



## 2023 Quarter 1 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, and 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](mailto:eposton@alamedaalliance.org), 1.510.747.6291
  - Stacey Woody: [swody@alamedaalliance.org](mailto:swody@alamedaalliance.org), 1.510.747.6148
  - Tom Garrahan: [tgarrahan@alamedaalliance.org](mailto:tgarrahan@alamedaalliance.org), 1.510.747.6137
  - Leticia Alejo (Delegated Groups/Hospitals): [lalejo@alamedaalliance.org](mailto:lalejo@alamedaalliance.org), 1.510.373.5706
- Email us at [providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)
- Contact our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at [www.alamedaalliance.org/providers](http://www.alamedaalliance.org/providers)

### THIS PACKET INCLUDES:

- |   |   |
|---|---|
| 1. Provider Ownership and Disclosure Form   | 9. Cultural Sensitivity Training Notice                                       |
| 2. Provider Demographic Attestation Form  | 10. National Diabetes Prevention Program Notice                               |
| 3. You can Now Submit Your Professional Claims Online Directly to the Alliance! Enhancements to the Alliance Provider Portal Notice | 11. Language Assistance Services Notice                                       |
| 4. New Facility Site Review (FSR) and Medical Record Review (MRR) Requirements Notice   | 12. Tobacco Treatment Challenges Notice                                       |
| 5. COVID-19 Therapeutics Notice   | 13. Preventive Services Guidelines Update – November 2022                     |
| 6. HEDIS® Measure Webinar Series –  | 14. X-Waiver Removal Provider Letter  |
| 7. Encounter Data Validation (EDV) Audit Notice   | 15. HEDIS® Measurement Year 2022 Notice                                       |
| 8. Physician Certification Statement (PCS) Transportation Notice and PCS Request for NEMT Form                                      | 16. Medi-Cal Rx Transition Policy Notice                                      |
|   | 17. AB 1797 Immunization Registry Notice                                      |
|   | 18. DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments |

Accepting New Patients    
  Accepting Existing Patients    
  Not Accepting Patients

Comments: \_\_\_\_\_

Provider/Office Staff Print: \_\_\_\_\_

Provider/Office Staff Signature: \_\_\_\_\_



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

You can also email your completed forms to us at [providerservices@alamedaalliance.org](mailto: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](http://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**

<b>Check the entity type that describes your structure:</b>			
<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.



## 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](http://www.alamedaalliance.org)

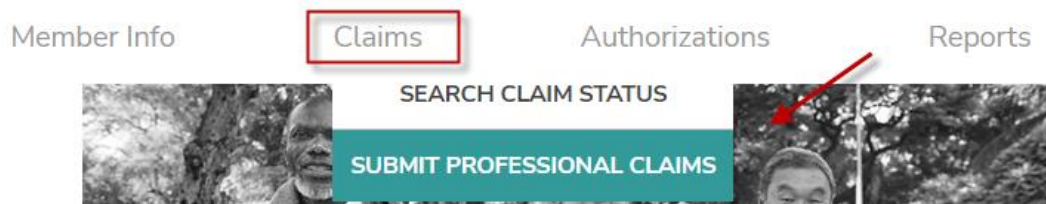


## You can Now Submit Your Professional Claims Online Directly to the Alliance!

At Alameda Alliance for Health (Alliance), we value our dedicated provider community. We are excited to announce that we upgraded our online Provider Portal features.

To improve claim processing and payment, we added a professional claims submission process through the Alliance Provider Portal.

**Starting Friday, February 10, 2023**, Alliance Provider Portal users will see a **NEW Claims** tab with a drop-down option to **Submit Professional Claims**.



The enhancements allow our providers to:

- Electronically submit a professional claim
- Search and confirm the submission of claims entered through the Alliance Provider Portal
- Share attachments for a primary/Medicare explanation of benefits (EOB) for secondary claims
- Submit claims electronically with no fee to a third-party claim vendor and/or clearing house
- Speed up the claims processing timeframe

To sign up for the Alliance Provider Portal and for step-by-step instructions on how to use this feature, please complete the following steps:

1. Visit our website at [www.alamedaalliance.org](http://www.alamedaalliance.org)
2. Click on Provider Portal on the top right of the home page
3. Click on the Provider Portal Instruction Guide
4. Create an account or sign in to your existing portal account

Thank you for being a part of the Alliance provider network! Together, we are creating a healthier community for all.

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



## Important Update: New Facility Site Review (FSR) and Medical Record Review (MRR) Requirements

---

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

The California Department of Health Care Services (DHCS) recently released new and updated requirements for primary care providers (PCPs) outlined in **All Plan Letter 22-017 titled Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.**

Below are the highlights from the APL that will be **effective Sunday, January 1, 2023:**

- New PCPs must pass the initial FSR and correct all deficiencies to close any Corrective Action Plan (CAP) before being added as a PCP and receiving assigned members.
- PCP relocation requires FSR within 60 days of notification. PCPs will not be assigned new members until the initial site review is complete. PCPs should contact the Alliance Provider Services Department or their Provider Relations Representative to inform us about any relocation.
- If PCP site certification is revoked because of noncompliance, the site will no longer be deemed a DHCS-certified provider site and will not receive assigned members for primary care.
- The Alliance will not assign new members to PCP sites that receive a failing score on an FSR or MRR until the CAP is verified and closed.
- The Alliance will not assign new members to providers who fail to correct site review deficiencies within the established CAP timelines.
- The Alliance must remove any provider from the network that does not come into compliance with review criteria and CAP requirements within the established timelines, and the Alliance must expeditiously reassign members.

To view the updated FSR and MRR Preparation Checklist, please visit the Alliance website at [www.alamedaalliance.org/providers/provider-resources](http://www.alamedaalliance.org/providers/provider-resources).

To view the All Plan Letter, please visit [www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-017.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-017.pdf).

If you have questions about this update, you can email the Alliance Facility Site Review team at [deptfacilitysitereview@alamedaalliance.org](mailto:deptfacilitysitereview@alamedaalliance.org) or call the Alliance Provider Services Department at **1.510.747.4510**.

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

---

**Questions?** Please email Alliance Facility Site Review  
[deptfacilitysitereview@alamedaalliance.org](mailto:deptfacilitysitereview@alamedaalliance.org)



## Important Resource for COVID-19 Therapeutics

---

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important resource that we would like to share to help primary care providers (PCPs) and infectious disease providers access adult COVID-19 therapeutics.

The free COVID-19 Therapeutics Warmline, **1.866.268.4322 (1.866.COVIDCA)**, is a real-time advice line administered by the University of California, San Francisco (UCSF) National Clinician Consultation Center. The advice line is available Monday through Friday, 6 am – 5 pm Pacific Time (after-hours voicemails will be returned the next business day).

The resource supplies the following key features:

- California health care providers can speak with an expert clinician or pharmacist about drug-drug interactions or any other clinical challenges.
- Calls are answered promptly, allowing you to obtain a consultation when you need it.
- The warmline does not collect protected health information (PHI).

COVID-19 Test to Treat Equity Extension for Community Healthcare Outcomes (ECFHO) webinar series and office hours sessions provide Continuing Medical Education (CME) credit for attending sessions that are designed to deepen your knowledge of COVID-19 treatment. You can register for upcoming CME sessions or watch the recording of the January 2023 overview of COVID-19 outpatient therapeutics.

To register, please view the instructions in the link below:

**[www.phcdocs.org/Portals/0/2023\\_March\\_CA%20T2T%20ECHO%20Flyer\\_022123.pdf](http://www.phcdocs.org/Portals/0/2023_March_CA%20T2T%20ECHO%20Flyer_022123.pdf)**

To view the January 2023 recording, please visit **<https://youtu.be/RjMQ56p2U68>**.

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 Service Call Center  
Monday – Friday, 9 am – 5 pm  
Phone Number: **1.510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**

# 2023 HEDIS® MEASURES WEBINAR SERIES



## Spotlight On: W30 and FUA/FUM

### WHAT

Alameda Alliance for Health (Alliance) providers and their staff are welcome to join us for a series of webinars to do a deep dive into HEDIS® measures that can be difficult to achieve. To kick off the series, the Alliance will host webinars on two different topics. The first webinar will cover well-child visits in the first 30 months (W30) with two available sessions. The second webinar will cover follow-up after emergency department (ED) visits for substance use or mental illness (FUA/FUM) with two available sessions.

**Please Note:** The content for each measure's sessions will be the same; please only register for the date you are interested in attending.

### OVERVIEW AND DISCUSSION POINTS

- Measure descriptions
- Qualifying events and exclusions
- Best practices to meet the standard
- Resources
- Pay-for-Performance (P4P)

### WHEN

#### W30

Session 1: Wednesday, March 8, 2023

Session 2: Wednesday, May 17, 2023

#### FUA/FUM

Session 1: Wednesday, March 15, 2023

Session 2: Wednesday, May 24, 2023

All sessions: **12 pm to 1 pm**

### WHERE

**Virtual webinar only** – Please join through Microsoft Teams. Invites will be sent to all who register prior to the meeting dates.

### RSVP

To RSVP online, please visit [bit.ly/3Y3Dckz](https://bit.ly/3Y3Dckz)

For questions, please email:

[DeptQITeam@alamedaalliance.org](mailto:DeptQITeam@alamedaalliance.org)

ALAMEDA  
**Alliance**  
FOR HEALTH

QI\_W30 FU/AM Webinar Flyer 01/2023

**Save the date and RSVP today!**



## Important Update: Encounter Data Validation (EDV) Audit

---

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

The California Department of Health Care Services (DHCS) has contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to conduct an encounter data validation (EDV) audit. The study will evaluate encounter data compared to medical record documentation for services rendered between Saturday, January 1, 2022, and Saturday, December 31, 2022.

HSAG selects beneficiaries by random sample. If you are selected to submit medical record documentation, we will send a letter to notify you and provide detailed instructions on how to submit your medical records. We will also send tracking sheets with the name of the beneficiary.

Compliance with this audit is a contractual agreement. We appreciate your partnership in completing this state-mandated audit.

---

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



## Important Provider Reminder: Physician Certification Statement (PCS) Forms are Required for Certain Modes of Transportation

---

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

The Alliance is honored to provide transportation services to our members as a part of our Medi-Cal and Group Care benefits.

Alliance Medi-Cal members can also receive non-emergent medical transportation (NEMT) for specific modes of medical transportation. A Physician Certification Statement (PCS) is needed from the member's provider with a detailed assessment of the patient's medical need or functional limitations that require NEMT for any of the following transportation modes:

- Ambulance
- Litter van
- Wheelchair Van
- Air Transport

If you request authorization for care, and your patient needs one (1) of the four (4) modes of transportation listed above, please complete the PCS form and submit it by email or fax to:

Alliance Case and Disease Management Department  
Email: [deptcmdm@alamedaalliance.org](mailto:deptcmdm@alamedaalliance.org)  
Fax: **1.510.747.4130**

A completed PCS form is **required** to ensure that your patient receives the correct level of transportation for their needs. The Alliance will save the completed form for as long as the provider certifies to allow the member to receive the same method of transportation for each covered appointment.

The PCS form is enclosed with this notice and can also be found on the Alliance website at [www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services](http://www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services) under *Transportation Services - Transportation Request Form*. We will also reach out to you to complete the PCS form if a member requests one (1) of the transportation methods listed above.

Our goal is to provide the highest levels of customer service and help your patients get the care and services they need. If you have any feedback on how we can improve these services or the PCS form, please contact the Alliance Case and Disease Management Department at **1.510.747.4512**. Together, we are creating a healthier community for all.

---

**Questions?** Please call the Alliance Case and Disease Management Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4512**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT)

Please complete the Alameda Alliance for Health (Alliance) Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT) Form to request NEMT services for Alliance members. NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. All NEMT trips include door-to-door service.

### INSTRUCTIONS

- 1. Please print clearly, or type in all of the fields below.
2. Please complete the form and fax or email it to:

Alameda Alliance for Health
ATTN: Case and Disease Management Department – Request for Transportation
Fax Number: 1.510.747.4130
Email: DeptCMDM@AlamedaAlliance.org

Questions? Please call Alliance Case Management Department at 1.510.747.4512.

PLEASE NOTE: A PCS form is only required to request NEMT services. A PCS form is not required for non-medical transportation (NMT) level services such as a bus, taxi or car. To request and schedule NMT services, Alliance members can call Alliance Transportation Services toll-free at 1.866.791.4158.

SECTION 1: MEMBER INFORMATION
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Alliance Member ID #: \_\_\_\_\_
Phone Number: \_\_\_\_\_ [ ] Home [ ] Cell

SECTION 2: TRANSPORTATION NEEDS
Non-emergency medical transportation (NEMT) request (please select only one (1) level of service):
[ ] Air transport (additional verification information needed for approval)
[ ] Ambulance (including basic life support (BLS), advanced life support (ALS), critical care transport (CCT), specialty care transport (SCT), bariatric patients, and patients who require oxygen not self-administered or regulated)
[ ] Litter van/gurney van (for bedbound patients, including bariatric patients)
[ ] Wheelchair van (including bariatric patients)

## SECTION 2: TRANSPORTATION NEEDS (cont.)

Duration (from date of signature below):

- 3 months
- 6 months
- 9 months
- 12 months (max duration)**
- Other: \_\_\_\_\_

## SECTION 3: FUNCTION LIMITATIONS JUSTIFICATION

Please describe the member's specific physical and medical limitations that prevent the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles (please select only one (1)):

- Member is a dialysis recipient
- Member has leg weakness, mobility limitations or fall risk
- Member has severe mental confusion
- Other, please describe:

## SECTION 4: CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION

The provider who is responsible for providing care for the member is responsible for determining the medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, NP, CNM, physical therapist, speech therapist, occupational therapist, or mental health or substance use disorder provider who is employed or supervised by a hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate, except for requests relating to hospice or home health services, which must be signed by an MD or DO.

Provider Last Name: \_\_\_\_\_ Provider First Name: \_\_\_\_\_

Provider Credential: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Updated Alliance Cultural Sensitivity Training Now Available

---

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

Ongoing cultural sensitivity training helps ensure that you meet the diverse needs of your patients. To assist you in your training efforts, we have created a training that is updated yearly and available to our provider network. You can find the training slide deck on the Alliance website at [www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities](http://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 and linguistic services
- Current Alliance membership demographics
- Why culture is important to health care
- Health equity, disparities, and unintentional bias
- Practical tips for culturally sensitive practice
- Best communication practices for subgroups including:
  - Refugee and immigrant members
  - Limited-English speaking members
  - LGBTQIA+ members
  - Seniors and Persons with Disabilities (SPD)
- Accessible communications: interpreters, translation, and alternative formats

To find more cultural resources or for more information, please visit the Alliance website or call Alliance Health Programs at **1.510.747.4577**.

Thank you for your continued partnership and for providing high-quality care to our members and the 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](http://www.alamedaalliance.org)



## National Diabetes Prevention Program

---

Do you provide care for adult Alameda Alliance for Health (Alliance) members with prediabetes or who want to lose weight? You can tell them about the National Diabetes Prevention Program (DPP). The National DPP lifestyle change program focuses on healthy eating and physical activity and is recognized by the Centers for Disease Control and Prevention (CDC).

Program highlights include:

- Work with a trained coach to make lasting lifestyle changes.
- Learn how to eat healthily and add more physical activity to your day.
- Find out how to manage stress, stay motivated, and solve problems that can slow your progress.
- Get support from people with similar goals and challenges.

The Alliance offers two (2) programs that follow the National DPP curriculum:

### **Solera Diabetes Prevention Program (DPP)**

Solera Health matches eligible members for the DPP Medi-Cal benefit with an online program in their network. Participants will receive a digital scale to track their weight. After four (4) weeks of participation, they can redeem an activity tracker. The program includes 16 weekly lessons followed by monthly sessions for a year. You can refer members using the *DPP Referral Form* or the *Alliance Wellness Program & Materials Request Form*.

### **WW (WeightWatchers)**

The Alliance offers WW to anyone who wants to participate. Members can choose to attend either in-person or online weekly workshops. All participants will have access to WW digital tools. Please refer interested members through the *Alliance Wellness Program & Materials Request Form*.

For other healthy eating and physical activity programs and resources, please view the *Health Education Provider Resource Directory*.

To view and download these resources, please visit the Alliance website at [www.alamedaalliance.org/providers/patient-health-wellness-education](http://www.alamedaalliance.org/providers/patient-health-wellness-education).

Thank you for your continued partnership and for providing high-quality care to our members and the 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: **510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Language Assistance Services

---

Alameda Alliance for Health (Alliance) values our dedicated provider community. We recognize and appreciate your daily efforts to communicate effectively with our diverse members, including needs for other languages, alternative formats such as Braille, or auxiliary aids.

The following resources are available for you to assist Alliance members:

- **Qualified interpreters:** Please offer to arrange for an interpreter or qualified bilingual staff when needed. Remember to also document the member's preferred language or need for auxiliary aids or alternative formats in their medical record. Family and friends are not considered qualified interpreters. Please note if the patient refuses interpreter services in their medical record.
- **Telephonic interpreters are available on-demand 24/7 by calling 1.510.809.3986.** We encourage all providers to use our telephonic services to reduce scheduling administrative burden. See details in the *Interpreter Services Guide* on the Alliance website.
- **For appointments that require in-person interpreters,** please use the Alliance *Interpreter Request Form* found on the Alliance website. Our guidelines cover in-person services for members who are deaf or hard of hearing and for complex and highly sensitive appointments.
- **Alliance member information is available in your patients' languages.** The Alliance Member Handbook, the Alliance Provider Directory, member letters, and more are translated into Spanish, Chinese, Vietnamese, and Tagalog. For other languages, members can request by calling the Alliance Member Services Department.
- **Alternative formats and auxiliary aids are available.** Members can request Alliance communications in Braille, large font, or auxiliary aids such as audio recordings or telephone handset amplifiers.

Members can call the Alliance Member Services Department at:

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**

For information regarding language access or to download forms and guides, please visit the Alliance website at [www.alamedaalliance.org/providers/provider-resources/language-access](http://www.alamedaalliance.org/providers/provider-resources/language-access).

---

**Questions?** Please call the Alliance Provider Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4510**

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



## Tobacco Treatment Challenges

---

Thank you for being a valued partner in the Alameda Alliance for Health (Alliance) provider network. As a trusted health care provider, you are on the front line of supporting your patients with tobacco cessation.

Please remember to:

1. **Ask** your patients at every visit if they smoke,
2. **Advise** on quitting and medications, and
3. **Refer** to appropriate counseling.

Tobacco treatment is critical in quitting smoking and providing additional care can support your patients in a successful quit attempt. Patients going through tobacco cessation may struggle with cravings, stress, and weight gain.

You can support your patients by discussing these cessation concerns:

### Cravings

Cravings are common, even for patients who have been smoke-free for a while. You can support your patients by helping them understand their triggers and creating a plan for when they have cravings. Some common techniques are having a support system, remembering the reasons for quitting smoking, and integrating hobbies that keep them busy such as exercise.

### Stress

Stress is part of everyone's life, but smoking is sometimes used as a coping mechanism. Helping your patients understand their source of stress and finding healthier ways to release that stress can be beneficial. Encourage your patients to practice relaxation techniques such as deep breathing.

### Weight Gain

Weight gain can be common among patients who have quit smoking due to an improved sense of smell and taste. The lack of nicotine can also slow down your patient's metabolism. You can help your patients by encouraging them to eat healthy and exercise.

For resources, please visit the links below:

- Nutrition, exercise, and breathing techniques: [www.alamedaalliance.org/patient-health-wellness-education](http://www.alamedaalliance.org/patient-health-wellness-education)
- Tobacco Provider Guide: [www.alamedaalliance.org/tobacco-provider-guide](http://www.alamedaalliance.org/tobacco-provider-guide)

*Source: Smokefree.gov*

---

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



## Preventive Services Guidelines Update – November 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. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. For a complete list, please visit the USPSTF website at [www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations](https://www.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, which can be found at [www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule](http://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule).

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, please visit [www.cdc.gov/vaccines/schedules](http://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 September 1 to November 30, 2022.

Topic	Description	Grade	Release Date
Syphilis Infection in Nonpregnant Adolescents and Adults: Screening: asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A	September 2022 *
Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B	October 2022
Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.	B	October 2022 *

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

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



April 28, 2023

**Re: Eliminating X-Waiver Requirement For Buprenorphine**

Dear Primary Care Provider,

On Thursday, January 12, 2023, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Administration (SAMHSA) announced an immediate elimination of an X-waiver for prescribing buprenorphine. Alameda Alliance for Health (Alliance) supports the goal of increasing the availability of buprenorphine treatment for patients requiring medication-assisted treatment (MAT) to treat opioid use disorder (OUD).

What does this mean for providers?

- All practitioners who have a current DEA registration that includes Schedule III authority are now authorized to prescribe buprenorphine to treat OUD.
- SAMHSA will **NOT** be accepting new waiver applications.
- Removal of limits on the number of patients whom practitioners may prescribe buprenorphine to treat OUD.

Medi-Cal Rx has confirmed that there should be no billing issues for non-X-waiver providers. For any questions on billing issues for Medi-Cal members, please call Magellan toll-free at **1.800.977.2273**.

For Group Care members, PerformRX has confirmed that there should be no billing issues for non-X-waiver providers. For any questions on billing issues for Group Care members, please call the Alliance Pharmacy Department at **1.510.747.4541**.

Sincerely,

A handwritten signature in black ink that reads "Steve O'Brien MD".

Steve O'Brien, MD  
Chief Medical Officer  
Alameda Alliance for Health  
[sobrien@alamedaalliance.org](mailto:sobrien@alamedaalliance.org)

A handwritten signature in black ink that appears to read "Helen Lee".

Helen Lee, PharmD, MBA, CDE  
Senior Director of Pharmacy, Pharmacy Services  
Phone Number: **1.510.747.6241**  
[hlee@alamedaalliance.org](mailto:hlee@alamedaalliance.org)

HCS\_PRVDRS\_ELIM X-WAIVER BUPRENORPHINE 03/2023



March 23, 2023

Provider Partner and Staff:

The annual Healthcare Effectiveness Data and Information Set® (HEDIS®) medical record data retrieval season started in January 2023.

As a reminder, Alameda Alliance for Health (Alliance) staff may contact your office in early 2023 to verify the HEDIS® contact information, arrange a time to collect medical records or 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 appreciate your assistance with this process. We will work to provide you with your member patient list and give you as much advance notice as possible. 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.

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

Sincerely,

A handwritten signature in black ink that reads "Steve O'Brien MD".

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

HCS\_PRVDRS\_HEDIS MY 2022 03/2023



## Important Reminder: Medi-Cal Rx Transition Policy will be Retired Beginning Friday, March 24, 2023.

---

At Alameda Alliance for Health (Alliance), we value our dedicated provider community. We have an important reminder we want to share with you.

**Starting on Friday, March 24, 2023**, Medi-Cal Rx will begin a series of transition policy lifts for Medi-Cal beneficiaries 22 years of age and older. A transition lift is the retirement of the Transition Policy for named Standard Therapeutic Classes (STCs). Prior authorization (PA) requirements will apply to certain drugs affected by the first transition lift. For beneficiaries 22 years of age and older who were receiving medication through the Transition Policy (i.e., due to historical paid claims data or grandfathered PAs that are expiring), the prescription will now be subject to Medi-Cal Rx PA requirements if the medication is named in the transition lift.

### What can providers do to help patients with this transition?

- Consider transitioning beneficiaries 22 years of age and older to covered alternatives that may not require PA.
- ***If a covered alternative is not appropriate, you can submit a PA request to Medi-Cal Rx starting on Friday, February 24, 2023.***
- You can confirm if Magellan covers a medication on the Contract Drugs List (CDL) at <https://medi-calrx.dhcs.ca.gov/home/cdl>.
- If a change in therapy is not appropriate, please consider planning ahead by submitting a PA request to Magellan starting on Friday, February 24, 2023.

### Please note:

- Early submission of PA requests for beneficiaries under 22 years of age will not be accepted at this time.
- Early submission of PA requests for enteral nutrition products will not be accepted at this time.

### Questions?

Please call the Medi-Cal Rx Customer Service Center (CSC) toll-free at **1.800.977.2273**, available 24 hours a day, 7 days a week, 365 days a year. For other questions, please email Medi-Cal Rx Education & Outreach at [medicalrxeducationoutreach@magellanhealth.com](mailto:medicalrxeducationoutreach@magellanhealth.com).

---

**Questions?** Please call Magellan at the Medi-Cal Rx Customer Service Center (CSC)

Toll-Free: **1.800.977.2273**

[www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)





## Important Update: AB 1797 Immunization Registry

---

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

Assembly Bill 1797 (AB 1797) was signed by Governor Newsom to update the current immunization registry statute.

**Effective Sunday, January 1, 2023**, California healthcare providers who administer vaccines will be required to complete the following:

- Immunization information into the California Immunization Registry CAIR2 data information system, or RIDE/Healthy Futures.
- Race and ethnicity information for each patient in the immunization registry to help support the assessment of health disparities in immunization coverage.

### How to address parents' concerns about privacy

The California Immunization Registry CAIR2 data information system and RIDE/Healthy Futures are safe and private. By law, only authorized users in people in medical offices or health plans can use the registries. In addition, schools, childcare centers, Women, Infants, and Children (WIC) programs, foster care agencies, and other programs can get authorization to look up immunization records for the children they serve. These registries are only used to check immunization records, learn what immunizations are due, and how many children need immunizations.

Providers must also inform parents and caretakers before their children's information is added to the California Immunization Registry CAIR2 data information system or RIDE/Healthy Futures and give them a copy of the Immunization Registry Notice to read.

For more information about the California Immunization Registry CAIR2 data information system or to start the enrollment process, visit the California Department of Public Health (CDPH) website at: [www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates.aspx)

To view the AB 1797 Immunization Registry FAQs, please visit the California Department of Public Health (CDPH) website at: [www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx).

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

---

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4540**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Important Reminder: DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments

---

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

Every quarter, the California Department of Health Care Services (DHCS) requires Medi-Cal managed care health plans (MCPs) to monitor timely access to **urgent** and **non-urgent appointments** in provider offices.

The survey was placed on hold due to the COVID-19 public health emergency (PHE) in 2020 and resumed in January 2022.

### **About The Survey**

**Providers:** The in-network survey includes primary care providers (PCPs), specialist physicians, psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers.

**Methodology:** Every quarter, DHCS selects and surveys a randomized sample of Alliance network providers. DHCS will make three (3) call attempts to each provider's office to conduct the survey.

**Questions:** The survey solicits answers about the next three (3) available appointment dates and times for:

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

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.

The table on the next page outlines the required appointment time frames.

Thank you for your attention and assistance in completing the DHCS QMRT Survey and 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](http://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 <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of Request
Non-Urgent Appointment with an <b>Ancillary Service</b> Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days 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.

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