



Member Handbook

What you need to know about your benefits

Alameda Alliance for Health
Combined Evidence of Coverage (EOC)
and Disclosure Form

2022

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The call is toll-free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services. There are many self-service features available to you through the Alliance Member Portal. You can select your primary care provider (PCP), request a replacement member ID card, and view your eligibility with the plan by logging into your Member Portal account.

Other formats

You can get this information in other formats, such as Braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The call is toll-free.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

Interpreter services

Alameda Alliance for Health (Alliance) provides both written and oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The call is toll-free.

English Tagline

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in Braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1.877.932.2738** (TTY: **1.800.735.2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1.877.932.2738** (TTY: **1.800.735.2929**). هذه الخدمات مجانية.



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Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1.877.932.2738** (TTY: **1.800.735.2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյոթեր: Չանգահարեք **1.877.932.2738** (TTY: **1.800.735.2929**): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1.877.932.2738** (TTY: **1.800.735.2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1.877.932.2738** (TTY: **1.800.735.2929**) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电**1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

1.877.932.2738 خواهيد به زبان خود کمک دریافت کنید، با توجه: اگر می تماس بگیريد. کمکها و خدمات مخصوص افراد (TTY: **1.800.735.2929**) دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود تماس بگیريد. این (TTY: **1.800.735.2929**) **1.877.932.2738** است. با خدمات رایگان ارائه می‌شوند.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).
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हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.877.932.2738** (TTY: **1.800.735.2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1.877.932.2738** (TTY: **1.800.735.2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.877.932.2738** (TTY: **1.800.735.2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1.877.932.2738** (TTY: **1.800.735.2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1.877.932.2738** (TTY: **1.800.735.2929**) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1.877.932.2738** (TTY: **1.800.735.2929**) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.877.932.2738** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1.877.932.2738** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1.877.932.2738** (TTY: **1.800.735.2929**).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1.877.932.2738** (TTY: **1.800.735.2929**).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.877.932.2738** (TTY: **1.800.735.2929**).

Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.877.932.2738** (TTY: **1.800.735.2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.877.932.2738** (TTY: **1.800.735.2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ

ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.877.932.2738** (TTY: **1.800.735.2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.877.932.2738** (линия ТТУ: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.877.932.2738** (линия ТТУ: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.



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แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738** (TTY: **1.800.735.2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738** (TTY: **1.800.735.2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.877.932.2738** (TTY: **1.800.735.2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.877.932.2738** (TTY: **1.800.735.2929**). Ці послуги безкоштовні.

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.



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Welcome to the Alliance!

Thank you for joining Alameda Alliance for Health (Alliance). The Alliance is a health plan for people who have Medi-Cal. The Alliance works with the State of California to help you get the health care you need.

The Alliance contracts with Alameda Health System (AHS), Community Health Center Network (CHCN), Children First Medical Group (CFMG), and Kaiser Permanente (Kaiser), to be a part of the Alliance's provider network. As a Medi-Cal member, you may be eligible to select one of these provider groups as your primary care provider (PCP).

You may be able to select Kaiser as your health care provider if you are a Medi-Cal member of the Alliance and if you meet certain requirements.

These include:

- Having continuity of care medical needs, or
- You must be a qualified, immediate family member living in the same home as a current Kaiser member.

A family addition may include:

- A spouse
- An unmarried dependent child younger than **21 years of age**
- A disabled dependent older than **21 years of age** (legal conservatorship required)
- Married or unmarried parents or stepparents of children younger than **21 years of age**
- Foster child, step child or legal guardian; or
- You have been a Kaiser member within the past **six (6) months**. You must be within **six (6) months** of the termination date of the prior Kaiser membership.



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To select Kaiser as your PCP, you must call our Member Services Department, Monday – Friday, 8 am – 5 pm, at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Let us know you want Kaiser to be your health care provider. You will then be screened to see if you meet the criteria. It can take up to **30 days** for your Kaiser coverage to start after you tell us that you would like to select Kaiser as your health care provider. Please note that if you are approved, your Kaiser coverage generally begins on the first day of the following month.

If you do not call us to choose Kaiser as your PCP, we cannot guarantee that services will be covered, even if Kaiser agrees to see you for an appointment.

Member Handbook

This Member Handbook tells you about your coverage under the Alliance. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of the Alliance. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Alliance rules and policies and is based on the contract between the Alliance and Department of Health Care Services (DHCS). If you would like more information, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) to ask for a copy of the contract between the Alliance and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the Alliance website at **www.alamedaalliance.org** to view the Member Handbook. You may also request, at no cost to you, a copy of the Alliance non-proprietary clinical and administrative policies and procedures, or how to access this information on the Alliance website at **www.alamedaalliance.org**.



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Contact us

The Alliance is here to help. If you have questions, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll-free.

You can also visit online at any time at **www.alamedaalliance.org**.

Thank you,

Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502



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Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).
The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.
Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

1. Getting started as a member

How to get help

The Alliance wants you to be happy with your health care. If you have any questions or concerns about your care, the Alliance wants to hear from you!

Member services

The Alliance Member Services Department is here to help you.

The Alliance can:

- Answer questions about your health plan and covered services.
- Help you choose or change a primary care provider (PCP).
- Tell you where to get the care you need.
- Help you get interpreter services if you do not speak English.
- Help you get information in other languages and formats.
- Help you learn about wellness programs.

If you need help, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll-free. The Alliance must make sure that you wait less than 10 minutes when calling.

You can also visit online at any time at **www.alamedaalliance.org**.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Who can become a member

You qualify for the Alliance because you qualify for Medi-Cal and live in Alameda County. You may contact a local Social Security office by calling toll-free at **1.800.772.1213**. You may also qualify for Medi-Cal through Social Security because you are receiving SSI/SSP.

For questions about enrollment, call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**). Or visit <https://www.healthcareoptions.dhcs.ca.gov/>.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at www.dhcs.ca.gov/services/medial/Pages/CountyOffices.aspx or call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**).

Identification (ID) cards

As a member of the Alliance, you will get an Alliance ID card. You must show your Alliance ID card and your Medi-Cal Benefits Identification Card (BIC), that the State of California sent you, when you get any health care services or prescriptions. You should carry all health cards with you at all times.

Here are sample BIC and Alliance ID cards to show you what yours will look like:



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

<p>Member ID Card Jane Doe Member ID: 000000000-01 DOB: 00/00/0000 Sex: F Language: English CIN: 90000000A Primary Care: Dr. Johnson Phone: (510) 000-0000 Effective: 12/09/2014</p>	<p>Alliance FOR HEALTH</p> <p>RxBIN: 003585 RxPCN: 56350</p> <p>Group: MCAL</p>	<p>This card does not guarantee eligibility. <Provider Group (CHCN/CFMG)> Provider Inquiries: (510) 000-0000 Claims: P.O. Box 0000 Alameda, CA 94501 Copays: OV \$0 ER \$0 RX \$0 Mental Health Care: Medi-Cal 1-800-491-9099 www.alamedaalliance.org</p>
<p>For Physicians, Medical Staff, & Pharmacy:</p> <p>This card is for identification only. To verify eligibility, check www.alamedalliance.org or call (510) 747-4505</p> <p>Out-of-network emergency services will be reimbursed without prior authorization.</p>	<p>For Members: Always carry this card with you. For day or after-hours and weekend care, call your doctor's office listed on the front of this card. Member Services can answer your questions and help you find or change your doctor. Call (510) 747-4567 (TTY 711 or 1-800-735-2929)</p> <p>Emergency Care: If you think you have an emergency, go to the closest emergency room or call 911. An emergency is a sudden health problem with severe symptoms that needs treatment right away.</p>	

If you do not get your Alliance ID card within a few weeks after your enrollment date, or if your card is damaged, lost or stolen, call Member Services right away. The Alliance will send you a new card at no cost to you. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

You can also request an Alliance ID card online through the Alliance Member Portal by visiting us at **www.alamedaalliance.org**. There are many self-service features available to you through the Member Portal. You can select your primary care provider (PCP), request a replacement ID card, and view your eligibility with the plan by logging into your Member Portal account.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

2. About your health plan

Health plan overview

Alameda Alliance for Health (Alliance) is a health plan for people who have Medi-Cal in Alameda County. The Alliance works with the State of California to help you get the health care you need.

You may talk with one of the Alliance Member Services representatives to learn more about the health plan and how to make it work for you. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

When your coverage starts and ends

When you enroll in the Alliance, we will send you an ID card within **two (2) weeks** of your enrollment date. You must show your Alliance ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions.

Your Medi-Cal coverage will need to be renewed every year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, the county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, or by phone or other electronic means if available in your county.

You may ask to end your Alliance coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**). Or visit <https://www.healthcareoptions.dhcs.ca.gov/>. You can also ask to end your Medi-Cal.

The Alliance is a health plan for Medi-Cal members in Alameda County. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

Alliance eligibility may end if any of the following is true:

- You move out of Alameda County
- You are in jail or prison
- You no longer have Medi-Cal
- You are in a long-term care facility after the month of admission plus the next month.
- If you become eligible for a waiver program that requires you to be enrolled in FFS Medi-Cal.

If you lose your Alliance Medi-Cal coverage, you may still be eligible for FFS Medi-Cal coverage. If you are not sure if you are still covered by the Alliance, please call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at Indian Health Care Provider (IHCP). You may also stay with or disenroll from the Alliance while getting health care services from these locations. For information on enrollment and disenrollment call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

How your plan works

The Alliance is a managed care health plan contracted with DHCS. The Alliance works with doctors, hospitals, and other health care providers in the Alliance service area to give health care to you, the member. While you are a member of the Alliance, you may be eligible to get some additional services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through FFS Medi-Cal Rx.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

The Alliance Member Services Department will tell you how the Alliance works, how to get the care you need, how to schedule provider appointments within standard access times, how to request no-cost interpreting services, and how to find out if you qualify for transportation services.

To learn more, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also find member service information online at **www.alamedaalliance.org**.

Changing health plans

You may leave the Alliance and join another health plan in your county of residence at any time. Call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**) to choose a new plan. You can call Monday – Friday, 8 am – 6 pm. Or visit **<https://www.healthcareoptions.dhcs.ca.gov/>**.

It takes up to **30 days** to process your request to leave the Alliance and enroll in another plan in your county if there are no issues with the request. To find out the status of your request, call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**).

If you want to leave the Alliance sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You may ask to leave the Alliance in person at your local county Health and Human Services office. Find your local office at **www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx**. Or call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

College students who move to a new county or out of California

If you move to a new county in California to attend college, the Alliance will cover emergency room and urgent care services in your new county. Emergency services and urgent care are available to all Medi-Cal enrollees statewide regardless of county of residence. Routine and preventive care are covered only in your county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county in California, you do not need to apply for Medi-Cal in that county.

When you temporarily move away from home to go to college in another county in California there are **two (2)** options available to you.

You may:

- Notify Alameda County Social Services that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the state's database. Use this choice if you want to get routine or preventive care in your new county. You may have to change health plans if the Alliance does not operate in the county where you will attend college. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at **1.800.430.4263** (TTY **1.800.430.7077** or **711**).

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care services in the new county for some conditions. To learn more, go to **Chapter 3, "How to get care."** For routine or preventive health care, you would need to use the Alliance regular network of providers located in the head of the household's county of residence.

If you are leaving California temporarily to attend college in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at Alameda County Social Services. As long as you are eligible, Medi-Cal will cover emergency services and urgent care in another state. We will also cover emergency care that results in hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Routine and preventive care services, including prescription drugs, are not covered outside of California. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and the Alliance will not pay for your health care.

Continuity of care

As a member of the Alliance, you will get your health care from providers in the Alliance network. In some cases, you may be able to go to providers who are not in the Alliance network. This is called continuity of care. Call the Alliance and tell us if you need to see a provider that is out of network. We will tell you if you have continuity of care.

You are able to use continuity of care for up to **12 months**, or more in some cases, if all of the following are true:

- You have an ongoing relationship with the non-plan provider, prior to enrollment in the Alliance.
- The non-plan provider is willing to work with the Alliance and agrees to the Alliance's requirements.
- You were seen by the non-plan provider at least once during the **12 months** prior to your enrollment with the Alliance for a non-emergency visit.
- You were seen by the non-plan provider at least once during the **six (6) months** prior to the transition of services from a Regional Center to the Alliance.
- The Alliance does not have a documented quality of care concern with the non-plan provider.

If your providers do not join the Alliance network by the end of **12 months**, do not agree to the Alliance payment rates, or do not meet quality of care requirements, you will need to switch to providers in the Alliance network or call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) to discuss your options.

Providers who leave the Alliance or non-plan providers

If you are being treated by a provider for certain health conditions who is not an Alliance provider or your provider stops working with the Alliance, you may be able to keep getting services from that provider. This is another form of continuity of care.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Services that the Alliance provides for continuity of care include but are not limited to:

- Acute conditions (a medical issue that needs fast attention) – For as long as the condition lasts.
- Chronic physical and behavioral conditions (a medical issue you have for a long time) – For an amount of time required to finish the course of treatment and to arrange for a safe transfer to a new doctor in the Alliance network.
- Pregnancy – During the pregnancy and the immediate postpartum period.
- Maternal mental health services.
- Care of a newborn child between **birth and age 36 months** for up to **12 months** from the start date of the coverage or the date the provider's contract ends with the Alliance.
- Terminal illness (a life-threatening medical issue) – For as long as the illness lasts. Completion of covered services may exceed **12 months** from the time the provider stops working with the Alliance.
- Performance of a surgery or other medical procedure from a non-plan provider as long as it is covered, medically necessary, and is authorized by the Alliance as part of a documented course of treatment and has been recommended and documented by the provider – Surgery or other medical procedure to take place within **180 days** of the provider's contract termination date or **180 days** from the effective date of coverage of a new member.
- For other conditions that may qualify, contact the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

If the non-plan provider is not willing to continue to provide services, does not agree on payment, or other terms for providing care, then you will not be able to receive continued care from the provider. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) for help selecting a contracted provider to continue with your care or if you have any questions or problems in receiving covered services from a provider who is no longer a part of the Alliance.

The Alliance is not required to provide continuity of care for services not covered by Medi-Cal, durable medical equipment, transportation, other ancillary services, and carved-out service providers. To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Costs

Member costs

The Alliance serves people who qualify for Medi-Cal. In most cases, the Alliance members do **not** have to pay for covered services, premiums, or deductibles. Members enrolled in California Children's Health Insurance Program (CCHIP) in Santa Clara, San Francisco, and San Mateo Counties and members in the Medi-Cal for Families Program may have a monthly premium and copayments. Except for emergency care, urgent care or sensitive care, you must get pre-approval from the Alliance before you see a provider outside the Alliance network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care, urgent care, or sensitive care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to "**Benefits and services.**"

For members with long-term care and a share of cost

You may have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills, including but not limited to Managed Long-Term Support Service (MLTSS) bills, until the amount that you have paid equals your share of cost. After that, your long-term care will be covered by the Alliance for that month. You will not be covered by the Alliance until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

The Alliance pays providers in these ways:

- Capitation payments
 - The Alliance pays some providers a set amount of money every month for each Alliance member. This is called a capitation payment. The Alliance and providers work together to decide on the payment amount.
- FFS payments
 - Some providers give care to Alliance members and then send the Alliance a bill for the services they provided. This is called an FFS payment. The Alliance and providers work together to decide how much each service costs.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To learn more about how the Alliance pays providers, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

The Alliance has proudly served our community for more than two (2) decades. We were created by and for Alameda County residents, and we currently provide more than 270,000 children and adults with access to health care. We value the high-quality, accessible, and affordable health care services delivered by our provider partners. Our 2021 Pay-for-Performance (P4P) program offers performance-based incentive payments for delivered services. Through this program, PCPs and PCP Groups are rewarded for superior performance and yearly improvement.

Asking the Alliance to pay a bill

Covered services are health care services that the Alliance is responsible to pay for. If you get a bill for support services fees, co-pays, or registration fees for a covered service, do not pay the bill. Call the Alliance Member Services Department right away at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Asking the Alliance to pay you back for expenses

If you paid for services you already received and you want the Alliance to reimburse you (pay you back), you must meet **all** of the following conditions:

- The service you received is a covered service that the Alliance is responsible to pay for. The Alliance will not reimburse you for a service that is not covered by either Medi-Cal or the Alliance.
- You received the covered service after you became an eligible Alliance member.
- You ask to be paid back within **one (1) year** from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the provider.
- You received the covered service from a Medi-Cal-enrolled provider in the Alliance network. You do not need to meet this condition if you received emergency services, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval.
- If the covered service normally requires pre-approval, you provide proof from the provider that shows a medical need for the covered service.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

The Alliance will tell you of its decision to reimburse you in a letter called a Notice of Action. If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back the full amount you paid. If the provider refuses to pay you back, the Alliance will pay you back the full amount you paid. If the provider is enrolled in Medi-Cal, but is not in the Alliance network and refuses to pay you back, the Alliance will pay you back, but only up to the amount that FFS Medi-Cal would pay. The Alliance will pay you back the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval. If you do not meet one of the above conditions, the Alliance will not pay you back.

The Alliance will not pay you back if:

- You asked for and received services that are not covered by Medi-Cal, such as cosmetic services.
- You have an unmet Medi-Cal Share of Cost.
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
- You asked to be paid back for co-pays for prescriptions covered by your Medicare Part D plan.

If you pay for a service that you think the Alliance should cover, you will need to complete a Member Request for Reimbursement Form and tell the Alliance in writing why you had to pay. You will need to include a copy of the itemized bill and proof of payment (such as receipts) with your request. The Alliance will review your request to see if you can get money back.

The Alliance will accept and review requests for reimbursement for a health expense that is received within **180 calendar days** after the date the bill was paid. The Alliance cannot accept bills received more than **180 calendar days** after the date the bill was paid. If the provider is not contracted with the Alliance, reimbursement will be limited to the Medi-Cal rate for the service(s) provided. This rate may be less than the amount you paid or the amount the provider billed for the service.

To request a reimbursement form, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also print a copy of the Member Request for Reimbursement Form on the Alliance website at **www.alamedaalliance.org**.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of enrollment. Always carry your Alliance member ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or Alliance member ID card.

New members must choose a primary care provider (PCP) in the Alliance network. The Alliance network is a group of doctors, hospitals, and other providers who work with the Alliance. You must choose a PCP within **30 days** from the time you become a member in the Alliance. If you do not choose a PCP, the Alliance will choose one for you.

You may choose the same PCP or different PCPs for all family members in the Alliance, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the Alliance network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also find the Provider Directory on the Alliance website at **www.alamedaalliance.org**.

If you cannot get the care you need from a participating provider in the Alliance network, your PCP must ask the Alliance for approval to send you to an out-of-network provider. This is called a referral. You do not need approval to go to an out-of-network provider to get sensitive services that are described under the heading “**Sensitive care**” later in this chapter.

Read the rest of this chapter to learn more about PCPs, the Provider Directory, and the provider network.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Pharmacy benefits are now administered through the Fee-For-Service (FFS) Medi-Cal Rx program. To learn more, read the “Other Medi-Cal programs and services” section in Chapter 4.

Primary care provider (PCP)

You must choose a primary care provider (PCP) within **30 days** of enrolling in the Alliance. Depending on your age and sex, you may choose a general practitioner, OB/GYN, family practitioner, internist, or pediatrician as your PCP. A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife may also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you may be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you may be able to choose one PCP for your entire family who are members of the Alliance, as long as the PCP is available.

Note: American Indians may choose an IHCP as their PCP, even if the IHCP is not in the Alliance network.

If you do not choose a PCP within **30 days** of enrollment, the Alliance will assign you to a PCP. If you are assigned to a PCP and want to change, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the Alliance network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with the Alliance.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

You can find the Alliance Provider Directory online at www.alamedaalliance.org. Or you can request a Provider Directory to be mailed to you by calling the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the Alliance provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also request to change your PCP online when you log into your Alliance Member Portal account at www.alamedaalliance.org.

The Alliance may ask you to change your PCP if the PCP is not taking new patients, has left the Alliance network, or does not give care to patients your age. The Alliance or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If the Alliance needs to change your PCP, the Alliance will tell you in writing.

If your PCP changes, you will get a new Alliance member ID card in the mail. It will have the name of your new PCP. Call the Alliance Member Services Department if you have questions about getting a new ID card at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?
- Do the doctors and staff speak my language?



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- Does the PCP work with a hospital that I like?
- Does the PCP provide the services that I may need?
- Do the PCP's office hours fit my schedule?

Initial health assessment (IHA)

The Alliance recommends that, as a new member, you visit your new PCP within the first **120 days** for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of the Alliance. Give your Alliance ID number.

Take your BIC and Alliance ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about the IHA, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. Children are able to receive much needed early preventive services like hearing and vision screening, assessments of developmental process and many more services that are recommended by pediatricians' Bright Futures guidelines. In addition to preventive care, routine care also includes care when you are sick. The Alliance covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatments, prescriptions, and medical advice
- Keep your health records



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Refer (send) you to specialists, if needed
- Order X-rays, mammograms, or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about the health care and services your plan covers, and what it does not cover, read “**Benefits and services**” and **Chapter 5, “Child and youth well care**” in this handbook.

All Alliance providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or the Alliance what you need.

Provider network

The provider network is the group of doctors, hospitals, and other providers that work with the Alliance. You will get most of your covered services through the Alliance network.

Note: American Indians may choose an IHCP as their PCP, even if the IHCP is not in the Alliance network.

If your PCP, hospital or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). For more about moral objections, read the “**Moral objection**” section later in this chapter.

If your provider has a moral objection, they can help you find another provider who will give you the services you need. The Alliance can also help you find a provider who will perform the service.

In-network providers

You will use providers in the Alliance network for most of your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the Alliance network.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To get a Provider Directory of network providers, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also find the Provider Directory online at **www.alamedaalliance.org**. To get a copy of the Contract Drug List, call Medi-Cal Rx at **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**). Or visit the Medi-Cal Rx website at **https://medi-calrx.dhcs.ca.gov**.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care or sensitive care, you must get pre-approval from the Alliance before you see a provider outside the Alliance network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care or sensitive care, you may have to pay for care from providers who are out-of-network.

Out-of-network providers who are inside the service area

Out-of-network providers are those who do not have an agreement to work with the Alliance. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

The Alliance may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

You must get pre-approval (prior authorization) before you go to an out-of-network provider inside the Alliance service area except for emergency care and sensitive care. For urgent care inside the Alliance service area, you must see an Alliance network provider. You do not need pre-approval to get urgent care from a network provider. If you do not get pre-approval, you may have to pay for the urgent care you get from out-of-network provider inside the Alliance service area. For more information on emergency care, urgent care and sensitive care services, go to those headings 3 in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral.

If you need help with out-of-network services, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Outside the service area

If you are outside of the Alliance service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

For emergency care, call **911** or go to the nearest emergency room. The Alliance covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, the Alliance will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, the Alliance will **not** cover your care.

If you pay for emergency services requiring hospitalization in Canada or Mexico, you can ask the Alliance to pay you back. The Alliance will review your request.

If you are in another state, including US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the US Virgin Islands), you are covered for emergency care, but not all hospitals and doctors accept Medicaid (Medicaid is what Medi-Cal is called in other states). If you need emergency care outside of California, tell the hospital or emergency room doctor that you have Medi-Cal and are an Alliance member as soon as possible. Ask the hospital to make copies of your Alliance ID card. Tell the hospital and the doctors to bill the Alliance. If you get a bill for services you received in another state, call the Alliance immediately. We will work with the hospital and/or doctor to arrange for the Alliance to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, then please have the pharmacy call Medi-Cal Rx at **1.800.977.2273** for assistance.

Note: American Indians may get services at out-of-network IHCPs.

If you need health care services for a California Children's Services (CCS) eligible medical condition and the Alliance does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read the **Benefits and Services** chapter of this handbook.

If you have questions about out-of-network or out-of-service-area care, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). If the office is closed and you want help from a representative, call the 24/7 Advice Nurse Line toll-free at **1.888.433.1876**.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Additional Service Providers

The Alliance contracts with other provider groups to provide certain services. Below are providers that the Alliance contracts with for listed services:

- **Durable medical equipment (DME) and medical supplies** are provided by the Alliance's contractor, California Home Medical Equipment (CHME).
- **Outpatient mental health services** are covered services and provided by the Alliance's mental health provider, Beacon Health Options (Beacon). Specialty mental health services (SMHS) are obtained through Alameda County Behavioral Health Plan (ACCESS Program).
- **Transportation services** are offered through the Alliance's transportation provider, ModivCare (formerly LogistiCare).
- **Vision benefits** are offered through the Alliance's vision network provider, MARCH Vision.

If you need services at any of these provider networks, please call the provider and let them know that you are an Alliance Medi-Cal member and are calling to schedule an exam or appointment. The provider will need to confirm that you are eligible and will get approval to provide services to you. If you go to an out-of-network provider or get services without approval, you will need to pay in full for those services. If you have questions about these services, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5 pm, at **1.510.747.4567** or toll-free at **1.877.932.2738** (people with hearing and speaking impairments (CRS/TTY) **711/1.800.735.2929**).

Doctors

You will choose your doctor to be your primary care provider (PCP) from the Alliance Provider Directory. The doctor you choose must be a network provider. To get a copy of the Alliance Provider Directory, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Or find it online at **www.alamedaalliance.org**.

If you are choosing a new doctor, you should also call to make sure the PCP you want is taking new patients.

If you had a doctor before you were a member of the Alliance, and that doctor is not part of the Alliance network, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To learn more, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

If you need a specialist, your PCP will refer you to a specialist in the Alliance network.

Remember, if you do not choose a PCP, the Alliance will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the Alliance Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also request to change your PCP online when you log into your Alliance Member Portal account at www.alamedaalliance.org.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the Alliance provider network. The hospitals in the Alliance network are listed in the Provider Directory. Hospital admissions, other than emergencies, must have pre-approval (prior authorization).

Women's health specialists

You may go to a women's health specialist within the Alliance network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You may also call the 24/7 Advice Nurse Line toll-free at **1.888.433.1876**.

Provider Directory

The Alliance Provider Directory lists providers that participate in the Alliance network. The network is the group of providers that work with the Alliance.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

The Alliance Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), Indian Health Care Providers (IHCPs) and Rural Health Clinics (RHCs).

The Provider Directory has Alliance network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. If you want information about a doctor's education, training, and board certification, please call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

You can find the online Provider Directory at **www.alamedaalliance.org**.

If you need a printed Provider Directory, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You can also request for a printed copy of the Provider Directory online when you log into your Alliance Member Portal account at **www.alamedaalliance.org**.

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov>. You can also find a pharmacy near you by calling Medi-Cal Rx toll-free at 1.800.977.2273 (TTY 1.800.977.2273 and press 5 or 711).

Timely access to care

Your provider must offer you an appointment within the time frames listed below.

Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes

Travel time or distance to care

The Alliance must follow travel time or distance standards for your care. Those standards help to make sure you can get care without having to travel too long or too far from where you live. Travel time or distance standards depend on the county you live in.

If the Alliance is not able to provide care to you within these travel time or distance standards, DHCS may approve a different standard, called an alternative access standard. For Alliance time or distance standards for where you live, visit www.alamedaalliance.org. Or call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

If you need care from a provider and that provider is located far from where you live, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). They can help you find care with a provider located closer to you. If the Alliance cannot find care for you with a closer provider, you can ask the Alliance to arrange transportation for you to go to your provider, even if that provider is located far from where you live. If you need help with pharmacy providers, please call Medi-Cal Rx at **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**).

It is considered far if you cannot get to that provider within the Alliance travel time or distance standards for your county, regardless of any alternative access standard the Alliance may use for your ZIP Code.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

Appointments

When you need health care:

- Call your PCP.
- Have your Alliance ID number ready on the call.
- Leave a message with your name and phone number if the office is closed.
- Take your BIC and Alliance ID card to your appointment.
- Ask for transportation to your appointment, if needed.
- Ask for language assistance or interpreting services, if needed.
- Be on time for your appointment, arriving a few minutes early to sign in, fill out forms and answer any questions your PCP may have.
- Call right away if you cannot keep your appointment or will be late.
- Have your questions and medication information ready in case you need them.

If you have an emergency, call **911** or go to the nearest emergency room.

Getting to your appointment

If you don't have a way to get to and from your health care services and appointments, we can help arrange transportation for you. Transportation help is available for services and appointments that are not related to emergency services and you may be able to get a free ride. This service, called medical transportation, is **not** for emergencies. If you are having an emergency, call **911**.

Go to the section “**Transportation benefits**” for more information.

Canceling and rescheduling

If you can't make your appointment, call your provider's office right away. Most doctors ask you to call 24 hours (**one (1) business day**) before your appointment if you have to cancel. If you miss repeated appointments, your doctor may not want to see you as a patient anymore.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You must show your Alliance ID card and your Medi-Cal BIC when you get any health care services or prescriptions so your provider knows who to bill. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). If you get a bill for prescriptions, call Medi-Cal Rx at **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>. Tell the Alliance the amount charged, the date of service, and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by the Alliance for any covered service. You must get pre-approval (prior authorization) before you go to an out-of-network provider, except for emergency care or sensitive care and urgent care (within the Alliance service area).

If you do not get pre-approval, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary, not available in the network, and pre-approved by the Alliance. For more information about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). If you pay the bill, you can file a claim form with the Alliance. You will need to tell the Alliance in writing why you had to pay for the item or service. The Alliance will read your claim and decide if you can get money back. For questions or to ask for a claim form, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

If you receive services in the Veterans Affairs system or non-covered or unauthorized services received outside of California, you may be responsible for payment.

The Alliance will not pay you back if:

- You asked for and received services that are not covered by Medi-Cal such as cosmetic services.
- You have an unmet Medi-Cal Share of Cost.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
- You asked to be paid back for co-pays for prescriptions covered by your Medicare Part D plan.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that might need a referral include in-office procedures, X-rays, and lab work.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the Alliance referral policy, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

You do not need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call Office of Family Planning Information and Referral Service at **1.800.942.1054**)
- HIV testing and counseling (**12 years** or older)
- Sexually transmitted infection services (**12 years** or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs and IHCPs)



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Initial mental health assessment

Minors can also get certain outpatient mental health services, sensitive services and substance use disorder services without parent’s consent. For more information read “**Minor consent services**” and “**Substance use disorder treatment services**” in this handbook.

Ready to quit smoking? Call (English): 1.800.300.8086 or (Spanish): 1.800.600.8191 to find out how. Or go to www.kickitca.org.

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask the Alliance for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that the Alliance must make sure that the care is medically necessary or needed.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness or injury. For members **under the age of 21**, Medi-Cal services includes care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the Alliance network:

- Hospitalization, if not an emergency
- Services out of the Alliance service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments
- Medical transportation services when it is not an emergency. Emergency ambulance services do not require pre-approval.
- Outpatient diagnostic and radiology services, minimally invasive or invasive, such as CT scans, MRIs, cardiac catheterization, PET
- Home Health Care, including skilled nursing, nursing aides, rehabilitation therapies, and social workers



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Under Health and Safety Code Section 1367.01(h)(1), the Alliance will decide routine pre-approvals (prior authorizations) within **five (5) working days** of when the Alliance gets the information reasonably needed to decide.

For requests in which a provider indicates or the Alliance determines that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, the Alliance will make an expedited (fast) pre-approval (prior authorization) decision. The Alliance will give you notice as quickly as your health condition requires and no later than **72 hours** after getting the request for services.

Pre-approval (prior authorization) requests are reviewed by clinical or medical staff, such as doctors, nurses and pharmacists.

The Alliance does **not** pay the reviewers to deny coverage or services. If the Alliance does not approve the request, the Alliance will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

The Alliance will contact you if the Alliance needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for sensitive services, such as family planning, HIV/AIDS services, and outpatient abortions.

For questions about pre-approval (prior authorization), call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, we will refer you to a qualified network provider who can give you a second opinion. For help choosing a provider, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

The Alliance will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from the Alliance to get a second opinion from a network provider. However, if you need a referral, your network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the Alliance network to give you a second opinion, the Alliance will pay for a second opinion from an out-of-network provider. The Alliance will tell you within **five (5) business days** if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, the Alliance will tell you in writing within **72 hours**.

If the Alliance denies your request for a second opinion, you may file a grievance. To learn more about grievances, go to the “**Complaints**” heading in the chapter titled “Reporting and Solving Problems” in this handbook.

Sensitive care

Minor consent services

You may only get the following services without your parent or guardian’s permission if you are **12 years old** or older:

- Outpatient mental health care for (minors **age 12** or older)
- Sexual assault (no lower age limit)
- Incest
- Physical assault
- Child abuse
- When you have thoughts of hurting yourself or others (minors **age 12** or older)
- HIV/AIDS prevention/testing/treatment
- Sexually transmitted infections prevention/testing/treatment
- Substance use disorder treatment services (minors **age 12** or older). For more information see “**Substance use disorder treatment services**” in this handbook.

If you are under **18 years old**, you can go to a doctor without permission from your parents or guardian for these types of care:



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- Pregnancy
- Family planning/birth control (including sterilization)
- Abortion services

For pregnancy testing, family planning services, birth control, or sexually transmitted infection services, the doctor or clinic does not have to be part of the Alliance network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Minors can talk to a representative in private about their health concerns by calling the 24/7 Advice Nurse Line toll-free at **1.888.433.1876**.

Adult sensitive services

As an adult (**18 years** or older), you may not want to go to your PCP for certain sensitive services or private care.

If so, you may choose any doctor or clinic for the following types of care:

- Family planning and birth control (including sterilization)
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing and treatment
- Sexual assault care
- Outpatient abortion services

The doctor or clinic does not have to be part of the Alliance network. You can choose any provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You may also call the 24/7 Advice Nurse Line toll-free at **1.888.433.1876**.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Moral objection

Some providers have a moral objection to some covered services. This means they have a right to **not** offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. The Alliance can also work with you to find a provider.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need:

- Family planning
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the Alliance Member Services Department at 1.510.747.4567 or toll-free at 1.877.932.2738 (TTY 1.800.735.2929 or 711) to ensure that you can obtain the health care services that you need.

These services are available and the Alliance must ensure you or your family member sees a provider or is admitted to a hospital that will perform the covered services. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) if you have questions or need help finding a provider.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization) and are available within 48 hours of your request for an appointment. If the urgent care services you need require a pre-approval, you will be offered an appointment within 96 hours of your request.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

For urgent care, call your PCP. If you cannot reach your PCP, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Or you can call the 24/7 Advice Nurse Line toll-free at **1.888.433.1876** to learn the level of care that is best for you.

If you need urgent care out of the area, go to the nearest urgent care facility. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services. You do not need pre-approval (prior authorization). If you need mental health urgent care, call your county mental health plan or the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). You may call your county mental health plan or your Alliance Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from the Alliance. You have the right to use any hospital or other setting for emergency care, including in Canada and Mexico. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, you would place your health (or your unborn baby's health) in serious danger, or you risk serious harm to your body functions, body organ or body part.

Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do not go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 Advice Nurse Line toll-free at **1.888.433.1876**.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the Alliance network. If you go to an ER, ask them to call the Alliance. You or the hospital to which you were admitted should call the Alliance within **24 hours** after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, the Alliance will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or the Alliance first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call the Alliance.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

The Advice Nurse Line gives you free medical information and advice 24 hours a day, every day of the year. Call toll-free at 1.888.433.1876 or TTY 711.

Advice Nurse Line

The Advice Nurse Line gives you medical information and advice 24 hours a day, every day of the year at no cost.

Call toll-free at **1.888.433.1876** (TTY **711**) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should see a provider right away



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The Advice Nurse Line **cannot** help with clinic appointments or medication refills. Call your provider's office if you need help with these.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at pharmacies, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. The Alliance will tell you about changes to the state law no later than **90 days** after the change.

You can call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) for more information.

Organ and tissue donation

Adults can help save lives by becoming an organ or tissue donor. If you are **between 15 and 18 years old**, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of the Alliance. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies and some urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask the Alliance for pre-approval (prior authorization) for this. Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness or injury. For members **under the age of 21**, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more details on your covered services, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Members **under 21 years old** get extra benefits and services. Read **Chapter 5: Child and youth well care** for more information.

Some of the basic health benefits that the Alliance offers are listed below. Benefits with a star (*) may need pre-approval.

- Acupuncture*
- Acute (short-term treatment) home health therapies and services*
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Audiology*
- Behavioral health treatments*



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- Cardiac rehabilitation
- Chemotherapy and radiation therapy
- Chiropractic services*
- Dental anesthesia services – limited (performed by medical professional/PCP in a medical office)
- Dialysis/hemodialysis services
- Durable medical equipment (DME)*
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Major organ transplant*
- Maternity and newborn care
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rehabilitation services and devices*



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- Skilled nursing services
- Specialist visits
- Speech therapy*
- Surgical services
- Telemedicine/telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services

Definitions and descriptions of covered services can be found in **Chapter 8, "Important numbers and words to know."**

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness or injury.

Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.

For members under **21 years of age**, a service is medically necessary if it is necessary to correct or ameliorate defects and physical and mental illnesses or conditions under the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition, or maintain the member's condition to keep it from getting worse.

Medically necessary services do not include:

- Treatments that are untested or still being tested
- Services or items not generally accepted as effective
- Services outside the normal course and length of treatment or services that don't have clinical guidelines
- Services for caregiver or provider convenience

The Alliance will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not the Alliance.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life
- Prevent significant illness or significant disability
- Alleviate severe pain
- Achieve age-appropriate growth and development
- Attain, maintain, and regain functional capacity

For members under **21 years of age**, medically necessary services include all covered services, identified above, and any other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under **age 21**. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

The Alliance will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not the Alliance.

Medi-Cal benefits covered by the Alliance

Outpatient (ambulatory) services

Adult immunizations

You can get adult immunizations (shots) from a network provider without pre-approval (prior authorization). The Alliance covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), including shots you need when you travel.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

You can also get some adult immunization (shots) services in a pharmacy through Medi-Cal Rx. To learn more about the Medi-Cal Rx program, read the “**Other Medi-Cal programs and services**” section in this chapter.

Allergy care

The Alliance covers allergy testing and treatment, including allergy desensitization, hypo-sensitization or immunotherapy.

Anesthesiologist services

The Alliance covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by a medical anesthesiologist.

Chiropractic services

The Alliance covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services (limits do not apply to children under **age 21**). The Alliance may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under **age 21**.
- Pregnant women through the end of the month that includes **60 days** following the end of a pregnancy.
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility.
- All members when services are provided at county hospital outpatient departments, outpatient clinics, FQHCs or RHCs that are in the Alliance network. Not all FQHCs, RHCs or county hospitals offer outpatient chiropractic services.

Dialysis and hemodialysis services

The Alliance covers dialysis treatments. The Alliance also covers hemodialysis (chronic dialysis) services if your doctor submits a request and the Alliance approves it.



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Outpatient surgery

The Alliance covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures must have pre-approval (prior authorization).

Physician services

The Alliance covers physician services that are medically necessary.

Podiatry (foot) services

The Alliance covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative and electrical treatment of the human foot. This includes the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg controlling the functions of the foot.

Treatment therapies

The Alliance covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

The Alliance covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Breast pumps and supplies
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling
- Newborn care services



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. You can receive many services through telehealth. However, telehealth may not be available for all covered services. You can contact your provider to learn which types of services may be available through telehealth. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You have the right to in-person services and are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

The Alliance covers a member for an initial mental health assessment without needing pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the Alliance network without a referral.

Your PCP or mental health provider may make a referral for additional mental health screening to a specialist within the Alliance network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, the Alliance can provide mental health services for you.

The Alliance covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory and problem solving
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications, supplies and supplements
- Psychiatric consultation
- Family therapy

For help finding more information on mental health services provided by the Alliance, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to get an assessment. To learn more, read “Other Medi-Cal programs and services” on page 73.

Emergency services

Inpatient and outpatient services needed to treat a medical emergency

The Alliance covers all services that are needed to treat a medical emergency that happens in the U.S. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.) or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury.

The condition is so serious that, if it does not get immediate medical attention, a prudent layperson could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.

If a hospital emergency room gives you up to a **72-hour** supply of an outpatient prescription drug as part of your treatment, the prescription drug will be covered as part of your covered emergency services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will be responsible for the coverage of that prescription.

If a pharmacist at an outpatient pharmacy gives you an emergency supply of a medication, that emergency supply will be covered by Medi-Cal Rx and not the Alliance. Have the pharmacy call Medi-Cal Rx at 1.800.977.2273 if they need help in giving you an emergency medication supply.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Emergency transportation services

The Alliance covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico. If you receive emergency ambulance services in Canada and Mexico and you are not hospitalized during that episode of care, your ambulance services will not be covered by the Alliance.

Hospice and palliative care

The Alliance covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts. Adults **age 21 years** or older may not receive both hospice care and palliative care services at the same time.

Hospice care

Hospice care is a benefit that services terminally ill members. Hospice care requires the member to have a life expectancy of **six (6) months** or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through FFS Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to **five (5) consecutive days** at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Palliative care

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including, but not limited to:
 - A doctor of medicine or osteopath
 - A physician assistant
 - A registered nurse
 - A licensed vocational nurse or nurse practitioner
 - A social worker
 - A chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are **age 21** or older cannot receive both palliative care and hospice care at the same time. If you are getting palliative care and meet the eligibility for hospice care, you can ask to change to hospice care at any time.

Hospitalization

Anesthesiologist services

The Alliance covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

Inpatient hospital services

The Alliance covers medically necessary inpatient hospital care when you are admitted to the hospital.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Surgical services

The Alliance covers medically necessary surgeries performed in a hospital.

The Provisional Postpartum Care Extension Program

The Provisional Postpartum Care Extension (PPCE) Program provides extended coverage for Medi-Cal members who have a maternal mental health condition during pregnancy or the time period after pregnancy.

The Alliance covers maternal mental health care for women during pregnancy and for up to **two (2) months** after the end of pregnancy. The PPCE program extends that coverage by the Alliance for up to **12 months** after the diagnosis or from the end of the pregnancy, whichever is later.

To qualify for the PPCE program, your doctor must confirm your diagnosis of a maternal mental health condition within **150 days** after the end of pregnancy. Ask your doctor about these services if you think you need them. If your doctor thinks you should have the services from PPCE, your doctor completes and submits the forms for you.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities or chronic conditions to gain or recover mental and physical skills.

The plan covers:

Acupuncture

The Alliance covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to **two (2)** services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services when provided by a physician, dentist, podiatrist or acupuncturist (limits do not apply to children under **age 21**). The Alliance may pre-approve (prior authorize) additional services as medically necessary.

Audiology (hearing)

The Alliance covers audiology services. Outpatient audiology is limited to **two (2)** services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services (limits do not apply to children under **age 21**). The Alliance may pre-approve (prior authorize) additional services as medically necessary.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Behavioral health treatments

The Alliance covers behavioral health treatment (BHT) services for members under **21 years of age** through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. BHT includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual under **21 years old**.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

The Alliance covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

The Alliance covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor, physician assistant, nurse practitioner, and clinical nurse specialist. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, the Alliance does not cover the following:

- Comfort, convenience or luxury equipment, features and supplies, except for retail-grade breast pumps as described under “**Breast pumps and supplies**” under the heading “**Maternity and newborn care**” in this chapter.
- Items not intended for maintaining normal activities of daily living, such as exercise equipment (including devices intended to provide additional support for recreational or sports activities).
- Hygiene equipment, except when medically necessary for a member under **age 21**.
- Nonmedical items, such as sauna baths or elevators.
- Modifications to your home or car.



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- Devices for testing blood or other body substances (however, diabetes blood glucose monitors, test strips and lancets are covered by Medi-Cal Rx).
- Electronic monitors of the heart or lungs except infant apnea monitors.
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under **age 21**.
- Other items not generally used primarily for health care.

However, in some cases, these items may be approved with prior authorization (pre-approval) submitted by your doctor.

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral and parenteral nutrition products are covered through Medi-Cal Rx, when medically necessary.

Hearing aids

The Alliance covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and you have a prescription from your doctor. Coverage is limited to the lowest-cost aid that meets your medical needs. The Alliance will cover **one (1)** hearing aid unless an aid for each ear is needed for results significantly better than you can get with **one (1)** aid.

Hearing aids for members under **age 21**

- State law requires children who need hearing aid to be referred to the California Children's Services (CCS) program to determine if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for medically necessary hearing aids. If the child is not eligible for CCS, we will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members **age 21** and older

- Under Medi-Cal, we cover the following for each covered hearing aid:
 - Ear molds needed for fitting
 - One standard battery package
 - Visits to make sure the aid is working right
 - Visits for cleaning and fitting your hearing aid
 - Repair of your hearing aid
- Under Medi-Cal, we will cover a replacement hearing aid if:



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- Your hearing loss is such that your current hearing aid is not able to correct it.
- Your hearing aid is lost, stolen, or broken and cannot be fixed and it was not your fault. You must give us a note that tells us how this happened.
- For adults **age 21** and older, Medi-Cal does not include:
 - Replacement hearing aid batteries

Home health services

The Alliance covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

Home health services are limited to services that Medi-Cal covers such as:

- Part-time skilled nursing care
- Part-time home health aide
- Medical social services
- Medical supplies

Medical supplies, equipment and appliances

The Alliance covers medical supplies that are prescribed by a doctor, physician assistant, nurse practitioner, and clinical nurse specialist. Some medical supplies are covered through FFS Medi-Cal Rx and not the Alliance.

Medi-Cal coverage does not include the following:

- Common household items including, but not limited to:
 - Adhesive tape (all types)
 - Rubbing alcohol
 - Cosmetics
 - Cotton balls and swabs
 - Dusting powders
 - Tissue wipes
 - Witch hazel
- Common household remedies including, but not limited to:
 - White petrolatum
 - Dry skin oils and lotions
 - Talc and talc combination products



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- Oxidizing agents such as hydrogen peroxide
- Carbamide peroxide and sodium perborate
- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid and zinc oxide paste
- Other items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

The Alliance covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to **two (2)** services per month in combination with acupuncture, audiology, chiropractic and speech therapy services (limits do not apply to children under **age 21**). The Alliance may pre-approve (prior authorize) additional services as medically necessary.

Orthotics/prostheses

The Alliance covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and urological supplies

The Alliance covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

Physical therapy

The Alliance covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

Pulmonary rehabilitation

The Alliance covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.



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Skilled nursing facility services

The Alliance covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour-per-day basis. The Alliance will cover your authorized care in a long-term care facility during the month of admission plus the next month.

Speech therapy

The Alliance covers speech therapy that is medically necessary. Speech therapy services are limited to **two (2)** services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy services (limits do not apply to children under **age 21**). The Alliance may pre-approve (prior authorize) additional services as medically necessary.

Transgender services

The Alliance covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Clinical trials

The Alliance covers routine patient care costs for patients accepted into Phase I, Phase II, Phase III or Phase IV clinical trials if they are related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration. Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. Read the “**Outpatient prescription drugs**” section later in this chapter for more information.

Laboratory and radiology services

The Alliance covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures, such as CT scans, MRI and PET scans, are covered based on medical necessity and may require pre-approval (prior authorization).

Laboratory services may be limited to the Alliance’s preferred contractor such as Quest Diagnostics or Alameda Health System (AHS). To learn more, please contact your PCP.



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Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines.
- Family planning services.
- American Academy of Pediatrics Bright Futures recommendations.
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists.
- Help to quit smoking, also called smoking cessation services.
- United States Preventive Services Task Force Grade A and B recommended preventive services.

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the FDA. Alliance PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a Medi-Cal doctor or clinic not connected with the Alliance without having to get pre-approval (prior authorization) from the Alliance. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Read **Chapter 5: Child and youth well care** for preventive care information for youth **20 years old and younger**.

Diabetes Prevention Program (DPP)

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts **one (1) year**. It can last for a second year for members who qualify.

The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback



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- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call the Alliance to learn more about the program and eligibility.

Reconstructive services

The Alliance covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

Substance use disorder screening services

The plan covers:

- Alcohol misuse screenings and illicit-drug screenings
- See “**Substance use disorder treatment services**” later in this chapter for treatment coverage through the county.

Vision benefits

The plan covers:

- Routine eye exam once every **24 months**; additional or more frequent eye exams are covered if medically necessary for members, such as those with diabetes.
- Eyeglasses (frames and lenses) once every **24 months**, when you have a valid prescription.
 - Replacement eyeglasses within **24 months** if you have a change in prescription or your eyeglasses are lost, stolen, or broken (and cannot be fixed), and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low-vision devices for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person’s ability to perform everyday activities (i.e., age-related macular degeneration).
- Medically necessary contact lenses.



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- Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (i.e., missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keracotonus.

Transportation benefits for situations that are not emergencies

You are entitled to medical transportation if you have medical needs that don't allow you to use a car, bus or taxi to get to your appointments. Medical transportation can be provided for covered services such as medical, dental, mental health, substance use, and pharmacy appointments. If you need medical transportation, you can request this by speaking to your doctor. Your doctor will decide the correct type of transportation to meet your needs. If they find that you need medical transportation, they will prescribe it by completing a form and submitting it to the Alliance. Once approved, the approval is good for **one (1) year** depending on the medical need. Additionally, there are no limits for how many rides you can get. Your doctor will need to reassess your need for medical transportation and re-approve every **12 months**.

Medical transportation is an ambulance, litter van, wheelchair van or air transport. The Alliance allows the lowest-cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, the Alliance will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

Medical transportation must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor or other provider because you are not physically or medically able to use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, please call ModivCare toll-free at **1.855.891.7171** or the Alliance Case Management Department toll-free at **1.877.251.9612** at least **three (3) business days** (Monday – Friday) in advance of your scheduled appointment. For urgent appointments, please call as soon as possible. Please have your Alliance member ID card ready when you call.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Limits of medical transportation: The Alliance provides the lowest-cost medical transportation that meets your medical needs to the closest provider from your home to where an appointment is available. Medical transportation will not be provided if the service is not covered by Medi-Cal. If the appointment type is covered by Medi-Cal but not through the health plan, the Alliance will help you schedule your transportation.

A list of covered services is in this Member Handbook. Transportation is not covered outside of the network or service area unless pre-authorized by the Alliance. For more information or to ask for medical transportation, please call ModivCare toll-free at **1.855.891.7171** or the Alliance Case Management Department toll-free at **1.877.251.9612**.

Cost to member: There is no cost when transportation is arranged by the Alliance.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal-covered service.

You can get a ride, at no cost to you, when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider; or
- Picking up prescriptions and medical supplies.

The Alliance allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. The Alliance will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, the Alliance can give reimbursement for rides in a private vehicle that you arrange. This must be approved by the Alliance before you get the ride, and you must tell us why you cannot get a ride other ways, like the bus. You can tell us by calling us, by emailing, or in person. You cannot drive yourself and be reimbursed.

Mileage reimbursement requires all of the following:

- The driver's license of the driver
- The vehicle registration of the driver
- Proof of car insurance for the driver



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To request a ride for services that have been authorized, call ModivCare toll-free at **1.855.891.7171** or the Alliance Case Management Department toll-free at **1.877.251.9612** at least **three (3) business days** (Monday – Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your Alliance member ID card ready when you call.

Note: American Indians may contact their local Indian Health Clinic to request non-medical transportation.

Limits of non-medical transportation: The Alliance provides the lowest-cost non-medical transportation that meets your needs to the closest provider from your home to where an appointment is available. Members cannot drive themselves or be reimbursed directly. For more information, please call ModivCare toll-free at **1.855.891.7171**, or the Alliance Case Management Department toll-free at **1.877.251.9612**.

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver.
- The service is not covered by Medi-Cal.

Cost to member: There is no cost when non-medical transportation is arranged by the Alliance.

Other Alliance-covered benefits and programs

Managed long-term services and supports (MLTSS)

The Alliance covers these managed long-term services and supports (MLTSS) benefits for members who qualify:

- Long-term care facility services as approved by the Alliance.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

If you have questions about MLTSS, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Care coordination

The Alliance offers Case Management services to help you coordinate your health care needs at no cost to you. The Alliance will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not the Alliance.

If you have questions or concerns about your health or the health of your child, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Coordinated Care Initiative (CCI) benefits

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has **two (2)** main parts:

Cal MediConnect

The Cal MediConnect program aims to improve care coordination for beneficiaries dually eligible for Medicare and Medi-Cal. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.

If you are enrolled in the Alliance, the plan covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan

Managed Long-Term Services and Supports (MLTSS)

Individuals dually eligible for Medicare and Medi-Cal or Seniors or Persons with Disabilities (SPD) enrolled in Medi-Cal only must join a Medi-Cal managed care plan to receive their Medi-Cal benefits, including MLTSS and Medicare wrap-around benefits.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Enhanced Care Management (ECM)

The Alliance covers Enhanced Care Management (ECM) services for members with highly complex needs. ECM is a benefit that provides extra services to help you get the care you need to stay healthy. It coordinates the care you get from different doctors. ECM helps coordinate primary care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to available community resources.

If you qualify, you may be contacted about ECM services. You can also call the Alliance to find out if and when you can receive ECM. Or talk to your health care provider who can find out if you qualify for ECM and when and how you can receive it.

Covered ECM services

If you qualify for ECM, you will have your own care team, including a care coordinator. This person will talk to you and your doctors, specialists, pharmacists, case managers, social services providers and others to make sure everyone works together to get you the care you need. A care coordinator can also help you find and apply for other services in your community.

ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM may be right for you, talk to your Alliance representative or health care provider.

Cost to member

There is no cost to the member for ECM services.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Community Supports

Community Supports may be available under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members to receive. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. The Alliance will offer several homeless-related Community Supports, Medically Tailored/Supportive Meals and Asthma Remediation. If you need help or would like to find out what Community Supports may be available for you, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) or call your health care provider.

Major Organ Transplant

Transplants for children under age 21

State law requires children who need transplants to be referred to the California Children's Services (CCS) program to see if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for the transplant and related services. If the child is not eligible for CCS, then the Alliance will refer the child to a qualified transplant center for evaluation. If the transplant center confirms the transplant would be needed and safe, the Alliance will cover the transplant and related services.

Transplants for adults age 21 and older

If your doctor decides you may need a major organ transplant, the Alliance will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, the Alliance will cover the transplant and other related services.

The following major organ transplants covered by the Alliance include, but are not limited to:

- Bone marrow
- Heart
- Heart/lung
- Kidney
- Kidney/pancreas
- Liver



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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- Liver/small bowel
- Lung
- Pancreas
- Small bowel

Other Medi-Cal programs and services

Other services you can get through fee-for-service (FFS) Medi-Cal or other Medi-Cal programs

Sometimes the Alliance does not cover services, but you can still get them through fee-for-service (FFS) Medi-Cal or other Medi-Cal programs. The Alliance will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not the Alliance. This section lists some of these services. To learn more, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, a Medi-Cal FFS program. Some drugs given by a provider in an office or clinic may be covered by the Alliance. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

Sometimes a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within **24 hours**.

- A pharmacist at your outpatient pharmacy or hospital emergency room may give you a **72-hour** emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medication supply given by an outpatient pharmacy.
- Medi-Cal Rx may say no to a non-emergency request. If they say no, they will send you a letter to tell you why. They will tell you what your choices are. See the “**Complaints**” section in **Chapter 6 “Reporting and solving problems”** for more information.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**), or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov>.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Members may also receive transportation services from the Alliance to get to pharmacies. To learn more about transportation services, read “**Transportation benefits**” in this handbook.

Specialty mental health services

Some mental health services are provided by county mental health plans instead of Alliance. These include specialty mental health services (SMHS) for Medi-Cal members who meet medical necessity rules.

SMHS may include these outpatient, residential and inpatient services:

Outpatient services:

- Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services



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- Crisis stabilization services
- Targeted case management services
- Therapeutic behavioral services (covered for members **under 21 years old**)
- Intensive care coordination (ICC) (covered for members **under 21 years old**)
- Intensive home-based services (IHBS) (covered for members **under 21 years old**)
- Therapeutic foster care (TFC) (covered for members **under 21 years old**)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Acute psychiatric inpatient hospital services
- Psychiatric inpatient hospital professional services
- Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free phone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Substance use disorder treatment services

The county provides substance use disorder services to Medi-Cal members who meet medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

Dental services

Medi-Cal (through the Medi-Cal Dental Program) covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1.800.322.6384** (TTY **1.800.735.2922** or **711**). You may also visit the Medi-Cal Dental Program website at www.dental.dhcs.ca.gov or <https://smilecalifornia.org>.

California Children's Services (CCS)

California Children's Services (CCS) is a Medi-Cal program that treats children **under 21 years of age** with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If the Alliance or your PCP believes your child has a CCS-eligible condition, they will be referred to the CCS county program to be assessed for eligibility.

County CCS program staff will decide if your child qualifies for CCS services. The Alliance does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. The Alliance will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines, and well-child checkups.

The Alliance does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services, and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab).

CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child is not eligible for CCS program services, they will keep getting medically necessary care from the Alliance.

To learn more about CCS, you can visit the CCS web page at www.dhcs.ca.gov/services/ccs. Or call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Institutional long-term care

The Alliance covers long-term care for the month you enter a facility and the month after that. The Alliance does **not** cover long-term care if you stay longer.

FFS Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

Services you cannot get through the Alliance or Medi-Cal

There are some services that neither the Alliance nor Medi-Cal will cover, including, but not limited to:

- Experimental services
- Fertility preservation
- In vitro fertilization (IVF)
- Home modifications
- Vehicle modifications
- Cosmetic surgery

The Alliance may cover a non-benefit if medical necessity is established. Your provider must submit a prior authorization to Alliance Utilization Management Department at fax number **1.855.891.7174** with the reasons why the non-benefit is medically needed.

To learn more call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

5. Child and youth well care

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance use (drug) disorders. The Alliance covers check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.

Preventive care also includes shots you or your child need. The Alliance must make sure that all enrolled children get needed shots at the time of any health care visit. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).

Child and youth members **under 21 years** old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, mental health and developmental and specialty services. This chapter explains these services.

Pediatric services (Children under age 21)

Members **under 21 years old** are covered for needed care. The following list includes care that is medically necessary service to treat or ameliorate defects and physical, mental diagnosis.

Covered services include:

- Well-child visits and teen check-ups (important visits children need)



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Immunizations (shots)
- Mental health services (specialty mental health services are covered by the county)
- Lab tests, including blood lead poisoning testing
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by CCS for children who qualify; the Alliance will cover services for children who do not qualify for CCS)

These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. EPSDT services that are recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy are covered at no cost to you.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate shots (California follows the American Academy of Pediatrics Bright Futures Periodicity schedule)
- Lab tests, including blood lead poisoning testing
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

When a physical problem or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and the Alliance is responsible for paying for the care, then the Alliance covers the care at no cost to you.

These services include:

- Doctor, nurse practitioner and hospital care.
- Shots to keep you healthy.
- Physical, speech/language and occupational therapies.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Home health services, which could be medical equipment, supplies and appliances.
- Treatment for vision problems, including eyeglasses.
- Treatment for hearing problems, including hearing aids when they are not covered by CCS.
- Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities.
- Case management and health education.
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to improve function or create a normal appearance.

Blood lead poisoning testing

All children enrolled in the Alliance should get blood lead poisoning testing at **12 and 24 months** or **between the ages of 24 and 72 months** if they were not tested earlier.

Help getting child and youth well care services

The Alliance will help members **under 21 years old** and their families get the services they need.

An Alliance care coordinator can:

- Tell you about available services
- Help find network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services that are available through FFS Medi-Cal, such as:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, including orthodontics



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Other services you can get through fee-for-service (FFS) Medi-Cal or other programs

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about **four (4) – six (6) months** "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

The following Medi-Cal dental services are free or low-cost services for:

Babies ages one (1) – four (4)

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every **six (6) months**; every **three (3) months** from **birth to age three (3)**)
- X-rays
- Teeth cleaning (every **six (6) months**)
- Fluoride varnish (every **six (6) months**)
- Fillings
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 5 – 12

- Dental exams (every **six (6) months**)
- X-rays
- Fluoride varnish (every **six (6) months**)
- Teeth cleaning (every **six (6) months**)
- Molar sealants
- Fillings
- Root canals



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 13 – 17

- Dental exams (every **six (6) months**)
- X-rays
- Fluoride varnish (every **six (6) months**)
- Teeth cleaning (every **six (6) months**)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1.800.322.6384** TTY **1.800.735.2922** or **711**). You may also visit the Medi-Cal Dental Program website at <https://smilecalifornia.org>.

Additional preventive education referral services

If you are worried that your child is having a hard time taking part and learning at school, talk to your child's primary care provider, teachers or administrators at the school. In addition to your medical benefits covered by the Alliance, there are services that the school must provide to help your child learn and not fall behind.

Examples of services that may be provided to help your child learn include:

- Speech and language services
- Psychological services
- Physical therapy
- Occupational therapy



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at www.alamedaalliance.org.

- Assistive technology
- Social work services
- Counseling services
- School nurse services
- Transportation to and from school

These services are provided by and paid for by the California Department of Education. Together with your child's doctors and teachers, you can make a custom plan that will best help your child.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

6. Reporting and solving problems

There are **two (2)** ways to report and solve problems:

- A **complaint** (or **grievance**) is when you have a problem with the Alliance or a provider, or with the health care or treatment you got from a provider.
- An **appeal** is when you don't agree with the Alliance's decision to change your services or to not cover them.

You have the right to file grievances and appeals with the Alliance to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact the Alliance first to let us know about your problem. Call us between Monday – Friday, 8 am – 5 pm, at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Tell us about your problem.

If your grievance or appeal is still not resolved after **30 days**, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review. You can call the DMHC at **1.888.466.2219** (TTY **1.877.688.9891** or **711**) or visit the DMHC website for more information **www.dmhc.ca.gov**.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman between Monday – Friday, 8 am – 5 pm, at **1.888.452.8609**.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To report incorrect information about your additional health insurance, please call Medi-Cal between Monday – Friday, 8 am – 5 pm, toll-free at **1.800.541.5555**.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from the Alliance or a provider. There is no time limit to file a complaint. You can file a complaint with the Alliance at any time by phone, in writing or online.

- **By phone:** Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) between Monday – Friday, 8 am – 5 pm. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Alameda Alliance for Health
ATTN: Alliance Grievance and Appeals Department
1240 South Loop Road
Alameda, CA 94502

Your doctor's office will have complaint forms available.

- **Online:** Visit the Alliance website. Go to **www.alamedaalliance.org**.

If you need help filing your complaint, we can help you. We can give you free language services. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Within **five (5) calendar days** of getting your complaint, we will send you a letter telling you we got it. Within **30 days**, we will send you another letter that tells you how we resolved your problem. If you call the Alliance about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Within **72 hours** of receiving your complaint, we will make a decision about how we will handle your complaint and whether we will expedite your complaint. If we determine that we will not expedite your complaint, we will let you know that we will resolve your complaint within **30 days**.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the Alliance grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**) or going to **<https://medi-calrx.dhcs.ca.gov>**. However, complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is **1.888.466.2219** and the TTY line is **1.877.688.9891**). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website **www.dmhc.ca.gov**.

Appeals

An appeal is different from a complaint. An appeal is a request for us to review and change a decision we made about your service(s). If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service(s), and you do not agree with our decision, you can ask us for an appeal. Your PCP or other provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within **60 days** from the date on the NOA you got from us. If we decided to reduce, suspend, or stop a service(s) you are getting now, you can continue getting that service(s) while you wait for your appeal to be decided. This is called Aid Paid Pending. To receive Aid Paid Pending, you must ask us for an appeal within **10 days** from the date on the NOA or before the date we said your service(s) will stop, whichever is later. When you request an appeal under these circumstances, the service(s) will continue.

You can file an appeal by phone, in writing or online:

- **By phone:** Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). Give your name, health plan ID number and the service you are appealing.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- **By mail:** Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Alameda Alliance for Health
ATTN: Alliance Grievance and Appeals Department
1240 South Loop Road
Alameda, CA 94502

Your doctor's office will have appeal forms available.

- **Online:** Visit the Alliance website. Go to **www.alamedaalliance.org**.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

Within **five (5) days** of getting your appeal, we will send you a letter telling you we got it. Within **30 days**, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not provide you with our appeal decision within **30 days**, you can request a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**). We will make a decision within **72 hours** of receiving your appeal.

What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past **30 days**, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have the Alliance's decision reviewed or ask for an **Independent Medical Review (IMR)** from the DMHC. During DMHC's IMR and an outside doctor who is not part of the Alliance will review your case. DMHC's toll-free telephone number is **1.888.466.2219** and the TTY line is **1.877.688.9891**. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website **www.dmhc.ca.gov**.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by the Alliance. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling **1.800.977.2273** (TTY **1.800.977.2273** and press **5** or **711**). However, complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. Medi-Cal Rx pharmacy benefit decisions are not subject to the IMR process with the DMHC.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care

An IMR is when an outside doctor who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with the Alliance. If you do not hear from your health plan within **30 calendar days**, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within **six (6) months** from the date on the notice telling you of the appeal decision but you only have **120 days** to request a State Hearing, so if you want an IMR and a State hearing, file your complaint as soon as you can. Remember, if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health problem is urgent.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure the Alliance made the correct decision when you appealed its denial of services. The Alliance has to comply with DMHC's IMR and review decisions.

Here is how to ask for an IMR.

The term “grievance” is for “complaints” and “appeals”:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than **30 days**, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1.888.466.2219**) and a TDD line (**1.877.688.9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem or tell you that we made the correct decision. You have the right to ask for a State Hearing if you have already asked for an appeal with us and you are still not happy with our decision, or if you did not get a decision on your appeal after **30 days**.

You must ask for a State Hearing within **120 days** from the date on our NAR letter.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

However, if we gave you Aid Paid Pending during your appeal, and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within **10 days** of our NAR letter, or before the date we said your service(s) will stop, whichever is later. If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact the Alliance between Monday – Friday, 8 am – 5 pm by calling at **1.510.747.4567** or toll-free at **1.877.932.2738**. If you cannot hear or speak well, please call **1.800.735.2929**. Your PCP can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, you can request a State Hearing without having to complete our appeal process, if we did not notify you correctly or on time about your service(s). This is called Deemed Exhaustion.

Here are some examples of Deemed Exhaustion:

- We did not make a NOA letter available to you in your preferred language.
- We made a mistake that affects any of your rights.
- We did not give you a NOA letter.
- We made a mistake in our NAR letter.
- We did not decide your appeal within **30 days**. We decided your case was urgent, but did not respond to your appeal within **72 hours**.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the CDSS Public Response Unit at **1.800.952.5253** (TTY **1.800.952.8349** or **711**).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. The Alliance must follow what the judge decides.

If you want the CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than **three (3) business days** after it gets your complete case file from the Alliance.

Fraud, waste, and abuse (FWA)

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse (FWA), it is your right to report it by calling the confidential toll-free number **1.800.822.6222** or submitting a complaint online at **www.dhcs.ca.gov**.

Provider fraud, waste and abuse includes:

- Falsifying medical records.
- Prescribing more medication than is medically necessary.
- Giving more health care services than medically necessary.
- Billing for services that were not given.
- Billing for professional services when the professional did not perform the service.
- Offering free or discounted items and services to members in an effort to influence which provider is selected by the member.
- Changing member's primary care physician without the knowledge of the member.

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else.
- Getting similar or the same treatments or medicines from more than **one (1)** provider.
- Going to an emergency room when it is not an emergency.
- Using someone else's social security number or health plan ID number.
- Taking medical and non-medical transportation rides for non-health-care-related services, for services not covered by Medi-Cal, or when you do not have a medical appointment or prescriptions to pick up.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

To report fraud, waste, or abuse, write down the name, address and ID number of the person who committed the fraud, waste, or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502
Alliance Compliance Hotline (Toll-Free): **1.855.747.2234**
Alliance FWA Email: **compliance@alamedaalliance.org**



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).
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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

7. Rights and responsibilities

As a member of the Alliance, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of the Alliance.

Your rights

These are your rights as a member of the Alliance:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To make recommendations about Alliance member rights and responsibilities policy.
- To be able to choose a primary care provider within the Alliance network.
- To have timely access to network providers.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.
- To get no-cost interpreting services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance and are still not happy with the decision, or if you did not get a decision on your appeal after **30 days**, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from the Alliance and change to another health plan in the county upon request.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside the Alliance network pursuant to the federal law.

Your responsibilities

Alliance members have these responsibilities:

- Tell the Alliance and your doctors what we need to know (to the extent possible) so we can provide care.
- Follow care plans and advice for care that you have agreed to with your doctors.
- Learn about your health problems and help to set treatment goals that you agree with, to the degree possible.



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Work with your doctor.
- Always present your Alliance member ID card when getting services.
- Ask questions about any medical condition and make certain you understand your doctor's explanations and instructions.
- Give your doctors and the Alliance correct information.
- Help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Make and keep medical appointments and inform your doctor at least **24 hours** in advance when an appointment must be canceled.
- Treat all Alliance staff and health care staff with respect and courtesy.
- Use the emergency room (ER) only in case of an emergency or as directed by your doctor.

Notice of non-discrimination

Discrimination is against the law. The Alliance follows state and federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

The Alliance provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Alliance Member Services Department between Monday – Friday, 8 am – 5 pm, by calling **1.510.747.4567** or toll-free at **1.877.932.2738**.



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

Or, if you cannot hear or speak well, please call **1.800.735.2929** or **711** to use the California Relay Service (CRS).

How to file a grievance

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Alliance Member Services Department.

You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact between Monday – Friday, 8 am – 5 pm, by calling **1.510.747.4567** or toll-free at **1.877.932.2738**. Or, if you cannot hear or speak well, please call **1.800.735.2929** or **711** to use the California Relay Service (CRS).
- **In writing:** Fill out a complaint form or write a letter and send it to:
Alameda Alliance for Health
ATTN: Grievance and Appeals Department
1240 South Loop Road
Alameda, CA 94502
- **In person:** Visit your doctor’s office or the Alliance and say you want to file a grievance.
- **Electronically:** Visit the Alliance website at **www.alamedaalliance.org**.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights, by phone, in writing or electronically:

- **By phone:** Call **1.916.440.7370**. If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413



Call member services at **1.510.747.4567** (TTY **1.800.735.2929**).

The Alliance is here Monday – Friday, 8 am – 5 pm. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

- Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx.
- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- **By phone:** Call **1.800.368.1019**. If you cannot speak or hear well, please call TTY **1.800.537.7697** or **711** to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
- Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/cp>.

Ways to get involved as a member

The Alliance wants to hear from you. Each quarter, the Alliance has meetings to talk about what is working well and how the Alliance can improve. Members are invited to attend. Come to a meeting!

Member Advisory Committee (MAC)

The Alliance has a group called the Consumer Advisory Committee (CAC), also referred to as the Member Advisory Committee (MAC). This group is made up of Alliance members, community advocates, and providers. You can join this group if you would like.

The group talks about how to improve the Alliance policies and is responsible for:

- Giving feedback on programs and policies.
- Making recommendations on member outreach, education, and meeting member needs.



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If you would like to be a part of this group, call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (TTY **1.800.735.2929** or **711**).

We want to hear from you!

You may receive a survey or phone call asking for your ideas on how we are doing. Please take a few minutes to respond so we can improve our programs for all members.

Notice of privacy practices

A statement describing Alliance policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

We (the Alliance) are committed to keeping your information confidential. By law we must keep your information private. By law we must provide you with notice of our legal duties and privacy practices about your information. This Notice lets you know how we may use and share your information. It also lets you know your rights and our legal obligations with respect to your information.

If you have any questions about this Notice, please contact us at:

Alameda Alliance for Health
ATTN: Member Services Department
1240 South Loop Road
Alameda, CA 94502

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**

To read the full Notice, please visit the www.alamedaalliance.org/privacy.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.



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Notice about Medi-Cal as a payer of last resort, other health coverage and tort recovery

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to members. The Alliance will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for and/or retain any available OHC when there is no cost to you.

Federal and state laws require Medi-Cal members to report OHC and any changes to OHC. If you do not report OHC promptly, you may have to repay DHCS for any benefits paid erroneously. Submit your OHC online at <http://dhcs.ca.gov/OHC>. If you do not have access to the internet, OHC can be reported to your health plan, or by calling **1.800.541.5555** (TTY **1.800.430.7077** or **711**; inside California), or **1.916.636.1980** (outside California). DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first, or reimburse Medi-Cal.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within **30 days** of filing a legal action or a claim.

Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call **1.916.445.9891**.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members for payments made, including managed care premiums for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's **55th birthday**.



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If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, go to <http://dhcs.ca.gov/er>. Or call **1.916.650.0490** or get legal advice.

Notice of Action

The Alliance will send you a Notice of Action (NOA) letter any time the Alliance denies, delays, terminates, or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with the Alliance. See the “**Appeals**” section above for important information on filing your appeal. When the Alliance sends you a NOA it will inform you of all rights you have if you disagree with a decision we made.



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

8. Important numbers and words to know

Important phone numbers

Advice Nurse Line

Toll-Free: **1.888.433.1876**

Alameda Alliance for Health – Member Services Department

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**

Alameda County Behavioral Health Care Services - ACCESS Program

Toll-Free: **1.800.491.9099**

Alameda County Social Services Agency (Medi-Cal Center)

Phone Number: **1.510.777.2300**

Toll-Free: **1.800.698.1118**

Beacon Health Options (Alliance's Behavioral Health Benefit Manager)

Toll-Free: **1.855.856.0577**

California Children's Services (CCS)

Phone Number: **1.510.208.5970**

California Department of Health Care Services (DHCS) – Medi-Cal Managed Care

Phone Number: **1.916.449.5000**

California Department of Managed Health Care (DMHC) – HMO Help Center

Toll-Free: **1.888.466.2219**

People with hearing and speaking impairments (TDD): **1.877.688.9891**

California Home Medical Equipment (CHME)

Toll-Free: **1.800.906.0626**



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Or call the California Relay Line at **711**. Visit online at **www.alamedaalliance.org**.

California Relay Service (for the hearing impaired)

Toll-Free: **1.800.735.2929**

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

Children First Medical Group (CFMG)

Phone Number: **1.510.428.3154**

Community Health Center Network (CHCN)

Phone Number: **1.510.297.0200**

Denti-Cal (Medi-Cal Dental)

Toll-Free: **1.800.322.6384**

People with hearing and speaking impairments (TTY): **1.800.735.2922**

Health Care Options (HCO)

Toll-Free: **1.800.430.4263**

People with hearing and speaking impairments (TTY): **1.800.430.7077**

March Vision Care

Toll-Free: **1.844.336.2724**

Medi-Cal Rx

Toll-Free: **1.800.977.2273**

People with hearing and speaking impairments (TTY/TDD): **1.800.977.2273**
(press **5** or **711**)

Regional Center of the East Bay

Phone Number: **1.510.618.6100**

Words to know

Active labor: The period of time when a woman is in the **three (3)** stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden requires fast medical attention and does not last a long time.

American Indian: An individual, defined at title 25 of the U.S.C. sections 1603(c), 1603(f), 1679(b) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from



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Indian health care providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization–I/T/U) or through referral under Contract Health Services.

Appeal: A member's request for the Alliance to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to **age 21** with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth access regular health care. Your primary care provider (PCP) can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP) or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about the Alliance, a provider, or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to **12 months** if the provider and the Alliance agree.



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Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which your doctor may order covered drugs you need.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of the Alliance, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. The Alliance decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnostic, and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the **age of 21** to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early as well as any treatment to take care of or help the conditions that may be found in the check-ups.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger



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- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under 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.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Established patient: A patient who has an existing relationship with a provider and has seen that provider within a specified amount of time established by the Plan.

Excluded services: Services that are not covered by the California Medi-Cal Program.

Experimental treatment: Drugs, equipment, procedures or services that are in a testing phase with laboratory and/or animal studies prior to testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS) Medi-Cal: Sometimes your Medi-Cal plan does not cover services but you can still get them through Medi-Cal FFS, such as many pharmacy services through FFS Medi-Cal Rx.

Follow-up care: Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory



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services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about the Alliance, a provider, or the services provided. A complaint is an example of a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with the Alliance or are in the Alliance network. The Alliance network providers must have a license to practice in California and give you a service that the Alliance covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from the Alliance before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care or sensitive services.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of **six (6) months or less**.

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Indian Health Care Provider (IHCP): A health clinic operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization or Urban Indian Organization.



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Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Investigational treatment: A treatment drug, biological product or device that has successfully completed phase one of a clinical investigation approved by the FDA but that has not been approved for general use by the FDA and remains under investigation in an FDA approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. The Alliance is a managed care plan.

Medi-Cal Rx: An FFS Medi-Cal pharmacy benefit service known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medical transportation: Transportation when you cannot get to a covered medical appointment and/or to pick up prescriptions by car, bus, train or taxi. The Alliance pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the **age of 21**, Medi-Cal medically necessary services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people **65 years of age** or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with the Alliance who is entitled to get covered services.



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Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with the Alliance to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that the Alliance does not cover.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the Alliance network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the Alliance network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health



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condition

- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of **six (6) months or less**.

Participating hospital: A licensed hospital that has a contract with the Alliance to provide services to members at the time a member gets care. The covered services that some participating hospitals may offer to members are limited by the Alliance’s utilization review and quality assurance policies or the Alliance’s contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with the Alliance to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to “Managed care plan.”

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition. Post-stabilization care services are covered and paid for. Out-of-network hospitals may need pre-approval.

Pre-approval (or prior authorization): Your PCP or other providers must get approval from the Alliance before you get certain services. The Alliance will only approve the services you need. The Alliance will not approve services by non-participating providers if the Alliance believes you can get comparable or more appropriate services through Alliance providers. A referral is not an approval. You must get approval from the Alliance.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed.



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Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need.

Some care needs to be approved first, unless:

- You have an emergency
- You need OB/GYN care
- You need sensitive services
- You need family planning services/birth control

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the Alliance network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.



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Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area the Alliance serves. This includes Alameda County.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats



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allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Specialty mental health services: Services for members who have mental health services needs that are a higher level of impairment than mild to moderate.

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within **one (1) year** or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if network providers are temporarily not available or accessible.



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