



2025 Quarter 1 & Quarter 2 Provider Packet

In-Person Visits by Provider Services have Resumed

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

Here are ways that you can access Alliance updates and reach out to us for assistance:

- Contact your Provider Relations Representative directly by email or phone
 - Errin Poston: eposton@alamedaalliance.org, 1.510.747.6291
 - Shawanna Emmerson: semerson@alamedaalliance.org, 1.510.995.1202
 - Rosa Sanchez: rsanchez@alamedaalliance.org, 1.510.373.5664
 - Maria Rivera: mrivera@alamedaalliance.org, 1.510.747.6094
 - Elbrain Macasiljig: EMacasiljig@alamedaalliance.org, 1.510.373.5605
 - Loren Mariscal (Delegated Groups/Hospitals): lmарiscal@alamedaalliance.org, 1.510.995.1055
- Email us at providerservices@alamedaalliance.org
- Contact our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at www.alamedaalliance.org/providers

This packet includes:

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| 2. Provider Demographic Attestation form | 10. California Department of Public Health (CDPH) Update: Syphilis Screening Recommendations |
| 3. DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments & Timely Access Standards | 11. Doula Services for Birthing Members Notice |
| 4. Alliance Case and Disease Management Referral form | 12. Preventive Services Guidelines Update – April 2025 |
| 5. Alliance Medi-Cal Transportation Benefit Information | 13. HEDIS® Measurement Year 2024 Provider Outreach Notice |
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☐

Accepting New Patients

☐

Accepting Existing Patients

☐

Not Accepting Patients

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____



Ownership and Disclosure Form Reminder Notice

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

Each year, the Alliance requests that providers complete and return the Ownership and Disclosure forms to the Alliance. **Please review and submit one (1) completed Ownership and Disclosure Form for each contract that you have with the Alliance.** Attached to this notice is a copy of the form.

The forms may be returned to your Provider Relations Representative directly by email or fax.

Provider Relations Representative Contact Information:

- Errin Poston-McDaniels
Email: eposton-mcdaniels@alamedaalliance.org
Fax: **1.510.747.4291**
- Stacey Woody
Email: swoody@alamedaalliance.org
Fax: **1.510.747.4148**
- Tom Garrahan
Email: tgarrahan@alamedaalliance.org
Fax: **1.510.747.4137**
- Leticia Alejo (Delegated Groups/Hospitals)
Email: laejo@alamedaalliance.org
Fax: **1.510.373.5906**

You can also email your completed forms to us at providerservices@alamedaalliance.org.

For questions, please call the Alliance Provider Service Call Center at **1.510.747.4510**.

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

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



Vendor Disclosure of Ownership Form

I. Instructions

This form must be completed and submitted to Alameda Alliance for Health (Alliance) by all providers and subcontractors. A new Disclosure Form is required and must be submitted in the event of renewal or extension of the contract or within 35 days after any information in your original form has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with the Alliance and the Alliance's administrative requirements.

The disclosure, reporting, and exclusion requirements apply to partnerships on both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III, and VI of the Disclosure Form. The definitions are based on law, regulation, and instructions from regulatory authorities.

Important Note: For the purposes of this Disclosure Form, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (I) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (II) Partners of a partnership, including without limitation limited liability partnerships.

See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definition of other key terms such as "Managing Employee," "Provider," and "Agent."

Please complete this Disclosure Form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this Disclosure Form, please reference the Definitions provided under Section VII.

II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS	DBA (Doing Business As), if applicable		
ADDRESS		NPI/UMPI	
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER
FEDERAL EMPLOYER ID (FEIN)	TAX ID		



III. Structure

Check the entity type that describes your structure:			
☐ Sole Proprietorship	☐ Partnership	☐ Other Partnership (i.e., LP, LLP, LLLP)	☐ Limited Liability Co.
☐ For Profit Corporation	☐ Non-Profit Corporation	☐ Public Corporation	☐ State
☐ Incorporated County	☐ Unincorporated County (You may advance to Section VI for Certification)		☐ Other

IV. Ownership, Control and Management Information

- A. Please provide the following information for each **Managing Employee** and **Person or Entity with an Ownership or Control Interest** in your business, and any Sub-Subcontractor in which you have direct or indirect ownership of 5% or more. All applicable fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided. A non-profit entity must disclose all required information applicable to the entity. Please review the definitions in Section VII.

No.	Full Legal Name and Title	Address Individuals – list home address Entities – list primary business address, every business location and P.O. Box	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1.					
2.					
3.					

- B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in subsection IV (A) as a spouse, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	SSN	Name of Person Related To	Related Person's SSN	Relationship
1.					
2.					
3.					

- C. For each Person with an Ownership or Control Interest listed in subsection IV (A) who also has an ownership or control interest in a disclosing entity other than that indicated in subsection IV (A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	Address	Date of Birth	SSN or FEIN	% Ownership Interest
1.					
2.					
3.					



V. Excluded Individuals or Entities

A. Are there any of your employees, Persons or Entities with an Ownership or Control Interest in your business, or any of your Managing Employees, Affiliates, or Agents who are or have ever:

- Been excluded from participation in Medicare, any of the State health care programs, or Federal health care program under sections 1128 and 1128A of the Social Security Act?

☐ Yes ☐ No

- Been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or any other state or jurisdiction since the inception of these programs?

☐ Yes ☐ No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

☐ Yes ☐ No

- Entered into a settlement in lieu of conviction involving fraud or abuse of any government program?

☐ Yes ☐ No

- Been debarred, suspended, or otherwise excluded for participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

☐ Yes ☐ No

B. Do you have any agreements for the provision of items or services related to the Alliance's obligations under its contracts with the State or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, list the name and the social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering "Yes" (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1.			
2.			
3.			
4.			



VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify the Alliance of any changes to this information as outlined in Section I.

NAME (print)	TITLE	
SIGNATURE		DATE
EMAIL ADDRESS		

Return a completed, signed Disclosure Form to the Alliance as follows:

Please print single-sided and fax the completed form to the Alliance Provider Services Department:

Fax: **1.855.891.7257**

You may also mail the form to:

**Alameda Alliance for Health
ATTN: Provider Services Department
1240 South Loop Road
Alameda, CA 94502**

If you have any questions, please contact the Alliance Provider Services Department:

Phone Number: **1.510.747.4510**

Email: **deptproviderrelations@alamedaalliance.org**

VII. Definitions

For the purpose of this disclosure, the following definitions apply:

1. **Act** means the Social Security Act.
2. **Affiliate** means associated business concerns or individuals if, directly or indirectly:
 - A) Either one controls or can control the other; or
 - B) A third party controls or can control both.
3. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider or Subcontractor.
4. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. For purposes of this Disclosure Form, Disclosing Entity shall also include Provider, Other Disclosing Entity, Subcontractor, and Sub-Subcontractor.
5. **Other Disclosing Entity means** any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
 - A) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
 - B) Any Medicare intermediary or carrier; and



- C) Any entity (other than an individual practitioner or group of practitioners) that furnishes or arranges, for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
6. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider or Subcontractor, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider or Subcontractor, or part thereof.
7. **Person or Entity with an Ownership or Control Interest** means a person or corporation that:
- A) Has an ownership interest, directly or indirectly, totaling 5% or more in the Provider or Subcontractor;
 - B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider or Subcontractor;
 - C) Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider or Subcontractor, if that interest equals at least 5% of the value of the property or assets of the Provider or Subcontractor;
 - D) Is an officer or director of Subcontractor or a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
 - E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
8. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with the Alliance to provide health care services to Alliance members, including members enrolled through the Alliance's contracts with the State. For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with the Alliance to members enrolled through the Alliances' government program contracts with the State, provided those services are significant and material to the Alliance's obligations under the respective government program contract.
9. **State** means the California Department of Health Care Services (DHCS).
10. **Subcontractor** means an individual, agency, or organization that has a contract with the Alliance that relates directly or indirectly to the performance of the Alliance's obligations under its contract with the State. A network provider is not a subcontractor by virtue of the network provider agreement with the Alliance.
11. **Sub-subcontractor** means:
- A) An individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
 - B) An individual, agency, or organization with which a fiscal agent or Disclosing Entity has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.



Provider Demographic Attestation Form

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

INSTRUCTIONS:

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

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

PROVIDER INFORMATION		
Provider/Clinic Name:		Provider Tax ID:
Site Address:		
City:	State:	Zip Code:
Main Phone Number:		Fax Number:
Hours of Operation:		
Clinic Email Address:		
Ethnicity:		
Languages Spoken:		Accepting Patients ☐ Yes ☐ No ☐ Only Existing

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO

Date Update Completed (MM/DD/YYYY):

Notes:

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



Important Reminder: The California Department of Health Care Services (DHCS) Quality Monitoring Response Template (QMRT) Survey To Access Timely Access to Urgent and Non-Urgent Appointments

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction. We have an important reminder to share with you.

Every quarter, the California Department of Health Care Services (DHCS) utilizes a third party to administer the quarterly Quality Monitoring Response Template (QMRT) Survey. Our responsibility is to monitor the compliance rate.

About the QMRT Survey

Providers: Alliance network providers include primary care providers (PCPs), non-physician medical practitioners, specialist physicians, psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (imaging/radiology or physical therapy).

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

Questions: The survey solicits answers about the next available appointment¹ date and time for:

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

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

This notice includes the required appointment time frames (Timely Access Standards) and minimum performance level (MPL) effective from Wednesday, January 1, 2025, through Saturday, January 1, 2028.

We appreciate your attention and assistance in completing the DHCS QMRT Survey.

Thank you for your continued partnership. We appreciate the high quality care you provide your patients and our members. Together we are creating a healthier community for all.

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

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



MPL (Minimal Performance Level) Categories and Thresholds

Effective Wednesday, January 1, 2025 (MY 2025), timely access minimum performance levels (MPLs) are established for the following categories:

- Appointment wait time
- MCP Member Services wait time
- Provider knowledge of the interpretation services requirement
- 274 provider file data quality

Please see below for the MPL chart:

Timely Access Category	MPL Effective Wednesday, January 1, 2025 to Thursday, December 31, 2026	MPL Effective Friday, January 1, 2027	MPL Effective Saturday, January 1, 2028
Urgent Adult PCP Appointment	70%	80%	90%
Urgent Pediatric PCP Appointment	70%	80%	90%
Non-Urgent Adult PCP Appointment	70%	80%	90%
Non-Urgent Pediatric PCP Appointment	70%	80%	90%
Urgent Adult Specialist Appointment	70%	80%	90%
Urgent Pediatric Specialist Appointment	70%	80%	90%
Non-Urgent Adult Specialist Appointment	70%	80%	90%
Non-Urgent Pediatric Specialist Appointment	70%	80%	90%
Non-Urgent Non-Physician Mental Health Care or SUD Provider Appointment	70%	80%	90%
Urgent Non-Physician Mental Health Care or SUD Provider Appointment	70%	80%	90%
Non-Urgent Non-Physician Mental Health Care or SUD Provider Follow-Up Appointment	70%	80%	90%
Non-Urgent Ancillary Appointment	70%	80%	90%
Provider Demonstrating Awareness of Interpretation Service Requirement	90%		
Provider Participation	90%		

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



Timely Access Standards

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
PCP/specialist urgent appointment that <i>does not</i> require PA	48 hours
PCP/specialist urgent appointment that <i>requires</i> PA	96 hours
Non-urgent primary care appointment (including OBGYN as PCP)	10 business days
First prenatal visit	2 weeks of request
Non-urgent appointment with a specialist physician (includes OBGYN specialty care)	15 business days of request
Non-urgent appointment with a behavioral health provider	10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of request
ALL PROVIDER WAIT TIMES/TELEPHONE/LANGUAGE PRACTICES	
Timely Access Category:	Timely Access Standard:
In-office wait time	60 minutes
Call return time	1 business day
Time to answer call	10 minutes
Telephone access – Provide coverage 24 hours a day, 7 days a week.	
Telephone triage and screening – Wait time not to exceed 30 minutes.	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services 24 hours a day, 7 days a week.	

*Per the California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS) regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Accreditation standards and guidelines.

PA = Prior Authorization

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

Triage (or screening) – The assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to triage or screen and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Urgent Care (or urgent services) – 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).

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



Case and Disease Management (CMDM) – Program Referral Form

The Alameda Alliance for Health (Alliance) Case and Disease Management (CMDM) Program Referral Form is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Please mail, send by a secure email*, or fax the completed form to:

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

**If you have questions about how to send a secure email, please visit www.alamedaalliance.org.*

For questions, please contact the Alliance CMDM Department via email or call toll-free at **1.877.251.9612**.

PLEASE NOTE: The Alliance will directly notify the member which CMDM program can provide them with services.

Request Date (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION

Last Name: _____ First Name: _____

Facility/Clinic/Organization Name: _____

Phone Number: _____ Fax Number: _____

Referral Source (please select only one (1)): ☐ Community Partner ☐ Hospital ☐ PCP ☐ Specialty Provider
☐ Other (specify): _____

SECTION 2: MEMBER INFORMATION

Last Name: _____ First Name: _____

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

Phone Number: _____ Sex: ☐ Female ☐ Male

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

City: _____ State: _____ Zip: _____

Is the member aware of this referral? ☐ Yes ☐ No

Did the member consent to this referral? ☐ Yes ☐ No

SECTION 3: PROGRAM REFERRAL

Program per referral form (please select only one (1)):

- ☐ Asthma Disease Management
- ☐ Behavioral Health (BH) (including coordination with mental health and Applied Behavioral Analysis (ABA) services)
- ☐ Cardiovascular Disease Management
- ☐ Case Management (including Complex Case Management (CCM), Care Coordination, and Transitional Care Services (TCS))
- ☐ Depression Disease Management
- ☐ Diabetes Disease Management
- ☐ Enhanced Care Management (ECM)
- ☐ Other (please provide details in Section 4)

SECTION 4: REASON FOR REFERRAL

Situation/background (including past medical history (PMH), if applicable, and attach supporting documents within the past 30 days) and any additional information you would like to communicate:

FOR BEHAVIORAL HEALTH REFERRALS ONLY:

SECTION 5: DIAGNOSIS

ICD-10	Description:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

SECTION 6: REFERRAL INFORMATION

Service Requested:

Select the preferred referral for a behavioral health care provider (please select only one (1)):

- ☐ Refer to the first available behavioral health care provider
☐ Refer to a specific in-network Alliance behavioral health care provider

Behavioral Health Care Provider Full Name: _____

Mental Health Evaluation/Services

Is the referral a member request? ☐ Yes ☐ No

Has the member previously taken behavioral health medication? ☐ Yes ☐ No

Is the member currently taking behavioral health medication? ☐ Yes ☐ No

Is the member currently in psychotherapy (talk therapy)? ☐ Yes ☐ No

Behavioral Health Care Treatment/Evaluation Services for Autism Spectrum Disorder (ASD)

Select the following services based on the member's needs (please select all that apply):

- ☐ Additional assessment services
☐ Autism evaluation and/or Behavioral Health Therapy (BHT)/ABA
(If selected please complete the attached BH Care – Autism Evaluation, BHT/ABA Referral Form)
☐ Speech assessment/therapy
☐ Other (specify): _____

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).

For all other member requests, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5 pm, at **1.510.747.4567** or toll-free at **1.877.932.2738** (people with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**).

Questions? Please contact the Alliance Case and Disease Management Department

Phone Number: **1.877.251.9612**

www.alamedaalliance.org

Alameda Alliance for Health **Medi-Cal Transportation Benefit**



Get transportation to medical appointments and services at no cost.



At Alameda Alliance for Health (Alliance), we are here to help our members stay healthy and active. Alliance Medi-Cal members can get a ride to their medical appointments and services at no cost.

The Alliance covers two (2) types of ride services:

1. Non-medical transportation (NMT)
2. Non-emergency medical transportation (NEMT)

Non-Medical Transportation (NMT)

Alliance members who have Medi-Cal coverage can use NMT when they need to:

- Pick up prescriptions and medical supplies.
- Travel to and from a medical appointment authorized by a provider.

The Alliance NMT benefit covers the use of a car, taxi, bus, or other public/private way to get to a medical appointment.

To schedule an NMT service, please view the list of toll-free numbers to call on **page 2**.



Non-Emergency Medical Transportation (NEMT)

Non-emergency medical transportation (NEMT) is for members who are not able to get to their medical appointment (medical, dental, mental health, or substance use disorder) by car, bus, train, taxi, or other NMT level of service.

NEMT uses the following levels of service:

- Air transport
- Litter/gurney van
- Ambulance
- Wheelchair van

The doctor must complete and submit the Physician Certification Statement (PCS) Form to the Alliance before a NEMT request. After the form is sent to the Alliance, the member or doctor can schedule transportation using the number below. The PCS Form can be found on the Alliance website at www.alamedaalliance.org.

Scheduling

Please schedule the ride request at least three (3) business days before the appointment. For urgent appointments, please call as soon as possible. Please have the Alliance member ID card ready when you call.

If you are...	Phone Number
An Alliance member	Toll-Free: 1.866.791.4158
An Alliance provider calling on behalf of an Alliance member	Toll-Free: 1.866.529.2128
An Alliance provider who needs to report real-time concerns	Toll-Free Escalation Line: 1.866.779.0569

To schedule a ride, Alliance members can also download and use the **Modivcare App** from Google Play® or the Apple App Store® on a smartphone or tablet.

Questions?

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



CMDM_TRANSPO BENEFIT 04/2024

Maternal Mental Health

Provider Guidance

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. In 2022, California signed Senate Bill (SB) 1207 into law. SB 1207 states that health care service plans must develop a Maternal Mental Health program designed to promote quality and cost-effective outcomes. The program guidelines below aim to support members at risk for perinatal depression during pregnancy and in the first year after birth. They include quality measures to encourage screening, diagnosis, treatment, and referral.

Maternal Depression Screening Guidelines

Evidence-based Screening Tools

Providers are encouraged to use one (1) of the following evidence-based screening tools when conducting a screening:

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)

Administering Depression Screening Tools:

- Clinical support staff can provide screening tools to patients.
- After a patient completes the screening tools, they should be scored by clinical staff.
- Scoring must be completed before the patient leaves their appointment.
- The responsible licensed provider should be made aware of positive screening score(s) if they did not administer the screening tools or did not score.

Frequency of Screening: The Alliance requires providers to follow the American College of Obstetrics and Gynecology (ACOG) and Bright Futures/American Academy of Pediatrics (AAP) guidelines for perinatal screening.

- I. Screenings are required at the following times:**
 - a. At least once during each pregnancy and
 - b. At least once during the postpartum period
- II. Screenings are recommended at the following times:**
 - a. At the first prenatal visit and again later in pregnancy
 - b. At the postpartum visits (at least once 7-84 days after the birth)
 - c. At the Well-infant visits at one (1), two (2), four (4), and six (6) months
- III. Screenings for partners are encouraged at the following times:**
 - a. At the six (6)-month well-infant visit

Best Practices

- Patients should be given enough time to complete the screening tool thoughtfully.
- If you cannot reach a patient or the patient fails to show up for a prenatal/postpartum appointment, document at least two (2) attempts to schedule/reschedule the appointment.

- Document all outreach attempts in the medical record. Outreach attempts can include a combination of outreach calls and mailings.

HEDIS® Measurement Year 2024 – Technical Specifications

Prenatal Depression Screening and Follow-Up (PND-E)

Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between pregnancy start date and the delivery date).

Postpartum Depression Screening and Follow-Up (PDS-E)

Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7-84 days following the delivery date.

After Completion of the Screening

All members, depending on their level of severity, should be offered and/or referred to the appropriate mental and behavioral health services. Below is a list of programs and services offered by the Alliance. Providers can refer their patients to a combination of these programs based on their needs.

Health Care Services	Description	How to Refer
Behavioral Health	The Alliance provides outpatient behavioral health care services. Prior authorization (approval) is not required for routine outpatient behavioral health care services with contracted therapists and psychiatrists. • Alliance Medi-Cal Members: This includes <i>mild to moderate mental health conditions</i>. • Alliance Group Care Members: This includes <i>outpatient and specialty mental health services</i>.	• To find a behavioral health care provider in our network, please visit the Alliance online Provider Directory at www.alamedaalliance.org. • To refer using the Alliance Behavioral Health Department Referral Request Form, please visit www.alamedaalliance.org/providers/provider-forms.
	ACCESS Program (Acute Crisis Care and Evaluation for Systemwide Services) ACCESS is a telephone service staffed by licensed mental health clinicians and administrative support for both general behavioral health questions and determining eligibility for a range of outpatient services.	ACCESS Monday – Friday, 8:30 am – 5 pm Toll-Free: 1.800.491.9099 *After-hour calls are answered by Crisis Support Services of Alameda County.

Health Care Services	Description	How to Refer
Substance Use	The Alliance covers all substance use disorder (SUD) services.	• Alliance Medi-Cal Members Alameda County Substance Use Access & Referral Helpline Toll-Free: 1.844.682.7215 (Interpreters offered) www.acbhcs.org/substance-use-treatment • Alliance Group Care Members Alliance Member Services Department Phone Number: 1.510.747.4567 (Interpreters offered)
Case and Disease Management (CMDM) Programs	The Alliance CMDM program is available to help you care for your complex patients and provided at no cost to them. Program example: • <i>BirthWise Wellbeing</i> – This program is designed to assist members in finding the care they need whether that be Doula services, health education, and/or a behavioral health provider.	To refer, using the CMDM Program Referral Form, please visit www.alamedaalliance.org/providers/provider-forms. Please Note: The Alliance may also contact the members to see if they would like to enroll. Members may also self-refer.
Enhanced Care Management (ECM)	ECM provides extra services to help members get the care they need to stay healthy and coordinate the care from different doctors and others involved in their care plan.	• An Alliance provider may submit a referral to the Alliance. • Members may call the Alliance Member Services Department directly to see if they are eligible for ECM services at 1.510.747.4567.
Doula Services	The Alliance Doula Program provides personal, emotional, and physical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience. Doula services include health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. All Medi-Cal members who are pregnant or were pregnant within the past year are eligible for Doula services through the DHCS Standing Recommendation, for up to eight (8) visits during the perinatal period.	• To find a doula in our network, please visit the Alliance online Provider Directory at www.alamedaalliance.org. • Members may also call the Alliance Member Services Department directly to find a doula at 1.510.747.4567. • Additional services beyond eight (8) visits require a recommendation from a provider. To access the form, please visit www.dhcs.ca.gov/provgovpart/Documents/DoulaREC.pdf.

Health Care Services	Description	How to Refer
Breastfeeding Support	Members can also get support with breastfeeding and food at Women, Infants, and Children (WIC) . Medi-Cal members are eligible for WIC.	• To learn more about WIC and search for an office, please visit myfamily.wic.ca.gov. • For other breastfeeding support resources for members, please visit the Live Healthy Library Breastfeeding page on the Alliance website at www.alamedaalliance.org/live-healthy/live-healthy-library/breastfeeding.
	The Alliance offers lactation support with Alta Bates Summit Medical Center .	Alliance members can call to schedule an appointment: Alta Bates Summit Medical Center Monday – Friday, 9 am – 4 pm Phone Number: 1.510.204.6546
Health Education Materials and Programs	The Alliance partners with many local agencies and providers to offer health education services and materials. Below are some resources that can be offered to members in the perinatal period: • Pregnancy Care Book: This book provides members with information on how to maintain a healthy pregnancy through each trimester. There are also resources for postpartum care. • Preventive Health Care Book: This book provides members with information regarding preventive care such as well-care visits, vaccines, and screenings. To find a listing of health education offerings and community referrals, please view the Provider Health Education Resource Directory at www.alamedaalliance.org/providers/patient-health-wellness-education.	Alliance Resources: • Download materials and forms – www.alamedaalliance.org/live-healthy • Member Wellness Programs and Materials Request Form – www.alamedaalliance.org/live-healthy/#wellness-request-form • Provider Wellness Programs and Materials Request Form – www.alamedaalliance.org/providers/patient-health-wellness-education • Alliance Health Programs Phone Number: 1.510.747.4577

Department Directory

For more information, please contact the respective department directly.

Department	Contact Information
Behavioral Health	Alliance Provider Services Department Phone Number: 1.510.747.4510 . Fax: 1.855.891.9168 Email: deptbhmentalhealth@alamedaalliance.org
Breastfeeding Support	Alta Bates Phone Number: 1.510.204.6546
	WIC Phone Number: 1.800.852.5770 Email: WIC@cdph.ca.gov
Case and Disease Management Program	Toll-Free: 1.877.251.9612 Fax: 1.510.747.4130 Email: deptcmdm@alamedaalliance.org
Doula Services	Alliance Provider Services Department Phone Number: 1.510.747.4510 Email: providerservices@alamedaalliance.org
Enhanced Care Management (ECM)	Alliance Case Management Department Phone Number: 1.510.747.4512 Fax: 1.510.995.3725 Email: ECM@alamedaalliance.org
Health Education	Phone Number: 1.510.747.4577 Toll-Free: 1.855.891.9169 Email: livehealthy@alamedaalliance.org

Resources

American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care –

www.aap.org/periodicityschedule

American College of Obstetricians and Gynecologists (ACOG) – **www.acog.org/programs/perinatal-mental-health/implementing-perinatal-mental-health-screening**

U.S. Preventive Services Task Force. Screening for Depression in Children and Adolescents –

www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P



Pharmacy Clinical Updates

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

Aspirin for Primary Prevention of Cardiovascular Disease (CVD)

Cardiovascular disease, particularly ischemic heart disease, is the leading cause of death in California.

The 2022 United States Preventive Services Task Force (USPSTF) and American College of Cardiology and the American Heart Association (ACC/AHA) have recommendations for primary prevention of CVD.

The recommendations are as follows:

1. Adults at least 60 years of age – Aspirin is NOT recommended for primary prevention of CVD as bleeding outweighs benefits.
 - a. A pooled analysis of 10 trials (n=119,130) found a 58% increase in gastrointestinal bleeding, and a pooled analysis of 11 trials (n=134,470) showed an increase in non-fatal intracranial bleeding while on aspirin.
2. Adults 40-59 years of age with ASCVD risk of greater than 10% – Can consider aspirin.
 - a. AHA launched the PREVENT online calculator to estimate 10- and 30-year CVD risk for primary prevention between 30-79 years of age. This calculator replaces the 2013 ACC/AHA Pooled Cohort Equations (PCE) calculator for estimating CVD risk.

Risk factor for bleeding

Patients taking aspirin for at least six (6) months have an increased risk of bleeding. Before initiating aspirin, providers should perform a bleeding risk assessment that includes specific risk factors such as gastroesophageal reflux disease (GERD), peptic ulcer disease, being 70 years of age, thrombocytopenia, and current use of nonsteroidal anti-inflammatory drugs (NSAIDs), steroids, and anticoagulants.

Recommendation

- For patients who are between 40-59 years of age with a greater than 10% 10-year CVD risk with no risk of bleeding – Initiation of long-term low-dose aspirin may be considered.
- For patients who are between 50-70 years of age with diabetes, at least one (1) major CVD risk factor, and no increased risk of bleeding – The American Diabetes Association recommends long term low-dose aspirin for primary prevention.
- For patients who are at least 60 years of age – Primary prevention of aspirin is not recommended as there is a higher risk of bleeding.

References

- Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140:e596–e646. <https://doi.org/10.1161/CIR.0000000000000678>.

- U.S. Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*. 2022;327(16):1577-1584. <https://doi.org/10.1001/jama.2022.4983>.

Drug-Drug Interaction: Risk of Concomitant Statin Therapy with Gemfibrozil, Amlodipine, Grapefruit

The combinations of statins and gemfibrozil, amlodipine, and grapefruit show an increase of statin-associated muscle symptoms, including rhabdomyolysis, which is the breakdown of skeletal muscles.

Alternatives for taking both gemfibrozil and statins

- Fenofibrate is preferred over gemfibrozil due to a lower risk of muscle-related toxicity.
- If fenofibrate is not well tolerated, atorvastatin or rosuvastatin can be considered since they have a lower intensity for potential interaction.
- The use of lovastatin, pravastatin, or simvastatin should be avoided.

Alternatives for taking amlodipine and statins

Simvastatin or lovastatin should be switched to another statin with less significant interaction, such as rosuvastatin, atorvastatin, or pravastatin.

- If combination therapy with amlodipine and lovastatin or simvastatin is necessary, the dose of simvastatin or lovastatin should not exceed 20 mg per day.

Avoid taking grapefruit with atorvastatin, lovastatin, and simvastatin.

- Concomitant use of atorvastatin, lovastatin or simvastatin with grapefruit juice will increase the statin concentration which may cause rhabdomyolysis.
- Fluvastatin, Pitavastatin, Pravastatin, and Rosuvastatin have little to no effect with grapefruit juice.

References

- Amlodipine. Lexi-Drugs. UpToDate Lexidrug. UpToDate Inc. <https://online.lexi.com>. Accessed December 23, 2024.
- Gemfibrozil. Lexi-Drugs. UpToDate Lexidrug. UpToDate Inc. <https://online.lexi.com>. Accessed December 23, 2024.
- Lee, Jonathan W. et al. Grapefruit Juice and Statins. *The American Journal of Medicine*, Volume 129, Issue 1, 26 - 29

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

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For any questions, please contact the Alliance Pharmacy Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4541**
www.alamedaalliance.org



Provider Guidelines: Updated Maternal Mental Health Screening Guidelines

Updated 2/2025

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The Alameda Alliance for Health (Alliance) Maternal Mental Health program is designed to promote quality and cost-effective outcomes. The Alliance created program guidelines that aim to support members at risk for perinatal depression during pregnancy and in the first year after birth. They include quality measures to encourage screening, diagnosis, treatment, and referral.

In 2024, California Assembly Bill (AB) 1936 further specifies the timing and frequency of required screenings for the Alliance and its contracted providers.

The updated guidelines include the following:

- At least one (1) mental health screening during pregnancy
- At least one (1) additional screening within the **first six (6) weeks of the postpartum period; and**
- **When determined to be medically necessary and clinically appropriate in the judgment of the treating provider.**

All members who are pregnant and in the first six (6) weeks in the postpartum period should be given a depression screening. Depending on their level of severity, members should be offered and/or referred to the appropriate mental and behavioral health services. Please refer to the attached guidelines for a list of programs and resources. Providers can refer their patients to a combination of these programs based on their needs.

Providers may also refer patients by completing and submitting the Alliance Behavioral Health (BH) – Referral Request Form. To access the form, please visit the Alliance website at **www.alamedaalliance.org/providers/provider-forms**. We have also included a copy of the form with this notice.

Our goal is to provide the highest levels of customer service and help your patients and our members reach their health goals. Please feel free to reach out to the Alliance Provider Services Department with any questions. Together, we are creating a healthier community for all.

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For any questions, please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Behavioral Health (BH) Care – Referral Request Form

The Alameda Alliance for Health (Alliance) Behavioral Health (BH) Care – Referral Request Form is confidential. Filling out this form will help us better serve our members. Please submit this form for routine referrals only (appointments within 10 business days). For expedited, urgent, or emergent behavioral health care services, DO NOT submit this form, please call toll-free at **1.855.856.0577** for immediate triage and referral.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Please fax the completed form to the Alliance Behavioral Health Department at **1.855.891.9168** or send a secure email to **deptbhmentalhealth@alamedaalliance.org**.

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

PLEASE NOTE: If this referral is for autism evaluation, behavioral health treatment/applied behavioral analysis (BHT/ABA), please complete the attached Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form.

SECTION 1: MEMBER INFORMATION

Last Name: _____ First Name: _____
Date of Birth (MM/DD/YYYY): _____ Age: _____ Gender: ☐ Male ☐ Female
Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Phone Number: _____
Alliance Member ID #: _____
Notes:

SECTION 2: REQUESTING PROVIDER INFORMATION

Request Date (MM/DD/YYYY): _____ Organization Name: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Notes:

SECTION 3: REFERRAL INFORMATION

Is the member aware of this referral request? ☐ Yes ☐ No

Is the member in agreement with this referral? ☐ Yes ☐ No

Message to the behavioral health care provider:

SECTION 4: DIAGNOSIS

DSM Code:

Description:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

SECTION 5: REFERRAL INFORMATION

Service Requested: _____

Select the preferred referral for a behavioral health care provider (please select only one (1)):

- ☐ Refer to the first available behavioral health care provider
- ☐ Refer to a specific in-network Alliance behavioral health care provider

Behavioral Health Care Provider Full Name: _____

Mental Health Evaluation/Services

Is the referral a patient request? ☐ Yes ☐ No

Has the member previously taken behavioral health medication? ☐ Yes ☐ No

Is the member currently taking behavioral health medication? ☐ Yes ☐ No

Is the member currently in psychotherapy (talk therapy)? ☐ Yes ☐ No

Behavioral Health Care Treatment/Evaluation Services for Autism Spectrum Disorder (ASD)

Select the following services based on the member's needs (please select all that apply):

- ☐ Autism evaluation and/or BHT/ABA
(If selected, please complete the attached BH Care – Autism Evaluation, BHT/ABA Referral Form)
- ☐ Additional assessment services
- ☐ Speech assessment/therapy
- ☐ Other: _____

SECTION 5: ADDITIONAL INFORMATION

Please provide any additional information you would like to communicate to the behavioral health care provider or Alliance care manager:

SECTION 6: REFERRING PROVIDER SIGNATURE

Full Name (Print): _____

Signature: _____ Date: _____



The Role of Primary Care Providers in Basic Population Health Management (BPHM)

All Alameda Alliance for Health (Alliance) members receive Basic Population Health Management (BPHM). This approach to care ensures that needed programs and services are made available at the right time and in the right setting.

BPHM includes access to primary care, care coordination, navigation and referrals across health and social services, information sharing, community health worker services, wellness and prevention programs, chronic disease programs, programs focused on improving maternal health outcomes, and case management services for children. All BPHM services should promote health equity and align with National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Primary care providers (PCPs) have a key role in providing BPHM care coordination and health education services for members successfully engaged in primary care, they:

1. Act as the primary case manager for all assigned members.
2. Assess the acute, chronic, and preventive needs of each member.
3. Ensure members receive all the necessary preventive services.
4. Provide members with resources to address the progression of disease or disability, and improve behavioral, developmental, physical, and oral health outcomes.

As the basic case manager, the PCP evaluates the member's needs before recommending and arranging necessary services and facilitates communication and information exchange among different providers and practitioners treating the member. When appropriate, the PCP communicates to members' parents, family members, legal guardians, authorized representatives, caregivers, or authorized support persons about all the care coordination provided to members.

If members are not currently engaged with their assigned PCP, the Alliance can work with the PCP to provide outreach and BPHM services where feasible. Otherwise, the Alliance is responsible for providing BPHM and ensuring that members have access to and utilize primary care.

For more information on patient health education and wellness programs offered by the Alliance, please visit www.alamedaalliance.org/providers/patient-health-wellness-education or email Alliance Health Programs at livehealthy@alamedaalliance.org.

The PCP's role in BPHM is central to ensuring coordinated, effective care for members.

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



California Department of Public Health (CDPH) Update: Syphilis Screening Recommendations

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. On behalf of the California Department of Public Health (CDPH), we would like to share an important update.

CDPH Updates Syphilis Screening Recommendations

The CDPH would like to share new and updated Syphilis Screening Recommendations in response to the rise in syphilis and congenital syphilis rates across California. These recommendations are applicable statewide, and inclusive of all California, regardless of local case rates.

In summary:

- 1) **Routine Screening:** All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should now be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends that syphilis screening be offered annually.
- 2) **Comprehensive STI Testing:** Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
- 3) **Pregnancy-Related Screening:** All pregnant people should now be screened for syphilis three (3) times. This includes:
 - a. At confirmation of pregnancy or first prenatal encounter
 - b. Early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and
 - c. At delivery
- 4) **Correctional Facility Intake:** All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis at intake.
- 5) **Emergency Department Screening:** Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy.

CDPH also advises healthcare providers to empirically treat for syphilis—if clinically indicated—while awaiting confirmatory test results, particularly when timely follow-up with the patient may be uncertain.

To view the full Health Alert, please visit www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/CDPH-Updates-Syphilis-Screening-Recommendations.aspx.

Thank you for your continued efforts to protect and promote public health in your communities.

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



Doula Services for Birthing Members

Alameda Alliance for Health (Alliance) is dedicated to working with our providers to ensure our members have access to doula services to help improve birthing outcomes and experience.

The Alliance offers doula services as a benefit to all Medi-Cal and Group Care members who are pregnant or who were pregnant within the past year. Doulas provide physical, emotional, and non-medical support before and after pregnancy, as well as support during labor and delivery, miscarriage, and abortion.

Benefits of Doula Services

Studies have shown that people who work with a doula:

- Have better birth outcomes
- Have less risk of birth complications
- Are more likely to breastfeed
- Report having a more positive childbirth experience

Services Offered by Doulas*

The Alliance provides doula services to its members through directly contracted doula providers.

Services may be offered virtually or in person and may include:

- Health navigation
- Health education
- Development and participation in a birth plan
- Connecting to community resources
- Lactation support

*These services **do not** require any prior authorization.

Members may receive nine (9) additional postpartum visits with a completed **Recommendation for Additional Doula Services Form** from a physician or other licensed practitioner of the healing arts. To access the form, please visit www.alamedaalliance.org/providers/provider-forms.

How do Alliance members connect with a doula?

Providers or members may initiate doula services by searching for and contacting a doula on the Alliance Provider Directory.

To contact a doula directly, please visit www.alamedaalliance.org/help/find-a-doctor.

- Choose: **Location**
- Choose Alliance Plan: **Medi-Cal** or **Group Care**
- Choose Specialty: **Doula**

References

1. www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-024.pdf
2. www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727

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



Preventive Services Guidelines Update – April 2025

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

At the Alliance, we require that all network and delegated providers follow the most current Preventive Care Guidelines.

For adults ages 21 and older, the Alliance follows the current United States Preventive Services Task Force (USPSTF) clinical preventive services. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. For a complete list, please visit uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule, which can be found at www.aap.org/periodicityschedule (last updated February 2025).

The Alliance covers immunizations according to the immunization schedules recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC) and other medical associations. To view child and adult immunization schedules, please visit: www.cdc.gov/vaccines/schedules.

We share this update to ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from Thursday, November 7, 2024, to Tuesday, April 15, 2025.

Topic	Description	Grade	Release Date
Breastfeeding: Primary Care Behavioral Counseling Interventions: Pregnant and postpartum women	The USPSTF recommends providing interventions or referrals, during pregnancy and after birth, to support breastfeeding.	B	April 2025*
Osteoporosis to Prevent Fractures: Screening: Women 65 years or older	The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in women 65 years or older. See the "Practice Considerations" section for more information on screening tests.	B	January 2025*
Osteoporosis to Prevent Fractures: Screening: Postmenopausal women younger than 65 years with one (1) or more risk factors for osteoporosis	The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment. See the "Practice Considerations" section for more information on risk assessment and screening tests.	B	January 2025*

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

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



May 8, 2025

Dear Provider Partner and Staff:

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

As a reminder, Alameda Alliance for Health (Alliance) staff may contact your office each year to verify the HEDIS® contact information, arrange a time to collect medical records, or to request that medical records be faxed or mailed. We recognize that this request can be burdensome, but this information is critical to accurately reflect the high quality of care that you provide. We appreciate your assistance with this process. We will work to provide you with your Alliance member patient list and give you as much advance notice as possible. We also understand these are challenging times and will do everything we can to help make the process as smooth as possible.

HEDIS® data collection and reporting is required by the California Department of Health Care Services (DHCS). All Alliance contracted providers must provide the Alliance with access to the member medical records and health information to complete the annual HEDIS® audit. The Health Insurance Portability and Accountability Act (HIPAA) authorizes the Alliance to collect this information without patient-authorized information release forms.

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

Sincerely,

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

Donna Carey, MD
Chief Medical Officer
Alameda Alliance for Health

RX_PRVDR_OUTREACH LTR 05/2025



Clinician & Group Consumer Assessment of Healthcare Providers and Systems Survey (CG-CAHPS)

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

Quarterly, the Alliance conducts a Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey to monitor timely access for **Call Return Time, In-Office Wait Time, Time to Answer Call, Urgent Appointment, Non-Urgent Appointment**, and **Non-Life-Threatening Appointment (BH)** during regular business hours in provider offices.

About The Survey

Providers: Alliance network providers part of this survey are primary care providers (PCPs), Behavioral Health (BH), and Specialists.

Methodology: Every quarter, the Alliance selects and surveys a randomized sample of Alliance members who have seen their providers in the last six (6) months. A survey is mailed out to members and the responses received are anonymous.

Call Return Time Question: In the last six (6) months, when you called this provider's office during regular office hours and left a message, when did you get a callback?

In-Office Wait Time Question: In the last (6) months, about how many minutes did you typically wait in the waiting room and exam room until you saw the provider?

Time to Answer Call Question: In the last six (6) months, when you called this provider's office during regular office hours, how long did you wait to speak to a staff member?

Urgent and Non-Urgent Appointment: In the last six (6) months, when you contact this provider's office to get an appointment for urgent/non-urgent care when was your appointment scheduled?

Non-Life-Threatening Appointment (BH): In the last six (6) months, when you called this provider's office to get an appointment for emergency mental health care that was not life threatening, when was your appointment scheduled?

Provider offices are **contractually obligated** to follow the Timely Access Standards. Please note that providers who appear to have not complied with the Timely Access Standards according to the member experience base survey may result in a corrective action plan.

On the next page, please find a table that outlines the required appointment time frames (Timely Access Standards).

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

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



Timely Access Standards

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
PCP/specialist urgent appointment that <i>does not</i> require PA	48 hours
PCP/specialist urgent appointment that <i>requires</i> PA	96 hours
Non-urgent primary care appointment (including OBGYN as PCP)	10 business days
First prenatal visit	2 weeks of request
Non-urgent appointment with a specialist physician (includes OBGYN specialty care)	15 business days of request
Non-urgent appointment with a behavioral health provider	10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of request
ALL PROVIDER WAIT TIMES/TELEPHONE/LANGUAGE PRACTICES	
Timely Access Category:	Timely Access Standard:
In-office wait time	60 minutes
Call return time	1 business day
Time to answer call	10 minutes
Telephone access – Provide coverage 24 hours a day, 7 days a week.	
Telephone triage and screening – Wait time not to exceed 30 minutes.	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services 24 hours a day, 7 days a week.	

*Per the California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS) regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Accreditation standards and guidelines.

PA = Prior Authorization

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

Triage (or screening) – The assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to triage or screen and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Urgent Care (or urgent services) – 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).

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

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



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

Alliance members have these rights:

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

Alliance Member Rights and Responsibilities

Alliance members have these rights (cont.):

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

Alliance members have these responsibilities:

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

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

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

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

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

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

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

Alliance على الرقم **1.510.747.4567**

Timely Access to Care

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

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

APPOINTMENT WAIT TIMES

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

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

TYPE:	WITHIN:
In-office wait time	60 minutes
Call return time	1 business day
Time to answer call	10 minutes
Telephone access – Provide coverage 24 hours a day, 7 days a week .	
Telephone triage and screening – Wait time not to exceed 30 minutes .	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services 24 hours a day, 7 days a week .	
Distance – A primary care provider/hospital within 15 miles or 30 minutes from where members live or work.	

PA = Prior Authorization

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

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

Questions? Please call the Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567** • Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

C&O_MBR_R&R /TAS 02/2024

Words to Know

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

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

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

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

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

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

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

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

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

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

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

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

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

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

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

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