



2024 Quarter 4 Provider Packet

In-Person Visits by Provider Services have Resumed!

The Alliance is pleased to announce 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 the ways that you can 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**
 - Shawanna Emmerson: **semerson@alamedaalliance.org, 1.510.995.1202**
 - Rosa Sanchez: **rsanchez@alamedaalliance.org, 1.510.373.5664**
 - Maria Rivera: **mrivera@alamedaalliance.org, 1.510.747.6094**
 - Elbrain Macasiljig **EMacasiljig@alamedaalliance.org, 1.510.373.5605**
 - Loren Mariscal (Delegated Groups/Hospitals): **lmariscal@alamedaalliance.org, 1.510.995.1055**
- Email us at **providerservices@alamedaalliance.org**
- Contact our Provider Call Center at **1.510.747.4510**

You can learn about Alliance updates by visiting the provider section of our website at **www.alamedaalliance.org/providers**

THIS PACKET INCLUDES:

1. New Mandatory Provider Training for Pediatric and Family Medicine Providers – Medi-Cal for Kids & Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services
2. Important Reminder: Alliance Contracts to Prepare for the New Alliance Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)
3. Alliance Member Rights and Responsibilities Notice
4. Important Reminder: Health Equity Race and Ethnicity Data Collection and Provider Demographic Attestation Form
5. Timely Access Standards
6. Provider Wellness Programs & Materials Form
7. Important Reminder: Medi-Cal Carved Out Drugs are Covered by Fee-for-Service (FFS) Medi-Cal and must be Billed Directly to Medi-Cal
8. Important Update: The Alliance Upgrades to the 28th Edition of the Milliman Care Guidelines (MCG)
9. HEDIS® Medical Record Data Retrieval Notice
10. New Information: Guidance for Members to Receive Additional Doula Services and Doula Recommendation Form
11. Tobacco Treatment Resources
12. Immunization Requirements
13. Community Health Assessment and Improvement Plans
14. Preventive Services Guidelines Update – November 2024

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

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____



New Mandatory Provider Training for Pediatric and Family Medicine Providers – Medi-Cal for Kids & Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services

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

OVERVIEW

Alliance contracted pediatric and family medicine providers must complete the new Medi-Cal for Kids & Teens Provider Training developed by the California Department of Healthcare Services (DHCS). The self-paced training outlines the requirements for the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit for Medi-Cal members under age 21.

FREQUENCY

Starting **Monday, January 1, 2024**, providers must complete the training no less than once every two (2) years. This also includes any contracted primary care providers (PCPs) such as medical doctors (MD), doctors of osteopathic medicine (DO), physician assistants (PA), and nurse practitioners (NP) levels.

HOW TO COMPLETE

Alliance contracted providers can access the training by visiting the Alliance website at **www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities**.

Alliance contracted providers can complete and submit the online attestation via the SurveyMonkey tool to receive credit for the training at **<https://bit.ly/47UFzb>**.

TOPICS OF TRAINING DISCUSSION

Module 1: What is Medi-Cal for Kids & Teens and How Does it Work?

Module 2: Deep Dive into Behavioral Health Services, California Children's Services Program, and Skilled Nursing Services

Providers who have not completed the training will receive reminders to complete it until the attestation is complete.

Thank you for your patience and partnership in the Alliance provider network. Together, we are creating a healthier community for all.

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



Important Reminder: Alliance Contracts and Letters of Intent (LOIs) to Prepare for the New Alliance Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have important information to share with you.

We previously announced the Alliance is working to launch a new Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) on Thursday, January 1, 2026. Contracts with providers for D-SNP are a vital component of preparing for this launch and need to be completed as soon as possible.

In July 2024, we began sending contract amendments to our existing provider network and have been making follow-up outreach efforts about contracting for the new Alliance D-SNP.

We have also started sending letters of intent (LOIs) that can be signed, allowing providers more time to review and finalize discussions about D-SNP amendments. We ask that our providers please respond to the LOI or contract as soon as possible and no later than Saturday, February 15, 2025. This will help us get a snapshot of our D-SNP network and ensure that we can serve our members who enroll in D-SNP.

For providers who want to learn more about D-SNP or have questions about contracting, please contact us. We are available to deliver a printed copy of the LOI and/or contract amendment in person or to meet with you to discuss any questions you may have about D-SNP or the contracting process.

If you would like to set up a meeting, receive a printed copy of the contract by mail, or have other D-SNP contracting-related inquiries, please contact:

Alliance Contracting Team
Email: DeptContractsInquiry@alamedaalliance.org
Fax: 1.510.747.4144

For **general inquiries**, please email:

Alliance Provider Services
Email: providerservices@alamedaalliance.org
Phone Number: 1.510.747.4510

We have enclosed with this notice frequently asked questions (FAQs) about D-SNP. You can also find the FAQs on the Alliance website at www.alamedaalliance.org. We appreciate and thank you for the high quality care you give to your patients and our members and your partnership in making a difference in our community.

For any questions, including this expansion, please contact the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: 1.510.747.4510
Email: providerservices@alamedaalliance.org
www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH

MEDICARE ADVANTAGE (MA) DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) FREQUENTLY ASKED QUESTIONS (FAQS)

Q: What is a Medicare Advantage (MA) Plan?

A: A Medicare Advantage (MA) Plan provides Medicare Part A and Part B coverage, supplemental benefits, and usually a Part D drug benefit. Part A and Part B are also called Original Medicare or Traditional Medicare. MA Plans, sometimes called “Part C,” are offered by Medicare-approved private companies that follow the rules set by Medicare. An individual still has the same rights and protections under all Medicare plans. To learn more about MA Plans, please visit www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf.

Q: What are Dual Eligible Special Needs Plans (D-SNPs)?

A: Dual Eligible Special Needs Plans (D-SNPs) enroll individuals who qualify for both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). In California, Medicaid is called Medi-Cal. States cover some Medicare costs, depending on the state and the individual’s eligibility. States and health plans may vary in determining their eligibility categories. D-SNPs are a federal product, not a state product. To learn more about D-SNPs, please visit www.cms.gov/medicare/enrollment-renewal/special-needs-plans/dual-eligible.

Q: Is a D-SNP considered an MA Plan or a Medicare Advantage Prescription Drug (MAPD) Plan?

A: Both. D-SNP is a type of MA plan. D-SNP is also a MAPD plan because D-SNPs are required by the Centers for Medicare and Medicaid Services (CMS) to offer a prescription drug plan. Therefore, a D-SNP will always have a prescription drug benefit.

Q: What is the Alameda Alliance for Health (Alliance) MA D-SNP?

A: The new Alameda Alliance for Health (Alliance) MA D-SNP plan serves Alameda County residents who are eligible for both Medicare and Medi-Cal benefits. These individuals are also referred to as dual eligible. This plan is designed to better coordinate services by providing a single point of contact for both programs and simplifying administrative processes for providers and members. The D-SNP will be offered as a complement to other Alliance programs and help us in our mission to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services. To learn more about integrated care for dual-eligible individuals, please visit www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx.

Q: Why are you adding a D-SNP?

A: Beginning in 2023, the California Department of Health Care Services (DHCS) implemented policies to promote integrated care for individuals who are eligible for both Medicare and Medi-Cal. As part of the California Advancing and Innovating Medi-Cal (CalAIM) effort, DHCS limited new MA D-SNPs and expanded county service areas to only allow D-SNPs with an ongoing affiliation with a Medi-Cal managed care plan, such as the Alliance. DHCS

transitioned the Cal MediConnect (CMC) program to an integrated Exclusively Aligned Enrollment (EAE) D-SNP program. This means enrollees in an EAE D-SNP will have the same managed care plan for Medi-Cal and Medicare coverage. DHCS aims to implement EAE D-SNPs statewide by Thursday, January 1, 2026.

Q: What is Exclusively Aligned Enrollment (EAE)?

A: Under EAE, members enroll in a D-SNP for Medicare benefits and a Medi-Cal Managed Care Plan for Medi-Cal benefits that are both operated by the same parent organization for better care coordination and integration. EAE D-SNPs offer an integrated approach to care and care coordination. The aligned Medicare D-SNP and Medi-Cal plans work together to deliver all covered benefits to their members. Since all members in the plan are also enrolled in the aligned managed care plan, the member may receive integrated member materials, such as one aligned member ID card. Enrollment into the exclusively aligned enrollment D-SNP will result in the member's Medi-Cal plan changing to the same parent organization's Medi-Cal managed care plan.

Q: Will the Alliance automatically enroll members into the D-SNP?

A: No. Members will have to enroll in Medicare and elect the Alliance for D-SNP enrollment. Members can either elect to enroll in the D-SNP or choose to remain in Original Medicare.

Q: Why should a dual eligible beneficiary join a D-SNP?

A: A dual eligible beneficiary should join a D-SNP because the plan provides a more integrated and coordinated delivery of health care services. Services such as care coordination, information sharing, integrated materials, supplemental benefits, quality & data reporting, consumer participation in governance boards, continuity of care, encounter data reporting, and integrated appeals & grievances working together to offer a higher quality of medical services.

Q: Are D-SNP enrollees subject to co-pay, coinsurance, or deductible charges?

A: No. The Alliance will file a zero-dollar plan with CMS. Medi-Cal wraps around Medicare by covering Medicare premiums and cost-sharing and by covering some services not available through Medicare, such as some Durable Medical Equipment (DME) and Community Supports (CS)

Q: Will members be able to self-refer to specialists?

A: The D-SNP Plan is an (HMO) Health Maintenance Organization; therefore, the Primary Care Physician (PCP) will assist in making referrals to specialists. The Alliance will coordinate care for D-SNP members, including referrals to specialists in the Alliance network.

Q: How will providers benefit from joining the Alliance network for this new plan?

A: Advantages to providers may include, but are not limited to:

- A single contact point for two (2) coverage programs to reduce the administrative burden on providers and members
- Simplified billing – no need to bill Medicare and Medi-Cal separately
- A faster turnaround time on provider reimbursements
- Assistance with member care coordination to eliminate barriers to care (e.g., transportation to appointments, interpreter services at no cost, health education classes, and information available in several languages)
- High-risk care management in partnership with providers to help with highly complex patients
- A specialized Member Services unit specifically created to support dual eligible members
- A local pharmacy network that provides on-site medication therapy management (MTM) for members with complicated medication regimens
- A local presence and the ability to speak with a live person to resolve issues
- A dedicated Provider Services Representative assigned to your practice
- An online Provider Portal to verify member eligibility and check the status of claims

Q: Will currently contracted Medi-Cal providers be required to enroll through Medicare?

A: No. Some providers who don't accept Medicare as full payment still choose to accept the Medicare-approved amount for services on a case-by-case basis.

Q: What is the 2024 deadline to return the Medical Services Agreement to join the Alliance MA D-SNP provider network?

A: For timely submission of the CMS application, the Alliance is working to have contracts executed by Sunday, December 15, 2024.

Q: Why is the Alliance pursuing provider contracts now, for a plan that will start in January 2026?

A: The Alliance provider network is a key element of this new plan. The network must be finalized to file our application with CMS by Wednesday, February 12, 2025.

Q: Will the Alliance D-SNP network include Accountable Care Organizations (ACOs)?

A: Yes, if the ACO is contracted with the Alliance.

Q: Will you be offering Value-Based Payment Models?

A: Yes. The Alliance is exploring to operationalize "Pay for Reporting" and "Shared Savings/Shared Risk" models. Please contact your Contracting Specialist for more information.

Q: Why does the Alliance want to offer this new plan?

A: The Alliance currently serves more than 41,800 dual eligible members enrolled in its Medi-Cal program.

The addition of the MA D-SNP will allow the Alliance to:

- Seamlessly integrate the delivery of both Medicare and Medi-Cal benefits, which will better serve members and providers
- Advance the Alliance mission by expanding high quality care and services for Alameda County residents with limited resources

Q: When will D-SNP launch?

A: Pending approval of our application next year, the Alliance anticipates launching D-SNP on Thursday, January 1, 2026. Members can start enrolling on Wednesday, October 15, 2025, during the annual enrollment period (AEP).

Alameda Alliance for Health **Member Rights and Responsibilities**



We are a part of your health care family and we each have a role to play.

Alliance members have these rights:

1. To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
2. To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
3. To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
4. To make recommendations about the Alliance's member rights and responsibilities policy.
5. To be able to choose a primary care provider within the Alliance's network.
6. To have timely access to network providers.
7. To participate in decision-making with providers regarding your own health care, including the right to refuse treatment.
8. To voice grievances, either verbally or in writing, about the organization or the care you got.
9. To know the medical reason for the Alliance's decision to deny, delay, terminate, or change a request for medical care.
10. To get care coordination.
11. To ask for an appeal of decisions to deny, defer, or limit services or benefits.
12. To get no-cost interpreting services for your language.
13. To get free legal help at your local legal aid office or other groups.
14. To formulate advance directives.
15. To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
16. To disenroll (drop) from the Alliance and change to another health plan in the county upon request.
17. To access minor consent services.
18. To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions (W&I) Code Section 14182 (b)(12).
19. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
20. To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.

Alliance Member Rights and Responsibilities

Alliance members have these rights (cont.):

21. To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) §164.524 and 164.526.
22. Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the state.
23. To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside the Alliance's network pursuant to federal law.
24. To access the Advice Nurse Line, anytime, 24 hours a day, 7 days a week. Advice Nurse Line Toll-Free: **1.888.433.1876**.
25. To access your medical records. You have the right to share the records of any telehealth services provided with your primary care doctor. These records will be shared with your primary care doctor, unless you object.

Alliance members have these responsibilities:

1. To treat all the Alliance staff and health care staff with respect and courtesy.
2. To give your doctors and the Alliance correct information.
3. To work with your doctor. Learn about your health, and help to set goals for your health. Follow care plans and advice for care that you have agreed to with your doctors.
4. To always present your Alliance member identification (ID) card to receive services.
5. To ask questions about any medical condition, and make sure you understand your doctor's reasons and instructions.
6. To help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
7. To make and keep medical appointments and inform your doctor at least **24 hours** in advance when you need to cancel an appointment.
8. To use the emergency room only in the case of an emergency or as directed by your doctor.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話：**1.510.747.4567**

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch vụ Hội viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.

إذا كنت بحاجة إلى مساعدة في قراءة هذه الوثيقة أو تود الحصول على تنسيق آخر لها، يرجى الاتصال بقسم خدمات أعضاء

Alliance على الرقم **1.510.747.4567**

Timely Access to Care

As an Alliance member, you also have the right to receive timely access to care.

California Law requires the Alliance to provide timely access to care. This means there are limits on how long our members have to wait to receive health care appointments and telephone advice. The Alliance will do our best to ensure that you are best cared for and treated in a timely manner.

APPOINTMENT WAIT TIMES

APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Urgent appointment that <i>does not</i> require PA	48 hours of the request
Urgent appointment that <i>requires</i> PA	96 hours of the request
Non-urgent primary care appointment	10 business days of the request
First prenatal visit	2 weeks of the request
Non-urgent appointment with a specialist physician	15 business days of the request
Non-urgent appointment with a behavioral health provider	10 business days of the request
Non-urgent appointment with an ancillary services provider for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of the request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE SERVICES/TRAVEL TIME

TYPE:	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 .	
Distance – A primary care provider/hospital within 15 miles or 30 minutes from where members live or work.	

PA = Prior Authorization

**Required by the Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

If you are not able to get an appointment within the timely access standard, please contact the Alliance Member Services Department for help. You can also call the California Department of Managed Health Care (DMHC) Help Center toll-free at **1.888.466.2219** (TDD: **1.877.688.9891**) or **www.HealthHelp.ca.gov**. The Alliance and DMHC Help Center can work with you to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

Questions? Please call the 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**

www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

C&O_MBR_R&R /TAS 02/2024

Words to Know

Ancillary Services – The diagnosis or treatment of injury, illness, or other health conditions.

Advice Nurse Line – The Advice Nurse Line can give you free medical information and advice 24 hours a day, every day of the year.

Call the Advice Nurse Line toll-free at **1.888.433.1876** or **711** to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

Behavioral Health Provider/Mental Health Services Provider: Licensed persons who provide mental health and behavioral health services to patients.

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

Emergency Care – An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency Medical Condition – A medical or mental condition with such severe symptoms, such as active labor or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right

Grievance – A member's verbal or written expression of dissatisfaction about the Alliance, a provider, the quality of care, or the services provided. A complaint filed with the Alliance about a network provider is an example of a grievance.

Medically Necessary (or medical necessity) – Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Primary Care/Routine Care – Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

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.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Triage (or screening) – The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent Care (or urgent services) – Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if in-network providers are temporarily not available or accessible.



Important Reminder: Health Equity Race and Ethnicity Data Collection

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

In 2023, the National Committee for Quality Assurance (NCQA) launched a new accreditation program focused on health equity. As an NCQA-accredited plan, the Alliance requests your continued partnership in improving health equity across Alameda County.

The key indicators of the NCQA Health Equity Accreditation focus on:

- Building an internal culture that supports external health equity work.
- Continuously collecting data to help the Alliance create and offer provider networks with the consideration of language services to meet an individual's cultural and linguistic needs.
- Identifying opportunities to reduce health inequities and improve care.

What we are requesting from our Provider Network

Please share your ethnicity and language information.

Below are the ways you can report this information to us:

- During credentialing and re-credentialing: Include ethnicity and language information on the paper or the Coalition for Affordable Quality Healthcare (CAQH) application database.
- Complete and return the attached Alliance Provider Demographic Attestation form to share your language information.
- Include available race/ethnicity and language data in rosters and electronic 274 flat files currently submitted to the Alliance (please contact us in advance if you would like to explore this option).

Your race and ethnicity information will **NOT** be published in any public-facing provider directory or provider data files. This information will assist us in meeting accreditation guidelines and improving the health equity work to better meet the needs of our diverse member population.

If a member contacts the Alliance to request information about a provider's ethnicity or language, reported information may be shared upon request.

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



Provider 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:		
Ethnicity:		
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



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:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	2 Weeks of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the 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**

*The DMHC Timely Access Standard is 15 Business days for a Psychiatrist; however, to comply with NCQA accreditation standards of 10 Business days, the Alliance uses the more stringent standards.

PA – Prior authorization.

Urgent Care – 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 – Routine appointments for non-urgent conditions.

Triage or Screening – 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

Alameda Alliance for Health Wellness Programs & Materials



Provider Request Form – Alameda Alliance for Health (Alliance) provides health education to our members at no cost. Please select from the topics below the written materials that you want us to send to your patients. Contact us to request these materials in other formats. The classes and programs listed are available to support your patients, our members and a Medical ID type is also available. More information and tools for living healthy can be found at www.alamedaalliance.org.



CLASSES & PROGRAM REFERRALS

- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Diabetes Prevention Program (*prediabetes*)
- ☐ Healthy Eating, Exercise, and Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking

(We partner with Kick It California. If this box is marked, they will call the member directly. A valid phone number is required.)



MEDICAL ID

Choose ID Type:

- ☐ Bracelet ☐ Necklace

Choose condition(s):

- ☐ Asthma
 - ☐ Child ☐ Adult
- ☐ Diabetes
 - ☐ Child ☐ Adult



WRITTEN MATERIALS

- ☐ Advance Directive (*medical power of attorney*)
- ☐ Alcohol and Other Substance Use
- ☐ Anxiety, Depression, and Stress
 - ☐ Child ☐ Teen ☐ Adult
- ☐ Applied Behavior Analysis (ABA)
- ☐ Asthma
- ☐ Back Pain
- ☐ Birth Control
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Healthy Eating, Exercise, and Weight
 - ☐ Child ☐ Adult
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy
- ☐ Preventive Care
- ☐ Quit Smoking
- ☐ Safety
 - ☐ Child ☐ Adult
- ☐ Sexual Health

Provider Name: _____ Member Name: _____

Provider Clinic Name: _____ Alliance Member ID Number: _____

Provider Phone Number: _____ Member Phone Number: _____

Provider Fax Number: _____ Member Address: _____

Preferred Language: _____ City: _____ Zip Code: _____

To order, complete this form and mail or fax it to:

Alliance Health Programs

1240 South Loop Road, Alameda, CA 94502

Fax Number: **1.877.813.5151**

Phone Number: **1.510.747.4577**

ALAMEDA
Alliance
FOR HEALTH

HE_PRVDR_WPM REQ FORM 08/2024
HED W-1 07/2024



Important Reminder: Medi-Cal Carved Out Drugs are Covered by Fee-for-Service (FFS) Medi-Cal and must be Billed Directly to Medi-Cal

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are sharing an important reminder with you.

The California Department of Health Care Services (DHCS) covers certain drug classifications carved out from Medi-Cal Managed Care Plans (MCP), including the Alliance. Carved-out drugs must be billed to FFS Medi-Cal.

For Medi-Cal members, the following drugs are carved out from the Alliance, and the Alliance is not responsible for covering drugs in these classifications in a professional, outpatient, or inpatient setting:

- Antivirals (HIV/AIDS/Hepatitis B) Drugs
- Alcohol and Heroin Detoxification and Dependency Treatment Drugs
- Blood Factor: Clotting Factor Disorder Treatment Drugs
- Psychiatric/Antipsychotic Drugs

The Alliance routinely reviews drug classifications to ensure our claim and authorization system aligns with the DHCS requirements.

We encourage our provider partners to review the drugs you provide to Alliance Med-Cal members in this classification to ensure they are submitted directly to FFS Medi-Cal. Submission of carved-out drugs to the Alliance may result in non-payment of these claims by the Alliance.

For more information, please visit the additional resources below:

Medi-Cal billing manual, MCP): Single Plan publication: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/11F02F0E-1773-4278-90B3-B934358F0D45/mcpsingle.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO

DHCS All Plan Letter 16-004, Medi-Cal Managed Care Health Plans Carved-Out Drugs: www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-004.pdf

We appreciate and thank you for the high quality care you give your patients and your continued partnership in making a difference in our community.

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



Important Update: The Alliance Upgrades to the 28th Edition of the Milliman Care Guidelines (MCG)

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

Effective Sunday, December 1, 2024, the Alliance will upgrade to the 28th edition of the Milliman Care Guidelines (MCG) for the following modules:

- **Behavioral Health Care (BHG):** The goal length of stay (GLOS) has been changed in two (2) guidelines.
- **Chronic Care Guidelines (CCG):** A total of 10 guidelines have been moved.
- **General Recovery Care (GRG):** The benchmark length of stay (BLOS) has been refined.
- **Inpatient & Surgical Care (ISC):**
 - The GLOS has been changed in a total of 72 Optimal Recovery Guidelines.
 - The GLOS has been changed in 37 guidelines in the Medical Optimal Recovery Guidelines.
 - The GLOS has been changed in 35 surgical Optimal Recovery Guidelines.
- **Recovery Facility Care (RFC):** One (1) guideline has been removed.

Please Note: The list above is a high-level summary of the updates and is not intended to be all inclusive. This upgrade may impact authorization requests that may have been using the criteria under the 27th edition of MCG. Please confirm your authorization request meets the 28th edition of the MCG prior to submission. For more information or to view the complete 28th edition of the MCG Care Guidelines, please visit www.mcg.com/care-guidelines/care-guidelines.

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

Questions? Please call the Alliance Provider Services Department
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www.alamedaalliance.org



October 10, 2024

Provider Partner and Staff:

The annual Healthcare Effectiveness Data and Information Set® (HEDIS) medical record data retrieval season will begin in January 2025.

As a reminder, Alameda Alliance for Health (Alliance) staff may contact your office in 2025, to verify the HEDIS® contact information, arrange a time to collect medical records, or to request that medical records be faxed or mailed. We recognize that this request can be burdensome, but this information is critical to accurately reflect the high quality of care that you provide. We 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® audit. 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 being a part of our network. We value your partnership and support in achieving a shared mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna Carey".

Donna Carey, MD
Chief Medical Officer
Alameda Alliance for Health



New Information: Guidance for Members to Receive Additional Doula Services and Doula Recommendation Form

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

OVERVIEW

Medi-Cal members who are pregnant or were pregnant are eligible for doula services up to one (1) year after the end of their pregnancy. Doulas provide physical, emotional, and nonmedical support before and after pregnancy, as well as support during labor and delivery, miscarriage, and abortion. Doula services may include health navigation, education, development and participation in the birth plan, linkage to community resources, and lactation support.

Covered doula services without a Doula Recommendation Form

The standing recommendation for doula services includes:

- One (1) initial visit
- Up to (8) eight additional prenatal and postpartum visits, support during labor and delivery (including stillbirth, abortion, or miscarriage)
- Up to two (2) three (3)-hour postpartum visits after the end of a pregnancy

Covered doula services with a Doula Recommendation Form

Members may receive up to nine (9) additional postpartum visits with this form from a physician or other licensed practitioner of the healing arts acting within their scope of practice.*

Guidance for doulas

Doulas must retain a copy of the completed Doula Recommendation Form received by a licensed provider recommending additional doula services for each member prior to initiation of the additional doula services. Doulas should store and maintain the record in compliance with HIPAA requirements.

RECOMMENDATION FOR ADDITIONAL DOULA SERVICES

By providing this recommendation for additional doula services, you acknowledge that the beneficiary would benefit from non-clinical doula services in addition to appropriate clinical care. A recommendation is not the same as a referral, prescription, or medical order. Please use the form below or another document with the same information listed below. You may provide a recommendation for additional doula services without identifying the doula who will serve the member. This recommendation authorizes up to nine additional postpartum visits.

*For the doula benefit, Medi-Cal defines a "licensed provider" as a physician or other licensed practitioner of the healing arts, including nurse midwives, nurse practitioners, licensed midwives, and behavioral health providers, acting within their scope of practice under state law. The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan.

Questions? Please call the Alliance Provider Services Department
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www.alamedaalliance.org



Doula Recommendation Form

(Licensed Provider's Recommendation for Additional Doula Services)

The Alameda Alliance for Health (Alliance) – Doula Recommendation Form (Licensed Provider's Recommendation for Additional Doula Services) is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly or type in all of the fields below.
2. Doulas must retain a copy of the completed Doula Recommendation Form received by a licensed provider recommending additional doula services for each member prior to initiation of the additional doula services.
3. Doulas should store and maintain the record in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements.

For questions regarding Alliance processes, please contact:

Alliance Provider Services Department
Phone Number: **1.510.747.4510**
Email: **providerservices@alamedaalliance.org**

For questions regarding Alliance services for members, please contact:

Alliance Member Services Department
Phone Number: **1.510.747.4567**
Email: **memberservices@alamedaalliance.org**

SECTION 1: MEMBER INFORMATION

First Name: _____ Last Name: _____
Date of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____
End of Pregnancy Date (MM/DD/YYYY): _____

SECTION 2: LICENSED PROVIDER INFORMATION

First Name: _____ Last Name: _____
Phone Number: _____ NPI Number: _____
Signature: _____ Date of Recommendation: _____



Tobacco Treatment Resources

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We want to promote tobacco cessation education and referrals with staff, members, and providers.

The Tobacco Treatment Program, based at LifeLong Medical Care/East Bay Community Recovery Project, offers patient resources and trainings at www.tobaccotreatmentresources.org.

These resources may include:

- Medication Options Handout, a single page, easy-to-read flyer that explains the seven (7) FDA-approved medications for tobacco treatment – www.tobaccotreatmentresources.org/patient-resource
- Video explaining EPIC referrals to Kick It California (formerly California Smokers' Helpline)* – www.tobaccotreatmentresources.org/epic-referral-to-the-kick-it-ca
- Calendar of upcoming trainings and events - www.eventbrite.com/o/tobacco-treatment-training-program-18193058144

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

For questions or to request a staff training, please contact Tara Geer-Leiker, LifeLong Program Manager at tleiker@lifelongmedical.org.

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

The Alliance also offers member health education and provider training to support tobacco cessation efforts.

For resources, please visit the links below:

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

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Department of Health Care Services (DHCS) All Plan Letter 18-004: Immunization Requirements

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

The Centers for Medicare & Medicaid Services (CMS) issued guidance on section 11405 of the Inflation Reduction Act (Pub. L. 117-169), which mandates Medicaid and Children's Health Insurance Program (CHIP) to cover all approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. This mandate has been effective since Sunday, October 1, 2023, and aligns with the American Academy of Pediatrics (AAP)/Bright Futures and United States Preventive Services Task Force (USPSTF) recommendations.

A summary of key points is included below. To read the All Plan Letter in full, please visit: www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-008.pdf

Coverage

The managed care plan's (MCP) coverage obligation to provide immunizations is based on the Advisory Committee on Immunization Practices (ACIP)-recommended immunizations included in the Immunizations and Vaccines for Children (VFC) sections of the Medi-Cal Provider Manual. These are provided as a medical benefit.

Policy

MCPs must require their network providers to document each member's need for ACIP-recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters:

- Illness, care management, or follow-up appointments
- Initial Health Appointments (IHAs)
- Pharmacy services
- Prenatal and postpartum care
- Pre-travel visits
- Sports, school or work, physicals
- Visits to an LHD
- Well patient checkups

Questions? Please call the Alliance Provider Services Department
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Documentation

All California health care providers must submit patient vaccination records to local health departments operating countywide or regional immunization information and reminder systems and the State Department of Public Health, as soon as possible.

Pharmacists must report the administration of any vaccine within 14 days to the appropriate immunization registry designated by the immunization branch of the California Department of Public Health which is represented by the California Immunization Registry (CAIR).

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Community Health Assessment (CHAs) and Community Health Improvement Plans (CHIPs)

The Population Needs Assessment (PNA) is the method used by Alameda Alliance for Health (Alliance) to identify the priority needs of our local community and members, as well as to pinpoint health disparities. The Alliance actively participates in the Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) conducted by Local Health Jurisdictions (LHJs). These collaborations provide a deeper understanding of the health and social needs of our community, enabling the Alliance to improve the lives of our members more effectively.

The LHJs in Alameda County are a part of Alameda County Public Health Department and City of Berkeley. The Alliance attends regular collaborative meetings and is committed to sharing both data and resources with our LHJ partners.

Alameda County Public Health Department

The Alliance began meeting with Alameda County Health in 2023 to explore partnerships with the Alameda County Public Health Department's CHIP signature programs and develop a shared objective. In 2024, the Alliance attended the CHIP kickoff meeting in May and will continue to stay involved in CHIP focus area workgroups. The Alliance plans to partner with EmbraceHer, Front Door, Office of Violence Prevention, and Immunization Programs on CHIP-related initiatives.

- Alameda County Health Needs Assessment (CHNA) 2022-2025: acphd.org/chip/chna/
- Alameda County Health Improvement Plan (CHIP) 2023-2025: acphd.org/chip/

City of Berkeley

The Alliance began to meet with the City of Berkeley in 2023 to explore collaboration on the CHA and shared objective. The Alliance plans to partner with the City of Berkeley to identify health and wellness needs for priority populations and enable training, screening, and referral pathways for City of Berkeley staff.

- City of Berkeley Community Health Assessment (CHA) – *Projected completion Fall 2024*
- City of Berkeley Community Health Improvement Plan (CHIP) – *Projected completion 2025*

Updates on the Alliance participation in CHA/CHIP processes will also be published on the Alliance website at www.alamedaalliance.org/providers/quality/

Questions? Please call the Alliance Provider Services Department
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www.alamedaalliance.org



Preventive Services Guidelines Update – November 2024

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 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/periodicityschedule (last updated June 2024).

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.

We share this update to ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from Wednesday, June 12, 2024, to Thursday, November 7, 2024.

Topic	Description	Grade	Release Date
High Body Mass Index in Children and Adolescents: Interventions: children and adolescents 6 years or older	The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥ 95 th percentile for age and sex) to comprehensive, intensive behavioral interventions. See the Practice Considerations section for more information about behavioral interventions.	B	June 2024*
Falls Prevention in Community-Dwelling Older Adults: Interventions: community-dwelling adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B	June 2024
Breast Cancer: Screening: women aged 40 to 74 years	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	B	April 2024*

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

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