2022 Quarter 3 Provider Packet
In-Person Visits by Provider Services Have Resumed!

The Alliance is pleased to report that we have resumed in-person visits. Provider Relations Representatives are available to meet with you in person, by phone, or by virtual meetings.

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: **eposton@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:

1. Provider Demographic Attestation Form
2. Timely Access Standards
3. 2022 Provider Appointment Availability Survey (PAAS) Notice
4. Initial Health Assessments (IHA) Notice
5. Asthma Remediation Services Notice
6. Facility Site and Medical Record Review Changes for PCPs
7. Member Advisory Committee (MAC) Notice
8. Pharmacy Medi-Cal Rx Transition Provider Notice
9. Palliative Care Update Notice and Prior Authorization (PA) Form
10. Blood Lead Screening Requirements Notice
11. Shared Decision-Making Resource: Care that Fits from the Mayo Clinic
12. Alliance Case and Disease Management Overview and Form
13. Important Notice About Personal Blood Pressure (BP) Cuffs and Monitoring Devices for Medi-Cal Members

☐ Accepting New Patients ☐ Accepting Existing Patients ☐ Not Accepting Patients

Comments: _____

_____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____

Provider Demographic Attestation Form

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

INSTRUCTIONS:

1. Please type or print clearly.
2. Please complete the form and return by fax to the Alliance at **1.855.891.7257**.

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

PROVIDER INFORMATION		
Provider/Clinic Name:		Provider Tax ID:
Site Address:		
City:	State:	Zip Code:
Main Phone Number:		Fax Number:
Hours of Operation:		
Clinic Email Address:		
Languages Spoken:		Accepting Patients ☐ 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

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

2022 Provider Appointment Availability Survey (PAAS)
Monday, August 1, 2022, through Thursday, December 31, 2022

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

Each year the Alliance conducts its annual Provider Appointment Availability Survey (PAAS). All health plans in California are required to survey providers to assess the availability of **routine** and **urgent** appointments.

About This Survey

Providers: Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, based on the California Department of Managed Health Care (DMHC) methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (mammogram or physical therapy).

Methodology: The Alliance contacts a randomized sample (and over-sample, as appropriate) of network providers contracted with the Alliance as of **December 31 of the previous year**. The Alliance first faxes/emails the survey. We encourage our provider partners to respond to the initial fax/email survey request to avoid additional phone call outreach. If we do not receive a fax or email response within the first week of the survey request, the Alliance will follow up with a phone call.

Questions: The survey solicits answers about the next available appointment[1] date and time for:

1. **Urgent and non-urgent services** for PCP, specialist, psychiatrist, and NPMH providers.
2. **Non-urgent services** for ancillary providers.

Appointment dates and times are collected at the location level for providers practicing at Federally Qualified Health Centers (FQHCs).

Provider offices are **contractually obligated** to complete the survey. Please note that unresponsiveness/refusal to comply with the survey may result in a corrective action plan.

A table that outlines the required appointment timeframes can be found in this 2022 Q3 Quarterly Provider Packet titled "Timely Access Standards."

Thank you for your attention and assistance in completing the PAAS.

[1] Appointments can be either in-person or via telehealth.

Important Reminder on Initial Health Assessments (IHA)

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. We have an important reminder we want to share with you.

An Initial Health Assessment (IHA) is a comprehensive assessment completed during a patient's first primary care provider (PCP) visit. The goal of the IHA is to assess acute, chronic, and preventative health needs. The IHA is a California Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid requirement. The IHA requires a complete health exam and a Staying Healthy Assessment (SHA) documented within 120 days of the member's enrollment with the plan as a Medi-Cal beneficiary.

The specifics of the IHA are listed 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 cannot reach a patient or the patient fails to show for an appointment:

Alliance 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.

Gap in Care Reports

Every month, the Alliance identifies all members who have no record of completing an IHA to create IHA Gap in Care reports. The IHA Gap in Care report is shared with providers every month via the Alliance Provider Portal or Secure File Transfer Protocol (SFTP). Please review the most up-to-date list of members who need an IHA.

Codes that qualify for IHA:

Provider	CPT Code	Description
PCP	99202-99205	Office or other outpatient visit for the evaluation and management of new patient.
PCP	99211-99215	Office or other outpatient visit for the evaluation and management of established patient with PCP but new to the Alliance.
PCP	99381-99387	Comprehensive Preventive Visit and management of a new patient.
PCP	99391-99397	Comprehensive Preventive Visit and management of an established patient with PCP but new to the Alliance.
OB/GYN	59400, 59510, 59610, 59618	Under Vaginal Delivery, Antepartum and Postpartum Care Procedures, Under Cesarean Delivery Procedures, Under Delivery Procedures After Previous Cesarean Delivery, Under Delivery Procedures After Previous Cesarean Delivery.
Nursing Home	99304-99306	New or Established Patient Comprehensive Nursing Facility Assessments.

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

Alameda Alliance for Health Asthma Remediation Services

At the Alameda Alliance for Health (Alliance), we value our dedicated provider partners. We appreciate the hard work you do to protect the well-being of our community. We want to share an important update with you.

The Alliance has partnered with the Alameda County Health Care Services Agency (HCSA) Asthma Start program to offer Asthma Remediation (a part of CalAIM Expansion) services to Alliance pediatric members.

Who's eligible?

Alliance Medi-Cal members ages 0-18 with poorly controlled asthma. A licensed health care provider must provide documentation that the service will likely avoid asthma-related hospitalizations and emergency department visits.

What is Asthma Remediation?

Asthma Start provides a comprehensive in-home assessment to determine needs and offers education, support, and guidance for the whole family.

Asthma Remediations are modifications to a home environment that are necessary to ensure the individual's health, welfare, and safety.

What type of modifications may be provided?

- Air purifier and filters
- Allergen-impermeable mattress and pillow dustcovers
- Asthma-friendly cleaning supplies
- Dehumidifiers
- High-efficiency particulate air (HEPA) filtered vacuums
- Integrated Pest Management (IPM)
- Minor mold removal and remediation
- Other interventions identified to be medically appropriate and cost-effective
- Other moisture-controlling interventions
- Remove and replace carpet with flooring
- Ventilation improvements

How can I make a referral?

Anyone, including providers, can refer Alliance members to **Asthma Start** (acphd.org/asthma) by filling out the program's **referral form**. However, in step 3 of the process below, a licensed health care provider must authorize the request and provide documentation to justify the request.

*Any changes to the property must be approved by the property owner.

Questions? Please call the Alliance Community Supports Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
Email: **csdept@alamedaalliance.org**
www.alamedaalliance.org

Important Update: Facility Site Review (FSR) and Medical Record Review (MRR) Changes for PCPs

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

Effective Friday, July 1, 2022, the California Department of Health Care Services (DHCS) has updated the Facility Site Review (FSR) and Medical Record Review (MRR) tools and standards that Alliance nurses use to review your office.

The updates are based on recommendations from national experts in prevention and evidence-based medicine and align with local, state, and federal guidelines to ensure the provision of preventive services are aligned with:

- American Academy of Pediatrics Bright Futures
- U.S. Preventive Services Task Force (USPSTF) Grade A and B recommendations
- American College of Obstetricians and Gynecologist (ACOG)/Comprehensive Perinatal Services Program (CPSP)
- Advisory Committee on Immunization Practices (ACIP)

This change applies to primary care providers (PCPs) only. To access the tools, standards, and other resources, please visit **www.alamedaalliance.org/providers/provider-resources** and click on Facility Site Reviews (FSR) in the dropdown menu.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510** or email **deptfacilitysitereview@alamedaalliance.org**.

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

Alliance Member Advisory Committee (MAC)

Alameda Alliance for Health (Alliance) values our dedicated provider partner and member community.

Do you know an Alliance member who has ideas about how to improve services and would like to get more involved? The Alliance Member Advisory Committee (MAC) might be the right place for them.

The MAC is a group of Alliance members and community partners that advise the Alliance on meeting member needs. This group meets four (4) times a year to share their opinions and voice their concerns. Committee members receive a stipend and childcare reimbursement and have access to interpreters and accessibility accommodations.

As the MAC aims to represent the diversity of the membership, we want to recruit members who speak limited English, members of diverse ethnicities, young adults, parents of young children, non-cisgender members, and members with disabilities.

Learn more about all Alliance Standing Committees on our website at **www.alamedaalliance.org/about/standing-committees**.

To refer an Alliance member for participation in the MAC, please call the Alliance Provider Services Department at **1.510.747.4510.**

You can also refer members to:

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**

Thank you for helping us ensure that your patients have a voice at the Alliance!

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

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 well-being 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 for Medi-Cal beneficiaries 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 on 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 walk-through registration at **www.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 OptumRx.
- **180 Transition Period:** If a member was on a medication before Medi-Cal Rx went live on **Saturday, January 1, 2022**, then it should be covered when picking up a renewal Rx for the same medication for **six (6) months** without a new prior authorization (PA). The renewal transaction 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. **Please Note:** The six (6)-month grace period was recently extended. Please see "Important Updates" below for more information.
- 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 use 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 **www.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

- Changes to the CDL will be communicated on the 1st day of every month through the Medi-Cal Rx News bulletin at **www.medi-calrx.dhcs.ca.gov/provider/pharmacy-news**.
- 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 **www.medi-calrx.dhcs.ca.gov/home/cdl**.
- To recommend that 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, please check the 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 is not covered, this would require a PA request that includes 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 Sunday, May 1, 2022: pen needle quantity limits have been updated to 200 per 30-day period per claim.

IMPORTANT UPDATES

Enteral Nutrition Billing

General Billing

- Enteral nutrition formulas are to be billed to Magellan's pharmacy benefit (i.e., pediatric and adult nutrition formulas that do not require professional preparation).
- Enteral supplies and TPNs are to be billed through the Alliance's medical benefit.

Retro Billing

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

180-Day Transition End Date Updates

The originally planned end date for the 180-Day Transition Period of Friday, July 1, 2022, is now lifted. There is currently no mention of what the new date will be, though Magellan has announced that a 90-day notification will be sent out ahead of time to help everyone adequately prepare for the end of this grace period.

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)**. 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.

Physician Administered Drugs (PAD) Billing Policy

Physician Administered Drugs (PADs) are usually administered by a health care 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 do not 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.

Medication Therapy Management (MTM) Services & Billing

Medi-Cal members are now eligible for Medication Therapy Management (MTM) Services. MTM Services is non-capitated to MCPs, and these claims must be submitted to DHCS. For more information, please visit **https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31537.aspx**.

For more detailed information on MTM billing, please visit **https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mtmserv.pdf**.

For questions regarding MTM, please direct your inquiries to DHCS at **MTMquestions@dhcs.ca.gov**.

Important Update: The Palliative Care Prior Authorization (PA) Form Has Been Updated

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update we would like to share with you regarding changes to the Palliative Care Prior Authorization (PA) Form.

General Eligibility for Palliative Care

Our current Palliative Care Program is home and clinic-based. If a member has documentation of a decline in health status that is not eligible for hospice or is eligible for hospice, but the member has declined, you may consider palliative care.

What are the member's qualifying conditions for palliative care?

- **Advanced Heart Failure** – Identified by: [NYHA class 3 OR EF <30%] + at least one (1) hospitalization in the past six (6) months.
- **Advanced Chronic Obstructive Pulmonary Disease** – Identified by: [severely depressed FEV1 on PFTs **OR** 24-hour oxygen dependence] + at least one (1) hospitalization in the past six (6) months.
- **Advanced Liver Disease** – Identified by: [serum albumin <3, INR>1.3, ascites **AND** one (1) or more complications including SBP, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices or MELD score >19] + at least one (1) hospitalization in past six (6) months.
- **Advanced Cancer** – Identified by: Stage 3 or 4 solid organ cancer **OR** lymphoma **OR** leukemia + KPS score <70.

What has changed in the new form?

- The new Palliative Care Prior Authorization (PA) Form is now interactive in a fillable PDF format. This makes the form easier to use.
- Newly added sections capture the rendering provider, ICD 10 diagnosis codes for the member's qualifying conditions, and a list of applicable CPT codes.

How and where can you submit the request for authorization?

Please submit the completed form by fax to:

Alliance Authorization Department
Fax: **1.855.891.7174**

Where is the new Palliative Care Prior Authorization (PA) Form located?

The new Palliative Care Prior Authorization (PA) Form is located on the Alliance website at **www.alamedaalliance.org/providers/palliative-care**.

What information should be included with the request?

- Complete ALL sections of the Palliative Authorization Request Form.
- Applicable documentation to support your request.
- If you are requesting palliative care for a diagnosis that is not listed on the form or from an out-of-network provider, please indicate the reason(s) and include supporting documents.

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

Palliative Care Prior Authorization Request

Please fax the completed form with supporting documents to the Alameda Alliance for Health Authorization Department at **1.855.891.7174**. For questions, please call the Alliance Utilization Management Department at **1.510.747.4540**.

SECTION 1: REQUESTING PROVIDER INFORMATION

Name: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

Office Contact Name: _____ Date of Referral: _____

SECTION 2: RENDERING PROVIDER INFORMATION

Name: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

SECTION 3: MEMBER INFORMATION

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

General Eligibility (please select only one (1)):

- ☐ Patient has documentation of decline in health status and is not eligible for hospice.
- ☐ Patient is eligible for hospice but declines.

Member's Qualifying Condition (please select all that apply, must meet at least one (1) to be eligible):

- ☐ Advanced Heart Failure ([NYHA class 3 OR EF <30%] + at least one (1) hospitalization in past six (6) months) ICD – 10 Codes(s): _____
- ☐ Advanced COPD ([severely depressed FEV1 on PFT's OR 24-hour oxygen dependence] + at least one (1) hospitalization in past six (6) months) ICD – 10 Code(s): _____
- ☐ Advanced Liver Disease ([serum albumin <3, INR>1.3, ascites and one (1) or more complications including SBP, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices or MELD score >19] + at least one (1) hospitalization in past six (6) months) ICD – 10 Code(s): _____
- ☐ Advanced Cancer (stage 3 or 4 solid organ cancer or lymphoma or leukemia + KPS score $\leq$ 70) ICD – 10 Code(s): _____

Desired Location of Services (please select only one (1)):

- ☐ Home
- ☐ Clinic

CPT Codes:

- ☐ 99304 NURSING FACILITY CARE INIT
- ☐ 99305 NURSING FACILITY CARE INIT
- ☐ 99306 NURSING FACILITY CARE INIT
- ☐ 99307 NURSING FAC CARE SUBSEQ
  Quantity: _____
- ☐ 99334 DOMICIL/R-HOME VISIT EST PAT
  Quantity: _____
- ☐ 99341 HOME VISIT NEW PATIENT
- ☐ 99342 HOME VISIT NEW PATIENT
- ☐ 99343 HOME VISIT NEW PATIENT
- ☐ 99344 HOME VISIT NEW PATIENT
- ☐ 99345 HOME VISIT NEW PATIENT
- ☐ 99347 HOME VISIT EST PATIENT
  Quantity: _____
- ☐ 99348 HOME VISIT EST PATIENT
  Quantity: _____
- ☐ 99349 HOME VISIT EST PATIENT
  Quantity: _____
- ☐ 99350 HOME VISIT EST PATIENT
  Quantity: _____
- ☐ 99497 ADVNCD CARE PLAN 30 MIN
  Quantity: _____
- ☐ 99498 ADVNCD CARE PLAN ADDL 30 MIN
  Quantity: _____

Blood Lead Screening Requirements

Protecting children from lead exposure is important to good health. Assembly Bill No. 2276 was passed in September 2020, to ensure that young children in Medi-Cal are screened for blood lead poisoning.

Gap in Care Reports

As of January 2021, Alameda Alliance for Health (Alliance) identifies monthly all members under the age of six (6) years old who have no record of receiving a blood lead screening test. The Blood Lead Screening Gap in Care reports are sent monthly via the Alliance Provider Portal or Secure File Transfer Protocol (SFTP). Please be sure to check the site for the most up-to-date list of members who require a blood lead screening.

Requirements for Providers

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

These laws and guidelines include:

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

Exceptions include:

- The risk of screening is greater than the risk of lead poisoning; or
- The parent or guardian refuses to consent to the screening.

The reason must be noted in the medical record with a signed statement of refusal from the parent or guardian.

Documentation

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

Resources

- Patient health education materials:
  www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/edmatls.aspx
- Alameda County Lead Poisoning Prevention Program:
  www.achhd.org/medicalproviders/hsp.htm
- Department of Health Care Services All Plan letter:
  www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf

Thank you for your partnership and continued efforts in keeping our members and community safe and healthy.

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

Shared Decision-Making Resource: Care that Fits from the Mayo Clinic

Alameda Alliance for Health (Alliance) is committed to helping providers work with Alliance members who face decisions regarding the next steps in their care.

Shared decision-making is part of patient-centered health care. It is the process in which clinicians and patients work together to make decisions and select tests, treatments, and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

These steps help providers with shared decision-making[1]:

1. Invite the patients to participate in shared decision-making.
2. Present the available options.
3. Provide information on benefits and risks based on clinical evidence and check for understanding.
4. Assist patients in evaluating options based on their goals and concerns.
5. Facilitate deliberation and decision-making.
6. Assist patients to follow through on the decision.

To make patient-centered decision-making happen in practice, the Wiser Choices Program at the Knowledge and Evaluation Research (KER) Unit at the Mayo Clinic developed decision aids for clinicians to use during the clinical encounter. The decision aids facilitate conversations between clinicians and patients about the options and their relative merits and downsides.

Popular tools include:

- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Choice
- Statin Choice

To explore the tools, please visit: **carethatfits.org/tools**.

[1] Source: HealthIT.gov National Learning Consortium: **www.healthit.gov/sites/default/files/nlc_shared_decision_making_fact_sheet.pdf**

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

Alliance Case and Disease Management Department Overview

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

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

The CMDM team includes:

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

Care Coordination

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

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

Complex Case Management (CCM)

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

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

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

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

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

Referrals

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

  Alliance Member Services Department
  Monday – Friday, 8 am – 5 pm
  Phone Number: **1.510.747.4567**
  Toll-Free: **1.877.932.2738**
  People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

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

Case Management (CM) Program Referral Form

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

INSTRUCTIONS

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

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

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

REQUEST DATE (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION

Name: _____

Facility/Clinic Name: _____

Phone Number: _____ Fax Number: _____

Referral Source: ☐ Community Partner ☐ Hospital ☐ PCP ☐ Specialty Provider

☐ Other: _____

SECTION 2: PATIENT INFORMATION

Last Name: _____ First Name: _____

Alliance Member ID #: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Sex: ☐ Female ☐ Male

Address *(or location, i.e., under 5th St. bridge)*: _____

City: _____ State: _____ Zip: _____

SECTION 3: REFERRAL INFORMATION

Referral for (please choose one (1) per referral): ☐ RN ☐ MSW ☐ Health Navigator ☐ Other

Please Note: Health Navigators are able to assist with basic case management services (e.g., DME, appointments).

☐ Patient has been informed of referral.

Reason for referral (*please attach supporting/clinical documents **up to the past 30 days***).
For behavioral health referrals, please call Beacon toll-free at **1.855.856.0577**.

Situation/background (including past medical history (PMH), if applicable):

Specific action item request(s):

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

Important Notice About Personal Blood Pressure (BP) Cuffs and Monitoring Devices for Medi-Cal Members

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update we would like to share with you regarding personal blood pressure (BP) cuffs and monitoring devices.

Effective Monday, August 1, 2022, personal home-use BP cuffs and monitors for use with personal home BP monitoring devices will be covered by Medi-Cal Rx as a pharmacy-billed item. Medi-Cal Rx began covering these items on Wednesday, June 1, 2022. Effective Monday, August 1, 2022, the Alliance will no longer cover these items directly.

Does this change apply to all Alliance members?

No. This change only applies to Alliance Medi-Cal members. There is no change for Alliance Group Care members. Requests for Alliance Group Care members will continue to be submitted to California Home Medical Equipment (CHME) via fax at **1.650.931.8928**.

What CPT codes does this change apply to?

- A4660 (blood pressure apparatus with cuff and stethoscope)
- A4663 (blood pressure cuff only)
- A4670 (automatic blood pressure monitor)

What products does Medi-Cal Rx cover?

Covered products are restricted to the Department of Health Care Services (DHCS) Medi-Cal Rx list.

Where can I find the list of covered items?

A complete list of covered personal BP monitoring devices and BP cuffs is available on the DHCS Medi-Cal Rx website at **www.medi-calrx.dhcs.ca.gov/provider/pharmacy-news**.

How do I submit the request to Medi-Cal Rx?

Requests must be submitted to a Medi-Cal Rx-approved pharmacy. To find a pharmacy, please visit the DHCS Medi-Cal Rx website at **www.medi-calrx.dhcs.ca.gov**.

For more information, providers may call the Medi-Cal Rx Customer Service Center toll-free at **1.800.977.2273** and choose **option 4** to reach a Clinical Liaison.

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