiring intensive management.
- Concurrent use of opioids and benzodiazepines.
- Greater than 90 MME/day.
- Non-adherence to a treatment plan.
- Concern for substance use disorder:
  - Consider using any of the following tools: 4 C's Tool, Opioid Risk Tool, Patient Medication Questionnaire, Screener, and Opioid Assessment for Patients with Pain-Revised.<sup>3</sup>
- Opioid related overdose.
- Comorbid risk factors:
  - Lung disease, sleep apnea, liver disease, renal disease, fall risk, greater than 65 years old, mental health disease.
- Opioid tolerance (see below).

## Definition of Opioid Tolerance<sup>4</sup>

Patients considered opioid-tolerant are those receiving any of the following medication for 1 week or longer:

- At least 60 mg oral morphine/day
- 25 mcg transdermal fentanyl/hour
- 30 mg oral oxycodone/day
- 8 mg oral hydromorphone/day
- 25 mg oral oxymorphone/day

## BRAVO Tool and Other Patient Counseling Tools

The BRAVO protocol outlines a safe and compassionate strategy for opioid tapering while maintaining therapeutic compliance.<sup>5</sup>

**BRAVO Tool<sup>5,6</sup>:**

[www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf](http://www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf)

[www.oregonpainguidance.org/wp-content/uploads/2019/02/BRAVO-updated-2019.pdf?x91687](http://www.oregonpainguidance.org/wp-content/uploads/2019/02/BRAVO-updated-2019.pdf?x91687)

**How to Taper Patients Off of Chronic Opioids Therapy CE:**

[www.edx.org/course/how-to-taper-patients-off-of-chronic-opioid-therapy](http://www.edx.org/course/how-to-taper-patients-off-of-chronic-opioid-therapy)

**Changing Conversations About Pain CE:**

[www.oregonpainguidance.org/clinics/opmc-online-pain-management-course](http://www.oregonpainguidance.org/clinics/opmc-online-pain-management-course)

## Prescription Opioid Dependence vs Opioid Use Disorder

It is important to understand the difference between Prescription Opioid Dependence and Opioid Use Disorder.

**Prescription Opioid Dependence<sup>7</sup>** occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.

**Opioid Use Disorder<sup>7</sup>** occurs when attempts to cut down or control use are unsuccessful or when the use of opioids results in social problems and a failure to fulfill obligations at work, school, and home. Opioid Use Disorder often comes after the person has developed opioid tolerance and dependence.

## Opioid Tapering Examples (For Reference Only)<sup>4,8</sup>

The CDC recommends a 10% opioid taper per month. Below are different slow tapering scenarios.

### ***Slow Taper (10% per month)<sup>4</sup>: Morphine ER 120 mg BID***

MONTH	MORPHINE ER TAPERED DOSE
Month 1	210 mg (120 mg +90 mg)
Month 2	180 mg (90 mg bid)
Month 3	150 mg (75 mg bid)
Month 4	135 mg (60 mg +75 mg)
Month 5	120 mg (60 mg bid)
Month 6	105 mg (60 mg +45 mg)
Month 7	90 mg (45 mg bid)

MONTH	MORPHINE ER TAPERED DOSE
Month 8	75 mg (45 mg +30 mg)
Month 9	60 mg (30 mg bid)
Month 10	45 mg (30 mg +15 mg)
Month 11	30 mg (15 mg bid)
Month 12	15 mg daily
Month 13	Discontinue

### ***Tapering After Surgery<sup>4</sup>: After surgery, a patient is often ready for an opioid taper.***

For example, if a patient is on Oxycodone 10/325 mg, 2 tablets every 6 hours (8 tabs/day), a slow taper is:

DAY	DIRECTIONS	# TABS
Day 1-4	2 tabs every morning, 2 tabs every lunch, 2 tab every dinner, 1 tab qhs	7 tabs/day
Day 5-8	2 tabs every 8 hours	6 tabs/day
Day 9-12	2 tabs every first 8 hours, 1 tab every last 8 hour	5 tabs/day
Day 13-16	1 tab every 6 hours	4 tabs/day
Day 17-20	1 tab every 8 hours	3 tabs/day
Day 20-23	1 tab every 12 hours	2 tabs/day
Day 24-27	1 tab daily	1 tabs/day
Day 28	Discontinue	0 tabs/day

***Tapering Methadone<sup>4</sup>: Methadone 40 mg every 8 hours***

MONTH	METHADONE TAPERED DOSE
Month 1	30 mg every 8 hours
Month 2	20 mg every 8 hours
Month 3	15 mg every 8 hours
Month 4	10 mg every 8 hours
Month 5	10 mg daily before noon, 5 mg daily at noon, 10 mg daily in the afternoon or evening
Month 6	5 mg daily before noon, 5 mg daily at noon, 10 mg daily in the afternoon or evening
Month 7	5 mg daily before noon, 5 mg daily at noon, 5 mg daily in the afternoon or evening
Month 8	5 mg daily before noon, 5 mg daily at noon, 2.5 mg daily in the afternoon or evening
Month 9	5 mg daily before noon, 2.5 mg daily at noon, 2.5 mg daily in the afternoon or evening
Month 10	2.5 mg every 8 hours
Month 11	2.5 mg every 12 hours
Month 12	2.5 mg daily
Month 13	Discontinue

***Tapering Fentanyl<sup>4</sup>: Fentanyl 100 mcg every 72 hours***

Slower taper: Reduce by 25 mcg/hr every 30 days

MONTH	FENTANYL TAPERED DOSE
Month 1	75 mcg every 72 hours
Month 2	50 mcg every 72 hours
Month 3	25 mcg every 72 hours
Month 4	12 mcg every 72 hours*
Month 5	Discontinue

**\*Please Note:** Patient may need morphine 15 mg q6h to manage withdrawal symptoms. Package insert indicates that the patient may go into withdrawal symptoms while tapering.



## Treatment of Withdrawal Symptoms<sup>1, Error! Bookmark not defined.</sup>

INDICATIONS	TREATMENT OPTIONS*
Abdominal cramping	<ul style="list-style-type: none"> <li>Dicyclomine 20 mg q6-8h.</li> </ul>
Aches, pains, myalgia	<ul style="list-style-type: none"> <li>NSAIDS, Acetaminophen, lidocaine 5% ointment, Diclofenac 1% gel.</li> </ul>
Anxiety, lacrimation, rhinorrhea	<ul style="list-style-type: none"> <li>Hydroxyzine 25 mg to 50 mg tid prn.</li> <li>Diphenhydramine 25 mg q6h prn.</li> </ul>
Autonomic symptoms (sweating, tachycardia, myoclonus)	<ul style="list-style-type: none"> <li>Clonidine 0.1 or 0.2 mg q6-q8h prn. Hold if BP&lt;90/60. Obtain daily BP check. Reassess in 3 to 7 days. Taper upon symptom resolution.</li> </ul> <p>Alternatives:</p> <ul style="list-style-type: none"> <li>Baclofen 5 mg tid prn; may increase to 40 mg daily dose.</li> <li>Gabapentin 100 mg to 300 mg titrated to 1800 to 2100 mg divided in 2 to 3 doses.</li> <li>Tizanidine 4 mg tid prn, can increase to 8 mg tid prn.</li> </ul>
Diarrhea	<ul style="list-style-type: none"> <li>Loperamide 2 mg to 4 mg prn up to 16 mg per day.</li> <li>Bismuth subsalicylate 524 mg every 0.5 to 1 hour orally, not to exceed 4192 mg/day.</li> </ul>
Insomnia	<ul style="list-style-type: none"> <li>Trazodone 25 mg to 100 mg qhs.</li> </ul>
Nausea/Vomiting	<ul style="list-style-type: none"> <li>Prochlorperazine 5 to 10 mg q4h prn.</li> <li>Promethazine 25 mg po or pr q6h prn.</li> <li>Ondansetron 4 mg q6h prn.</li> </ul>

**\*Please Note:** All meds are on the Alliance formulary and do not require prior authorization (PA).

## References

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Email: **providerservices@alamedaalliance.org**



## Preventive Services Guidelines Update – March 2021

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update we would like to share with you.

**The Alliance requires that all network and delegated providers follow the most current Preventive Care Guidelines.**

For adults ages 21 and older, the Alliance follows the current U.S. Preventive Services Task Force (USPSTF) clinical preventive services to adults ages 21 and older. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. For a list, please visit [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations](https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations).

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule, which can be found at [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf). The most recent version, published March 2021, includes screening for hepatitis C virus infection and updates to footnotes.

We are sharing this update to ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from January 1 to March 9, 2021.

Topic	Description	Grade	Release Date
Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: pregnant persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A	January 2021 *
Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	A	January 2021 *
Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	March 2021 *

\*Previous recommendation was an “A” or “B”  
Updated: March 9, 2021

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

	<p>Alameda Alliance for Health</p> <p><b>FORMULARY UPDATE</b></p> <p><u>Effective 04/23/2021, unless indicated below under Committee Actions.</u></p>
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### **Alameda Alliance for Health Pharmacy & Therapeutics (P&T) Committee Decisions**

The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the March 16, 2021 meeting:

Therapeutic/Monograph Class Reviews
<ul style="list-style-type: none"> <li>• Parkinson's Disease</li> <li>• Antiplatelet Agents</li> <li>• Low Molecular Weight Heparins</li> <li>• PCSK9 inhibitors</li> <li>• Second Generation Antihistamines</li> <li>• Renin Angiotensin Aldosterone System (RAAS) Agents</li> <li>• Pulmonary Arterial Hypertension</li> </ul>

The P&T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs.

<b><i>Generic Name &amp; Strength/Dosage Form</i></b>	<b>Brand Name</b>	<b>Committee Actions</b>
Budesonide, Glycopyrrolate, and Formoterol Fumarate inhalation aerosol	Breztri Aerosphere inhaler	Add to formulary with Prior Authorization
Fosinopril 20 mg tablet	Fosinopril 20 mg tablet	Add to formulary
Fosinopril 40 mg tablet	Fosinopril 40 mg tablet	Add to formulary
Treprostinil ER 5MG tablet	Orenitram ER 5 MG tablet	Add to formulary with Prior Authorization
Quinapril 10 mg tablet	Accupril 10 mg tablet	Add to formulary
quinapril 10 mg- hydrochlorothiazide 12.5 mg tablet	Accuretic 10mg - 12.5mg tablet	Add to formulary
quinapril 20 mg tablet	Accupril 20 mg tablet	Add to formulary
quinapril 20 mg- hydrochlorothiazide 12.5 mg tablet	Accuretic 20mg - 12.5mg tablet	Add to formulary
quinapril 20 mg- hydrochlorothiazide 25 mg tablet	Accuretic 20mg - 25mg tablet	Add to formulary
quinapril 40 mg tablet	Accupril 40 mg tablet	Add to formulary
quinapril 5 mg tablet	Accupril 5 mg tablet	Add to formulary
trandolapril 1 mg tablet	Mavik 1 mg tab	Add to formulary

trandolapril 2 mg tablet	Mavik 2 mg tab	Add to formulary
trandolapril 4 mg tablet	Mavik 4 mg tab	Add to formulary
Telmisartan 40 mg- Hydrochlorothiazide 12.5 mg tablet	Micardis HCT 40 mg - 12.5 mg	Add to formulary with Prior Authorization to <b>636 IHSS Members</b>
Telmisartan 80 mg- Hydrochlorothiazide 12.5 mg tablet	Micardis HCT 80 mg – 12.5 mg	Add to formulary with Prior Authorization to <b>636 IHSS Members</b>
Telmisartan 80 mg- Hydrochlorothiazide 25 mg tablet	Micardis HCT 80 mg – 25 mg	Add to formulary with Prior Authorization to <b>636 IHSS Members</b>

PRIOR AUTHORIZATION GUIDELINE UPDATES	
PCSK9 inhibitors	Antibiotic Eye Medications
Second Generation Antihistamines	Drugs for Gender Dysphoria for Less Than 21 Years Old
Estrogen Patches and Injectables	Drugs for Gender Dysphoria for At Least 21 Years Old
Cystic Fibrosis Agents	Testosterone Agents
Synagis	Xolair (omalizumab)
Eosinophilic Asthma Agents	Thrombocytopenia Agents
Idiopathic Pulmonary Fibrosis	Trelegy Ellipta
Aptiom (eslicarbazepine)	Biologic Agents for Nasal Polyposis
Pulmonary Arterial Hypertension (PAH) Criteria	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Parkinson's Disease	Altoprev (lovastatin ER) and Fluvastatin, Fluvastatin ER
Antiplatelet Agents	Symlin (pramlintide)
Low Molecular Weight Heparins	Histamine H2 Receptor Antagonists
Injectable/Specialty Medications	Topical Acne Agents
Atovaquone (Mepron)	Tranexamic acid (Lysteda)
Tadalafil (Cialis) for BPH	Linezolid
Elmiron (pentosane polysulfate sodium)	Criteria for short-acting opioid-containing products
Ezetimibe (Zetia)	Pyridostigmine (Mestinon)
Corticosteroid Preparations to Treat Hemorrhoids	Diuretics
Antihypertensives	Savella
Travoprost (Travatan Z)	Arikayce (amikacin)
Oxbryta (voxelotor)	Angiotensin II Receptor Blockers and Renin Inhibitors

**For questions, please contact the Alliance Pharmacy Services Department at:  
1.510.747.4541**



## Language Services Update

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community and your daily efforts to ensure our diverse membership receives health care services in their preferred language.

The Alliance has updated our Interpreter Services Guide and Interpreter Request Form to assist you in accessing qualified interpreters.

Here are some additional reminders:

1. **Telephonic interpreters are available on-demand 24/7 by calling 1.510.809.3986.** We encourage all providers to use our telephonic services to reduce the pre-scheduling administrative burden. You also lower the risk of exposure. See details on the updated guide on the Alliance website or attached.
2. **For appointments that require in-person interpreters,** use the Alliance Interpreter Request Form. Find updated guidelines for using in-person interpreters and an updated, fillable form at [www.alamedaalliance.org/providers/provider-resources/language-access](http://www.alamedaalliance.org/providers/provider-resources/language-access).
3. **Coming soon** – You will be able to request pre-scheduled interpreter services and receive scheduling confirmation through the Alliance Provider Portal.
4. **Looking for options** such as video or pre-scheduled telephonic for languages of lesser diffusion? Email us at [interpreters@alamedaalliance.org](mailto:interpreters@alamedaalliance.org) to learn more. (Please do not email your patient's Protected Health Information (PHI) unless through a secure email format!)
5. **Family and Friends** are not considered qualified interpreters. They should only be relied on in an emergency or at the request of the patient.
6. **Alliance member information is available in your patients' preferred languages!** Letters, the Member Handbook, the Alliance Provider Directory, and more are translated into Spanish, Chinese, and Vietnamese.
7. **Alternative formats are available too!** Members can request Alliance communications in braille, large font, or digital formats.

To request member information in other languages or alternative formats, members can call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

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

**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)





## Patient Health Education Resources & Referral Overview

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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.

Health education is an important part of primary care visits. As a provider, you are a critical and influential source of health information for your patients. When you conduct an Initial Health Assessment (IHA) or review the Staying Healthy Assessment (SHA), you uncover the key concerns of your patients. The Alliance offers patient education handouts and program resources and referrals that can enhance your ability to address these concerns. You can search for IHA and SHA on the Alliance website to find more details.

### Health Education Handouts

Looking for the right handout? Our handouts are in English, Spanish, Chinese, and Vietnamese and cater to our members. You can download handouts at [www.alamedaalliance.org/live-healthy-library](http://www.alamedaalliance.org/live-healthy-library).

Our most requested topics are:

- Healthy Eating & Exercise
- Stress and Depression
- Heart Health
- Diabetes
- Back Pain

### Health Education Program Referrals

Could your patient benefit from a healthy lifestyle program, disease self-management class, or other types of support? Our Provider Health Education Resource Directory lists programs available to our members at no cost. You can refer members directly or fax us the Provider Wellness Request Form to request on behalf of your patient.

Alliance Health Education resources can be found on our website at [www.alamedaalliance.org/patient-health-wellness-education](http://www.alamedaalliance.org/patient-health-wellness-education). We also share community resources at [www.alamedaalliance.org/community-resources](http://www.alamedaalliance.org/community-resources).

Thank you for all you do to improve the health and wellbeing of Alliance members.

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Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4577**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## 2021 Provider Appointment Availability Survey (PAAS) Begins July 12 through December 31, 2021

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.

### 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. We encourage our provider partners to respond to the initial fax/email survey request to avoid any additional phone call outreach. If we do not receive a fax or email response within the first week of survey request, the Alliance will follow 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 unresponsiveness/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.

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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)**