2022 Quarter 2 Provider Packet

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

The Alliance remains available to support and assist our providers during the shelter-in-place orders 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 Services Call Center at **1.510.747.4510**
- Visit the provider section of our website at **www.alamedaalliance.org/providers**

THIS PACKET INCLUDES:

1. Provider Demographic Attestation Form
2. Opioids Safety Guider for Patients and Caregivers
3. Medicines for Opioid Dependence
4. Substance Use Disorder Opioid Taper Decision Tool
5. Provisional Postpartum Care Extension (PPCE) Provider Notice
6. Initial Health Assessments (IHA) Have Resumed Effective October 2021 Notice
7. Provider Fraud, Waste, and Abuse (FWA) Notice
8. The Annual Healthcare Effectiveness Data and Information Set® (HEDIS) Medical Record Data Retrieval
9. Preventive Services Guidelines Update – March 2022
10. Important Notice About How to Submit Standing Referrals for Outpatient Authorization
11. Timely Access Standards
12. Encouraging PCPs to Become Enhanced Care Management Provider Notice
13. Benzodiazepine Taper Decision Tool for Providers Notice
14. Reminder and Tips on Medi-Cal Rx Transition Provider Notice

☐ 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 ☐ YES ☐ NO ☐ ONLY EXISTING

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ 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

Alameda Alliance for Health

Opioid Safety Guide for Patients & Caregivers

Prescription Opioids – Pain Relievers

At Alameda Alliance for Health (Alliance), we are here to help you take charge of your health. You can use this safety guide to learn more about how opioids work and how to use them with caution.

Opioids are often used to relieve pain after surgery or injury, or for major health issues like cancer. They can be an important part of your treatment. But they also come with serious risks. You can work with your doctor to make sure you get the safest, and most effective care.

Use Opioids with Caution

Take Medicine Safely.
Don't take your medicine more often than your doctor tells you to.

Keep Others Safe.
Never share your medicines. Keep them secure and out of reach of others. Safely dispose of any unused medicine at a drop-off site near you. To find a drop-off site, please visit **acgov.org/medscoalition.**

Know Your Medicine.
Make sure you know the name of the medicine and how often to take it. Know the side effects and when to call your doctor.

Caution: Avoid Alcohol, Street Drugs, and Certain Other Medicines.
Talk to your doctor or pharmacist before taking medicines such as:

- Benzodiazepines (such as Xanax, Ativan, or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Sleeping pills (such as Ambien or Lunesta)
- Other prescription opioids

Side Effects of Opioids May Include:

- Constipation.
- Feeling sleepy, dizzy, or confused.
- Nausea, vomiting and dry mouth.
- Tolerance – meaning you don't get the same pain relief as you once did.
- Withdrawal symptoms like anxiety, aches and pains, and stomach problems.

Continued on the back →

Opioids Are Addictive

Opioid Overdose Can Slow Breathing and Cause Death.

If you suspect overdose, **call 911**. Use naloxone, which can treat opioid overdose, if you have it.

Signs of opioid overdose include:

- Choking or gurgling sounds.
- Falling asleep or losing consciousness.
- Limp body.
- Pale, blue, or cold skin.
- Slow, shallow breathing.
- Small pupils.

Risks Are Greater If You:

- Are 65 years of age or older.
- Are pregnant.
- Have a high tolerance to opioids.
- Have ever used street drugs or had a problem with substance use.
- Have mental health conditions, such as depression or anxiety.
- Have sleep apnea.

Talk to your doctor if you struggle to control your use. You can also call these numbers for concerns about a drug problem:

Alameda County Behavioral Health Care Services ACCESS Helpline
(Interpreter available)
Toll-Free: **1.800.491.9099**

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline (English, Spanish)
Toll-Free: **1.800.662.4357**

Talk to Your Doctor

- Ask your doctor for a naloxone prescription in case of overdose. You can also buy it from a pharmacy without a prescription.
- Create a plan to manage your pain.
- Talk about ways to manage your pain without opioids.
- Talk about any and all concerns and side effects.

Content adapted from Centers for Disease Control and Prevention (CDC) and Alameda County Health Care Services Agency
www.cdc.gov/drugoverdose
www.acgov.org/health/documents/OpioidFactSheetfortheCommunity.pdf

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Do you need more support? Please call Alliance Health Programs
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4577**
People with hearing and speaking impairments (CRS/TTY):
711/1.800.735.2929
www.alamedaalliance.org

ALAMEDA Alliance FOR HEALTH

HE_MBRS_OHE_SAF 05/2020
OP-1 HED Rev 10/2019

Alameda Alliance for Health

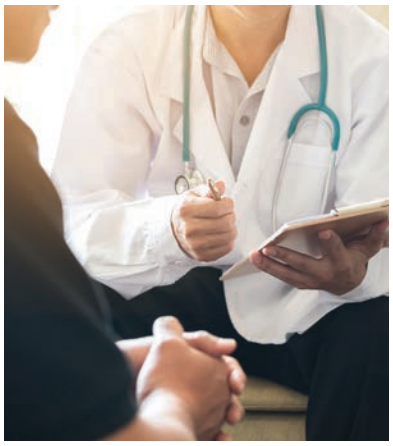
Medicines for Opioid Dependence

Prescription Opioids – Pain Relievers

At Alameda Alliance for Health (Alliance), we are here to help you take charge of your health. You can use this guide to help control your use of opioids.

Even when opioids are taken as the doctor ordered, they can still cause dependence or addiction. To treat opioid dependence, doctors combine medicines with behavioral therapy. This is called Medication-Assisted Treatment (MAT).

Medicines to Reduce Opioid Cravings



If you find it hard to control your use of opioids, MAT can help. Ask your doctor about medicines to reduce opioid cravings.

The three (3) medicines below may work for you:

1. **Buprenorphine** is a safer choice for pain and may help prevent opioid cravings.
1. **Methadone** tricks the brain into thinking it's still getting opioids. This is given at an opioid treatment program (OTP) clinic.
3. **Naltrexone** lessens the desire to take opioids. This is given at your doctor's office.

Medicine to Reverse Overdose

Naloxone can save someone from an opioid overdose. It begins working within two (2) to three (3) minutes. The medicine comes in a spray (left picture) or injection device (right picture) that are both easy to use.

Examples of Naloxone.

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ALAMEDA Alliance FOR HEALTH

HE_MBRS_OHE_MAT 05/2020
OP-3 HED Rev 10/2019

ALAMEDA ALLIANCE FOR HEALTH

SUBSTANCE USE DISORDER OPIOID TAPER DECISION TOOL – CLINICIAN'S GUIDE

WE ARE HERE TO HELP YOU!

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

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

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

Table of Contents

High-Risk Population

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

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

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

Consider tapering opioids in the following scenarios:[1, 2]

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

Definition of Opioid Tolerance[4]

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

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

BRAVO Tool and Other Patient Counseling Tools

The BRAVO protocol outlines a safe and compassionate strategy for opioid tapering while maintaining therapeutic compliance.[5]

BRAVO Tool[5,6]:
www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf
www.oregonpainguidance.org/wp-content/uploads/2019/02/BRAVO-updated-2019.pdf?x91687

How to Taper Patients Off of Chronic Opioids Therapy CE:
www.edx.org/course/how-to-taper-patients-off-of-chronic-opioid-therapy

Changing Conversations About Pain CE:
www.oregonpainguidance.org/clinics/opmc-online-pain-management-course

Prescription Opioid Dependence vs Opioid Use Disorder

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

Prescription Opioid Dependence[7] occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.

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

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Opioid Tapering Examples (For Reference Only)[4,8]

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

Slow Taper (10% per month)[4]: Morphine ER 120 mg BID

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

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

Tapering After Surgery[4]: After surgery, a patient is often ready for an opioid taper.

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

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

Tapering Methadone[4]: Methadone 40 mg every 8 hours

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

Tapering Fentanyl[4]: *Fentanyl 100 mcg every 72 hours*

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

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

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

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Treatment of Withdrawal Symptoms[1,4]

INDICATIONS	TREATMENT OPTIONS*
Abdominal cramping	• Diclyclomine 20 mg q6-8h.
Aches, pains, myalgia	• NSAIDS, Acetaminophen, lidocaine 5% ointment, Diclofenac 1% gel.
Anxiety, lacrimation, rhinorrhea	• Hydroxyzine 25 mg to 50 mg tid prn. • Diphenahydramine 25 mg q6h prn.
Autonomic symptoms (sweating, tachycardia, myoclonus)	• Clonidine 0.1 or 0.2 mg q6-q8h prn. Hold if BP<90/60. Obtain daily BP check. Reassess in 3 to 7 days. Taper upon symptom resolution. Alternatives: • Baclofen 5 mg tid prn; may increase to 40 mg daily dose. • Gabapentin 100 mg to 300 mg titrated to 1800 to 2100 mg divided in 2 to 3 doses. • Tizanidine 4 mg tid prn, can increase to 8 mg tid prn.
Diarrhea	• Loperamide 2 mg to 4 mg prn up to 16 mg per day. • Bismuth subsalicylate 524 mg every 0.5 to 1 hour orally, not to exceed 4192 mg/day.
Insomnia	• Trazodone 25 mg to 100 mg qhs.
Nausea/Vomiting	• Prochlorperazine 5 to 10 mg q4h prn. • Promethazine 25 mg po or pr q6h prn. • Ondansetron 4 mg q6h prn.

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

References

1. VA/DoD Pain Management, Opioid Decision Taper Tool(2016, Oct) www.pbm.va.gov/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf
2. HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Anaglesics (2019, Oct). US. Department of Health and Human Services. www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf
3. Ducharme, J., & Moore, S. (2019). Opioid Use Disorder Assessment Tools and Drug Screening. Missouri medicine, 116(4), 318–324.
4. Kral, LA; Jackson K, Uritsky TJ. A practical guide to tapering opioids. Ment Health Clin (internet). 2015;5(3):102-108. doi: 10.9740/mhc.2015.05.102.
5. Lembke, A., MD. (2018, August). Opioid Taper/Discontinuation (The BRAVO Protocol). www.oregonpainguidance.org/wp-content/uploads/2019/02/BRAVO-updated-2019.pdf?x91687
6. Lembke, A., Shames, J., Heesacker, L., Halperin, R., & Stephens, M. (2020) BRAVO! A Collaborative Approach to Opioid Tapering. Oregon Pain Guidance. https://www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf
7. Opioid Overdose: Commonly Used Terms. Centers for Disease Control and Prevention. 2020 May 5. Retrieved from www.cdc.gov/drugoverdose/opioids/terms.html20.
8. Dowell D, Haegerich TM, Chou R; CDC guideline for prescribing opioids for chronic pain – United States, 2016. MMWR 2016;65(1-49).

Disclaimer

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

We are here to help!

If you have any questions, please contact:

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

Provisional Postpartum Care Extension (PPCE) Extended from 60 Days to 12 Months

Primarily Impacted Providers: Primary Care Providers (PCP), OB/GYN, and Midwives

At the Alliance, we value our dedicated provider partner community. We appreciate the hard work you do to protect the well-being of our community. We want to share an important regulatory benefit update with you.

Effective Friday, April 1, 2022, the California Department of Health Care Services (DHCS) will expand the benefit of Provisional Postpartum Care. The Provisional Postpartum Care Extension (PPCE) is a state-funded Medi-Cal program that extends the care period for eligible pregnant individuals and allows full-scope coverage during pregnancy and postpartum.

The postpartum coverage period for eligible individuals receiving pregnancy-related and postpartum care services **as of Friday, April 1, 2022, will include an additional ten (10) months of coverage following the current 60-day postpartum period for a total of 12 months, without requiring a mental health diagnosis**.

For more information on this policy change, please refer to the All County Welfare Director's Letter 21-015, available on the DHCS website at **www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-15.pdf**.

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

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.

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

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 endanger 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).

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

ALAMEDA Alliance FOR HEALTH

January 22, 2022

Dear Provider Partner and Staff:

The annual Healthcare Effectiveness Data and Information Set® (HEDIS) medical record data retrieval season is here.

As a reminder, Alameda Alliance for Health (Alliance) staff may contact your office each year to verify the HEDIS® contact information, arrange a time to collect medical records, or to request that medical records be faxed or mailed. We recognize that this request can be burdensome, but this information is critical to accurately reflect the high quality of care that you provide. We also understand these are challenging times and will do everything we can to help make the process as smooth as possible.

HEDIS® data collection and reporting is required by the California Department of Health Care Services (DHCS). All Alliance contracted providers must provide the Alliance access to member medical records and health information to complete the annual HEDIS® review. The Health Insurance Portability and Accountability Act (HIPAA) authorizes the Alliance to collect this information without patient-authorized information release forms.

We appreciate your assistance with this process. We are working to provide you with your member patient list and give you as much advance notice as possible. Please help us by returning all requested medical records **within 5-10 business days** of the request date. If you have any questions, or if you identify a member on the list who was never seen in your practice or facility, please email us at **HEDIS@alamedaalliance.org** or fax us at **1.510.373.5998**.

As always, we thank you for the excellent care you provide to our members and being a part of our network. We value your partnership and support in achieving a shared mission.

Sincerely,

Steve O'Brien MD

Steve O'Brien, M.D.
Chief Medical Officer
Alameda Alliance for Health

Preventive Services Guidelines Update – March 2022

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

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

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

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule, available at: **downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.** The 2022 schedule will be published in March.

The Alliance covers immunizations according to the immunization schedules recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC) and other medical associations. To view child and adult immunization schedules and new changes for 2022, please visit: **www.cdc.gov/vaccines/schedules**.

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 November 12, 2021, to March 1, 2022.

Topic	Description	Grade	Release Date
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	B	December 2021 *
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B	December 2021 *

*Previous recommendation was an "A" or "B."

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

Important Notice About Standing Referrals

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

The Alliance maintains a referral management process that gives our members the ability to obtain a standing referral to specialists. Alliance providers who identify care for a standing referral must submit a prior authorization (PA) request to the Alliance.

What is a standing referral? A standing referral allows a member to see a specialist without needing new referrals for each visit. The condition typically has an extended period of treatment. The standing referral may be up to a maximum of 12 months. The primary care provider (PCP) or specialist will decide if they need to submit a PA when a member meets the guidelines.

Potential conditions to consider for a standing referral when accessing services by a <u>non-contracted provider</u> include, but are *not limited to*:

- Asthma requiring specialty management
- Chronic obstructive pulmonary disease
- Diabetes requiring endocrinologist management
- Gastrointestinal conditions such as severe peptic ulcer, chronic pancreatitis
- Neurological conditions such as multiple sclerosis, uncontrolled seizures
- Significant cardiovascular disease
- Cancer
- Chronic wound care
- Cystic fibrosis
- Hepatitis C
- HIV/AIDS
- Lupus
- Renal failure

Potential conditions to consider for a standing referral when accessing services by a <u>contracted provider</u> include, but are *not limited to*:

- Burn Care
- Chronic wound care

How to submit a standing referral

- Submit requests through either of the normal PA channels:
- Use the general PA form and submit it by fax to the Alliance Utilization Management department at **1.855.891.7174**
- Electronically through our online Alliance Provider Portal
- For more information, please visit **www.alamedaalliance.org/providers/authorizations/authorization-management**

What information should be included with your request

- Indicate you are requesting a **standing referral**
- Diagnosis
- Plan of care
- Anticipated length of treatment
- Frequency of visits

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
or you may contact your Provider Representative directly.
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Timely Access Standards*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated. 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
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

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

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

Shortening or Extending Appointment Timeframes: The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

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

Primary Care Providers (PCP) May be Eligible to Become Enhanced Care Management (ECM) Providers

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are sharing an important reminder about Enhanced Care Management (ECM) with you.

As a reminder, effective Saturday, January 1, 2022, the previous Health Homes Program (HHP) transitioned to ECM. The Alliance encourages primary care providers (PCPs) to become ECM providers if they are interested and meet the qualifications.

Enhanced Care Management (ECM)

ECM is a benefit that provides extra care coordination services to members with highly complex needs. ECM providers will have an ECM contract outlining the terms for the ECM program and will be reimbursed for outreach and engagement to eligible and enrolled ECM members.

Provider Benefits

ECM allows you to help manage your patient's enhanced care needs and receive additional reimbursement for providing ECM services.

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

For more information, please visit:

- **www.alamedaalliance.org/providers/calaim**
- **www.aurrerahealth.com/wp-content/uploads/2021/12/Provider-Toolkit_FINAL.pdf**

PCPs or providers interested in becoming an ECM provider should complete an entity interest form on our website at **www.alamedaalliance.org/providers/calaim**.

For more information, you may also contact the Alliance Provider Services Department at **1.510.747.4510**. Thank you for the quality care you provide to your patients and our community.

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ALAMEDA ALLIANCE FOR HEALTH

BENZODIAZEPINE TAPER DECISION TOOL – CLINICIAN'S GUIDE

WE ARE HERE TO HELP YOU!

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

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

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

Table of Contents

Benzodiazepine Tapering

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

Populations of Who to Taper[4]

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

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

Specific Tapering Recommendations[4]

Individuals taking higher than recommended doses:

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

Individuals taking therapeutic dose-bedtime dosing:

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

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

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

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

Adjunctive options to support the last phase of taper[4, 6, 7]

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

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

Benzodiazepine Equivalency[2,4, 5]

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

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

Withdrawal symptoms: Agitation, anxiety, tachycardia, dysphoria, insomnia, hallucinations, delusions, delirium.[2]

Tapering Example[4]

Drug: Lorazepam 4 mg bid → Diazepam 40 mg qd

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

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4. VA/DoD Effective Treatments for PTSD: Helping Patients taper from Benzodiazepines January 2015
5. Lexi-Drugs. [cited 2019 Feb 15] In Lexicomp Online [Internet]. Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc. Available from online.lexi.com/lco/action/home
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7. Baandrup, L., Ebdrup, B. H., Rasmussen, J. Ø., Lindschou, J., Gluud, C., & Glenthøj, B. Y. (2018). Pharmacological interventions for benzodiazepine discontinuation in chronic benzodiazepine users. The Cochrane database of systematic reviews, 3(3), CD011481. doi.org/10.1002/14651858.CD011481.pub2

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

We are here to help!

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Reminder and Tips on the Medi-Cal Rx Transition That Started 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 reminder we would like to share with you.

A new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), started providing services and support on **Saturday, January 1, 2022**. The new program is called "Medi-Cal Rx." **The Alliance is no longer the administrator for the Medi-Cal pharmacy benefit.**

We have put together a list of updates below to provide frequently requested information about the change.

Contact Information

Magellan at the Medi-Cal Rx Call Center	Toll-Free: **1.800.977.2273** **www.medi-calrx.dhcs.ca.gov**
Medi-Cal Rx General Questions	**rxcarveout@dhcs.ca.gov** **PLEASE NOTE**: 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.

Registration Portal

- Individual prescribers will each need to register to the Medi-Cal Rx Portal to be a user. To register, please visit **https://uac.magellanrx.com/pin-requests**.
- Pharmacy Service Representatives (PSRs) and YouTube tutorials are available for walkthrough registration at **medi-calrx.dhcs.ca.gov/home/education**.
- For registration questions, please email **medicalrxeducationoutreach@magellanhealth.com**.
- For provider training requests, please email **medicalrxeducationoutreach@magellanhealth.com**.
- To view the Medi-Cal Rx Provider Manual, please visit **medi-calrx.dhcs.ca.gov/home/provider-manual**.

Medication Coverage

- To view which medications are on the Contract Drugs List (CDL), please visit **medi-calrx.dhcs.ca.gov/home/cdl**.
- For coverage of non-drugs (i.e., medical devices, etc.), please visit **medi-calrx.dhcs.ca.gov/provider/forms**, then click on "Covered Products Lists."
- To check CDL (Contract Drug List) coverage of medications quickly, please visit **medi-calrx.dhcs.ca.gov/provider/drug-lookup**, then use the "Drug Lookup" tool.

Billing

- Billing is open to **all** specialty pharmacies in the state pharmacy network for Medi-Cal, not just Optum.
- **180 Transition Period:** If a member has been on a prescribed medication before Medi-Cal Rx went live on **Saturday, January 1, 2022**, then billing should be covered if picking up a Renewal Rx for that same medication for **six (6) months** without a new prior authorization (PA). This will prompt a message at the Point-of-Sale Pharmacy system that a new PA will be required at the end of the first **six (6) months** of Medi-Cal Rx (by July 2022).
- New medications that are not on the CDL and that the member has not been on regularly before 2022, will require a new PA.

How to Submit a Prior Authorization (PA)

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. **Medi-Cal Rx Secure Portal:** The PA system information and forms are available on the Medi-Cal Rx website at **www.medi-calrx.dhcs.ca.gov**.

   Providers can check on the status of requests on the Medi-Cal Rx Provider Portal or by phone by calling the Medi-Cal Rx Call Center Line toll-free at **1.800.977.2273**. Please refer to **www.medi-calrx.dhcs.ca.gov**.
2. ***CoverMyMeds:** Providers can create an account and log in to submit a PA on the CoverMyMeds website at **www.covermymeds.com**. If you currently use CoverMyMeds, you can continue to utilize this platform to submit a PA. A link to CoverMyMeds can also be found in the Medi-Cal Rx Secure Portal. ***Please prioritize this submission process to minimize delays.**
3. **NCPDP P4:** To view the Prior Authorization Request Only (P4) Payer Sheet Template, please visit **medi-calrx.dhcs.ca.gov/provider/forms**.
4. **By Fax**: PA requests and attachments can be faxed to **1.800.869.4325**.
5. **By mail:** PA requests and attachments can be mailed to:

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

BIN, PCN, and Group ID Number for Billing Magellan

Health Plan	BIN	PCN	Group ID
Magellan	022659	**06334225**	Medi-Cal Rx

Helpful Tips

- The CDL will be updated monthly and communicated by bulletin with outlines on the 1st of each month. CDLs will be updated infrequently/not routinely on the CDL but will be communicated by bulletin depending on a rolling basis.
- To sign up for the subscription alert, please visit **mcrxsspages.dhcs.ca.gov/Medi-CalRxDHCScagov-Subscription-Sign-Up**.
- To access the Medi-Cal Rx Bulletins & News page, please visit **medi-calrx.dhcs.ca.gov/provider/pharmacy-news**.
- 72-hour emergency supply is available without a PA.
- Please keep in mind when calling the Medi-Cal Rx customer service number, that Magellan Clinical Liaisons cannot provide overrides for Pharmacy Point-of-Sale transactions.
- **Please prioritize submitting PA requests through CoverMyMeds.** It is highly recommended that this be done either **online or in real-time**. The prescriber will receive faster determinations and have a greater chance of avoiding any unwanted delays in processing.
- **Medi-Cal Rx Drug Lookup Tool: medi-calrx.dhcs.ca.gov/provider/drug-lookup**.
  The tool includes all drugs covered by Medi-Cal Rx, not just those under the Contract Drug List (CDL). If the drug is not listed on the CDL, a PA is required. Additionally, some drugs listed on the CDL may require a PA (as noted in the Code 1 restriction). Some drugs that do not require a PA may not reflect this status on the Formulary Lookup Tool. Please always confirm drugs on the CDL at **medi-calrx.dhcs.ca.gov/home/cdl**.
- To recommend a medication be added to the CDL please contact **mcrxdhcs@dhcs.ca.gov**.
- If claims are unable to pay due to an invalid prescriber NPI, be sure to check for prescriber NPI validity via **https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx** "Ordering/Referring/Prescribing NPI not enrolled or eligible for svc billed on the date of svc. Future claims may deny when this edit is fully implemented by Medi-Cal Rx." In the future, billed Medi-Cal Rx services may be denied if you are not enrolled as a Medi-Cal Ordering, Referring, and Prescribing (ORP) provider. For enrollment assistance, use either the Provider Application and Validation for Enrollment (PAVE) Portal or the Provider Enrollment Directory.
- For urgent matters requiring escalation, please email **resolution@magellanhealth.com**.
- Why are some CDL-listed medications not being accepted for billing? This depends on the NDC being billed. Certain NDCs will go through for certain products, while others will not. If the NDC being billed isn't covered, this would require a PA on why that specific NDC is needed. Other NDCs may be covered depending on the CDL limit restrictions, and some may even pay through at the pharmacy point-of-sale.
- For more support on limitations/restrictions of various drugs, please refer to Medi-Cal Rx Drug Lookup Tool and Contract Drugs List Tips at **https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.02_A_Drug_Lookup_CDL_Tips.pdf**.
- Effective as of May 1, 2022: pen needle quantity limits have been updated to 200 per 30-day period per claim.

IMPORTANT UPDATES

Enteral Nutrition Retro Billing

Medi-Cal recently removed the maximum quantity limit restrictions on enteral nutrition products RETRO to January 1, 2022.

Reject Code 70

The most common error received at pharmacies when attempting to bill Medi-Cal RX is **ERROR Code Reject 70 (NCPDP Reject Code 70: Product/Service Not Covered)**. In order to help avoid the error code when billing, the medication must be billed by its exact NDC. It is strongly recommended to first check the requested medication to ensure it is on the **CDL** at **https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf**.

Also, check that it is one of the **Covered NDCs** at **https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Approved_NDC_List.xlsx**.

This will help avoid unnecessary Reject Code 70 errors due to incorrectly entered information during billing.

Physician Administered Drugs (PAD) Billing Policy

Physician Administered Drugs (PADs) are usually administered by a healthcare professional (not in a pharmacy setting). These are always a medical benefit and should be submitted by the medical provider on a medical claim to either fee-for-service or a managed care plan.

PA approvals of PADs billed by pharmacies are not to replace typical PAD coverage as a medical benefit. Please keep in mind that PADs will always remain a medical benefit, even in the rare cases that they are billed by a pharmacy.