



2022 Quarter 1 Provider Packet

In-Person Visits by Provider Services Continue to be Suspended due to Shelter-in-Place Orders

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

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

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

THIS PACKET INCLUDES:

- Provider Demographic Attestation form
- Provider Ownership and Disclosure Reminder Notice and Form
- CalAIM Update on Enhanced Care Management (ECM) and Community Supports (CS)
- CalAIM Update on Major Organ Transplants (MOT)
- Medi-Cal Rx Transition Notice
- Alliance Outpatient Injectable Drug Description and Code List
- Important Reminder: How to Submit Standing Referrals for Outpatient Authorization
- Cultural Sensitivity Training Notice
- Tobacco Treatment Resources
- Preventive Services Guidelines Update – November 2021
- DHCS All Plan Letter (APL) 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Routine Appointments Reminder Notice & Timely Access Standards
- Important Update: Initial Health Assessments (IHA) Have Resumed Starting October 1, 2021
- Fraud, Waste & Abuse (FWA) Prevention & Reporting

Accepting New Patients Accepting Existing Patients Not Accepting Patients

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____

Provider/Office Staff Print: _____



Provider Demographic Attestation Form

INSTRUCTIONS:

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

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

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

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

| |
|--|
| Date Update Completed (MM/DD/YYYY): ____ / ____ / ____ |
|--|

Notes:

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



Ownership and Disclosure Form Reminder Notice

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

Each year, the Alliance requests that providers complete and return the Ownership and Disclosure forms to the Alliance. **Please review and submit one (1) completed Ownership and Disclosure Form for each contract that you have with the Alliance.** Attached to this notice is a copy of the form.

The forms may be returned to your Provider Relations Representative directly by email or fax.

Provider Relations Representative Contact Information:

- Errin Poston-McDaniels
Email: eposton-mcdaniels@alamedaalliance.org
Fax: **1.510.747.4291**
- Stacey Woody
Email: swoody@alamedaalliance.org
Fax: **1.510.747.4148**
- Tom Garrahan
Email: tgarrahan@alamedaalliance.org
Fax: **1.510.747.4137**
- Leticia Alejo (Delegated Groups/Hospitals)
Email: lalejo@alamedaalliance.org
Fax: **1.510.373.5906**

You can also email your completed forms to us at providerservices@alamedaalliance.org.

For questions, please call the Alliance Provider Service Call Center at **1.510.747.4510**.

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

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



Vendor Disclosure of Ownership Form

I. Instructions

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

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

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

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

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

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

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

II. Identifying Information

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

III. Structure

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

IV. Ownership, Control and Management Information

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

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

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

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

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

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



V. Excluded Individuals or Entities

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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



VI. Certification

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

| | | |
|---------------|-------|------|
| NAME (print) | TITLE | |
| SIGNATURE | | DATE |
| EMAIL ADDRESS | | |

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

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

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

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

VII. Definitions

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

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



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



Important Reminder About New Benefits and Services that Started on Saturday, January 1, 2022

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important CalAIM update that we would like to share with you. CalAIM is a statewide California Department of Health Care Services (DHCS) multi-year initiative that builds upon the Whole Person Care (WPC) Pilot and Health Homes Program (HHP). It is designed to implement a broad delivery system, program, and payment reform across the Medi-Cal program with the ultimate long-term goal of a better quality of life for all Medi-Cal members.

Effective, Saturday, January 1, 2022, the existing HHP transitioned to Enhanced Care Management (ECM), and the Alliance started offering six (6) Community Supports (CS) services.

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a benefit that provides extra care coordination services to members with highly complex needs.

Members who qualify for ECM will have their own care team, including care coordinators, doctors, specialists, pharmacists, case managers, social service workers, and others to make sure everyone works together. ECM also includes:

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

Community Supports (CS)

Community Supports (CS) are medically appropriate, cost-effective alternatives to those services covered under the Medi-Cal State Plan. These services are optional and may help members live more independently but do not replace benefits that they already get under Medi-Cal. The Alliance is currently offering the following CS services:

- Asthma Remediation
- Homeless-related CS (housing transition navigation, housing deposits, and housing tenancy & sustaining services)
- Medically Tailored/Supportive Meals and
- Recuperative Care (Medical Respite)

Members can be referred for ECM and CS by their provider to:

Alliance Case Management Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4512**

Toll-Free: **1.877.251.9612**

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

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

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



Important Update on the Transplant Benefit that Started on Saturday, January 1, 2022

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important CalAIM update related to benefits for major organ transplants (MOT) for Medi-Cal members that we would like to share with you.

Effective, Saturday, January 1, 2022, the Alliance is responsible for all MOT including bone marrow transplant (BMT) for Alliance Medi-Cal members. Previously, the Alliance covered kidney and corneal transplants, and all other organ transplants were provided through the state fee-for-service (FFS) Medi-Cal program.

All services related to organ transplants require authorization. Please refer to the authorization section or our website for more details and to receive a copy of the form at www.alamedaalliance.org/providers/authorizations.

Please note that for Alliance Group Care members, the Alliance also covers medically necessary organ and BMT.

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

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



Important Reminder: Medi-Cal Rx Transition Went Live Saturday, January 1, 2022

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

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) changed how the Medi-Cal pharmacy benefit is administered and a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), provides services and support. The new program is called "Medi-Cal Rx." The Alliance will no longer be the administrator for the pharmacy benefit. There will be no transition and all providers are required to use the Medi-Cal Rx portal starting Saturday, January 1, 2022.

We have put together a list of frequently asked questions (FAQs) below to provide information on the change.

Medi-Cal Rx Transition FAQs

As a prescriber, what do I need to do?

Providers will need to ensure they can submit prior authorization (PAs) for any drug that will require authorization from Medi-Cal Rx. Here are the different ways that providers can register or submit a PA:

1. **CoverMyMeds:** If you currently use "CoverMyMeds" you can continue to utilize this platform for your prior auth's, we will also have a link within the portal to access "CoverMyMeds". Providers can create an account and log in to submit a PA on the CoverMyMeds website at www.covermymeds.com
2. **Register and receive a PIN for the Medi-Cal Rx provider portal:** Individual prescribers will each need to register to the Medi-Cal Rx portal to be a user by:
 1. Visiting www.medi-calrx.dhcs.ca.gov
 2. Clicking on "Provider Portal"
 3. Then click on "Register"

Once registered, providers will receive a PIN number by mail to the address used when they signed up through the Medi-Cal Rx portal. **It could take up to three (3) months to receive a PIN number in the mail.** Once received, the rest of the Medi-Cal Rx registration process may be completed online using the assigned PIN number. **We strongly encourage providers to register as soon as possible.**

3. **NCPDP P4** – This is a Prior Authorization Request Only (P4) Payer Sheet Template. https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/Fl_Medi-Cal_Rx_Payer_Specifications.pdf

4. **By Fax:** PA requests and attachments can be sent by fax to **1.800.869.4325** starting Saturday, January 1, 2022.

5. **By mail:** PA requests and attachments can be sent by mail to:

Medi-Cal Rx Customer Service Center
Attn: PA Request
P.O. Box 730
Sacramento, CA 95741-0730

How will I know if a drug requires prior authorization?

Medi-Cal Rx will have a formulary which will be referred to as a Contract Drugs List (CDL). The list will be available starting Saturday, January 1, 2022, at <https://medi-calrx.dhcs.ca.gov/home/cdl/>

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

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

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

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

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

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

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

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

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

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

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

What are my appeal options?

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

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

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

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

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

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

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

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

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

| Where To Submit The Claim: | Claim Type: |
|---------------------------------|--|
| The Alliance | 70% isopropyl alcohol swabsticks, and povidone-iodine swabsticks |
| | betadine or pHisoHex solution |
| | chlorhexidine containing antiseptic |
| | gloves (non-sterile or sterile) |
| | incontinence supplies |
| | infusion pumps |
| | infusion tubing |
| | ostomy |
| | pharmacist services |
| | enteral supplies |
| | Physician Administered Drugs (PADs) |
| | sheeting, waterproof (protective underpad, reusable, bed size) |
| | thermometer (oral or rectal) |
| | tracheostomy |
| | urological |
| wound care | |
| Magellan | diabetic test strips |
| | continuous glucose meters * |
| | enteral nutrition products * |
| | RX Reimbursable PAD |
| | inhaler assistive devices |
| | insulin syringes |
| | lancets |
| | outpatient prescription drugs |
| | peak flow meter |
| | pen needles |
| The Alliance or Magellan | contraceptives |
| | syringes and needles (non-insulin) |
| | alcohol (or alcohol wipes) |
| | diaphragms/cervical caps |
| | heparin/saline flush |
| | vaccines |

Tentatively April 2022 and/or after

Who do I contact for help or more information?

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

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

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

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

ALAMEDA ALLIANCE FOR HEALTH

OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share an important authorization process reminder with you related to outpatient injectable drugs given in an office or facility setting that have required a prior authorization (PA) effective since Saturday, May 1, 2021.

Please Note: The Alliance initially communicated this change on Thursday, April 1, 2021.

The Alliance Utilization Management (UM) program results in the following changes to injectable drugs:

- Drugs listed on the Outpatient Injectable Drugs Requiring Medical Authorization List require PA for claims payment (please visit the Alliance website at www.alamedaalliance.org/providers/authorizations/authorization-management or view the list on page 3).
- **Healthcare Common Procedure Coding System (HCPCS) and National Drug Codes (NDCs) are required on all claim submissions.**
- Claims without a matching **HCPCS and/or NDC** submitted will be denied.
- Claims for codes that require authorization without an approved authorization on file will be denied.
- Verify whether a code is a covered benefit using the Medi-Cal website at www.medi-cal.ca.gov/mcwebpub/Login.aspx.
- If the code is a covered Medi-Cal benefit and is not on this list, it does not require a PA.
- A code that is not a covered Medi-Cal benefit requires a PA.

PA is based on medical necessity and does not assure coverage or patient eligibility. Providers and clinic staff are to submit a PA request before the administration of the drug to ensure reimbursement for appropriate care. Before providing service, out-of-network providers are required to submit a PA indicating why an in-network provider cannot provide the service.

No PA is required for the following services:

- Emergency Services
- Family Planning Services
- Sensitive Services

AUTHORIZATION AND BILLING INSTRUCTIONS

Providers can supply in-office injectable drugs to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Optum Specialty Pharmacy (Optum). The authorization and billing processes differ based on the method of obtaining the drug and the member's delegated provider.

ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

Please use the table below as a guide for proper PA and billing:

| METHOD OF PROCUREMENT | DELEGATE | WHERE TO SUBMIT | REQUIRES PA | WHO TO BILL |
|-----------------------------------|----------|--|--|---|
| Medical Benefit (Buy and Bill) | Alliance | Alliance | Refer to list below for Alliance delegate or check with member's delegate | Alliance: For all Alliance members for both <i>facility and professional claims</i> , and all delegated groups for <i>facility claims only</i> . |
| | CFMG | CFMG | | CFMG: For all CFMG members for <i>professional claims only</i> . |
| | CHCN | CHCN | | CHCN: For all CHCN members for <i>professional claims only</i> . |
| Pharmacy Benefit* | All | Group Care: PerformRx Medi-Cal: Magellan <i>effective 1/1/2022</i> | Yes | Group Care: Alliance Medi-Cal: DHCS |

CFMG – Children First Medical Group

CHCN – Community Health Center Network

* Specialty drugs for IHSS members may be restricted to Optum Specialty Pharmacy.

Please use the corresponding authorization form for the type of request (forms can be used for both Group Care and Medi-Cal members):

Medical Benefit

- Alliance Prior Authorization (PA) Request Form:
www.alamedaalliance.org/providers/provider-forms

Pharmacy Benefit

- Group Care members: PerformRx Prescription Drug Prior Authorization Request Form:
www.alamedaalliance.org/providers/provider-forms
- Medi-Cal members: Medi-Cal Rx Prescription Drug Prior Authorization Request Form:
medi-calrx.dhcs.ca.gov/provider/forms

Questions?

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



ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

This list will be updated as new clinical guidelines or drugs are available.

Effective, Saturday, May 1, 2021, the Healthcare Common Procedure Coding System (HCPCS) codes listed below will require prior authorization (PA) before rendering service:

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|-----------------------------|----------------|--|---------------------------------|
| Outpatient Injectable Drugs | J0129 | ORENCIA (ABATACEPT) 10 MG | The Alliance or delegate group |
| | J0135 | HUMIRA (ADALIMUMAB) 20 MG | The Alliance or delegate group |
| | J0178 | EYLEA (AFLIBERCEPT) 1 MG | The Alliance or delegate group |
| | J0180 | FABRAZYME (AGALSIDASE BETA) 1 MG | The Alliance or delegate group |
| | J0220 | MYOZYME (ALGLUCOSIDASE ALFA) 10 MG | The Alliance or delegate group |
| | J0221 | LUMIZYME INJECTION (ALGLUCOSIDASE ALFA) 10 MG | The Alliance or delegate group |
| | J0256 | PROLASTIN (ALPHA 1 PROTEINASE INBITOR) 10 MG | The Alliance or delegate group |
| | J0257 | GLASSIA (ALPHA 1 PROTEINASE INBITOR) 10 MG | The Alliance or delegate group |
| | J0480 | SIMULECT (BASILIXIMAB) 10 MG | The Alliance or delegate group |
| | J0485 | NULOJIX (BELATACEPT) 1 MG | The Alliance or delegate group |
| | J0585 | BOTOX (ONABOTULINUMTOXINA), PER 1 UNIT | The Alliance or delegate group |
| | J0586 | DYSPORE (ABOBOTULINUMTOXINA) 5 UNITS | The Alliance or delegate group |
| | J0587 | MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B, PER 100 UNITS | The Alliance or delegate group |
| | J0588 | XEOMIN (INCOBOTULINUMTOXIN A) 1 UNIT | The Alliance or delegate group |
| | J0597 | BERINET (C-1 ESTERASE) 10 UNITS | The Alliance or delegate group |
| | J0598 | CINRYZE (C-1 ESTERASE) 10 UNITS | The Alliance or delegate group |
| | J0638 | ILARIS (CANAKINUMAB) 1 MG | The Alliance or delegate group |
| | J0641 | LEVOLEUCOVORIN 0.5 MG | The Alliance or delegate group |
| | J0717 | CERTOLIZUMAB PEGOL 1MG | The Alliance or delegate group |
| | J0881 | ARANESP (DARBEPOETIN ALFA, NON-ESRD) 1 MCG | The Alliance or delegate group |
| | J0882 | DARBEPOETIN ALFA, ESRD USE 1 MCG | The Alliance or delegate group |
| | J0885 | EPOETIN ALFA, NON-ESRD 1000 UNITS | The Alliance or delegate group |
| | J0887 | MIRCERA (EPOETIN BETA) ESRD USE 1 MCG | The Alliance or delegate group |
| | J0897 | PROLIA (DENOSUMAB) 1 MG | The Alliance or delegate group |

ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|-----------------------------|----------------|--|---------------------------------|
| | J1300 | SOLIRIS (ECULIZUMAB) 10 MG | The Alliance or delegate group |
| | J1303 | RAVULIZUMAB-CWVZ 10 MG | The Alliance or delegate group |
| | J1439 | FERRIC CARBOXYMALTOS 1MG | The Alliance or delegate group |
| | J1442 | FILGRASTIM G-CSF 1MCG | The Alliance or delegate group |
| Outpatient Injectable Drugs | J1447 | TBO FILGRASTIM (GRANIX) BIOSIMILAR 1 MCG | The Alliance or delegate group |
| | J1453 | FOSAPREPITANT 1.65 MG | The Alliance or delegate group |
| | J1458 | NAGLAZYME (GALSULFASE) 1 MG | The Alliance or delegate group |
| | J1459 | IMMUNE GLOBULIN PRIVIGEN 500 MG | The Alliance or delegate group |
| | J1460 | GAMMA GLOBULIN 1 ML | The Alliance or delegate group |
| | J1555 | IMMUNE GLOBULIN CUVITRU 100 MG | The Alliance or delegate group |
| | J1556 | IMMUNE GLOBULIN GLOB BIVIGAM 500MG | The Alliance or delegate group |
| | J1557 | GAMMAPLEX (IMMUNE GLOBULIN) 500 MG | The Alliance or delegate group |
| | J1559 | HIZENTRA (IMMUNE GLOBULIN) 100 MG | The Alliance or delegate group |
| | J1560 | GAMMA GLOBULIN 10 ML | The Alliance or delegate group |
| | J1561 | GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED (IMMUNE GLOBULIN) 500 MG | The Alliance or delegate group |
| | J1562 | VIVAGLOBIN (IMMUNE GLOBULIN) 100 MG | The Alliance or delegate group |
| | J1566 | IMMUNE GLOBULIN, POWDER 500 MG | The Alliance or delegate group |
| | J1568 | OCTAGAM (IMMUNE GLOBULIN) 500 MG | The Alliance or delegate group |
| | J1569 | GAMMAGARD LIQUID (IMMUNE GLOBULIN) 500 MG | The Alliance or delegate group |
| | J1572 | FLEBOGAMMA (IMMUNE GLOBULIN) | The Alliance or delegate group |
| | J1575 | HYQVIA 100MG IMMUNEGLOBULIN 100 MG | The Alliance or delegate group |
| | J1599 | IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN | The Alliance or delegate group |
| | J1675 | HISTRELIN ACETATE 10 MCG | The Alliance or delegate group |
| | J1726 | MAKENA, 10 MG | The Alliance or delegate group |
| | J1743 | ELAPRASE (IDURSULFASE) 1 MG | The Alliance or delegate group |
| | J1745 | REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR 10 MG | The Alliance or delegate group |
| | J1786 | CEREZYME (IMUGLUCERASE) 10 UNITS | The Alliance or delegate group |
| | J1826 | INTERFERON BETA-1A INJ REBIF OR AVONEX 30 MCG | The Alliance or delegate group |
| | J1930 | SOMATULINE DEPOT (LANREOTIDE) 1 MG | The Alliance or delegate group |
| | J1931 | ALDURAZYME (LARONIDASE) 0.1MG | The Alliance or delegate group |
| | J1950 | LEUPROLIDE ACETATE PER 3. 75 MG | The Alliance or delegate group |
| | J2323 | NATALIZUMAB 1 MG | The Alliance or delegate group |

ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|-----------------------------|----------------|---|---------------------------------|
| | J2350 | OCRELIZUMAB, 1MG | The Alliance or delegate group |
| | J2353 | SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG | The Alliance or delegate group |
| | J2354 | SANDOSTATIN (OCTREOTIDE NON- DEPOT) 25 MCG | The Alliance or delegate group |
| | J2357 | XOLAIR (OMALIZUMAB) 5 MG | The Alliance or delegate group |
| Outpatient Injectable Drugs | J2503 | MACUGEN (PEGAPTANIB SODIUM) 0.3 MG | The Alliance or delegate group |
| | J2504 | ADAGEN (PEGADEMASE BOVINE) 25 IU | The Alliance or delegate group |
| | J2505 | NEULASTA (PEGFILGRASTIM) 6 MG | The Alliance or delegate group |
| | J2507 | KRYSTEXXA (PEGLOTICASE) 1 MG | The Alliance or delegate group |
| | J2562 | MOZOBIL (PLERIXAFOR) 1 MG | The Alliance or delegate group |
| | J2778 | LUCENTIS (RANIBIZUMAB INJECTION) 0.1 MG | The Alliance or delegate group |
| | J2793 | ARCALYST (RILONACEPT) 1 MG | The Alliance or delegate group |
| | J2796 | NPLATE (ROMIPLOSTIM) 10 MCG | The Alliance or delegate group |
| | J2820 | LEUKINE (SARGRAMOSTIM) 50 MCG | The Alliance or delegate group |
| | J2916 | NA FERRIC GLUCONATE COMPLEX 12.5 MG | The Alliance or delegate group |
| | J3111 | ROMOSUZUMAB-AQQG (EVENITY) 1 MG | The Alliance or delegate group |
| | J3262 | ACTEMRA (TOCILIZUMAB) 1 MG | The Alliance or delegate group |
| | J3285 | TREPROSTINIL 1 MG | The Alliance or delegate group |
| | J3357 | STELARA (USTEKINUMAB) 1 MG | The Alliance or delegate group |
| | J3380 | VEDOLIZUMAB 1 MG | The Alliance or delegate group |
| | J3385 | VPRIV (VELAGLUCERASE ALFA) 100 UNITS | The Alliance or delegate group |
| | J3396 | VISUDYNE (VERTEPORFIN) 0.1 MG | The Alliance or delegate group |
| | J7321 | HYALGAN/SUPARTZ (HYALURONATE) PER DOSE | The Alliance or delegate group |
| | J7322 | HYMOVIS INJECTION 1 MG OR SYNVISIC (HYALURONIC ACID) | The Alliance or delegate group |
| | J7323 | EUFLEXXA (SODIUM HYALURONATE) PER DOSE | The Alliance or delegate group |
| | J7324 | ORTHOVISC (HYALURONIC ACID) PER DOSE | The Alliance or delegate group |
| | J7325 | SYNVISC OR SYNVISIC-ONE (HYALURONIC ACID), 1 MG | The Alliance or delegate group |
| | J7326 | GEL-ONE (HYALURONATE) | The Alliance or delegate group |
| | J7336 | CAPSAICIN 8% PATCH | The Alliance or delegate group |
| | J7639 | PULMOZYME (DORNASE ALFA) NON-COMP UNIT | The Alliance or delegate group |
| | J9015 | ALDESLEUKIN 10 MG | The Alliance or delegate group |
| | J9019 | ERWINAZE (ASPARAGINASE ERWINIA CHRYSANTHEMI) 1,000 IU | The Alliance or delegate group |
| | J9020 | ELSPAR (ASPARAGINASE) 10,000 UNITS | The Alliance or delegate group |

ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|-----------------------------|----------------|--|---------------------------------|
| | J9025 | VIDAZA (AZACITIDINE) 1MG | The Alliance or delegate group |
| | J9033 | BENDAMUSTINE 1MG | The Alliance or delegate group |
| | J9034 | BENDEKA 1 MG | The Alliance or delegate group |
| | J9035 | BEVACIZUMAB 10 MG | The Alliance or delegate group |
| Outpatient Injectable Drugs | J9160 | ONTAK (DENILEUKIN DIFTITOX) 300 MCG | The Alliance or delegate group |
| | J9202 | ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG | The Alliance or delegate group |
| | J9214 | INTERFERON ALFA2B, RECOMBINANT 1 MILL U | The Alliance or delegate group |
| | J9217 | LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG | The Alliance or delegate group |
| | J9228 | YERVOY (IPILIMUMAB) 1 MG | The Alliance or delegate group |
| | J9264 | PACLITAXEL PROTEIN BOUND 1 MG | The Alliance or delegate group |
| | J9266 | ONCASPAR (PEGASPARGASE), PER SINGLE DOSE VIAL | The Alliance or delegate group |
| | J9271 | PEMBROLIZUMAB 1 MG | The Alliance or delegate group |
| | J9299 | NIVOLUMAB, 1 MG | The Alliance or delegate group |
| | J9303 | VECTIBIX (PANITUMUMAB) 10 MG | The Alliance or delegate group |
| | J9304 | PEMETREXED (PEMFEXY), 10 MG | The Alliance or delegate group |
| | J9305 | PEMETREXED 10 MG | The Alliance or delegate group |
| | J9306 | PERJETA (PERTUZUMAB), 1 MG | The Alliance or delegate group |
| | J9307 | FOLOTYN (PRALATREXATE) 1 MG | The Alliance or delegate group |
| | J9311 | RITUXIMAB, HYALURONIDASE | The Alliance or delegate group |
| | J9312 | RITUXIMAB, 10 MG | The Alliance or delegate group |
| | J9315 | ISTODAX (ROMIDEPSIN) | The Alliance or delegate group |
| | J9354 | KADCYLA (ADO-TRASTUZUMAB EMTANSINE) 1MG | The Alliance or delegate group |
| | J9355 | HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR 10 MG | The Alliance or delegate group |
| | J9356 | HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC INJECTION (600MG/10,000 UNITS) | The Alliance or delegate group |
| | J9358 | INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG | The Alliance or delegate group |
| | Q0138 | INJ FERUMOXYTOL IDA 1 MG NON-ESRD | The Alliance or delegate group |
| | Q0139 | INJ FERUMOXYTOL TX IDA 1 MG ESRD | The Alliance or delegate group |
| | Q2041 | AXICABTAGENE CILOLEUCEL CAR | The Alliance or delegate group |
| | Q2042 | TISAGENLECLEUCEL CAR-POST | The Alliance or delegate group |
| | Q2043 | PROVENGE (SIPULEUCEL -T) | The Alliance or delegate group |
| | Q2050 | DOXORUBICIN HCL LIPOSOMAL | The Alliance or delegate group |

ALLIANCE – OUTPATIENT INJECTABLE DRUG DESCRIPTION AND CODE LIST

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|-----------------------------|----------------|--|---------------------------------|
| | Q4081 | EPOETIN ALFA, 100 UNITS ESRD | The Alliance or delegate group |
| | Q5101 | FILGRASTIM-SNDZ (ZARXIO) 1 MCG BIOSIMILAR | The Alliance or delegate group |
| | Q5103 | INFLIXIMAB-DYYB (INFLECTRA) 10 MG BIOSIMILAR | The Alliance or delegate group |
| | Q5104 | INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG | The Alliance or delegate group |
| Outpatient Injectable Drugs | Q5105 | EPOETIN ALFA-EPBX 100 UNITS BIOSIMILAR, (RETACRIT) ESRD | The Alliance or delegate group |
| | Q5106 | EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS | The Alliance or delegate group |
| | Q5107 | BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG | The Alliance or delegate group |
| | Q5108 | PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG | The Alliance or delegate group |
| | Q5109 | INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG | The Alliance or delegate group |
| | Q5110 | FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM | The Alliance or delegate group |
| | Q5111 | PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG | The Alliance or delegate group |
| | Q5112 | TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG | The Alliance or delegate group |
| | Q5113 | TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG | The Alliance or delegate group |
| | Q5114 | TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG | The Alliance or delegate group |
| | Q5115 | RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG | The Alliance or delegate group |
| | Q5116 | TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG | The Alliance or delegate group |
| | Q5117 | TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG | The Alliance or delegate group |
| | Q5118 | BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG | The Alliance or delegate group |
| | Q5119 | RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG | The Alliance or delegate group |
| | Q5120 | PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG | The Alliance or delegate group |
| | Q5121 | INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | The Alliance or delegate group |

Last Updated: April 21, 2021



Important Reminder: How to Submit Standing Referrals for Outpatient Authorization

At Alameda Alliance for Health (Alliance), we value the outpatient specialized care provided by the provider partner community. We would like to share this important reminder about how to submit Standing Referral (SR) authorizations.

Which specialty authorizations are eligible for standing referrals (SRs)?

- The health plan is required to provide standing referrals (SR) to specialists and specialty care center services for enrollees who require continuing specialized medical care over a **prolonged period of time** as part of ongoing ambulatory care or due to a **life-threatening, degenerative, or disabling condition**.
- SRs only pertain to specialty visits requiring prior authorization (PA).
- **Potential conditions necessitating an SR** include, but are *not limited to*:
 - Asthma requiring specialty management
 - Cancer
 - Chronic obstructive pulmonary disease
 - Chronic wound care
 - Cystic fibrosis
 - Diabetes requiring Endocrinologist management
 - Gastrointestinal conditions such as severe peptic ulcer, chronic pancreatitis
 - Hepatitis C
 - HIV/AIDS
 - Lupus
 - Neurological conditions such as multiple sclerosis, uncontrolled seizures
 - Rehab for major trauma, extensive surgery
 - Renal failure
 - Significant cardiovascular disease

What is the SR authorization processing time?

- AR authorization turnaround time requires **three (3) business days** for processing, regardless of whether the authorization is submitted for routine or urgent status.

How to request an SR authorization?

- In the authorization request, clearly state your intent for an SR:
 - Link to an eligible life-threatening, degenerative, or disabling condition.
 - Document the need for prolonged ambulatory specialized care with a treatment plan.
 - Indicate the frequency of visits needed and duration of specialty services required.
- SR specialty authorizations can maximally be approved up to **12 months** if supporting documentation is provided with the authorization request and the specialty services are deemed medically necessary.

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

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



Updated Alliance Cultural Sensitivity Training Now Available

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

Ongoing cultural sensitivity training is an important way to ensure our providers meet the diverse needs of their patients. To assist you in your training efforts, we have created a training that is updated yearly and available for use by our provider network.

To find the training slide deck, please visit the Alliance website at:

www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities

The Alliance Cultural Sensitivity Training is one (1) hour and includes:

- State and federal laws and regulations regarding cultural & linguistic services
- Current Alliance membership demographics
- Why culture is important to health care
- Health disparities, inequities, and unintentional bias
- Practical tips for culturally sensitive practice
- Best communication practices for sub-groups including:
 - Refugee and immigrant members
 - Limited-English speaking members
 - LGBTQ members
 - Seniors and Persons with Disabilities (SPDs)
- Accessible communications: interpreters, translation, and alternate formats

To find more cultural resources or more information, please visit the Alliance website at the link above or contact Health Programs at **1.510.747.4577**.

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

Questions? Please call the Alliance Health Education Programs
Monday – Friday, 8 am – 5:30 pm
Phone Number: **1.510.747.4577**
www.alamedaalliance.org

Tobacco Treatment Resources

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

The Alliance has been working to promote tobacco cessation education and referrals with staff, members, and providers. The Tobacco Treatment Program, based at LifeLong Medical Care/East Bay Community Recovery Project, created a website with useful patient resources and trainings at www.tobaccotreatmentresources.org.

Be sure to check out these resources:

- Medication Options Handout, a single-page, easy-to-read flyer that explains the seven (7) FDA-approved medications for tobacco treatment. www.tobaccotreatmentresources.org/patient-resource.
- Video explaining EPIC referrals to Kick It California (formerly California Smokers' Helpline).* www.tobaccotreatmentresources.org/epic-referral-to-the-ca-smokers-helpline
- Calendar of upcoming trainings and events. www.tobaccotreatmentresources.org/training-calendar

More than One Way to Quit Smoking

7 FDA-APPROVED MEDICATIONS FOR TOBACCO TREATMENT

| CONTAINS NICOTINE | How to Use | How Often (Frequency) | How it Helps You |
|---------------------------|---------------------------------------|--|--|
| Patch | Worn on skin | 1 patch a day | Provides continuous nicotine all day |
| Gum | Chew then "park" between cheek & gums | Up to 24 pieces a day | Quick way to relieve cravings |
| Lozenge | Dissolves in mouth | Up to 20 pieces a day | 25% more nicotine than gum; has different flavors |
| Inhaler | Puff in by mouth | 1 cartridge every 1-2 hours, up to 8-12 cartridges a day | Minimize inhaling a cigarette/kebab |
| Spray | Spray in nose | At least 8 sprays per day | Dilutes nicotine into your system fastest |
| DOES NOT CONTAIN NICOTINE | | | |
| Pills | Ingest by mouth | 1-2 pills per day (Ask your provider about each dosage size) | Helps prevent relapse and weight gain Stops nicotine cravings |

You: Insurance may cover these medications. Ask your doctor if using 2 or more medications may be right for you.



The Tobacco Treatment Program also offers remote tobacco treatment staff trainings on supporting ambivalent patients with motivational interviewing, understanding medications, and brief intervention skills to further support tobacco treatment at clinics.

For questions or to request a staff training, please contact:

Patricia Sanchez, Program Manager – psanchez@lifelongmedical.org
Linda Nguyen, Program Coordinator – lnguyen@lifelongmedical.org

*For more information on Kick It California and other provider referral methods, please visit kickitca.org/health-professionals.

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

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



Preventive Services Guidelines Update – November 2021

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

At the Alliance, we require that all network and delegated providers follow the most current Preventive Care Guidelines.

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

We are sharing this update to ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from August 12 to November 11, 2021. The previous recommendation for all three was an “A” or “B”.

| Topic | Description | Grade | Release Date |
|--|---|-------|----------------|
| Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity | The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. | B | August 2021 |
| Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia | The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose. | B | September 2021 |
| Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons | The USPSTF recommends screening for chlamydia and gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. | B | September 2021 |

Updated: November 11, 2021

Actions to Transform US Preventive Services Task Force Methods to Mitigate Systemic Racism in Clinical Preventive Services

Published November 8th, the article details actions USPSTF is taking to promote antiracism and health equity in preventive care throughout its recommendation development process. Access the article at: <https://jamanetwork.com/journals/jama/fullarticle/2786145>.

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



DHCS APL 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share an important with you.

The State of California Department of Health Care Services (DHCS) released All Plan Letter (APL) 21-014 on Monday, October 11, 2021, regarding the primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to **members ages 11 years and older, including pregnant women**. This aligns with the American Academy of Pediatrics (AAP)/Bright Futures and the United States Preventive Services Task Force (USPSTF) recommendations.

Screening

Unhealthy alcohol and drug use screening must be conducted using validated screening tools.

Brief Assessment

When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use, alcohol use disorder (AUD), or substance use disorder (SUD) is present. Assessment can be done without first using a screening tool.

Brief Interventions and Referral to Treatment

Brief misuse counseling should be offered for unhealthy alcohol use. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, must be offered for patients with probable AUD or SUD.

Brief interventions must include the following:

- Discussing negative consequences and the overall severity of the problem
- Supporting the patient in making behavioral changes
- Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated

Documentation Requirements

Member medical records must include the following:

- The service provided
- The name of the screening instrument and score
- The name of the assessment instrument and score
- If and where a referral to an AUD or SUD program was made

Additional Resources:

Validated Screening and Assessment Tools (Please Note: Items marked \$ require a fee)

Screening:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
www.pedagogyeducation.com/Main-Campus/Resource-Library/Correctional-Nursing/CAGE-AID-Substance-Abuse-Screening-Tool.aspx
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
www.drugabuse.gov/taps
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
<https://archives.drugabuse.gov/nmassist/>
 - The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Drug Abuse Screening Test (DAST-10) \$
For use of this tool, please contact Dr. Harvey Skinner at: **hskinner@yorku.ca**
- Alcohol Use Disorders Identification Test (AUDIT-C)
www.hepatitis.va.gov/alcohol/treatment/audit-c.asp
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents \$
www.ntiupstream.com/4psabout
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) for non-pregnant adolescents
www.crafft.org
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population
hign.org/sites/default/files/2020-06/Try_This_General_Assessment_17.pdf

Assessment:

- NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
<https://archives.drugabuse.gov/nmassist/>
- Drug Abuse Screening Test (DAST-20) \$ - For use of this tool, please contact Dr. Harvey Skinner at **hskinner@yorku.ca**
- Alcohol Use Disorders Identification Test (AUDIT)
auditscreen.org

Referral to Alcohol and Drug Services

For Alliance Medi-Cal members:

Alameda County Behavioral Health Substance Use Treatment and Referral Helpline

Toll-Free: **1.844.682.7215**

www.acbhcs.org/substance-use-treatment

For Alliance Group Care members:

Beacon Health Options

Toll-Free: **1.855.856.0577**

www.beaconhealthoptions.com

Tobacco use:
 Kick It California
 Toll-Free: **1.800.300.8086**
kickitca.org/health-professionals (includes link to online provider referrals)

Billing for Services

SABIRT Billing Codes and Frequency Limits Table

| BILLING CODE | DESCRIPTION | WHEN TO USE | FREQUENCY LIMIT |
|---------------------|--|---|--------------------------|
| G0442 | Annual alcohol misuse screening, 15 minutes | Alcohol use screening | 1 per year, per provider |
| H0049 | Alcohol and/or drug screening | Drug use screening | 1 per year, per provider |
| H0050+ | Alcohol and/or drug services, brief intervention, per 15 minutes | Alcohol misuse counseling or counseling regarding the need for further evaluation/treatment | 1 per year, per provider |

To read the APL in full, please visit www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

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



Routine Appointment Availability Reminder & Timely Access Standards

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

Each year, the Alliance conducts surveys to members to assess their experience with the plan and their providers. The results noted a slight drop in the member's experience with the availability of **routine** appointments. We are sharing some reminders as well as the Timely Access Standards with our providers as a reminder about timeliness for routine appointments.

Tips to Optimize Member Experience:

- PCPs receive monthly gap-in-care reports for their assigned members to help identify patients who may need outreach for routine appointments.
- Offer an alternative modality to in-person for routine appointments, if appropriate (e.g., telephonic or video appointment).
- Send reminders to patients about upcoming routine appointments.

On the next page, please find the Timely Access Standards table that outlines the required appointment time frames.

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

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TIMELY ACCESS STANDARDS*

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

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

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

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

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

PA = Prior Authorization

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

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

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

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Initial Health Assessments (IHA) Have Resumed on Friday, October 1, 2021

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We appreciate the hard work you do to protect the well-being of our community.

In response to the COVID-19 pandemic, from Sunday, December 1, 2019, to Thursday, September 30, 2021, the Department of Health Care Services (DHCS) temporarily suspended the mandate that Initial Health Assessments (IHA) be completed in 120 days. Beginning **Friday, October 1, 2021**, Medi-Cal primary care providers (PCPs) must begin resumption of the IHA.

As a reminder, the IHA is a comprehensive assessment that is required for all newly enrolled members with a PCP.

- Members enrolled as of Friday, October 1, 2021, must have a completed IHA within 120 days or within 12 months prior to plan enrollment.
- Members enrolled between Sunday, December 1, 2019, through Thursday, September 30, 2021, must have a completed IHA within 120 days of Friday, October 1, 2021.

The IHA requires a complete health exam and a Staying Healthy Assessment (SHA) documented within 120 days of enrollment.

The specific pieces are below:

- Comprehensive health history
- Review of organ services
- Preventive services review
- Physical and mental health exam
- Diagnoses and plan of care
- SHA/IHEBA

What to do if you are unable to reach a member or the member fails to show for a scheduled appointment:

Providers should make at least three (3) attempts to reach a member; DHCS requires that the first attempt be made by phone, the second by letter or postcard, and the third by either phone or letter.

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Provider Alert: Fraud, Waste & Abuse (FWA) Prevention & Reporting

At the Alameda Alliance for Health (Alliance), we are committed to building and maintaining our valuable community and provider partnerships. In support of those relationships, the Alliance promotes the prevention, detection, and resolution of fraud, waste and abuse (FWA), and other unlawful activities in and around healthcare.

Health care fraud costs taxpayers billions of dollars each year and endangers the health of our communities. If you are aware of actual or suspected illegal activity, unethical business practices or other suspicious activity regarding our health plan, our providers, vendors, or members, please report it immediately by using one of the following methods:

1. Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
2. Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
3. Visit the Alliance website: **www.alamedaalliance.ethicspoint.com**
4. Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**

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

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