



Alameda Alliance for Health New Provider Orientation

Alliance Mission, Vision and Values

Our Mission

- ▶ We strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.



Our Vision:

We will be the most valued and respected managed care health plan in Alameda County.

TRACK Values

- ▶ **TEAMWORK** - We participate actively, remove barriers to effective collaboration and interact as a winning team.
- ▶ **RESPECT** - We are courteous to others, embrace diversity and strive to create a positive work environment.
- ▶ **ACCOUNTABILITY** - We take ownership of tasks and responsibilities and maintain a high level of work quality.
- ▶ **COMMITMENT & COMPASSION** - We collaborate with our providers and community partners to improve the wellbeing of our members, focus on quality in all we do and act as good stewards of resources.
- ▶ **KNOWLEDGE & INNOVATION** - We seek to understand and find better ways to help our members, providers and community partners.

Welcome to the Alliance Network!

Alliance Providers

- ▶ As a provider with Alameda Alliance for Health (Alliance), you are contracted to provide services within the scope of your specialty and as defined in your contract to members for our two programs:
 - ▶ Medi-Cal
 - Health coverage for underserved individuals and families
 - ▶ Alliance Group Care
 - Health coverage for Alameda County In-Home Supportive Services (IHSS) workers

Who We Are

- ▶ The Alliance has been in business since 1996.
- ▶ We are a local, not-for-profit Knox-Keene licensed health plan.
- ▶ Created by and for Alameda County residents.
- ▶ We hold open board meetings and are accountable to the community.
- ▶ We are committed to making high quality health care accessible and affordable to residents of Alameda County.

More About the Alliance

- ▶ Alliance Medi-Cal is comprehensive health coverage for Medi-Cal beneficiaries who have no share of cost and who live in Alameda County.
- ▶ Medi-Cal beneficiaries can choose between Alliance Medi-Cal and Anthem Blue Cross Medi-Cal. In some cases, they may have fee-for-service (FFS) Medi-Cal.
- ▶ Medi-Cal beneficiaries join the Alliance by completing the Medi-Cal Choice Form.

More About the Alliance (cont.)

- ▶ Some Medi-Cal beneficiaries must be enrolled in a health plan and may be automatically enrolled into the Alliance by the State.
- ▶ By enrolling in the Alliance for Medi-Cal, beneficiaries enjoy a large network of providers, assistance with care coordination, and a health plan that is local and accountable to the community.

Alliance Program Membership

▶ The Alliance provides comprehensive health care coverage to over 279,000 members through two programs:

▶ Medi-Cal

→ 273,873 members

▶ Alliance Group Care

→ 5,969 members



Alliance Medical Groups

- ▶ The Alliance is contracted with three medical groups:
 - ▶ Children First Medical Group (CFMG)
 - ▶ Community Health Center Network (CHCN)
 - ▶ Kaiser Permanente (Kaiser)
- ▶ Each group manages the authorizations, referrals, and claims of any Alliance member who chooses a PCP who belongs to that group – except for DME authorizations.
- ▶ If you receive a referral for an Alliance member assigned to one of the Alliance’s medical groups, please:
 - ▶ Contact the member’s assigned medical group before providing care to the member, *OR*
 - ▶ Refer the member back to their PCP for a referral to a provider within the medical group

Maintaining Your Alliance Contract

- ▶ Please provide timely notification to Alliance Provider Services of all changes (practice name, phone, language capacity, address, TIN, etc.).
- ▶ Notify Alliance Provider Services of new providers and terminated providers who join or leave your practice.
- ▶ Providers must be credentialed by the Alliance to receive the rates agreed upon in your Alliance contract.
- ▶ Complete the Facility Site Review and Medical Record Review process every three years (for PCPs and OBs only).
- ▶ Please complete the re-credentialing process every three years.

3 Easy Ways to Verify Member Eligibility

- ▶ Visit our Provider Portal (the best way!) through our website at www.alamedaalliance.org
- ▶ Call the Alliance Provider Services Department at **1.510.747.4510**
- ▶ Call the Alliance Member Services Department to speak with a friendly representative at **1.510.747.4567**

Why It's Important to Verify Eligibility

- ▶ A member's eligibility and PCP/Medical Group assignment can change from month to month.
- ▶ A referral or authorization doesn't guarantee that a member is eligible at the time of service.
- ▶ It is important to know if a member is assigned to a medical group because the group is responsible for the authorization, referral, and claims processing for their assigned members.

Timely Access Requirements

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

Timely Access Standards Exceptions

Exceptions to the Appointment Availability Standards

Preventive Care Services and Periodic Follow Up Care: Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of their practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.

Extending Appointment Waiting Time: The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.

Advanced Access: The primary care appointment availability standard in the chart may be met if the primary care physician (PCP) office provides "advanced access." "Advanced Access" means offering an appointment to a patient with a primary care physician (or nurse practitioner or physician's assistant) within the same or next business day from the time an appointment is requested (or a later date if the patient prefers not to accept the appointment offered within the same or next business day).

After Hours Access to Care

- ▶ All PCPs are required to have after-hours phone coverage 24 hours a day, 7 days a week.
- ▶ After-hours access must include triage and screening (waiting time does not exceed 30 minutes) for emergency care and direction to call **9-1-1** for an emergency medical condition.
- ▶ A physician or mid-level provider must be available for contact after-hours, either in person or via telephone.

Emergency Services

- ▶ Alliance members may seek care at any hospital Emergency Room(ER) for an emergency medical condition without authorization.
- ▶ ER services also include an evaluation to determine if a psychiatric emergency exists.
- ▶ Any prudent layperson may determine if an ER visit is warranted. An emergency medical condition (including labor and delivery) is defined by Title 22, CCR, Section 51056 and Title 28, CCR, Section 1300.71.4.(b)(2) as one that is manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - ▶ Placing the member's health in serious jeopardy
 - ▶ Serious impairment to bodily function
 - ▶ Serious dysfunction of any bodily organ or part
 - ▶ Death

Cultural and Language Services

- ▶ The Alliance provides no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week.
- ▶ To access telephonic interpreters at any time, 24 hours a day, 7 days a week, please call **1.510.809.3986**.
- ▶ For communication with a patient who is deaf, hearing or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.
- ▶ Providers can request in-person interpreter services for ASL, complex and sensitive services. Find the guidelines and request form at www.alamedaalliance.org, Language Access. Please request 5 business days in advance.
- ▶ Document in the health record if a patient refuses professional interpreter assistance.
- ▶ Keep on file documentation of language proficiency for any office staff who communicates with members in non-English languages.
- ▶ Update the Alliance on any changes in your office's language capacity.
- ▶ Members can request interpreter assistance or plan information in their preferred language by calling the Alliance Member Services Department at **1.510.747.4567**.

Cultural & Linguistic Services (cont.)

The Alliance is committed to providing quality healthcare to its culturally diverse membership. To ensure access for members of all cultures we:

- ▶ Offer providers cultural sensitivity training
 - ▶ Training available on our website and through bulletins and faxes.
 - ▶ Training covers use of language services, cultural impact on healthcare, working with members with disabilities, LGBT, aging, refugees & immigrants and more.
 - ▶ Providers are required to complete cultural sensitivity training upon joining the Alliance network and regularly thereafter.
- ▶ Communicate updates on our membership population noting changes in language, ethnicity, age, and gender.
- ▶ Provide plan materials and education in our members primary languages
 - ▶ English, Spanish, Chinese and Vietnamese (Medi-Cal) and English Spanish and Chinese (Group Care)
 - ▶ Content and images reflect the diversity of our membership
- ▶ Promote culturally sensitive care that recognizes use of home remedies, cultural preferences, health literacy challenges, privacy concerns and the complex nature of health care structure.

Services that Require a PCP Referral*

Services that Require a Referral from a Member's PCP	Documentation Requirements
<ul style="list-style-type: none"> • Diagnostic imaging studies at any facility contracted with the Alliance • Outpatient elective surgery at any facility contracted with the Alliance • Second opinions provided by specialists contracted with the Alliance • Specialty care referrals to Alliance contracted specialists, including consults and in-office procedures • Sweet Success services for prenatal diabetic care 	<ul style="list-style-type: none"> • PCP may refer the member to specialty care in writing or by phone • Once the initial referral is made, additional referrals to the same specialist are not required for care related to that condition • PCPs may make standing referrals for specific conditions and diseases • The specialist is required to: <ul style="list-style-type: none"> • Verify the member's eligibility at the time of service • Verify the referral from the PCP • Provide feedback to the PCP • Document the referring PCP's name in Box 17 of the CMS 1500 or Box 82 of the UB-92 for ALL consults and procedures related to the referred condition • Claims that do not contain this information will be denied

* Referral requirements may vary depending on the member's assigned Alliance medical group. Please contact the member's assigned medical group to find out if a referral is required for a particular service.

Authorization Process Overview

- ▶ The authorization process described in this presentation applies to members assigned to PCPs who are contracted directly with the Alliance or for members who have not yet been assigned to a PCP.
- ▶ The Alliance processes authorization requests in a timely manner and in accordance with state and federal requirements.
- ▶ To submit an authorization request, please complete the Alliance Authorization Request form (AAR), attach supporting clinical documentation, and fax it to the Alliance Authorizations Department.
- ▶ Providers may contact the Alliance Authorizations Department to request a copy of the criteria used to make a decision about an authorization request at **1.510.747.4540**.

Services that Require Authorization

- ▶ To access the most up-to-date grid, please visit www.alamedaalliance.org/providers/authorizations

Inpatient Admission Authorization Process*

- ▶ Emergent inpatient admissions do not require *prior* authorization. However, hospitals must notify the Alliance Authorizations Department of an emergency inpatient admission within one (1) working day.
- ▶ The Alliance Authorization Department clinical staff will concurrently review the hospital stay and coordinate care with the facility to determine the appropriate level of care and assist with discharge planning.
- ▶ Hospitals and treating providers are reimbursed by the Alliance as long as timely notification of an admission has been received and meets medical necessity.

***Hospitals must notify the appropriate Alliance medical group of admissions for their members.**

Authorization Turnaround Times

Request Type	Authorization Processing Timeframes for Medi-Cal and Group Care
Medically Urgent	A decision is made within 72 hours of receipt. Written or verbal notification of the Alliance’s decision to approve, deny, modify, or defer is provided to the requesting provider within 24 hours of the decision.
Routine Pre-Authorization	A decision is made within 5 business days of receipt. Written or verbal notification of the Alliance’s decision to approve, deny, modify, or defer is provided to the requesting provider within 24 hours of the decision.
Inpatient Hospice Care	Written or verbal notification of the Alliance’s decision to approve, deny, modify, or defer is provided to the requesting provider within 24 Hours of receipt.
Retrospective*	<p>A decision is made within 30 calendar days of receipt. Written or verbal notification of the Alliance’s decision to approve, deny, modify or defer is provided to the requesting provider within 30 calendar days of receipt.</p> <p>* Submissions within 30 days from the date of service, (when there is no claim on file) will be processed through the UM Department. Submissions >30 days will be processed with claim submission via the Retrospective Claims Review Process.</p>

Contacts for Authorizations

Health Plan/ Medical Group	Address	Authorization Department Numbers	Alliance Programs
Alameda Alliance for Health (Alliance)	1240 South Loop Road, Alameda, CA 94502 www.alamedaalliance.org	Phone: 1.510.747.4540 Fax: 1.877.747.4507 <i>Main Number: 1.510.747.4500</i>	Medi-Cal, Group Care
Children First Medical Group (CFMG)	1833 Alcatraz Ave, Berkeley, CA 94703 www.children-first-medical-group.com	Phone: 1.510.428.3489 Fax: 1.510.428.5868 <i>Main Number: 1.510.428.3154</i>	Medi-Cal,
Community Health Center Network (CHCN)	101 Callan Ave, 3rd Floor San Leandro, CA 94577 www.chcn-eb.org	Phone: 1.510.297.0220 Fax: 1.510.297.0222 <i>Main Number: 1.510.297.0200</i>	Medi-Cal, Group Care
Kaiser Permanente	www.kaiserpermanente.org	<i>Main Number: 1.800.464.4000</i>	Medi-Cal

Direct Access to OB/GYN Services

- ▶ Female members of the Alliance may self-refer for covered obstetrical and gynecological services from OB/GYNs participating within the Alliance or their medical group's network.

*** Referral requirements may vary depending on the member's assigned Alliance medical group. Please contact the member's assigned medical group to find out if a referral is required for a particular service.**

Sensitive Services

- ▶ Sensitive Services are those services designated by the State Medi-Cal program as available to members without a referral or authorization in order to protect patient confidentiality and promote timely access.
- ▶ Sensitive Services include family planning, screening and treatment for sexually transmitted diseases, HIV testing, and abortions.
- ▶ All Alliance Medi-Cal members may go outside of their medical group's network for sensitive services, which does not include prenatal care.
- ▶ Authorization is not required for prenatal care, but members must stay within their medical groups.
- ▶ Group Care members are encouraged to use family planning, HIV testing, and sexually transmitted disease services provided by the Alliance or their medical group, and referral or authorization may be required to access these services outside of the network.

Sensitive Services (cont.)

Abortion

- ▶ In-network abortion services are available to all Alliance members without referral or authorization.
- ▶ Abortion services from non-Alliance providers are also available to all Alliance members without referral or authorization.
- ▶ Group Care members are encouraged to use abortion services provided within the Alliance's or their medical group's network before seeking authorization to be seen by an out of network provider.
- ▶ Alliance Medi-Cal members may obtain abortion services from any Medi-Cal provider without a referral or authorization.

Member Benefits

All Alliance members receive:

- ▶ Regular medical exams & visits
- ▶ Immunizations
- ▶ Specialist care
- ▶ Inpatient hospital care
- ▶ Emergency services
- ▶ Free interpreter services
- ▶ Free health education materials and classes



Member Benefits: Medical

- ▶ For Alliance Medi-Cal and Group Care members, the Alliance covers medical services that are medically necessary and covered by the Medi-Cal program at the time of service.
- ▶ Benefits include primary care, specialty care, durable medical equipment, home health, inpatient care, and skilled nursing care.
- ▶ A complete list of covered services can be found in the Alliance Provider Manual.
- ▶ Unless specifically indicated, the Alliance does not cover services that are not covered by Medi-Cal, including cosmetic services, infertility treatment, and experimental and investigational procedures.

Member Benefits: Behavioral Health

- ▶ All Alliance members have access to outpatient and inpatient behavioral health care, which includes substance abuse treatment.
- ▶ PCPs and specialists can encourage members in need of behavioral health care to access this free and confidential benefit.
- ▶ **Access:** Alliance Medi-Cal members behavioral health services are provided by Alameda County Behavioral Health Care Services (BHCS). (moderate to high severity) Members can self-refer for most services and can contact BHCS at **1.800.491.9099**.
- ▶ **Beacon:** Behavioral services provided by Beacon Health Strategies for Medi-Cal (mild to moderate and autism services) and Group Care members (all services). Members can self-refer for most services and can contact Beacon at **1.855.856.0577**.

Member Benefits: Lab Services

- ▶ Alliance members must receive **outpatient** lab services and specimen readings from Quest Diagnostics, except for:
 - ▶ HIV testing
 - ▶ Renal tests performed at dialysis centers
 - ▶ Genetic, chromosomal and alpha-feto protein prenatal testing
 - ▶ Lab services performed at one of the following Alliance-contracted hospitals:
 - Alameda County Medical Center (Fairmont and Highland Campuses)
 - UCSF Benioff Children's Hospital Oakland
 - Summit Medical Center
- ▶ Members who are assigned to Alameda Health System (AHS) for PCP must use an AHS lab.
- ▶ Providers may contact Quest Client Services at **1.800.288.8008** to find a Quest lab.
- ▶ For Courier Services, STAT pickup, or Will Call, providers may contact Quest at **1.800.288.8008, Option 3.**

Member Benefits: Dental Services

- ▶ For Alliance Medi-Cal members who are pregnant, living in a skilled nursing facility or under age 21, dental services are provided by Denti-Cal.
 - ▶ Members can self-refer for dental services and should call **1.800.322.6384** for assistance.
 - ▶ A dental screening by the PCP is part of the Initial Health Assessment (HIS) and Child Health and Disability Prevention (CHDP) check-ups.
- ▶ The In-Home Supportive Services (IHSS) Public Authority (PA) contracts with Delta Dental to provide dental care for Alliance Group Care members.
 - ▶ Group Care members can contact the IHSS PA if they have questions regarding their dental coverage or need to enroll in the dental plan.
 - ▶ Members can contact Delta Dental at **1.888.335.8227** to find a participating dental provider.

Member Benefits: Vision Services

- ▶ March Vision Care (MARCH) administers vision benefits for Alliance Medi-Cal members.
- ▶ Alliance Medi-Cal members may self-refer to MARCH providers or a PCP can refer a member to a participating MARCH provider.
- ▶ For questions regarding vision benefits or to find a MARCH provider, please contact MARCH at **1.844.336.2724** or visit www.marchvisioncare.com.
- ▶ Vision services for Alliance Group Care members are administered by the IHSS Public Authority (PA), which can be reached at **1.510.577. 3552**.
- ▶ Please note that ophthalmology care is a medical benefit through the Alliance and there is no age restriction for these services for either of our plans. PCP referral is required and the care must be provided by Alliance contracted ophthalmologists.

Member Benefits: Transplants

- ▶ For Alliance Medi-Cal members, the Alliance covers kidney and corneal transplants.
- ▶ All other organ transplants are covered by State Medi-Cal.
- ▶ For Group Care the Alliance covers medically necessary organ and bone marrow transplants.

Pharmacy Benefit Manager (PBM)

PerformRx is our PBM and is responsible for:

- ▷ Processing authorization requests in a timely manner
- ▷ Pharmacy contracting and oversight
- ▷ Pharmacy claims processing
- ▷ Formulary management
 - ▶ Our formulary can be found on our website at www.alamedaalliance.org

Pharmacy Network

- ▶ PerformRx is contracted with over 200 local and chain pharmacies in Alameda County, including:
 - ▶ CVS
 - ▶ Safeway
 - ▶ Target
 - ▶ Walgreens
 - ▶ Wal-Mart
- ▶ Our online Pharmacy Directory has a complete list of pharmacies and is available on our website at www.alamedaalliance.org

Pharmacy Services Program

- ▶ Program Goal
 - ▶ To ensure that Alliance members receive therapeutically appropriate and cost effective drug therapy. Adherence to the Alliance's formularies assists with meeting this goal.
- ▶ Pharmacy Services Department
 - ▶ Manages the program and can be reached at **1.510.747.4541**
- ▶ Pharmacy & Therapeutics Committee (P&T) Committee
 - ▶ Is comprised of Alliance staff and Alameda County-based pharmacists and doctors.
 - ▶ Reviews and approves changes to the Alliance's formularies.

Initial Health Assessment (IHA)

- ▶ PCP's must provide each new Alliance members with an initial health assessment (IHA) as soon as possible after enrolling with the Alliance.
- ▶ The State Medi-Cal program mandates that all new Medi-Cal members have an IHA within 120 days from the member's enrollment date.
- ▶ Pregnant women must have their IHA as soon as an appointment can be scheduled.
- ▶ The IHA should follow appropriate preventive health guidelines and should include a physical examination with referrals for lab work and tests as indicated, immunizations, and a nutritional assessment.

Child Health & Disability Program (CHDP)

- ▶ The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal children and youth.
- ▶ The CHDP Program is responsible for ensuring that high quality preventative services are delivered and available to eligible children and youth.
- ▶ For Alliance Medi-Cal members, pediatric clinical preventive service encounters must be documented using the CHDP Confidential Screening/Billing Report (PM-160).

Child Health & Disability Program ALAMEDA Alliance FOR HEALTH

(CHDP),cont.

- ▶ Data submitted on PM-160 forms is used to develop an administrative data set for HEDIS[®] (Healthcare Effectiveness and Data Information Set).
- ▶ The form is then forwarded to the local CHDP Program on a monthly basis. Providers should attach the PM-160 forms to claims for pediatric preventative services and send them to:

Alameda Alliance for Health
Claims Department
P.O. Box 2460
Alameda, CA 94501-4506

Staying Healthy Assessment (SHA)

- ▶ Alliance PCP's are required to ask Alliance members to complete the Staying Healthy Assessment.
- ▶ (IHEBA) at age-specific intervals.
- ▶ PCP's use the completed form to assess, inform and refer members on healthy living topics like tobacco use and nutrition.
- ▶ PCPs must complete a one-time training on the SHA.
- ▶ The Alliance covers extended counseling, intervention and referral for members who respond "yes" for tobacco or alcohol use.
- ▶ Find training webinars and links, forms, requirements and instructions at www.alamedaalliance.org for the Staying Healthy Assessment, AMSC (for alcohol use disorders) and Tobacco Cessation.

California Children's Services (CCS)

- ▶ California Children's Services (CCS) provides medical care for children younger than 21 years of age who have physical disabilities and complex medical conditions.
- ▶ Services provided under the CCS program are reimbursed through the CCS program.
- ▶ The Alliance is not financially responsible for CCS services provided to its members.
- ▶ An Alliance member who is eligible for CCS services remains enrolled with the Alliance.
- ▶ Physicians, the Alliance, and medical group staff are responsible for identification, referral, and case management of members with CCS eligible conditions.

California Children's Services (CCS) (cont.)

- ▶ Until eligibility is established with the CCS program, the PCP, the Alliance, and medical group continue to provide medically necessary covered services related to the CCS eligible condition.
- ▶ Eligible conditions include medical conditions such as sickle cell anemia, cancer, diabetes, HIV, and major complications of prematurity.

Refer patients to CCS by contacting: California Children's Services

1000 Broadway, Suite 500

Oakland, CA 94607

Telephone: 1.510.208.5970 | Fax: 1.510.267.3254 or

www.dhcs.ca.gov/services.ccs

Early Start

- ▶ The Early Start program serves infants and toddlers three years old or younger who have:
- ▶ Significant developmental delays in cognitive, physical (motor, vision, and hearing), communication, social/emotional, and adaptive/self-help functions.
- ▶ A diagnosed developmental disability that is expected to continue indefinitely.
- ▶ A combination of biological and/or psychosocial factors which indicate a high risk for developmental disabilities.
- ▶ Early Start provides a wide range of services including speech and hearing evaluations and treatment.

Early Start (cont.)

- ▶ The Alliance is not financially responsible for the Early Start services provided to its members.
- ▶ The member's PCP is responsible for providing the initial evaluation and treatment and referral to the local school district or regional center.
- ▶ An Alliance member who is eligible for Early Start services remains enrolled with the Alliance, and the PCP, the Alliance, and medical group remain responsible for coordination of services and for continued medical care.

Regional Center of the East Bay (RCEB)

Regional Center of the East Bay (RCEB) is a private, non-profit agency established to assist mentally disabled persons, individuals who are substantially handicapped by cerebral palsy, epilepsy or autism, and their families in locating services in their communities.

To be eligible, a member must meet the following criteria:

- ▶ Disability is due to mental retardation, cerebral palsy, epilepsy, autism or a condition similar to mental retardation.
- ▶ Disability began prior to the age of 18.
- ▶ Disability is likely to continue indefinitely and is substantially handicapping for the individual.

Regional Center of the East Bay (RCEB) (cont.)

- ▶ RCEB provides members with the services they need to function independently. Main areas of assistance include:
 - ▶ Help finding housing
 - ▶ School or adult day programs and social activities
 - ▶ Transportation
 - ▶ Providing respite services, including child care
 - ▶ Durable medical equipment
 - ▶ Speech or P.T./O.T. services

Regional Center of the East Bay (RCEB) (cont.)

- ▶ The Alliance is not financially responsible for the RCEB services provided to Alliance members.
- ▶ An Alliance member who is eligible for RCEB services remains enrolled with the Alliance, and the PCP, the Alliance, and medical group retain responsibility for coordination of services and for continued medical care.
- ▶ Refer patients to RCEB by contacting:

Regional Center of the East Bay
76777 Oakport Street, Suite 300
Oakland, CA 94621

1.510.383.1200 or visit www.rceb.org

Women, Infants and Children Program (WIC)

WIC is a nutrition/food program that helps pregnant, breastfeeding or postpartum women, and children less than 5 years of age to eat well and stay healthy.

- ▶ WIC eligibility is determined by federal income guidelines, and services include free food vouchers, nutrition education, and breast-feeding support.
- ▶ Patients can call WIC at **1.888.942.9675** to find their local WIC office or visit www.calwic.org to receive assistance with applying for this service.

Health Homes & Whole Person Care

- ▶ For members who have certain care needs and require community support services, such as:
 - ▶ Alliance Medi-Cal members who have certain health conditions; and
 - ▶ Who have been in the hospital or emergency room; or
 - ▶ Without stable housing.
- ▶ You can refer an Alliance member to us or have them call:

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**

Claims Overview

- ▶ Submit claims/encounter data using the following forms:
 - ▶ CMS 1500 (HCFA)
 - ▶ UB-92 (Facility Claims)
 - ▶ PM-330 (Sterilization Consent form)
- ▶ Claims are considered timely if they are submitted within 180 calendar days post-service, or post-EOB if other coverage exists.
- ▶ To file an appeal, please complete a Notice of Provider Dispute (NOPD) form and submit it to the Alliance Claims Department.

Claims Overview (cont.)

- ▶ Use CPT and HCPCS Codes covered by Medi-Cal to bill for services provided to Alliance Medi-Cal and Group Care members.
- ▶ Please refer to our Provider Manual for more detailed and helpful information about our claims policies.
- ▶ Please refer to the Medi-Cal billing guidelines for appropriate place of services codes, NDC codes, and if codes are split billable.

Electronic Billing and RA

- ▶ You can sign up to bill electronically (EDI), Electronic Fund Transfer (EFT), and Electronic Remittance Advise (ERA).
- ▶ The forms can be found at www.alamedaalliance.org/providers/billing/electronic-data-interchange-edi-services/
- ▶ This will speed up claim processing and get you paid faster.
- ▶ Contact the Provider Services Department at **1.510.747.4510** to learn how to submit claims electronically.

Claims Requirements for Injectables

- ▶ Effective September 1, 2009 claims for physician administered drugs must include the National Drug Code (NDC) for each drug.
- ▶ Claims for physician administered drugs will be reimbursed in one of the following ways:
 - ▶ Medi-Cal rates for Alliance Medi-Cal and Group Care members.
 - ▶ If a Medi-Cal or Medicare rate does not exist for a particular drug, please refer to your contract for the Average Wholesale Price (AWP) percentage.

Where to Send Your Claims

Claim Type	Member's Health Plan/ Medical Group	Address
Professional Medical Service	Alameda Alliance for Health	Alameda Alliance for Health P.O. Box 2460, Alameda, CA 94501-0460
Professional Medical Service	Children First Medical Group	Children First Medical Group P.O. Box 981705 El Paso, TX 79998
Professional Medical Service	Community Health Center Network	Community Health Center Network 101 Callan Ave, 3rd Floor San Leandro, CA 94577
Institutional (Hospital, SNF, etc.)	Alameda Alliance for Health, Children First Medical Group, and Community Health Center Network	Alameda Alliance for Health P.O. Box 2460 Alameda, CA 94501-0460
Home Health	Alameda Alliance for Health, Children First Medical Group, and Community Health Center Network	Alameda Alliance for Health P.O. Box 2460 Alameda, CA 94501-0460

Complaint and Grievance Process

Member Complaints/Grievances/Appeals

- ▶ Members may report complaints/grievances/appeals by calling Alliance Member Services at **1.510.747.4567**.
- ▶ Providers may provide members with a Grievance Form that can be mailed or faxed to the Alliance.
- ▶ Once the member's complaint/grievance/appeal is logged by Member Services, our Grievances and Appeals Unit will investigate the situation and provide the member with a resolution.
- ▶ In some cases, the Alliance Grievance and Appeals Unit may request information from our providers to assist with reviewing a member's complaint/grievance.

Complaint and Grievance Process (cont.)

Provider Complaints/Grievances/Appeals

- ▶ Appeals of claims decisions must be submitted via the Notice of Provider Dispute (NOPD) process. Please complete the NOPD form, attach supporting documentation, and submit it to the Alliance Claims Department.
- ▶ Appeals of authorization decisions must be submitted to the Alliance Grievances and Appeals unit. Please include supporting clinical documentation with each appeal.
- ▶ Other provider complaints can be submitted to Alliance Provider Services.

Member Discharge Process Overview

- ▶ Another form of a provider grievance is a member discharge.
- ▶ Providers have the right to discharge members from their care due to unruly behavior, threatening remarks, frequently missed appointments, fraud, etc.
- ▶ Document the patient behavior in medical record progress notes.
- ▶ A member may **not** be discharged due to his/her medical condition, frequent visits, or high cost of care.
- ▶ Member discharge requests must be submitted in writing to Provider Services **prior** to discharging a member.
- ▶ Please refer to Part One of the Alliance Provider Manual for a complete description of the member discharge process requirements.

Quality Improvement: PQI's

- ▶ The Alliance maintains a systematic mechanism to identify, analyze and resolve potential quality of care and service issues (PQI's) to ensure that services provided to members meet established quality of care and service standards.
- ▶ PQI's can be identified in several ways, including:
 - ▶ Encounter data, including medical and pharmacy claims
 - ▶ Inpatient notifications
 - ▶ Member or provider complaints
- ▶ The Alliance Quality Management unit reviews and resolves PQI's in a timely manner and may request information from Alliance providers to assist with the review process.

Quality Improvement: HEDIS®

- ▶ The California Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) require that the Alliance participate in the annual Healthcare Effectiveness and Data Information Set (HEDIS) process.
- ▶ HEDIS® measures are developed by a national group of health care experts, issued annually and used as a standard across the country. Using HEDIS measures, the Alliance can compare its performance against other managed care plans. HEDIS study methodology and results are also validated and audited by an external agency.
- ▶ HEDIS® studies use claims and encounter data submitted by providers and may be supplemented with data retrieved from providers' medical records. The Alliance makes every effort to request records or schedule HEDIS data retrieval for all studies at the same time and only once each year.

Health Education

- ▷ The Alliance has FREE health information, self-management tools and referrals to programs and classes for all members
- ▷ Health topics include:
 - ▶ Conditions like diabetes, asthma and hypertension
 - ▶ Pregnancy, breastfeeding (lactation consultants) and parenting
 - ▶ Healthy weight, nutrition and exercise
 - ▶ Smoking cessation, Diabetes Prevention Program (DPP) and much more!
- ▷ The ***Provider Resource Directory**** lists free classes, programs and community referrals available to Alliance members.
- ▷ Members can complete the ***Wellness Request Form**** or call Health Programs at **1.510.747.4577** to request class listings and materials in our threshold languages (English, Spanish, Chinese, & Vietnamese).
- ▷ Providers can refer using the ***Wellness Provider Fax Request Form****.

*Directory and forms are available at www.alamedaalliance.org and with your orientation packet.

Get Involved!

- ▶ Participate! Join an advisory committee to the Alliance Board of Governors:
 - ▶ Peer Review & Credentialing Committee (PRCC)
 - ▶ Pharmacy & Therapeutic Committee (P&T)
 - ▶ Health Care Quality Committee (HCQC)

We're here for you!

At www.alamedaalliance.org you can:

- ▶ View updates
- ▶ Download forms
- ▶ View our on-line provider manual
- ▶ View clinical practice guidelines
- ▶ Check our online provider directories

And much more!

Sign up for the **Alliance Provider Portal** and you can:

- ▶ Verify member eligibility
- ▶ Submit an electronic authorization requests (For outpatient and elective inpatient services that require authorization).
- ▶ Check claim status and view remittance advise statements.
- ▶ Submit an electronic Provider Dispute Resolution Request (Claim Dispute).

Your Provider Services Department

▶ We're here to help, please contact us at:

Office: **1.510.747.4510**

Fax: **1.855.891.7257**

Email: **providerservices@alamedaalliance.org**

Attachments and Forms

1. Sample Member Identification Cards
2. Provider Portal Sign-Up Instructions
3. Frequently Asked Questions About Claims
4. Interpreter Services Quick Guide
5. Interpreter Services Request Form
6. Alliance Authorization Request Form
7. Medication Request Form for Alliance Medi-Cal, Group Care
8. Alliance Specialty Pharmacy Program Drug List
9. Notice of Provider Dispute Form
10. Member Grievance Forms (English, Spanish, Chinese, Vietnamese)
11. Member Rights & Responsibilities
12. Timely Access Regulations
13. Health Education Forms and Documents
14. ICD-10 Communication
15. Nurse Advice Line for Medi-Cal and Group Care Members
16. Non-Emergent Ground Transport
17. HEDIS Guide
18. Quick Reference Card