



## 2021 Quarter 4 Provider Packet

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

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The Alliance is available to support and assist our providers remotely during the pandemic to help 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 UPDATE INCLUDES:**

- Provider Demographic Attestation Form
- COVID-19 Resources for Providers
  - Provider Pocket Card for Adults
  - Provider Pocket Card for Pediatrics
  - COVID-19 Vaccine Street Team Flyer
  - Alliance Care Gap Report Cover Letter and List of Non-Vaccinated Members
- Secondary Claim Notice – COBA Phase II
- Reminder About PA Coding and Claims Validation Notice
- Important Update About the DHCS Medi-Cal Rx Transition
- 2021 Flu Season Provider Notice
- Pharmacy and Therapeutics Summary Notice
- Alliance Case and Disease Management Department Overview & Referral Form
- National Childhood Obesity Month Notice
- Member Rights and Responsibilities Notice
- Discharging Members Policy
- Survey Timeline and Information Notices
  - Alliance Access and Availability Survey Timeline Notice
  - After Hours Survey Tips Notice
  - 2021 Provider Appointment Availability Survey (PAAS)
  - Member Satisfaction Survey
  - Timely Access Standards

- Asthma Start Program
- Preventive Services Guidelines Update – August 2021
- 2021 Population Needs Assessment
- Alliance Interpreter Services Provider Guide
- Alliance Interpreter Services Request Form
- Provider Satisfaction Survey and *Did You Know?*

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

The Alameda Alliance for Health (Alliance) Provider Demographic Attestation Form is confidential. Filling out this form will help us better serve you. Please only complete the form if there are any changes.

**INSTRUCTIONS:**

1. Please type or print clearly.
2. Please complete the form and return by fax to the Alliance at **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:		
City:	State:	Zip Code:
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

<b>Date Update Completed (MM/DD/YYYY):</b>
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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)

## HOW DOES THE VACCINE WORK?

Scientists have made the COVID-19 vaccines by using part of the virus's genetic code, either a messenger RNA (mRNA) or DNA, depending on the type of vaccine. Once inside the cell, this piece of the genetic code gives instructions to make a small, harmless piece of the COVID-19 virus called the spike protein. Our body notices the spike protein, and the immune system makes antibodies to destroy the spike proteins. This process teaches your body how to recognize and fight

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against the virus. If you are exposed to the virus in the future, even currently circulating variants of the virus, your immune system will quickly recognize the virus and have the antibodies and T-cells ready to fight infection.

### Ways To Get Vaccinated

- Here at your visit today!
- Schedule an appointment at **MyTurn.ca.gov** or call the CA COVID-19 Hotline at **1-833-422-4255**.
- At your retail pharmacy.

## COVID-19 Vaccine

### TOP 5 FAQs



VaccinateALL58.com

### **IS THE VACCINE SAFE?**

Yes, the vaccines are highly effective at preventing people from getting seriously ill, being hospitalized, or death.

### **IS COVID-19 STILL A THREAT?**

Yes. Viruses constantly change through mutation resulting in variants. As expected, multiple variants of SARS-CoV-2 have been documented in the United States and globally throughout this pandemic. The COVID-19 vaccine is our best tool in stopping the development of new variants and ending the pandemic.

### **WHAT ABOUT THE RISK OF UNKNOWN LONG-TERM SIDE EFFECTS?**

The nation's immunization experts study and analyze all reports of any possible serious side effects following a COVID-19 vaccine. A specialized committee of the CDC meets frequently to examine vaccine safety issues. In their most recent meeting, on July 22, the group maintained its strong encouragement that everyone ages 12 and older get vaccinated against COVID-19, finding that the benefits of vaccination far outweigh any harm.

### **DOES THE VACCINE IMPACT FERTILITY AND IS IT SAFE FOR PREGNANT PEOPLE?**

No loss of fertility was reported in the clinical trials or in the millions of women who have since received the vaccines.

Yes, the vaccine is safe for pregnant people. Pregnant people are at higher risk of getting very sick with COVID-19. Pregnant and lactating people may receive any of the authorized COVID-19 vaccines to protect themselves.

## WHAT ABOUT THE RISK OF UNKNOWN LONG-TERM SIDE EFFECTS AND COMPLICATIONS?

We don't know if there could be long-term side effects of the vaccine, but we also worry a lot about the long-term effects of getting COVID. We know that it is much less risky to get the vaccine than the infection in the short-term and we believe the chances of long-term side effects are lower with the vaccine than with infection. The nation's immunization experts study and analyze all reports of possible serious side effects following a COVID-19 vaccine.

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In June 2021, a specialized committee of the CDC met to deeply examine safety information so far and concluded that the benefits of vaccination far outweigh any harm.

### Ways To Get Vaccinated

- Here at your visit today!
- Schedule an appointment at **MyTurn.ca.gov** or call the CA COVID-19 Hotline at **1-833-422-4255**.
- At your retail pharmacy.

## COVID-19 Vaccine

## TOP 5 FAQs for Parents



VaccinateALL58.com

## **HOW WELL DOES THE VACCINE WORK IN ADOLESCENTS?**

The vaccine is highly effective in youth ages 12 and up, at least as effective as in adults. As in adults, effectiveness is not 100% but it is nearly 100% effective at preventing severe disease requiring hospitalization. Unlike most medicines, which treat or cure diseases that are already there, vaccines prevent them.

## **IS THE COVID-19 VACCINE SAFE FOR MY CHILD?**

Yes. The COVID-19 vaccine has been proven safe and effective for all youth ages 12 and up. The science behind the vaccines has been underway for over

20 years and COVID-19 vaccines conducted trials with thousands of youth under 18 before seeking FDA authorization. About 7 million children ages 12 to 17 have been vaccinated already in the United States, with rare serious adverse events. No vaccine in history has been so closely monitored for safety.

## **WHY DO CHILDREN NEED IT SINCE THEY DON'T GET THAT SICK IF INFECTED?**

Unfortunately, COVID-19 cases in children are increasing. Most kids do not get seriously ill from COVID but hundreds of children have died from it and thousands have been hospitalized. Others experience "long COVID" symptoms

that last for months. Children can also transmit to other more vulnerable people in their lives. Vaccination is the most important way to control the pandemic and reduce the effects on people of all ages.

## **WILL THE VACCINE IMPACT MY CHILD'S DEVELOPMENT?**

There have been no reported concerns of the COVID-19 vaccine impacting child development. In fact, being vaccinated allows our young people to get back to doing things crucial to their development, such as in-school learning, socializing and sports.

# Protecting our **community** by vaccinating families.

**COVID-19 vaccines are safe, effective and free. Get vaccinated at your neighborhood provider or clinic today.**

**LET'S GET TO IMMUNITY.**

**Find a vaccine site near you today at [MyTurn.ca.gov](https://myturn.ca.gov) or call (833) 422-4255**



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Al vacunar a las familias, estamos protegiendo a nuestra

# comunidad.

Las vacunas contra el COVID-19 son seguras, efectivas y gratis. Vacúnate hoy con el proveedor de tu comunidad o en tu clínica más cercana.

**LOGREMOS LA INMUNIDAD.**

Encuentra un centro de vacunación cercano en [MyTurn.ca.gov](https://myturn.ca.gov) o llama al (833) 422-4255



MyTurn.ca.gov



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ALAMEDA  
**Alliance**  
FOR HEALTH

**November 19, 2021**

Dear Provider,

At Alameda Alliance for Health (Alliance), we are committed to partnering with our providers to improve health in our community. COVID-19 has impacted our global community, social lives, and homes. We know that some of our members may have experienced fear, stress, or trust concerns related to COVID-19 and the vaccine. This has prevented some members from getting vaccinated. We want to partner with you to ensure the health and safety of our community and our members through the COVID-19 vaccination. Most of all, we know our members trust you as their primary care doctor.

**PCPs will receive a separate mailing with a list of members who have NOT yet received the COVID-19 vaccine. Please consider reaching out to your members to encourage them to access the vaccine.**

The list will have the layout below:

Network	MemberHSN	LastName	FirstName	HomePhone	HomeStreetAddress	HomeCity	Ethnicity	AgeCategory	CurrentAge
ALLIANCE		Member Demographics that include name, phone number, and address					Ethnicity Black, Hispanic, etc	Member's Age	
ALLIANCE									
ALLIANCE									
ALLIANCE									
ALLIANCE									

As you reach out to patients, here are a few helpful things to keep in mind:

1. Scheduling a COVID-19 vaccine appointment:
  - a. Alliance members can text their zip code to **438829**, visit **bit.ly/AlCoSignUp**, or call **1.510.208.4VAX** to find locations to schedule a vaccine appointment.
  - b. The Alliance will provide transportation to the COVID-19 vaccine appointment at no cost to the member. Members may call the Alliance transportation reservation line toll-free at **1.855.891.7171**.
2. Gift Card for patients:
  - a. While supplies last, all Alliance members who complete their COVID-19 vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a \$50 grocery gift card. To receive the state-sponsored gift card, members can call the Alliance Member Services Department at **1.510.747.4567**.

If you currently receive gap-in-care reports through our provider portal, we will add this report to your portal account. If you need assistance in setting up a portal account, please contact your Provider Services Representative or our Provider Call Center at **1.510.747.4510**.

Thank You,



Sanjay Bhatt, MD MS MMM  
Medical Director – Quality Improvement  
[sbhatt@alamedaalliance.org](mailto:sbhatt@alamedaalliance.org)



## Important Reminder on Secondary Claims

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important update that we would like to share with you about the claim process for members with primary Medicare coverage.

As you may recall, the Alliance started participating in the Coordination of Benefits Agreement (COBA) with Medicare on Friday, October 30, 2020. At that time, we started receiving crossover claims directly from Medicare for members who have Medicare as their primary coverage.

**Effective Friday, August 20, 2021**, the Alliance began receiving claims data from Medicare for the following claim types and will automatically process the following secondary claim types:

- All professional claims

### **How will a provider know that we have received the claim from Medicare?**

The Explanation of Medicare Benefits (EOMB) from the Medicare claim will inform providers that the claim has been forwarded to the Alliance. This will indicate that providers will no longer need to submit a hard copy of the original (paper) claim with the EOMB.

### **What claim types will providers still need to submit?**

The following claim types will still need to be submitted to the Alliance via the paper form with the EOMB until further notice:

- Corrected/adjusted claims
- DME/Medical Supply claims that require an invoice
- Claims with Medicare codes that need to be submitted with the equivalent Medi-Cal codes

When a claim(s) is received from Medicare, the Alliance will coordinate benefits with the Medicare payment to determine if any additional amount is due from the Alliance. If the amount paid by Medicare is more than the Alliance's allowed amount, no additional payment will be made. Claims received directly from Medicare will be processed within **45 working days** upon receipt from Medicare. If we receive a COBA claim that is not one of the claim types listed above, the provider will be sent a notice with further information and instructions.

For additional details about billing and claim submission, please visit the Alliance website at [www.alamedaalliance.org/providers/billing](http://www.alamedaalliance.org/providers/billing).

Thank you for your attention and assistance in this matter. We appreciate your partnership in continuing to provide high-quality care to our members.

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## Reminder on Prior Authorization (PA) Coding and Claims Validation

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Alameda Alliance for Health (Alliance) values our dedicated provider partner network. We want to ensure that claims submitted by our providers are processed timely and accurately. This is a reminder that the Alliance is currently refining our prior authorization (PA) process and claims process.

Throughout this year, you have received periodic notifications about our updated coding list that require authorization by benefit category and the effective date of the change. We will continue to share notifications with our provider partners. The notices include CPT codes that now require a PA and/or that may have previously required a PA. You can expect these changes to continue over the next several months. Once we have completed this refinement and alignment, we will review our PA coding annually and notify you of any changes.

To date, there have been notifications to you regarding the following benefit categories:

BENEFIT CATEGORIES	EFFECTIVE DATE
Radiology	4/1/2021
Outpatient Injectable Drug Codes	5/1/2021
Acupuncture, Allergy, Blood Plasma, Sleep Study and Electroencephalogram (EEG)	8/2/2021

Please share these changes within your office(s) to minimize the need for retrospective submissions through the PDR process.

In addition to changes on our PA coding lists, our claims system validation will be matched to the member's authorization in the following categories:

- Member name
- Provider NPI
- CPT and HCPC coding
- Dates of service are within the authorized range
- Number of units and/or visits
- Site of care

These updates have been validated based on current publishable/billable coding for 2021. All coding has been confirmed to be covered by the California Department of Health Care Services (DHCS).

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

Thank you for your continued partnership and for providing high-quality care to our members and the community.

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## Important Pharmacy Benefit Administration Changes for Authorization and Claims Payment: Medi-Cal Rx Transition Will Go Live Saturday, January 1, 2022

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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. We have also shared this notification as a separate mailing.

**Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will change how the Medi-Cal pharmacy benefit is administered and a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), will provide Medi-Cal Rx services and support. The Alliance will no longer be the administrator for the Medi-Cal pharmacy benefit. All providers will be required to use the Medi-Cal Rx Portal beginning Saturday, January 1, 2022, to submit certain authorizations and receive payment for these claims.** The new program will be called “Medi-Cal Rx.”

Below are frequently asked questions (FAQs) to provide more information about this change.

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### Medi-Cal Rx Transition FAQs

**As a prescriber, what do I need to do?**

**Individual prescribers** will each need to register to the Medi-Cal Rx portal to be a user:

1. Visit [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov).
2. Click on “Provider Portal.”
3. Then click on “Register.”

Once registered, providers receive a PIN number in the mail to the address used when they signed up through the Medi-Cal Rx the portal. **It could take up to 10 business days to receive a PIN number in the mail.** Once received, the rest of the Medi-Cal Rx registration process may be completed online using the assigned PIN number. **We strongly encourage providers to register as soon as possible.**

**What should I do if my patient needs a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?**

**For the first 180 days**, no prior authorization (PA) is required for existing prescriptions without a previously approved PA for drugs that are not on the Medi-Cal Contract Drug List. **After 180 days**, a PA must be submitted to Magellan.

Providers may submit a PA to Magellan via the following:

1. Medi-Cal Rx Online Portal
  - a. The prior authorization system information and forms will be available on the Medical-Cal Rx site at [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov).
2. Fax: **1.800.869.4325**

3. CoverMyMeds

- a. Providers can create an account and log in to submit a PA on the CoverMyMeds website at [www.covermymeds.com](http://www.covermymeds.com).

**Is this a change in the pharmacy benefits for Medi-Cal members?**

There will be no change to how Alliance Medi-Cal members pay for their medications. Alliance Medi-Cal members will continue to access their pharmacy benefits as they previously have. For most Medi-Cal beneficiaries, there is no co-pay.

**Is the California Children’s Services (CCS) program a part of the change?**

Yes, the California Children’s Services (CCS) program, including the Genetically Handicapped Persons Program (CGPP), will be part of Medi-Cal Rx.

**Is the Senior Care Action Network (SCAN), Cal MediConnect or Programs of All-Inclusive Care for the Elderly (PACE) part of the change?**

No, pharmacy benefits for individuals in these programs will not be part of Medi-Cal Rx. These will be processed the same way as they are now. If you are unsure if your patient is part of the change, please contact DHCS via email at [rxcarveout@dhcs.ca.gov](mailto:rxcarveout@dhcs.ca.gov).

**What should I do if I have a pharmacy service-related complaint after Saturday, January 1, 2022?**

Effective Saturday, January 1, 2022, Magellan will handle all pharmacy service-related complaints. To submit a complaint, please visit [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) or call Magellan Customer Service toll-free at **1.800.977.2273**.

**Please Note:** You can only use the Magellan website and phone number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

**What are my appeal options?**

Providers will be able to submit appeals for prior authorization (PA) denials, delays, and modifications through the Medi-Cal RX portal once they have registered or by mail to:

Medi-Cal CSC, Provider Claims Appeals Unit  
P.O. Box 610  
Rancho Cordova, CA, 95741-0610

Member appeals will be handled through a State Fair Hearing by the California Department of Social Services. This process is different from the appeal process you may have used with the Alliance. In a State Hearing, a judge reviews the request and makes a decision. The State Hearing Request Form is available at [www.dhcs.ca.gov/services/medi-cal/pages/medi-cal-fairhearing.aspx](http://www.dhcs.ca.gov/services/medi-cal/pages/medi-cal-fairhearing.aspx). Instructions and additional options can be found on the DHCS website.

**Where can I get help finding a pharmacy for my patients?**

Your patients may be able to use their current preferred pharmacy after Saturday, January 1, 2022.

If you need help finding a pharmacy after Saturday, January 1, 2022, please use the Medi-Cal Rx Pharmacy Locator online at [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) or call Magellan Customer Service toll-free at **1.800.977.2273**

**Please Note:** You can only use this phone number on or after Saturday, January 1, 2022.

**What are examples of services that may continue to be covered by the Alliance?**

The Alliance Pharmacy Department has put together a helpful grid with examples of who would be responsible for certain claims related to pharmacy services. **The table below includes, but are not limited to, the listed claims.**

Where To Submit The Claim:	Claim Type:
<b>The Alliance</b>	70% isopropyl alcohol swabs, and povidone-iodine swab sticks
	Alcohol (or alcohol wipes)
	Betadine or phisohex solution
	Chlorhexidine containing antiseptic
	Continuous glucose meters
	Enteral nutrition: pumps and tubing
	Gloves (non-sterile or sterile)
	Incontinence supplies
	Infusion pumps
	Infusion tubing
	Ostomy
	Pharmacist services
	Physician Administered Drugs (PADs)
	Sheeting, waterproof (protective underpad, reusable, bed size)
	Syringes and needles (non-insulin)
	Thermometer (oral or rectal)
	Tracheostomy
Urological	
Wound care	
<b>Magellan</b>	Diabetic test strips
	Inhaler assistive devices
	Insulin syringes
	Lancets
	Outpatient prescription drugs
	Peak flow meter
	Pen needles
<b>The Alliance or Magellan</b>	Contraceptives
	Diaphragms/cervical caps
	Heparin/saline flush
	Vaccines

**Who do I contact for help or more information?**

If your patient belongs to a Medi-Cal Managed Care Plan (MCP)	If your patient gets care from Medi-Cal Fee-For-Service (FFS)
<p><b>On or before Friday, December 31, 2021</b></p> <ul style="list-style-type: none"> <li>If your patient has questions about a medication or other pharmacy services, they can call:           <p style="margin-left: 40px;">Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: <b>1.510.747.4567</b> Toll-Free: <b>1.877.932.2738</b> People with hearing and speaking impairments (CRS/TTY): <b>711/1.800.735.2929</b></p> </li> <li>For Medi-Cal Rx general questions, they can call:           <p style="margin-left: 40px;">Medi-Cal Member Help Line Toll-Free: <b>1.800.541.5555</b> TTY: <b>1.800.430.7077</b></p> </li> </ul>	<p><b>On or before Friday, December 31, 2021</b></p> <ul style="list-style-type: none"> <li>If your patient has questions about a medication or other pharmacy services, they can call:           <p style="margin-left: 40px;">Medi-Cal Member Help Line Toll-Free: <b>1.800.541.5555</b> TTY: <b>1.800.430.7077</b></p> </li> </ul>
<p><b>On or after Saturday, January 1, 2022</b></p> <ul style="list-style-type: none"> <li>For all questions, they can call:           <p style="margin-left: 40px;">Magellan at the Medi-Cal Rx Call Center Toll-Free: <b>1.800.977.2273</b> TDD: <b>711</b> <b>www.medi-calrx.dhcs.ca.gov</b></p> </li> </ul>	<p><b>On or after Saturday, January 1, 2022</b></p> <ul style="list-style-type: none"> <li>For all questions, they can call:           <p style="margin-left: 40px;">Magellan at the Medi-Cal Rx Call Center Toll-Free: <b>1.800.977.2273</b> TDD: <b>711</b> <b>www.medi-calrx.dhcs.ca.gov</b></p> </li> </ul>

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at [rxcarveout@dhcs.ca.gov](mailto:rxcarveout@dhcs.ca.gov). Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff require additional information to assist you, they will reply with a secure email asking for your information.

Thank you for your continued partnership and for providing high quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Pharmacy Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4541**  
**www.alamedaalliance.org**





## 2021 Seasonal Influenza Vaccines

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

The Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal and Group Care members can now get a flu shot if supplies are available at your office.

Providers will be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>.

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

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

Please see the Alliance Covered Flu Vaccine List 2021 in a separate document.

**Please note: The Alliance will cover high-dose (HD) flu vaccines for the 2021 influenza season.** If a patient needs an HD flu vaccine, please refer them to a network retail pharmacy to request an exception. If you need help locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit [www.alamedaalliance.org/help/find-a-pharmacy](http://www.alamedaalliance.org/help/find-a-pharmacy).

Please encourage all patients to get their flu shot today.

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

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# ALAMEDA ALLIANCE FOR HEALTH

## 2021-2022 COVERED FLU VACCINE LIST



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Fluzone High-Dose Quad 2021-2022 (PF) 240 mcg/0.7 mL – 65 years & up	90662	49281-0121-65	IM syringe	SANOFI-PASTEUR	Covered for members <b>65 years old and up</b> , 1 fill per 270 days. Although this is covered for members 65 years of age and up, these members should receive from Medicare B as appropriate.	Covered for members <b>65 years old and up</b> , 1 fill per 270 days.
		49281-0121-88				
Flublok Quad 2021-2022 (PF) 180 mcg (45 mcg x 4)/0.5 mL – 18 years old & up	90682	49281-0721-10	IM syringe	SANOFI-PASTEUR	Covered for members <b>18 to 64 years old</b> , 1 fill per 270 days. Members 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members <b>18 years old and up</b> , 1 fill per 270 days.
		49281-0721-88				
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0421-50	IM syringe	SANOFI-PASTEUR	Covered for members <b>3 to 64 years old</b> , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
		49281-0421-88				
Fluival Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	19515-0818-52	IM syringe	GSK-ID BIOMEDIC	Covered for members <b>3 to 64 years old</b> , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
		58160-0887-52				
Fluarix Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0635-15	IM suspension	SANOFI-PASTEUR	Covered for members <b>3 to 64 years of age</b> , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
		49281-0635-78				
Afluria Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	33332-0421-10	IM suspension	SEQIRUS	Covered for members <b>3 to 64 years of age</b> , 1 fill per 270 days. Members 6 months to 18 years of age can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.

# ALAMEDA ALLIANCE FOR HEALTH

## 2021-2022 COVERED FLU VACCINE LIST



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0421-10	IM syringe	SANOFI-PASTEUR	Covered for members <b>3 to 64 years of age</b> , 1 fill per 270 days. Members 6 months to 18 years of age can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
		49281-0421-58				
Fluad Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5mL – 65 years & up	90694	70461-0121-03	IM syringe	SEQIRUS	Covered for members <b>65 years old and up</b> , 1 fill per 270 days. Although this is covered for members 65 years of age and up, these members should receive from Medicare B as appropriate.	Covered for members <b>65 years old and up</b> , 1 fill per 270 days.
Flucelvax Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL – 2 years & up	90756	70461-0421-10	IM suspension	SEQIRUS	Covered for members <b>3 to 64 years old</b> , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
Flucelvax Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 2 years & up	90674	70461-0321-03	IM syringe	SEQIRUS	Covered for members <b>3 to 64 years old</b> , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
Afluria Qd 2021-2022 (PF)60 mcg (15 mcg x4)/0.5 mL – 36 months & up	90686	33332-0321-01	IM syringe	SEQIRUS	Covered for members <b>3 to 64 years old</b> , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members <b>3 years old and up</b> , 1 fill per 270 days.
Flumist Quad 2021-2022 10 exp 6.5-7.5 FF unit/0.2ml – 2 to 49 years	90672	66019-0308-10	Nasal Spray	MEDIMMUNE/ASTRA	Covered for members <b>3 to 49 years old</b> , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program.	Covered for members <b>3 to 49 years old</b> . 1 fill per 270 days.

VFC = Vaccines for Children program

PA = Prior Authorization

PLEASE NOTE: CPT codes must be covered Medi-Cal codes on the date of service rendered.

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)



## Alliance Formulary Updates

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At Alameda Alliance for Health (Alliance), we are committed to partnering with our providers to improve health in our community. Please see below for our Pharmacy and Therapeutics Summary Notice from Q2 2021.

### **I. Formulary Expansion starting Wednesday, August 18, 2021, in Medi-Cal and Group Care**

- a. Our 90-Day Supply on Maintenance Medications List expanded to provide increased member access to control inhalers and some oral disease-modifying anti-rheumatic drugs (DMARDs).
  - i. Atrovent HFA
  - ii. Spiriva Respimat
  - iii. Stiolto Respimat
  - iv. Hydroxychloroquine
  - v. Leflunomide
- b. Entresto® (Sacubitril/Valsartan) added to formulary with quantity limits of 60 tablets for a 30-day supply.
  - i. Drug Class: Angiotensin II Receptor Blocker Neprilysin Inhibitor (ARNI).
  - ii. Note: New recommendation from 2021 update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure with Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee:
    1. ARNI preferred first-line treatment over ACEI or ARB for HFrEF Stage C treatment.
  - iii. Note new indication: To reduce risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure. Benefits are most clearly evident in patients with left ventricular ejection fraction (LVEF) below normal.

### **II. Formulary Expansion starting Wednesday, August 18, 2021, in Group Care alone**

- a. Cabenuva (cabotegravir/rilpivirine) IM injection Kit
  - i. Note: New IM complete regimen dosed monthly by a healthcare professional for the treatment of Human Immunodeficiency Virus-1 (HIV-1) infection in adults to replace the current antiretroviral (ARV) regimen.

### **III. New Medication Request Guidelines (MRGs) effective Wednesday, August 18, 2021, in Medi-Cal and Group Care**

- a. Vaginal Progesterone for off-label use in a current singleton pregnancy and prior preterm birth or short cervix.
  - i. Progesterone (100mg & 200mg) oral capsules are now formulary.
  - ii. Non-formulary products with criteria
    1. Endometrin 100mg vaginal insert available after Progesterone oral capsules.

- 2. Crinone (4 & 8%) gel available after Progesterone oral capsules and Endometrium 100mg vaginal insert.
- b. Lupkynis (voclosporin) oral capsules
  - i. Note: Voclosporin is the second product to receive FDA approval for treatment of lupus nephritis, preceded by Benlysta (belimumab) in December 2020.
- c. Verquvo (vericiguat) oral tablets
  - i. Note: New product to reduce risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure (HHF) or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction <45%.
- d. Hereditary Angioedema
  - i. Non-formulary (Orladeyo, Takhyzro, icatibant, Haegarda, Cinryze, Berinert, Ruconest, Kalbitor) products now have criteria.
    - 1. Note: Kalbitor is the only NON-preferred agent.

**IV. Changes to current Medication Request Guidelines (MRGs) effective Wednesday, August 18, 2021, in Medi-Cal and Group Care (unless otherwise specified)**

- a. Lipotropics
  - i. Icosapent ethyl (Vascepa) & Vascepa are now available over Omega-3-acid ethyl esters (Lovaza) for special populations (e.g. cardiovascular risk reduction for those with CAD, CVA, etc.) when other criteria are also met.
- b. Long-Acting Opioids
  - i. SNF/LTC approval considerations are given for up to a 60-day supply when treatment received in SNF/LTC.
  - ii. Opioid dependence approval considerations are given for those on long-term treatment.
- c. Short-Acting Opioids
  - i. SNF/LTC approval considerations are given for up to a 60-day supply when treatment is received in SNF/LTC.
  - ii. Opioid dependence approval considerations are given for those on long-term treatment.
- d. Diabetes Medications and Diabetes Medications used for Heart Failure or Chronic Kidney Disease (CKD)
  - i. New Farxiga criteria to treat CKD.
  - ii. Invokana, Farxiga, and Jardiance criteria update to allow for use in special populations over Steglatro (e.g. to reduce risk of cardiovascular events) when other criteria are also met.
- e. Long-Acting Basal Insulin
  - i. Semglee long-acting insulin biosimilar to be preferred over Basaglar in Group Care.
  - ii. Basaglar long-acting insulin biosimilar still preferred in Medi-Cal.
- f. Acute Migraine Treatments
  - i. Ubrelvy (ubrogepant) to be preferred CGRP (Calcitonin Gene-related Peptide Antagonist).

## Arrhythmia from Lamotrigine<sup>1</sup>

On Wednesday, March 31, 2021, the U.S. Food and Drug Administration (FDA) announced a potential increased risk of arrhythmias associated with Lamotrigine. Laboratory testing at therapeutic concentrations was shown to increase the risk of serious life-threatening arrhythmias.

The FDA is requiring in vitro studies to further investigate Lamotrigine's effect on the heart after receiving reports of abnormal EEG findings and some serious problems such as chest pain, loss of consciousness, and cardiac arrest.

Healthcare professionals should weigh the benefits vs the potential risk of arrhythmias for each patient. Lamotrigine could increase the risk of serious, life-threatening arrhythmias with patients with clinically important or structural heart disorders. Some of these conditions may include heart failure, valvular heart disease, congenital heart disease, ventricular arrhythmias, coronary artery disease. The risk of arrhythmias may also increase when used in combination with other sodium channel blockers. Sodium channel blockers used for other indications such as bipolar disorder, epilepsy, or other indications should not be considered until additional information is provided.

To mitigate risk of arrhythmias while on Lamotrigine, healthcare professionals should consider the following:

- Assess the potential arrhythmias risk vs benefits while on Lamotrigine.
- Advise patient when to contact provider or seek immediate medical attention if they experience shortness of breath, racing heartbeat, skipped heartbeat, dizziness, or fainting.
- Report side effects of Lamotrigine to FDA MedWatch program.

Over the last few years, the FDA has issued multiple safety communications highlighting the safety information for Lamotrigine.

- April 2018 – Serious immune reaction.<sup>2</sup>
- August 2010 – Aseptic meningitis.<sup>3</sup>
- May 2009 – Suicidal thoughts and behavior.<sup>4</sup>
- September 2006 – Possible association between exposure during pregnancy and cleft palate in newborns.<sup>5</sup>

## References

1. FDA News Release: Studies show increased risk of heart rhythm problems with seizure and mental health medicine lamotrigine (Lamictal) in patients with heart disease. Available at: <https://www.fda.gov/drugs/fda-drug-safety-podcasts/studies-show-increased-risk-heart-rhythm-problems-seizure-and-mental-health-medicine-lamotrigine>  
Accessed July 12, 2021
2. FDA News Release: FDA warns of serious immune system reaction with seizure and mental health medicine lamotrigine (Lamictal). Available at: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-serious-immune-system-reaction-seizure-and-mental-health>  
Accessed July 12, 2021
3. FDA News Release: Aseptic meningitis associated with use of Lamictal (lamotrigine) Available at: <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fda-drug-safety-communication-aseptic-meningitis-associated-use-lamictal-lamotrigine>  
Accessed July 12, 2021
4. FDA News Release: Suicidal Behavior and Ideation and Antiepileptic Drugs. Available at: <https://wayback.archive-it.org/7993/20170111012351/http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm100190.htm>  
Accessed July 12, 2021
5. FDA News Release: Information for Healthcare Professionals: Lamotrigine (marketed as Lamictal). Available at: <https://wayback.archive-it.org/7993/20171115173112/https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm126225.htm>  
Accessed August 2, 2021

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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)**



## Alliance Case and Disease Management Department Overview

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The Alliance Case and Disease Management (CMDM) Program is available to help you care for your complex patients and these services are provided at no cost to your patients.

The program coordinates services and offers support to help improve patient outcomes and overall satisfaction.

### The CMDM team includes:

- Health navigators
- Registered nurses
- Social workers
- Other team members may include: medical directors, pharmacists, and mental health professionals

### Care Coordination

Alliance health navigators, nurses, and social workers can provide short-term assistance if your patients need:

- Help to find community resources
- Help to find providers in the Alliance network
- Help with illness self-management
- Support coordinating among multiple health care providers

### Complex Case Management (CCM)

The Alliance Complex Case Management (CCM) Program works collaboratively with our network of providers and members to optimize member benefits and health. This program is designed for members who have complex health needs and are at risk for frequent use of emergency department services. If an Alliance member qualifies for this program, a nurse will reach out to the member to complete a comprehensive assessment.

### Our team of nurses, social workers, and health navigators can help Alliance members:

- Connect to community and social services
- Coordinate home-based services and durable medical equipment (DME), supplies, and devices
- Coordinate multiple physical and mental health care appointments
- Provide disease management and self-management support
- Reach health-related goals that the provider and member identify
- Understand medication adherence and safety



This program also offers individualized care plans. Our care management team works collaboratively with the provider and member to complete comprehensive care plans. The assigned Alliance case manager also contacts the provider's office for input.

The final care plans are shared with the provider's office using your preferred method of contact.

## Referrals

- You can refer your patients by completing the Alliance Case Management Programs Referral Form.
- The Alliance may contact the member to see if they would like to enroll.
- Members may also self-refer, by calling:

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**

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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)**



## Case Management (CM) Program Referral Form

Thank you for your interest in referring your Alameda Alliance for Health (Alliance) patient to our Case Management (CM) program.

### INSTRUCTIONS

Please return the completed form via mail, email, or fax:

Alameda Alliance for Health  
ATTN: Case and Disease Management Department (CMDM)  
1240 South Loop Road, Alameda, CA 94502  
Email: [deptcmdm@alamedaalliance.org](mailto:deptcmdm@alamedaalliance.org)  
Fax: 1.510.747.4130

**PLEASE NOTE:** The Alliance will directly notify the member which CM program can provide them services. For questions, please contact the Alliance CMDM Department via email or call toll-free at **1.877.251.9612**.

REQUEST DATE (MM/DD/YYYY): \_\_\_\_\_

<b>SECTION 1: REFERRING PROVIDER INFORMATION</b>	
Name: _____	
Facility/Clinic Name: _____	
Phone Number: _____	Fax Number: _____
Referral Source: <input type="checkbox"/> Community Partner <input type="checkbox"/> Hospital <input type="checkbox"/> PCP <input type="checkbox"/> Specialty Provider	
<input type="checkbox"/> Other: _____	
<b>SECTION 2: PATIENT INFORMATION</b>	
Last Name: _____	First Name: _____
Alliance Member ID #: _____	Date of Birth (MM/DD/YYYY): _____
Phone Number: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address (or location, i.e., under 5 <sup>th</sup> St. bridge): _____	
City: _____	State: _____ Zip: _____
<b>SECTION 3: REFERRAL INFORMATION</b>	
Referral for (please choose one (1) per referral): <input type="checkbox"/> RN <input type="checkbox"/> MSW <input type="checkbox"/> Health Navigator <input type="checkbox"/> Other	
Please Note: Health Navigators are able to assist with basic case management services (e.g., DME, appointments).	
<input type="checkbox"/> Patient has been informed of referral.	
Reason for referral (please attach supporting/clinical documents <b>up to the past 30 days</b> ).	
For behavioral health referrals, please call Beacon toll-free at <b>1.855.856.0577</b> .	
Situation/background (including past medical history (PMH), if applicable):	
Specific action item request(s):	

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

For all other member requests, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5, pm at **1.510.747.4567**.



## September Is National Childhood Obesity Month

Alameda Alliance for Health (Alliance) values and supports our dedicated provider partners in our community.

### Did you know?

According to the Alliance Population Needs Assessment, obesity was the **third** most common diagnosis for children in 2020. About 10% of Alliance child members had obesity. Over half of these children were Hispanic (Latinx).

### Providers can support members with Weight Assessment and Counseling for Nutrition and Physical Activity (WCC):

- Members ages **3-17** should have their weight, height, and body mass index (BMI) reviewed annually. While it does not have to happen all in one single visit, the best practice is to record the member's weight, height, BMI, and BMI percentile *at least once a year*.
- Review gaps-in-care list for members who need a WCC visit.
- Discuss and advise on physical activity and nutrition with families at least once a year. This may include referrals/connections to breastfeeding support services, nutrition education, or childhood healthy weight programs, as needed.
- Please use the following billing codes to capture WCC visits:

MEASURE	DESCRIPTION	CODES
Child and Adolescent BMI Percentile Documentation*	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2021 and had evidence of BMI percentile documentation.	<b>ICD-10 Dx:</b> Z68.51, Z68.52, Z68.53, Z68.54
Child and Adolescent Counseling for Nutrition*	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2021 and had evidence of counseling for nutrition.	<b>CPT:</b> 97802, 97803, 97804 <b>Or HCPCS:</b> G0447 <b>Or ICD-10 Dx:</b> Z71.3
Child and Adolescent Counseling for Physical Activity	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2021 and had evidence of counseling for physical activity.	<b>HCPCS:</b> G0447 <b>Or ICD-10 Dx:</b> Z02.5, Z71.82

### Contact Alliance Quality Improvement to learn about:

- *No cost* member incentives to give members after they complete their WCC visit. Member incentives can help providers get members to their WCC visits.
- Guidance on billing codes so that providers can get "credit" for their work in HEDIS and Pay-for-Performance (P4P) program.

You can also visit [www.alamedaalliance.org/providers/quality/pay-for-performance](http://www.alamedaalliance.org/providers/quality/pay-for-performance).

- Regularly updated gap-in-care lists to identify members who need to complete their WCC visit.
- Alliance health education materials and program information.

You can also visit [www.alamedaalliance.org/providers/patient-health-wellness-education](http://www.alamedaalliance.org/providers/patient-health-wellness-education).

If you are interested in learning more or discussing other opportunities to collaborate, please email [qualityimprovement@alamedaalliance.org](mailto:qualityimprovement@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)

# WE ARE A PART OF YOUR HEALTH CARE FAMILY AND WE EACH HAVE A ROLE TO PLAY

## Alliance Member Responsibilities and Rights

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話：**1.510.747.4567**

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch vụ Hội viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.



**As an Alliance member, you have certain responsibilities.**

### MEMBERS RESPONSIBILITIES

To treat all the Alliance staff and health care staff with respect and courtesy.

To give your doctors and the Alliance correct information.

To work with your doctor. Learn about your health, and help to set goals for your health. Follow care plans and advice for care that you have agreed to with your doctors.

To always present your Alliance member identification (ID) card to receive services.

To ask questions about any medical condition, and make sure you understand your doctor's reasons and instructions.

To help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.

To make and keep medical appointments and inform your doctor at least 24 hours in advance when you need to cancel an appointment.

To use the emergency room only in the case of an emergency or as directed by your doctor.

## As an Alliance member, you have certain rights.

### MEMBER RIGHTS

To receive information and advice about the Alliance, its programs, its doctors, the health care network, Advance Directive, and your rights and responsibilities.

To receive services and care without discrimination of race, color, ethnicity, national origin, religion, immigration status, age, disability, socioeconomic status, gender identity, or sexual orientation.

To be treated with respect at all times.

To keep your health information private, receive a copy, review and request changes to your health records.

To choose a doctor (also called a primary care provider or PCP) within the Alliance network and help make choices about your health care with your doctor. This includes the right to refuse treatment.

To talk freely with your doctors about treatment options for your health and help make choices about your health care with your doctor, this includes the right to refuse treatment.

To voice a grievance (or complaint) about the Alliance, its doctors, or the care we provide, or ask for a State Medi-Cal Fair Hearing.

To receive translation and interpreter services, and written information in other formats (audio, braille, large size print, etc.).

To have access to family planning services, Federally Qualified Health Centers (FQHCs), Indian Health Service (IHS) facilities, sexually transmitted disease services, emergency services outside the Alliance's network, Minor Consent services, and specialty services (i.e., durable medical equipment (DME)).

To leave the Alliance upon request at any time, subject to any restricted disenrollment period.

To continue to see your doctor if you are no longer covered by the Alliance under certain circumstances.

To be free from any form of restraint or rejection used as a means of pressure, discipline, convenience, or retaliation.

To use these rights freely without changing how you are treated by the Alliance, doctors, the health care network, or the state.

To access the Alliance Nurse Line, anytime, 24 hours a day, 7 days a week. Medi-Cal members: **1.888.433.1876**; Group Care members: **1.855.383.7873**.

To access telephone triage or screening anytime, 24 hours a day, 7 days a week, by calling your doctor.

# Responsibilities and Rights

**As An Alliance member, you also have the right to receive timely access to care.**

California Law requires the Alliance to provide timely access to care. This means there are limits on how long our members have to wait to receive health care appointments and telephone advice. The Alliance will do our best to ensure that you are best cared for and treated in a timely manner.

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
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.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

## PA = Prior Authorization

*\*Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines*

**Questions?** Please call the 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**  
**www.alamedaalliance.org**



# Alliance Member Responsibilities and Rights

## WORDS TO KNOW

**Ancillary Services** – Health care services to support the work of a doctor. Services can be classified into three (3) categories: diagnostic, therapeutic, and custodial. Services can include diagnostic laboratory and X-ray services, chiropractic services, and hospice care.

**Durable Medical Equipment (DME)** – Certain medically necessary equipment that is for repeated use, for medical purpose, and/or generally not useful for someone who is not ill or hurt.

**Emergency** – The sudden start/onset of a medical condition or illness that is an immediate threat to the well-being of the patient. Conditions include but are not limited to chest pains, seizure or loss of consciousness, severe abdominal pain, sudden paralysis, uncontrolled bleeding, and active labor. If you have an emergency medical condition or psychiatric emergency, call 911 or go to the nearest hospital with an emergency room.

**Emergency Care** – An exam performed by a doctor (or other appropriate staff under the direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

**Expedited** – To speed up the review process.

**Grievance** – An official written or verbal complaint filed with your medical provider if you are not happy with the behavior or actions of your plan or its representative (e.g., poor customer service, when an appeal process extends past the written date, etc.).

**Life-threatening** – Fatal or lethal illness or condition, if not attended to immediately, the likelihood of death is high. Conditions include but are not limited to difficulty breathing, shortness of breath, electrocution, gunshot wound, stabbing, sudden fainting, and severe allergic reactions.

**Medical Interpreter/Translator** – Individual who can help communicate spoken or signed language between the patient and the health care provider. The interpreter does not add, omit or change meaning or offer an opinion.

**Medically Necessary** – Services that are reasonable and needed to protect life, to prevent illness or disability, or to relieve severe pain, through the diagnosis or treatment of disease, illness, or injury.

**Non-life-threatening** – Illness or injury that does not require immediate attention/help (e.g., common cold, broken fingers or toes).

**Non-Urgent Appointments** – Schedule for routine care, check-up, or periodic health examination with your doctor or PCP, or would like to see a specialist, mental health provider, or for ancillary services.

**Nurse Line** – The free Advice Nurse Line is offered anytime, 24 hours a day, 7 days a week, to all members to help answer your health questions. The Advice Nurse Line links you to a registered nurse who can provide advice on health concerns such as treatment of common illnesses and conditions, tips on leading a healthy lifestyle, or information on health screenings and shots. The nurse can also help you decide what kind of care to seek, including: if your health problem can be treated at home, if you should see a doctor, or if you might need to get urgent or immediate care. Advice Nurse Line: Medi-Cal members: **1.888.433.1876**; Group Care members: **1.855.383.7873**.

**Primary Care/Routine Care** – Medically necessary services that are not urgent and help keep you healthy, such as check-ups, Well Child visits, and services to keep you from getting sick. The goal of routine care is to prevent health problems.

**Triage Line** – The Alliance Triage Line is offered anytime, 24 hours a day, 7 days a week, to all members to answer your health concerns and symptoms via communication, with a physician, registered nurse, or other qualified health professional to help determine the urgency of the member's need for care.

**Urgent Appointments** – Schedule an appointment for a condition or illness that, if not attended to, could harm the patient's health in the future. Conditions include but are not limited to fever, ear/eye infection, minor cuts, broken bones, simple fractures.

**Urgent Care** – Medical care that is necessary to prevent serious deterioration of the health of a member, often resulting from an unforeseen illness, injury, or complication of an existing condition.



## Discharging Members Policy and Procedure

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At Alameda Alliance for Health (Alliance), we are committed to partnering with our providers to improve health in our community. We would like to share information about our Discharging Members Policy for primary care providers (PCPs). The Alliance allows PCPs and specialists to request the discharge of members and will work with the member to choose another PCP or specialist who can best meet their needs.

### HOW TO DISCHARGE A MEMBER

1. Determine the reason for the proposed discharge. Under the Medical Services Agreement, PCPs may only request the discharge of a member if medical services can no longer be successfully provided for reasons *other than* medical conditions. Some acceptable reasons for discharge include: unruly behavior, threatening remarks, frequently missed appointments, fraud, etc. Document the reason(s) for discharge in the member's medical record. Requests to discharge a member due to medical conditions, frequent visits, or high cost of care will be denied.
2. Contact the Alliance Provider Services Department (or your Provider Relations Representative) in writing to request a discharge. On your practice letterhead, please provide complete documentation regarding the nature of the problem(s) and reason(s) for the discharge. The Provider Services Department will review the request.
3. When a discharge request is granted, the Alliance Member Services Department will notify the member regarding the change in status and will work with the member to find a new PCP or specialist.
4. The PCP or specialist must maintain responsibility for the member's care until a reassignment is completed. This responsibility includes giving the patient a 30-day written notice of the discharge.

The member discharge notice must state the following:

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

Additionally, a copy of the member discharge letter must be sent to the Alliance Provider Services Department to ensure appropriate follow-up and member assistance. Specialists need to work with the member's PCP to establish a new referral to another specialist, as appropriate.

The member may file a grievance if they are dissatisfied.

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

Thank you for your continued partnership and for providing high-quality care to our members and the community.

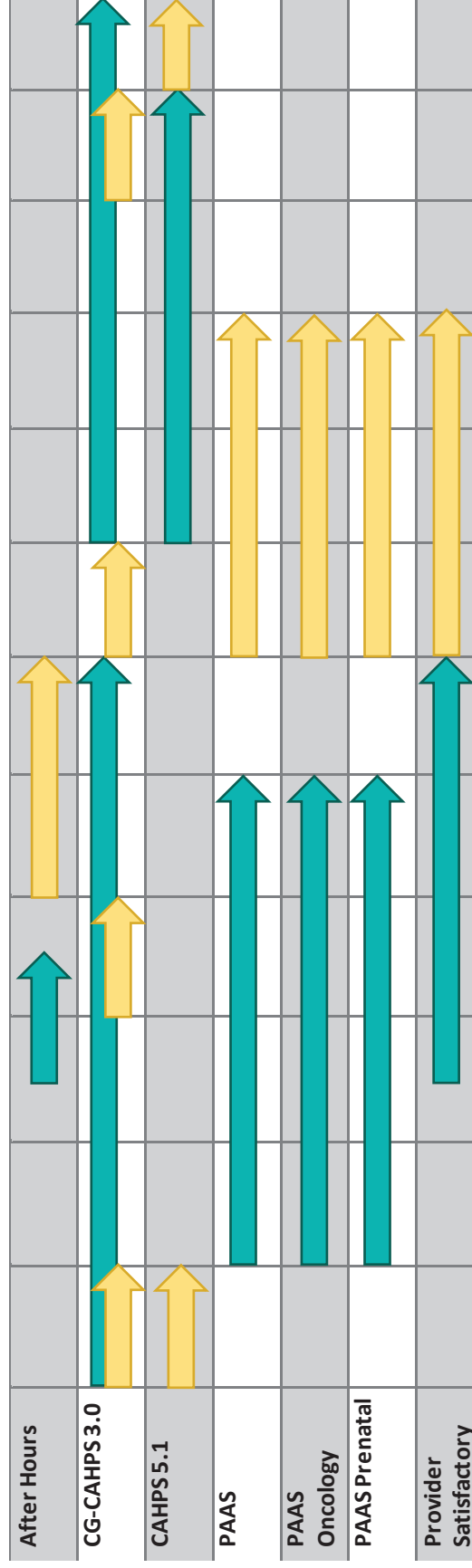
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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**



## Access and Availability Survey Timeline July 2021 – June 2022

At Alameda Alliance for Health (Alliance), provider and member feedback is important and valuable to us. The Alliance conducts several yearly surveys, as required by our regulators. We would like to share a timeline of when you may expect the surveys to be conducted. Thank you for helping us to continuously improve.



Key: Fielding = ● Reporting = ●

Survey Name	Purpose	Frequency	Required By
After Hours	Access provider compliance with after-hours access and emergency instructions standards	Annually	DMHC NCOA
CG-CAHPS 3.0	Measures member experience with health care providers and their staff	Quarterly	DMHC
CAHPS 5.1 - Consumer Assessment of Healthcare Providers and Systems	Measures member experience with health plan and affiliated providers	Annually	DMHC
PAAS - Provider Appointment Availability Survey	Access availability of provider urgent and non-urgent appointments	Annually	DMHC
PAAS Oncology	Access Oncology provider compliance with timely access	Annually	DHCS
PAAS Prenatal	Access OB/GYN provider compliance with timeliness of first prenatal visit	Annually	DHCS
Provider Satisfactory	Measures network provider satisfaction with the health plan	Annually	NCOA

DHCS – Department of Health Care Services  
DMHC – Department of Managed Health Care  
NCOA – National Committee for Quality Assurance



## How to Ensure a Successful After-Hours Survey

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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 between August and September, the Alliance conducts its annual After-Hours Survey. All health plans in California are required to survey providers to ensure compliance with access to a physician after hours, emergency instructions, and telephone triage and screening requirements.

### **About This Survey**

**Providers:** All Alliance primary care providers (PCPs), specialists, and behavioral health providers are included in the survey.<sup>1</sup>

**Methodology:** The Alliance calls a sample of network providers contracted with the Alliance, outside of regular business hours, to conduct this survey.

**Information Collected:** The survey collects the following information in the Timely Access Standards table:

1. Timely afterhours telephone access to a physician;
2. The length of wait for a return call after hours; and
3. The availability of member instructions when experiencing a medical emergency.

### **Tips to Optimize Your Afterhours Survey Performance:**

1. Review your afterhours protocols. Below is a sample script that meets compliance:

*Hello. You have reached the office of Dr. [Name]. If this is a medical emergency, please hang up and dial 911. You have reached our office after business hours. Our regular business hours are [opening time] to [closing time]. If you would like to speak with a live person, please [provide instructions which include the length of wait for a return call from a provider, i.e., call, text, etc.]. You can also speak with your provider or an on-call provider by [provide instructions which include the length of wait for a return call from a provider, i.e., call, text, etc.].*

2. Remind your office staff about the purpose and importance of the survey to help increase your compliance and readiness.

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<sup>1</sup> With the exception of the following provider types: pathologists, radiologists, emergency medicine providers, physical and occupational therapists, hearing aid dispenser providers, marriage and family therapists, masters of social work providers, chiropractors, registered dietitians, hospitalists, medical geneticists, and anesthesiologists.



## 2021 Provider Appointment Availability Survey (PAAS) July 12, 2021, 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, based on the Department of Managed Health Care (DMHC) methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (mammogram or physical therapy).

**Methodology:** The Alliance contacts a randomized sample (and over-sample, 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 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.

A table that outlines the required appointment time frames can be found in the 2021 Q4 Provider Packet titled "Timely Access Standards."

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.

**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)**



## Update on Member Satisfaction CG-CAHPS & CAHPS 5.1

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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, Vietnamese, and Tagalog.

**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 the 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 (**CAHPS 5.1**) to obtain feedback on the 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.

A table that outlines the required appointment time frames can be found in the 2021 Q4 Provider Packet titled "Timely Access Standards."

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)

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



## Timely Access Standards\*

All providers contracted with the Alliance are required to offer appointments within the following time frames:

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

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a <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 Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait 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.	

### 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.

\*Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines

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## Alameda County Public Health's Asthma Start Program: Case Management Services for Children with Asthma

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Alameda Alliance for Health (Alliance) partners with the Alameda County Public Health Department's Asthma Start Program to provide asthma case management to children and youth **ages 0 to 18** with asthma. The goal of the program is to keep children out of the hospital and emergency room and living an active life.

### Asthma Start Case Management Services

A child usually finishes the program in **two (2) to three (3)** visits (telephonic visits during COVID-19 restrictions: within **three (3) to six (6) months**).

The Asthma Start Program provides families with:

- Extensive asthma education.
- Review of medicines and proper delivery technique.
- Home inspections for triggers and housing deficiencies that impact health.
- Assistance with minor home repairs or working with landlords on behalf of clients when appropriate.
- No-cost asthma supplies, including a dust mite-proof pillow and mattress encasing, hydrogen peroxide and baking soda (cleaning products), and other items as needed. Alliance members currently will receive an air purifier.

### Asthma Start Provider Referrals

1. To refer your patient to the Asthma Start Program, please visit [acphd.org/asthma/eligibility](https://acphd.org/asthma/eligibility) to download and submit a referral form. Members may also self-refer. Program flyers can be found at [acphd.org/asthma](https://acphd.org/asthma).
2. Once your patient is enrolled in the program, you will receive a letter letting you know that they are a part of the program.
3. Your office may receive periodic communications from the program with important information or requesting an action plan or medication orders for school.
4. Upon program discharge, you will receive a discharge summary letting you know if your patient completed the program successfully, changes they made, and the type of supplies they received.

For questions, please call the Asthma Start Program at **1.510.383.5181**.

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



## Preventive Services Guidelines Update – August 2021

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

**At the Alliance, we require 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 for adults ages 21 and older. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. For a list, please visit, [www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations](http://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations).

We are sharing this update to help ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from March 10 to August 11, 2021.

Topic	Description	Grade	Release Date
Hypertension in Adults: Screening: adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	April 2021*
Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies. <sup>i</sup>	A	May 2021*
Colorectal Cancer: Screening: adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B	May 2021*
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B	May 2021
Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	B	August 2021*

\*Previous recommendation was an “A” or “B”

<sup>i</sup> [www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening](http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening)

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## 2021 Population Needs Assessment

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At Alameda Alliance for Health (Alliance), we are committed to partnering with our providers to improve health in our community. The Alliance develops an annual Population Needs Assessment (PNA) with the goal of improving health outcomes to ensure that the Alliance and its provider partners are meeting the needs for all.

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.

You can find the 2021 Alliance PNA report at [www.alamedaalliance.org/providers/quality](http://www.alamedaalliance.org/providers/quality).

From the review of the data and input from the Alliance Consumer Advisory Committee (CAC), we create an action plan to address gaps in care.

For 2021 – 2022, the Alliance Quality Improvement PNA priorities are to:

- 1. Increase engagement in culturally and linguistically appropriate asthma self-management support for:**
  - a. Hispanic (Latinx) and Black (African American) children, ages 0 to 18
  - b. Black (African American) adults, ages 19 to 64
  
- 2. Increase access and participation in preventive care:**
  - a. Getting routine care appointments quickly
  - b. Child and adolescent well-care visits
  - c. Breast cancer screening in Black (African American) women, ages 52 to 74

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.

For questions about the PNA or to express interest in collaborating, please email Linda Ayala, Health Education Manager, at [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org).

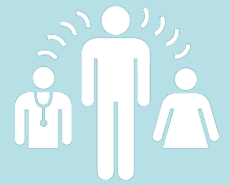
Thank you for your continued partnership and for providing high quality care to our members and the community.

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# Alameda Alliance for Health Interpreter Services Guide for Providers



At Alameda Alliance for Health (Alliance), we are committed to continuously improve our provider and member customer satisfaction. The Alliance provides no-cost interpreter services including American Sign Language (ASL) for all Alliance-covered services, 24 hours a day, 7 days a week.

**Please use this guide to better assist Alliance members with language services.** You have an important role in ensuring your patients with limited English proficiency (LEP) have an interpreter available for appointments and anytime they communicate with your clinic. Please confirm your patient's eligibility before requesting services.

## TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Administrative communications with patients.
- Scheduled and walk-in routine and follow-up office and clinic visits.
- Freestanding radiology, mammography, and lab services.
- Ongoing allied health services such as physical, occupational, or respiratory therapy.

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Enter your pin number:
  - Alliance Providers – press **1004**
  - Beacon – press **1003**
  - CFMG – press **1002**
  - CHCN – press **1001**
3. Say or select the language you need:
  - For Spanish – press **1**
  - For Cantonese – press **2**
  - For Mandarin – press **3**
  - For Vietnamese – press **4**
  - For all other languages – press **0**
4. Provide the nine-digit Alliance member ID number.

For communication with a patient who is deaf, hearing, or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.

## TELEHEALTH AND VIDEO INTERPRETER SERVICES

When you are ready to connect a telephonic interpreter during a telehealth visit, please follow steps 1-4 above. Provide the telehealth phone number and log-in information to the interpreter. The interpreter will then call in to join your telehealth visit. For information about video interpreters, please email [interpreters@alamedaalliance.org](mailto:interpreters@alamedaalliance.org).

## IN-PERSON INTERPRETER SERVICES

Members can receive in-person interpreter services for the following:

- Sign language for the deaf and the hard of hearing.
- Complex courses of therapy or procedures including life-threatening diagnoses (examples: cancer, pre-surgery instructions, and evaluation or reevaluation for physical or occupational therapy).
- Highly sensitive issues (examples: sexual assault/abuse, end-of-life, and initial evaluation for behavioral health).
- Other conditions by exception. Please include your reason in the request.

If the appointment requires an in-person interpreter, please follow these steps to request:

1. You must request in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. Please complete and fax the **Interpreter Services Appointment Request Form** to the Alliance at **1.855.891.9167**. To view and download the form, please visit [www.alamedaalliance.org/provider-forms](http://www.alamedaalliance.org/provider-forms).
3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. If you need to revise a request, please cancel the original request, and submit a new one.
5. If needed, please cancel interpreter services at least **48 hours** prior to the appointment by calling the Alliance Provider Services Department at **1.510.747.4510**.

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### Please note regarding using family and friends as interpreters:

The Alliance prohibits providers from relying on an adult or minor child accompanying an LEP patient to interpret, except when 1) there is an emergency threatening the safety or welfare of the individual or the public and no qualified interpreter is available, or 2) the patient specifically requests that an accompanying adult interpret, and they consent. The refusal of interpreter services or request to use a family or friend as an interpreter must be documented in the patient's medical record.

**Questions?** Please call Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone number: **1.510.747.4510**





## Interpreter Services Request Form

At Alameda Alliance for Health (Alliance), we provide no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week. Please confirm your patient's eligibility before requesting services. Please complete this form to request interpreter services.

### INSTRUCTIONS

1. Please print clearly, or type in the fields below, and return by fax to **1.855.891.9167**.
2. Submit the forms by fax at least **five (5) business days** (Monday-Friday, excluding holidays) prior to the appointment date. For ASL, **five (5) business days** is recommended, but not required.
3. If you need to **revise a request**, please cancel the original request and submit a new one.

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

SECTION 1: PATIENT INFORMATION	
Last Name: _____	First Name: _____
Alliance Member ID #: _____	Date of Birth (MM/DD/YYYY): _____
Home Phone Number: _____	Cell Phone Number: _____

SECTION 2: INTERPRETER SERVICE TYPE (CHECK ONLY ONE TYPE OF SERVICE)	
<input type="checkbox"/> Telephone Interpreting by Appointment	<input type="checkbox"/> In-Person Interpreting
<input type="checkbox"/> Video Interpreting by Appointment ( <i>if available at clinic location</i> )	
Language: _____	Special Requests (optional): _____

SECTION 3: APPOINTMENT DETAILS	
<i>For in-person appointments, please include address information.</i>	
<i>For prescheduled video or telephonic appointments, please provide call-in information and/or link.</i>	
Date (MM/DD/YYYY): _____	Start Time: _____ Duration: _____
Provider Name: _____	Clinic Name: _____
Address (include floor/suite): _____	
Department/Specialty: _____	City: _____ Zip Code: _____
Call-In Number/Code: _____	
Platform Link/Meeting ID/Password: _____	
<b>Please complete if requesting an in-person interpreter:</b>	
Why is an in-person interpreter required?	
<input type="checkbox"/> Complex course of therapy or procedure including life-threatening diagnosis ( <i>examples: cancer, pre-surgery instructions, and evaluation or reevaluation for physical and occupational therapy</i> )	
<input type="checkbox"/> Highly sensitive issues ( <i>examples: sexual assault, abuse, end-of-life, and initial evaluation for behavioral health</i> )	
<input type="checkbox"/> Other condition ( <i>please include justification</i> ): _____	

SECTION 4: REQUESTOR INFORMATION	
Name: _____	Email: _____
Phone Number: _____	Fax: _____ Date: _____

Telephonic interpreter services are available for Alliance members at any time, 24 hours a day, 7 days a week without an appointment at **1.510.809.3986**.

To view and download this form, please visit [www.alamedaalliance.org/provider-forms](http://www.alamedaalliance.org/provider-forms).



DID YOU KNOW? > **WE ARE HERE FOR YOU**

***Your Satisfaction Is Our Priority • Annual Provider Satisfaction Survey***

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

We are here for you, and we continue to 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 continue to learn about what is working and what we need to improve. You continue to speak, and we continue to listen.

**The Alliance, your local #1 health plan, continues to beat 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. 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.



DID YOU KNOW? > **WE ARE HERE FOR YOU**

*Your Satisfaction Is Our Priority*

*Did You Know the Alliance has a Dedicated Call Center for Providers?*

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

We are here for you, and we continue to 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 continue to learn about what is working and what we need to improve. You continue to speak, and we continue to listen.

**Did you know:** The Alliance has a dedicated call center for providers to help with all of your questions? We have worked hard to make improvements to our Call Center – starting with:

1. Making our **automated eligibility line available 24 hours a day, 7-days a week.**
2. A **call-back feature to keep your place in line when you are on hold** and allow us to call you back when it's your turn to speak to a representative.
3. Enhancing our **after-hours call services with an option to schedule interpreter services** without having to speak to a live person.
4. A brief after call survey that asks:
  - Overall, how would you rate your call experience today?
  - How would you rate your interaction with the Call Center representative today?

**The Alliance, your local #1 health plan, continues to beat 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. 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.



DID YOU KNOW? > **WE ARE HERE FOR YOU**

*Your Satisfaction Is Our Priority*

*Did You Know the Alliance Continues to Beat the Benchmarks in Claims Payment?*

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**Did you know:** The Alliance continues to beat the benchmarks in claims payment?

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 **95.75%** within **30 days**. State regulators also require the Alliance to process **95%** of all claims within **45 working days**. The Alliance 12-month average for processing claims is 99.9% within 45 working days.

The Alliance average turn-around-time (TAT) from receipt to payment is 19 days – and to get paid even 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)**

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*Did You Know the Alliance Continues to Process more than 1.48 million Claims per Year?*

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**Did you know:** The Alliance processes more than 1.48 million claims per year?

On average, the Alliance receives more than **6,000 claims a day**, almost **30,000 claims a week**, and more than **1.48 million claims every year**... and we do it right, with a **98.4%** claims processing accuracy rate.

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*Did You Know We Have Improved Our Provider Portal?*

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

- **Authorizations:** Submitting authorizations online allows you to attach medical records securely and easily to speed up the turnaround time frame for making a decision. Alliance providers are using our Provider Portal **5%** more than previous years, and close to **4 out of every 10** outpatient and inpatient pre-elective authorizations have been received via our portal. We have beat our internal benchmark of having **95%** of authorizations processed within required time frames by averaging **99% in 2021**, which is up **1% from 2020**.
- **PDRs:** Since July 1, 2021, **55%** of all PDRs have been submitted electronically via our online Provider Portal. Our average turnaround time for PDRs is **42 working days**, well within the regulatory requirement of **45 working days**.

Sign up for our Provider Portal today. You can learn more about signing up by visiting [www.alamedaalliance.org](http://www.alamedaalliance.org).

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*Did You Know 9 out of 10 Doctors Would Recommend Us to Their Colleagues?*

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**Did you know:** Year after year, **9 out of 10 Primary Care Doctors** would recommend us to their colleagues.

In the last three 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, and our satisfaction scores continue to grow.

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*Did You Know We Offer Health Education Programs to Our Members?*

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**Did you know:** The Alliance partners with more than **35 community organizations** and programs to offer health education programs at no cost to our members?

We offer member health education programs like WW (formerly Weight Watchers), CDC-recommended Diabetes Prevention Programs (DPP), CPR/First Aid, parenting classes, lactation consultations, diabetes and asthma management programs, and more to support lifelong health.

To learn more about the health education programs and language assistance resources we offer, please visit **[www.alamedaalliance.org](http://www.alamedaalliance.org)**.

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