Alameda Alliance for Health New Provider Orientation

For Alliance Group Care and Medi-Cal Providers

Alliance Mission, Vision, and Values

Our Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Our Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Our Core "TRACK" Values

- **Teamwork**: We actively participate, support each other, develop local talent, and interact as one team.
- **Respect**: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.
- **Accountability**: We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.
- **Commitment & Compassion**: We are empathic and care for the communities we serve including our members, providers, community partners and staff.
- **Knowledge & Innovation**: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

Welcome to the Alliance Network!

Alliance Providers

- As a provider with the Alliance, you are contracted to provide services within the scope of your specialty and as defined in your contract to members for one (1) or more of our three (3) programs:
  - Medi-Cal
    - Health coverage for underserved individuals and families
  - Alliance Group Care
    - Health coverage for Alameda County In-Home Supportive Services (IHSS) workers
  - Alliance Wellness
    - Our Health Maintenance Organization (HMO) Dual Eligible Special Needs Plan (D-SNP)
    - Health Coverage for Medicare plus Medi-Cal Benefits Dual Eligible Special Needs Plan members
    - Applicable for provider who have an executed agreement to include D-SNP.

The presentation for D-SNP can be found at **www.alamedaalliance.org/download.php?file=PS_DSNP-PRVDR_NPO-Presentation_03062026-clean.pdf**.

Who We Are

- The Alliance has been in business for over 30 years, since 1996.
- On Thursday, January 1, 2026, the Alliance launched a new Medicare Advantage Plan, Alameda Alliance Wellness (HMO D-SNP).
- We are a local, not-for-profit Knox-Keene licensed health plan.
- We were 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 join the Alliance by completing the Medi-Cal Choice Form.
- 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 370,000 members through three (3) programs:
  - Medi-Cal
    - 366,022 members
  - Alliance Group Care
    - 6,475 members
  - Alameda Alliance Wellness (HMO D-SNP)
    - 293 members

Source: Alameda Alliance for Health Board of Governors Regular Meeting – Operations Dashboard. August 2026.

Alliance Medical Groups

- The Alliance is contracted with two (2) medical groups:
  - Children First Medical Group (CFMG)
  - Community Health Center Network (CHCN)
- Each group manages the authorizations, referrals, and claims for medical services of any Alliance member who chooses a PCP that belongs to that group, with the exception of durable medical equipment (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
- Effective Saturday, April 1, 2023, the Alliance began directly managing the authorizations, referrals, and claims for behavioral health services (mental health and applied behavioral analysis (ABA)). The administration of these services remains the responsibility of the Alliance regardless of the assigned medical group.

Maintaining Your Alliance Contract

- Please provide timely notification to Alliance Provider Services of all changes (practice name, phone, language capacity, address, tax identification number (TIN), effective or termination date, etc.).
- Notify Alliance Provider Services of new providers and terminated providers who join or leave your practice. A roster or an electronic provider data submission is preferred (274 provider flat file).
- Providers must be credentialed by the Alliance to receive the rates agreed upon in your Alliance contract.
- A provider's effective date is the first of the following month after they have been credentialed.
- Complete the Facility Site Review (FSR) and Medical Record Review (MRR) process every three years or when there is a location change(for PCPs only).
- Providers must complete the re-credentialing process every three (3) years.

Three (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**. This includes a 24/7 automated system.
- Call the Alliance Member Services Department to speak with a 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.
- Alliance members may request to change their assigned PCP. If a member is not assigned to you and wants to change their PCP assignment, please direct them to call the Alliance Member Services Department at **1.510.747.4567**. In most cases, the PCP change will be effective the first day of the following month after the request.
- 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 medical group is responsible for the authorization, referral, and claims processing for their assigned members.
- Check with your patients regularly about insurance updates, including primary or secondary insurance updates.
- Providers are encouraged to keep records of eligibility verification.

Timely Access Requirements

Timely Access Requirements	
Appointment Type:	**Appointment Within:**
Urgent Appointment that does not require PA	48 Hours of the Request
Urgent Appointment that requires 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 Specialist Appointment	15 Business Days of the Request
Non-Urgent Behavioral Health Appointment	10 Business Days of the Request
Non-Urgent Appointment for Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

Timely Access Definitions

- **PA** = Prior Authorization
- **Non-urgent Care** refers to routine appointments for non-urgent conditions.
- **Triage or Screening** refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and determine the urgency of the member's need for care.
- **Urgent Care** refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Timely Access Standards Exceptions

Exceptions to the Appointment Availability Standards
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).
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.
Shortening or Extending Appointment Waiting Time: 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.

After Hours Access to Care

- PCPs, specialists, and behavioral health care providers are required to have after-hours phone coverage 24 hours a day, seven (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 dial **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.

Urgent Care

- Alliance members may seek care from Alliance-contracted Urgent Care facilities for non-emergency or life-threatening conditions.
- Alliance members who need urgent care out of the area can go to the nearest urgent care facility.
- Alliance members can call their PCP, or the Advice Nurse Line, 24 hours a day, seven (7) days a week, toll-free at **1.888.433.1876**, if they cannot reach their PCP to learn the level of care that is best for them.
- Members may also call Teladoc toll-free at **1.800.TELADOC (1.800.835.2362)** or schedule a video chat on the Teladoc app to treat non-emergency medical issues.
- Most urgent care appointments do not require authorization and are available within 48 hours of the request for an appointment, and may include:
  - A cold
  - Sore throat
  - Fever
  - Ear pain
  - Sprained muscle
  - Maternity services
- If the urgent care services require pre-approval, an appointment will be offered within 96 hours of the request.
- Alliance Medi-Cal members who need mental health urgent care can call the Alameda County Behavioral Health Care Services ACCESS Program 24 hours a day, seven (7) days a week, toll-free at **1.800.491.9099**, or the Alliance Member Services Department.
- Alliance Group Care members who need mental health urgent care can call the Alliance Member Services Department at **1.510.747.4567**.
- Contracted urgent care facilities can be found through our online provider directory.

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, seven (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**, under the Health Education and Languages Services section. Please request five (5) business days in advance.
- Members can call the Alliance Member Services Department to request materials in their preferred language, or materials in audio, Braille, large print, or other alternative formats.
- 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 and Language Services (cont.)

- The Alliance is committed to providing quality healthcare to its culturally diverse membership and provides content and images that reflect the diversity of our membership. To ensure access for members of all cultures, we:
- Offer providers cultural sensitivity training:
  - Training is available on our website and through bulletins and faxes.
  - Training covers the use of language services, cultural impact on healthcare, working with members with disabilities, LGBTQIA+, 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.
- The Alliance encourages providers to report provider race/ethnicity data. The data is not displayed in our public-facing directory; but may help us provide a network mindful of our members' cultural and linguistic needs.
- Provide plan materials and education in our member's primarily preferred languages:
  - Alliance Group Care: English, Spanish, and Chinese
  - Alliance Medi-Cal: English, Spanish, Chinese, Vietnamese, and Farsi
  - Alameda Alliance Wellness: English, Spanish, Chinese, Vietnamese, Farsi, and Tagalog
- Promote culturally sensitive care that recognizes the use of home remedies, cultural preferences, health literacy challenges, privacy concerns, and the complex nature of health care structure.

Alliance Provider Portal

- Visit **www.alamedaalliance.org** and click the Provider Portal button from the upper right-hand side of the web page.
- Sign up for the Alliance Provider Portal, and you can:
  - Verify member eligibility
  - Submit electronic authorization requests (for outpatient and elective inpatient services that require authorization, including ABA services)
  - Submit electronic professional claims
  - Check claim status and view remittance advice statements
  - Submit an electronic Provider Dispute Resolution Request (Claims Dispute)
  - PCPs can view their Alliance member rosters and gap-in-care reports
  - Mental Health Evaluation and follow-up forms
  - ABA Treatment Plan submissions
  - Please allow two (2) business days for the Alliance Provider Service Department to review and respond when creating an account.
  - And much more!
- The **Provider Portal Instruction Guide** is available on the login page of the Provider Portal and within the portal once you are logged in.

Services That Require a PCP Referral*

Services That Require a Referral From a Member's PCP	Services That Do Not Require a Referral From a Member's PCP

• 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
	• 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:
	  • 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 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.

A PCP referral is not required for a mental health evaluation with a contracted in-network mental/behavioral health provider.

Standing referrals for members who need prolonged specialty care management also require PA.

Authorization Process Overview

- The authorization process described in this presentation applies to members assigned to PCPs who are contracted directly with the Alliance and 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 electronically through our provider portal or by completing the form, attaching supporting clinical documentation, and submitting 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**.
- To view the Alliance Procedure Code Search Tool, the Alliance prior authorization grid, or for more information, please visit **www.alamedaalliance.org/providers/authorizations**.

Autism and Mental Health Authorization Process Overview

ALAMEDA Alliance FOR HEALTH

For PCPs: Download and complete the Alliance Behavioral Health Care Autism Evaluation BHT/ABA Referral Form on the Alliance Provider Portal or the Alliance website at **www.alamedaalliance.org/providers/provider-forms**.

Applied Behavior Analysis (ABA)	Mental Health (MH)
• Prior authorization is required for all ABA services. • Authorization must be submitted electronically through the Alliance Provider Portal. • To submit providers can refer to the Authorizations tab in the Provider Portal.	• Outpatient MH services do not require a prior authorization. • Members can self-refer by using our provider directory and/or call Member Services at **510.747.4567** for assistance in finding a provider. • MH providers are required to complete the **MH Initial Evaluation Form** through the Alliance Provider Portal once they have seen a new patient for their first visit. • The **MH Initial Evaluation Form** is available under the Forms section of provider portal. • For Med-Cal: The DHCS Screening and Transition Tool is available as part of the MH Initial Evaluation Form for members who may also need specialty mental health or services provided through Alameda County Behavioral Health ACCESS.

Long-Term Care (LTC)

Effective Sunday, January 1, 2023

- Custodial care/LTC is not covered for Alliance Group Care members.
- Custodial care/LTC is covered by the Alliance for Medi-Cal members.
- Services provided by Intermediate Care Facilities and Subacute Providers are covered by the Alliance for Medi-Cal members.
  - The California Department of Health Care Services (DHCS) will require most non-dual and dual LTC Medi-Cal members (including those with a Share of Cost) to enroll in a Medi-Cal managed care plan.
  - The Alliance will authorize and cover medically necessary services provided in skilled nursing facilities (SNF) and ensure members in need of SNF services are placed in a health care facility that provides the level of care most appropriate for their medical needs on and after Sunday, January 1, 2023.
  - The Alliance will manage the care of these members throughout their continuum of care.

Effective Monday, January 1, 2024

- Services provided by Intermediate Care Facilities and Subacute Providers are covered by the Alliance for Medi-Cal members.

Medical 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.

Behavioral Inpatient Admission Authorization Process

- For Medi-Cal members, this is covered under Severe Mental Illness (SMI) which is provided by fee-for-service Medi-Cal and administered by Alameda County Behavioral Health Care Services (ACCESS). Providers with SMI inpatient services should contact ACCESS toll-free at **1.800.491.9099**.
- For Group Care members, this is covered directly by the Alliance*.
  - 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 Alliance, regardless of the medical group of admissions for their members if the admission is for a behavioral and mental health service.

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*	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. *Submissions within 90 days from the date of service, (when there is no claim on file) will be processed through the UM Department. Submissions >90 days with be processed with claim submission via the Retrospective Claims Review Process.
Inpatient Concurrent Review	Providers will be notified of decisions within 72 hours of the receipt of a request with necessary clinical information.

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** Main Number: **1.510.747.4500**	Medi-Cal, Group Care, all behavioral health services covered by the Alliance.
Children First Medical Group (CFMG)	1833 Alcatraz Ave, Berkeley, CA 94703 **www.childrenfirstmedicalgroup.org**	Phone: **1.510.428.3489** Fax: **1.510.450.5868** Main Number: **1.510.428.3154**	Medi-Cal
Community Health Center Network (CHCN)	101 Callan Ave, 3rd Floor San Leandro, CA 94577 **www.chcnetwork.org**	Phone: **1.510.297.0220** Fax: **1.510.297.0222** Main Number: **1.510.297.0200**	Medi-Cal, Group Care

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.

Doula Services

- **Doulas** are birth workers who provide physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion.
- These doula services are available ***without*** a recommendation nor authorization:
  - One (1) initial visit
  - Up to eight (8) 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.
- Nine (9) additional postpartum visits may be available with a written recommendation from a physician or other licensed practitioner of the healing arts. The form is available in the attachment section.
- More information about doulas is available in the Alliance Provider Manual, and a list of contracted doulas is listed in the Alliance Provider Directory.

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 do 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.

Clinical Practice Guidelines

- The Alliance uses clinical practice guidelines to help providers make decisions about appropriate care for specific clinical circumstances.
- Our guidelines are listed on our website and are based on valid and reliable clinical evidence or consensus of health care professionals in the relevant field.
- They also take into consideration the needs of members. Clinical practice guidelines are reviewed by board-certified providers and approved by Alliance governing committees at least every two years.
- To view the practice guidelines, please visit: **www.alamedaalliance.org/providers/provider-resources/clinical-practice-guidelines**
- For guidelines on other health topics, please email **livehealthy@alamedaalliance.org**.

Member Benefits

All Alliance members receive:

- Behavioral health services
- Doula services
- Durable medical equipment (DME)
- Emergency services
- Home health & hospice
- Immunizations
- Inpatient hospital care
- No-cost health education materials and classes
- No-cost interpreter services
- Major organ transplants
- Regular medical exams & visits
- Specialist care
- More information can be found in our Provider Manual

Member Benefits: Behavioral Health

- All Alliance members have access to outpatient and inpatient behavioral health (BH) care, including mental health, autism services, and substance abuse treatment.
- PCPs and specialists can encourage members in need of behavioral health care to access this covered and confidential benefit.
- Medi-Cal members
  - Starting Saturday, April 1, 2023, BH services are provided by the Alliance. The Alliance manages the administration and claims for all members, including those assigned to a delegated group.
    - Medi-Cal (mild to moderate and autism services)
    - Members can self-refer for most services by contacting Alliance Member Services at **1.510.747.4567**.
    - Autism visits will require prior authorization (PA) and is available through our Provider Portal.
  - ACCESS:
    - Alliance Medi-Cal members (moderate to high severity, including SMI) behavioral health services are provided by Alameda County Behavioral Health Care Services (ACBHCS). Members can self-refer for most services by contacting ACBHCS toll-free at **1.800.491.9099**. Provider may also complete the DHCS Screening and Transition Tools to refer members.
- Group Care Members
  - Starting Saturday, April 1, 2023, BH services are provided by the Alliance for Group Care members for all services. The Alliance manages the administration and claims for all members, including those assigned to a delegated group.
    - Members can self-refer for most services by contacting the Alliance Member Services Department at **1.510.747.4567**.

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-fetoprotein 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 toll-free at **1.800.288.8008** to find a Quest lab.
- For courier services, STAT pickup, or will call, providers may contact Quest toll-free 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 Medi-Cal Dental.
  - Members can self-refer for dental services and should call toll-free at **1.800.322.6384** for assistance.
  - A dental screening by the PCP is part of the Initial Health Appointment (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 toll-free at **1.888.335.8227** to find a participating dental provider.

Member Benefits: Vision Services

- Vision Service Plan (VSP) administers vision benefits for Alliance Medi-Cal members.
- Alliance Medi-Cal members may self-refer to VSP providers, or a PCP can refer a member to a participating VSP provider.
- For questions regarding vision benefits or to find a VSP provider, please contact VSP toll-free at **1.800.877.7195** or visit **https://www.vsp.com/medicaid**.
- 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. A 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 all major organ transplants effective **Saturday, January 1, 2022**.
- For Group Care, the Alliance covers medically necessary organ and bone marrow transplants.
- For Children, the Alliance will coordinate with California Children's Services (CCS), if necessary.
- These services require prior authorization.

Outpatient Pharmacy Benefit

- **For Medi-Cal**, as of Saturday, January 1, 2022, outpatient pharmacy services are carved out to DHCS and administered by their pharmacy benefit manager (PBM), Magellan.

  Magellan at the Medi-Cal Rx Call Center
  Toll-Free: **1.800.977.2273**
  www.medi-calrx.dhcs.ca.gov

- **For Group Care**, the Alliance PBM prior to Friday, January 1, 2027, is PerformRx. The Alliance's PBM starting Friday, January 1, 2027, will be MedImpact, and they are responsible for:
  - Processing authorization requests in a timely manner
  - Pharmacy contracting and oversight (there are over 200 local and large chain pharmacies)
  - Pharmacy claims processing
  - Formulary management
    - Our formulary can be found on our website at **www.alamedaalliance.org**

Alliance 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
  - Phone Number: **1.510.747.4541**
- Pharmacy & Therapeutics Committee (P&T) Committee
  - Comprised of contracted physicians, pharmacists, and behavioral health providers
  - Reviews and approves changes to the Alliance's formularies

Initial Health Appointment (IHA)

- PCPs must provide each new Alliance member with an initial health appointment (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.
- For more information, please visit **www.alamedaalliance.org/providers/initial-health-assessment**.

Medi-Cal for Kids and Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

- EPSDT Training must be completed no less than once every two (2) years for all PCPs who see members under the age of 21.
- For PCPs such as medical doctors (MD), doctors of osteopathic medicine (DO), physician assistants (PA), and nurse practitioners (NP) levels.
- Self-paced training outlines the requirements for EPSDT benefits.
- How to complete the training:
  - Visit the Alliance website and review the DHCS training at **www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities**.
  - Complete and submit the online attestation via the SurveyMonkey tool to receive credit for the training at **https://bit.ly/47UFAzb**.
- Group or webinar trainings may be available upon request. Providers can email our Quality Improvement Department at **DeptQualityImprovement@alamedaalliance.org** for more information.

Child Health and Disability Program (CHDP)

- **Senate Bill (SB) 184 authorized DHCS to transition the CHDP program by Monday, July 1,2024.**
- **The transition plan included key components:**
  - Childhood Lead Poisoning Prevention Program (CHDP-CLPP)
  - Children's presumptive eligibility
  - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for Medi-Cal children and youth
  - Health Care Program for Children in Foster Care
  - Joint Letter Regarding Report of Health Examination for School Entry
  - Newborn Hearing Screening Program
- Additional information may be found on the CHDP page on the DHCS website at **www.dhcs.ca.gov/services/chdp**.

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 the 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 the 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
    Phone Number: **1.510.208.5970**
    Fax: **1.510.267.3254**
    www.dhcs.ca.gov/services.ccs

Early Start

- The Early Start program serves infants and toddlers three (3) 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 the medical group remain responsible for the 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.
  - The 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:
  - Durable medical equipment (DME)
  - Help finding housing
  - Providing respite services, including childcare
  - School or adult day programs and social activities
  - Speech or PT/OT services
  - Transportation

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 the 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
  Phone Number: **1.510.618.6100**
  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 five (5) years of age to eat well and stay healthy.
  - WIC eligibility is determined by federal income guidelines, and services include food vouchers, nutrition education, and breastfeeding support at no cost.
  - Patients can call WIC toll-free at **1.888.942.9675** to find their local WIC office or visit **www.calwic.org** to receive assistance with applying for this service.

Enhanced Care Management (ECM)

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

  Alliance Case Management Department
  Monday – Friday, 8 am – 5 pm
  Phone Number: **1.510.747.4512**
  Toll-Free: **1.877.251.9612**
  If you cannot hear or speak well (CRS/TTY): **711/1.800.735.2929**
- You can also submit an authorization request for these services. A copy of the form is found in the attachments section.

Community Supports (CS)

- Community Supports (CS) services may be available for Alliance members under their Individualized Care Plan. CS are medically appropriate and cost-effective alternative services or settings to those covered under Medi-Cal. These services are optional for members to receive and may help them live more independently, but do not replace benefits that they already get under Medi-Cal.
- The Alliance is currently offering the following CS services:
  - Asthma Remediation
  - (Caregiver) Respite Services
  - Environmental Accessibility Adaptations (Home Modifications)
  - Homeless-related CS (Includes housing transition navigation, housing deposits, and housing tenancy & sustaining services);
  - Medically Tailored/Supportive Meals
  - Personal Care & Homemaker Services
  - Recuperative Care (Medical Respite)
- You can refer an Alliance member to us:

  Alliance Case Management Department
  Monday – Friday, 8 am – 5 pm
  Phone Number: **1.510.747.4512**
  Toll-Free: **1.877.251.9612**
  If you cannot hear or speak well (CRS/TTY): **711/1.800.735.2929**
- You can also submit an authorization request for these services. A copy of the form is found in the attachments section.

Claims Overview

- Submit claims/encounter data using the following forms:
  - CMS 1500 (HCFA)
  - UB-04 (Facility Claims)
- 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 or PDR) form and submit it to the Alliance Claims Department. This can be done by completing a form or electronically through our Provider Portal.

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 at **www.alamedaalliance.org/providers/alliance-provider-manual**
- Please refer to the Medi-Cal billing guidelines for appropriate place of services codes, modifiers, NDC codes, and if codes are split billable.

Electronic Billing, Payment, and RA

- You can sign up to bill electronically (EDI), get paid faster with Electronic Fund Transfer (EFT), and receive an Electronic Remittance Advice (ERA).
- If you work with a clearing house, please contact us to enroll in our Electronic Data Interchange (EDI) program.
- To access the EDI Enrollment Form, please visit **www.alamedaalliance.org/providers/provider-forms**.
- This will speed up claim processing and help get you paid faster.

Electronic Billing, Payment, and RA (cont.)

- Electronic Fund Transfer (EFT) allows payments to be made electronically to your bank.
- Electronic Remittance Advice (ERA) allows you to receive an RA automatically and electronically.
- You can also submit claims electronically through our Provider Portal (including secondary claims and attach the EOB).
- The enrollment forms can be found at **www.alamedaalliance.org/providers/provider-forms**.
- To learn how to enroll in any of these services, please call the Alliance Provider Services Department at **1.510.747.4510** or visit **www.alamedaalliance.org**.

Claims Requirements for Injectables

- Claims for physician-administered drugs must include the National Drug Code (NDC) for each drug.
- Claims for physician-administered drugs (PAD) 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 Medical Claims

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

Where to Send Your Behavioral Claims

Member's Health Plan/ Medical Group	Line of Business	Claims Type(s)	Mailing Address
• Alameda Alliance for Health (Alliance) • Children First Medical Group (CFMG) • Community Health Center Network (CHCN)	Medi-Cal	• Professional behavioral health claims	Alameda Alliance for Health PO Box 2460 Alameda, CA 94501-0460
	Medi-Cal	• Specialty behavioral health services claims, such as Intensive Outpatient Program claims • Behavioral health facilities claims	Alameda County BHCS Claims Processing Department PO Box 738 San Leandro, CA 94577
	Group Care	• Professional behavioral health claims • Specialty behavioral health services claims • Behavioral health facilities claims	Alameda Alliance for Health PO Box 2460 Alameda, CA 94501-0460

Complaint and Grievance Process – Members

- Members may report complaints, grievances, or appeals by calling the Alliance Member Services Department 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, or appeal is logged by the Member Services Department, our Grievances and Appeals Department will investigate the situation and provide the member with a resolution.
- In some cases, the Alliance Grievance and Appeals Department may request information from our providers to assist with reviewing a member's complaint, grievance, or appeal.

Complaint and Grievance Process – Providers

- 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 Department. Please include supporting clinical documentation with each appeal.
- Other provider complaints can be submitted to the Alliance Provider Services Department.

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's behavior in medical record progress notes.
- A member may **not** be discharged due to their medical condition, frequent visits, or high cost of care.
- Member discharge requests must be submitted in writing to the Alliance Provider Services Department **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 (PQIs) to ensure that services provided to members meet established quality of care and service standards.
- PQIs can be identified in several ways, including:
  - Encounter data, including medical and pharmacy claims
  - Inpatient notifications
  - Member or provider complaints
- The Alliance Quality Improvement (QI) Department reviews and resolves PQIs 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 measures.

Health Education

- The Alliance has health information, self-management tools, and referrals to programs and classes for all members at no cost.
- Health topics include:
  - Conditions like diabetes 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 classes, programs, and community referrals available to Alliance members at no cost.
- Members can complete the **Member Wellness Programs & Material 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, and Farsi).
- Providers can refer using the **Provider Wellness Programs & Material Request Form***.
- *Directory and forms are available at **www.alamedaalliance.org/live-healthy/classes** and with your orientation packet.

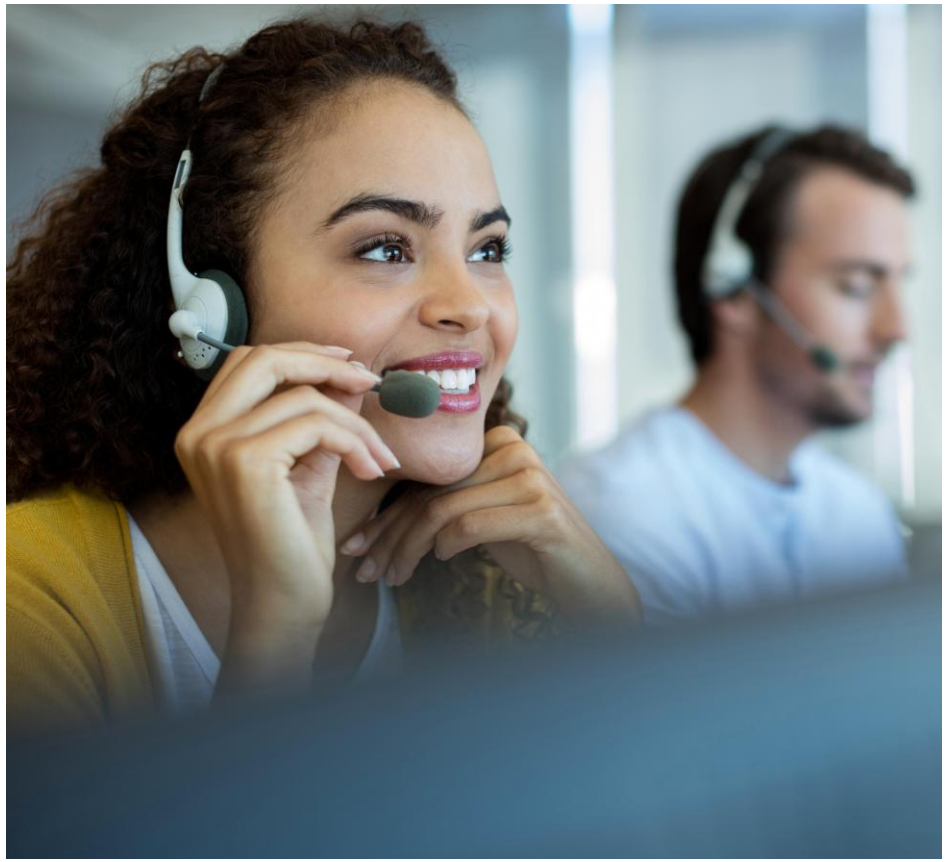
Get Involved!

- Join an advisory committee to the Alliance Board of Governors:
  - Quality Improvement Health Equity Committee (QIHEC)
    - Call the Alliance Credentialing Department at **1.510.747.6176**
  - Peer Review & Credentialing Committee (PRCC)
    - Call the Alliance Credentialing Department at **1.510.747.6176**
  - Pharmacy & Therapeutic Committee (P&T)
    - Call the Alliance Pharmacy Services Department at **1.510.747.4541**

We Are Here For You!

At **www.alamedaalliance.org** you can:

- Access the Provider Portal
- Check our online provider directories
- Download forms
- View clinical practice guidelines
- View our online provider manual
- View updates
- Also, much more!



Your Provider Services Department

We're here to help.

- Please contact us:

  Hours: Monday – Friday from 7:30 am – 5 pm
  Office: **1.510.747.4510**
  Fax: **1.855.891.7257**
  Email: **providerservices@alamedaalliance.org**

- Contact your Provider Relations Representative directly:

  Elbrain Macasijig
  Email: **emacasijig@alamedaalliance.org** | Phone Number: **1.510.373.5605**

  Errin Poston
  Email: **eposton@alamedaalliance.org** | Phone Number: **1.510.747.6291**

  Loren Mariscal
  Email: **lmariscal@alamedaalliance.org** | Phone Number: **1.510.995.1055**

  Maria Rivera
  Email: **mrivera@alamedaalliance.org** | Phone Number: **1.510.747.6094**

  Rosa Sanchez
  Email: **rsanchez@alamedaalliance.org** | Phone Number: **1.510.373.5664**

  Sylvia Guzman
  Email: **syguzman@alamedaalliance.org** | Phone Number: **1.510.747.6270**

Attachments and Forms

1. Alliance Authorization Request Form
2. Alliance ECM and CS Approval Request Forms
3. APL 21-009 Social Determinants of Health Diagnosis
4. Doula Recommendation Form
5. Electronic Enrollment Forms (Electronic Funds Transfer, Electronic Remittance Advice, Electronic Data Interchange)
6. Frequently Asked Questions About Claims
7. HEDIS® Measures - Quick Reference Guide
8. Health Education Forms and Documents
9. HIV Testing Sites
10. Important Contact Information
11. Interpreter Services Guide and Form
12. Medication Request Form for Group Care
13. Member Grievance Forms (English, Spanish, Chinese, Vietnamese, Farsi)
14. Member Rights & Responsibilities
15. Non-Emergent Ground Transport
16. Notice of Provider Dispute Form
17. Nurse Advice Line for Medi-Cal and Group Care Members
18. Policies & Disclosures
19. Provider Portal Sign-Up Instructions
20. Sample Member Identification Cards
21. Timely Access Standards