

PROVIDER

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PROVIDER SPOTLIGHT:

DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK

Donna Carey, MD, responded to a higher calling as an adolescent growing up in Tulare, CA. The youngest of three (3) siblings, and the only girl, she often found herself pushing boundaries and sparking a little flame in and outside of school. With the support and encouragement of her community and family, she pursued a lifelong journey in helping others and encouraging health and wellness. A double Bruin, Dr. Carey attended UCLA for her undergraduate career and graduated from the David Geffen School of Medicine at UCLA. Dr. Carey attended residency at Children's Hospital Oakland and later received a fellowship for adolescent medicine at UCSF.

For 23 years, Dr. Carey enjoyed her work in hospital-based medicine where she delivered our youngest members, worked in the newborn intensive care unit (NICU), and tended to well babies. Dr. Carey served as the chief of pediatrics for Alameda Health System (AHS). She was also the first chair of the Department of Pediatrics for AHS. AHS is one of the largest public health systems in California, and it is the safety net for Alameda County residents. In addition, Dr. Carey was the president of Sinkler Miller Medical Association, which is an organization of African American physicians in the Bay Area.

PROVIDER SPOTLIGHT: DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK (CONTINUED FROM PAGE 1)



Dr. Carey wears multiple hats that complement each other well. As the first lady, and executive pastor at True Vine Ministries in West Oakland, Dr. Carey helps organize community-focused, and community-minded events to promote and encourage health and wellness through health fairs and screenings. True Vine ministries has been crucial to Alameda County residents during the COVID-19 pandemic by providing vaccines at no cost, health care information, and other resources.

Not only does she enjoy her role as a pediatrician where she gets to see families on a one-on-one basis, she also has a passion for working with the Alliance to help create bigger change and implement policies to positively impact the lives of all of our members. Her compassion and empathy for our community aligns with the Alliance mission and vision and we are honored to work with Dr. Carey in caring for our members.

In her spare time, Dr. Carey enjoys the Bay Area outdoors by taking walks around Lake Merritt in Oakland, and the San Leandro Marina. In addition, she enjoys baking and is diligently working to perfect her mother's pound cake recipe. Dr. Carey shares COVID-19 updates and other important health and wellness information, and how to live well, on her YouTube channel "Talking with Dr. Donna."

The Alliance is honored to have Dr. Carey on our team as the Medical Director of Case Management. Her knowledge, experience, and advocacy work are invaluable for the Alliance, our members, provider partners, and our community.

For more information about Dr. Donna Carey, and to connect with her on social media, please visit www.mydrdonna.com.

Do you want to learn more about Dr. Carey?

Please visit our website to watch a short video at www.alamedaalliance.org. You can also connect with us on Facebook and Twitter to view the video.



COMING SOON! NEW AND IMPROVED ALLIANCE MEMBER PORTAL AND MOBILE APP!

Alliance members can now access many of the Alliance member portal features on their smartphone!

On our Alliance member portal and through a smartphone, members can:

- View their Alliance member ID card
- Choose their primary care provider (PCP) or doctor
- Update their contact information
- And much more!

Also, coming soon, we will have a new Alliance member mobile app to help our members stay better connected to their health care information.

For more information, updates, and to sign up for the Alliance member portal today, please refer Alliance members to www.alamedaalliance.org.



2021 FLU SEASON

The flu season is upon us. Now is an important time for everyone to get vaccinated. Please encourage all patients to get their flu shot today.

As your partner in health, the Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal members between the ages of 19 to 64 years old, and Alliance Group Care members of any age, can now get a flu shot if and when supplies are available and offered at your office.

Providers can be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>.

For Medi-Cal members under the age of 19, flu vaccines should be through the Vaccines for Children (VFC) program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance.

For Medi-Cal members ages 65 years and older, flu vaccines should be covered through Medicare Part B. If the Medi-Cal member does not have Part B coverage, the vaccination will be covered by the Alliance.

To view the Alliance Covered Flu Vaccine List 2021, please visit www.alamedaalliance.org/providerspharmacy-formulary/resources.

Please Note: High-dose (HD) flu vaccines are not covered by the Alliance. If a patient needs an HD flu vaccine, please refer them to a network retail pharmacy to request an exception. For help with locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit www.alamedaalliance.org/help/find-a-pharmacy.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.



MEMBER SATISFACTION SURVEY

At the Alliance, we are always looking for ways to improve our member satisfaction.

The Alliance surveys members to learn about their experience with health care. Their answers to these surveys help us to make things better and enhance the quality of care for all of our members.

The survey questions may cover:

- Appointment and office wait times
- How well their doctors communicate
- How we meet their language needs
- How satisfied they are with the Alliance as their health plan
- Their experience with the Alliance and the health care they receive

About the surveys:

- The Alliance contacts a random sample of Alliance members.
- The surveys are first mailed. If we do not receive a response, we will follow up with a phone call.
- One (1) survey is offered in English, Spanish, Chinese, Vietnamese, and Tagalog; and the other is in English and Spanish..

We value all feedback on ways we are meeting the needs of our community and how we can improve.



TIMELY ACCESS STANDARDS*

The Timely Access Standards table below shows how quickly you should be able to schedule an appointment for each type of visit.

PRIMARY CARE PROVIDER (PCP) APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

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

*Per 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.

NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

We appreciate your commitment to protecting the health and well-being of all.

Together with federal, state, and local public officials and our provider partners, we have made great strides in vaccinating close to 9 out of 10 Alameda County residents. There is still more work to do — specifically, among our Black and Latinx Medi-Cal population, who have the lowest vaccination rates in our county.

Given the importance of the provider-patient relationship, you are a key and critical part of this solution. We recently began sharing monthly COVID-19 vaccination gap-in-care reports with our providers. Effective Tuesday, September 21, 2021, with support from the State of California Department of Health Care Services (DHCS), we are offering a provider incentive to encourage increased COVID-19 vaccination rates by Monday, February 28, 2022.

State-Sponsored Provider Incentive Criteria

- PCP Group is defined as a solo practitioner or multi-provider practice contracted for primary care.

Provider Criteria

- PCP Group must be directly contracted with the Alliance through the date of payment.
- Measures and payments will be calculated at the PCP Group level.

Eligible Population: Alliance members who are covered by Medi-Cal and eligible to receive the vaccine and assigned to a PCP Group.

Pool Dollars: The total payment pool consists of the DHCS-approved budgeted amount. This amount is subject to adjustment depending on the vaccination rate performance.

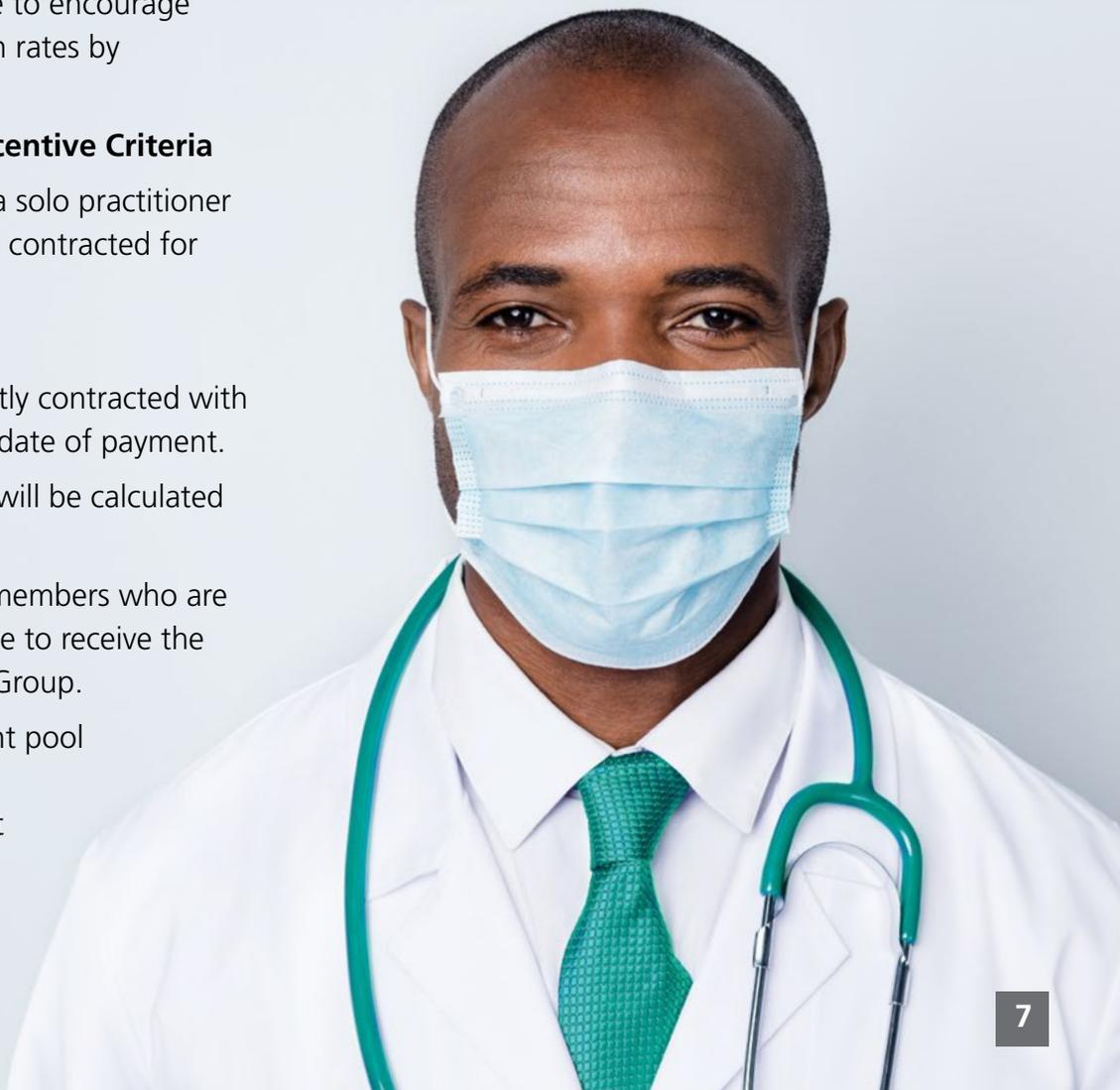
Measurement Period: October 1, 2021 – February 28, 2022

Payment Date: By April 30, 2022

Payment: \$50 for every patient assigned to you who receives the full COVID-19 vaccine

Documentation: The vaccination must be entered into the California Immunization Registry (CAIR2) registry to receive credit for payment.

Potential Bonus: The state has mandated that in order to receive the vaccine bonus Medi-Cal Plans must have 85% of their members vaccinated by February 28, 2022. If the Alliance achieves the 85% vaccination rate, we will share an additional incentive bonus with our provider community.



NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

(CONTINUED FROM PAGE 7)

As you reach out to patients, here are a few helpful things to keep in mind:

1. Scheduling a COVID-19 vaccine appointment:

- a. All Alliance members age five (5) and older can get the COVID-19 vaccine at no cost. Making an appointment is simple, and walk-up and in-home options are available.
- b. Alliance members can text their zip code to **438829**, visit **bit.ly/AICoSignUp**, or call **1.510.208.4VAX** to find locations to schedule a vaccine appointment.
- c. The Alliance will provide transportation to the COVID-19 vaccine appointment at no cost to the member. Members may call the Alliance transportation reservation line toll-free at **1.855.891.7171**.

2. Gift card for patients:

- a. While supplies last, all Alliance members who complete at least one (1) dose of COVID-19 vaccine between September 21, 2021, and February 28, 2022, may be eligible to receive a state-sponsored \$50 grocery gift card. To receive the Alliance-sponsored gift card, members can call the Alliance Member Services Department at **1.510.747.4567**.
- b. All Alliance members who have completed their COVID-19 vaccine and refer a friend or family member, who is also an Alliance member, to complete their vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a state-sponsored \$25 grocery gift card, while supplies last.

If you have any questions about this new program, please call the Alliance Provider Services Department at **1.510.747.4510**, Monday – Friday, 7:30 am – 5 pm.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep our community safe.





The California Department of Health Care Services (DHCS)'s California Advancing and Innovating Medi-Cal (CalAIM) will start in January 2022. The goal of this program is to improve the quality of life and health outcomes for Medi-Cal members. The program helps members navigate complex health care and social supports, like housing, food, and other needs to help all members have the best health outcomes.

Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and Community Supports (CS) options. ECM will focus on people experiencing (or at risk of) homelessness, people who often visit the emergency room, people moving from skilled nursing facilities, and children or youth with complex care needs. ECM will also help people returning to the community after being in jail or prison.

Along with this important benefit, the Alliance will also begin to offer Community Supports, services like housing and home-based services, day programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and CS, please visit the California DHCS website at www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx.

1115 WAIVER (THE CALAIM DEMONSTRATION)

1115 waivers, which are approved by the Department of Health and Human Services (HHS) allow for experimental, pilot, or demonstration projects that test and evaluate state-specific policy changes in Medi-Cal programs to improve care, increase efficiency, and reduce costs without increasing federal Medicaid expenditures. As California nears the end of the current 1115 waiver period, the California Department of Health Care Services (DHCS) seeks federal approval to renew and amend key provisions and move forward with a new five-year Section 1115 demonstration that is known as the CalAIM demonstration. The CalAIM initiative aims to move California's whole person care approach to a statewide level, focusing on improving health and reducing health disparities and inequities for Medi-Cal beneficiaries. As required

by the Centers for Medicare & Medicaid Services (CMS), DHCS recently went through a 30-day public comment period, and along with other Medi-Cal managed care plans, the Alliance supported the 1115 waiver extension. Beginning January 2022, the Alliance will administer Enhanced Care Management (ECM) and Community Supports (CS) services as well as provide major organ transplant services, all components of the CalAIM initiative. Over the last few months, the Alliance has been hard at work to establish a population health management program that will ensure we are ready to implement critical components of CalAIM. We look forward to our continued partnership with Alameda County and the DHCS on this important initiative that will support our goal of improving the quality of life and health outcomes of our members.



NEXT STEPS FOR CALAIM



As we begin to emerge from the COVID-19 pandemic, the Alliance, along with other Medi-Cal managed care health plans across California, has been preparing for the implementation of the CalAIM initiatives that are scheduled to begin on January 1, 2022. The CalAIM initiative seeks to address many of the complex challenges facing California's most vulnerable residents, such as homelessness, improving behavioral health care access, better supporting children with complex medical conditions, coordinating reentry services for incarcerated persons, and delivering a broader range of services to aging adults. Governor Newsom has authorized three new Medi-Cal services for implementation this January, including Enhanced Care Management (ECM), Community Supports (CS) services, and major organ transplants.

A key feature of CalAIM that the Alliance has been preparing for is the implementation of the ECM benefit which will build on the successes of the Health Homes Program (HHP) and Whole Person Care (WPC) pilots that the Alliance implemented over the last few years. The ECM benefit will provide comprehensive whole person care management to our highest-utilizing members, with the goal of improving their care coordination, integrating services that our members need to stay healthy, connecting them to community resources, and ultimately improving their health outcomes. ECM will include children or youth with complex care needs, individuals experiencing (or at risk of) chronic

homelessness, individuals who frequently utilize inpatient and/or emergency services, and other high-risk populations. Over the past few months, the Alliance has been working with our existing Community-Based Care Management Entities (CB-CMEs) who have partnered with the Alliance and the Alameda County Health Care Services Agency (HCSA) to serve Alliance members currently enrolled in WPC and HHP. As we move into the next phase of ECM, those CB-CMEs will move to serve as ECM providers and will continue to provide care to the members who transition into the ECM program. Additionally, the Alliance has been actively engaging with potential ECM providers to determine what services they are able to provide and their capacity to serve our members. Lastly, the Alliance continues to work closely with HCSA and Alameda County Behavioral Health (ACBH) to ensure that we are able to meet the needs of our members with Serious Mental Illness (SMI) and to collectively address Social Determinants of Health (SDOH).

In addition to the planning and coordination efforts for the ECM benefit, the Alliance has been preparing for the launch of CS. CS are medically appropriate and cost-effective alternatives for high-cost care and flexible wraparound supports that are not traditionally covered under Medi-Cal.

Starting in January 2022, the Alliance will administer CS services through community providers and county agencies, including:

NEXT STEPS FOR CALAIM

(CONTINUED FROM PAGE 11)

Housing Transition Navigation Services –

To assist our members to obtain housing.

Housing Deposits – To assist with identifying and coordinating funding necessary to enable members to establish basic housing.

Housing Tenancy and Sustaining Services –

To provide safe and stable tenancy once housing is secured for our members.

Recuperative Care – To provide short-term residential care for individuals who no longer require hospitalization but need additional time to heal.

Asthma Remediation – To assist with physical modification to a member's home environment to help ensure their health, welfare, and safety and reduce acute asthma episodes.

Medically Tailored Meals/Medically Supportive

Food and Nutrition – To assist our members to achieve their nutrition goals of regaining and maintaining their health.

The Alliance has conducted more than 15 community listening sessions with our provider partners over the last three months, and more of these community engagement forums will be hosted. The goal of these forums has been to better understand the needs of our members in relation to ECM and CS to ensure that we create an effective care coordination program.

The last major component of CalAIM that is set to begin in January 2022 is the transition of major organ transplants into Medi-Cal managed care. For the past 25 years, the Alliance has administered this benefit for kidney and corneal transplants. As of January 1, 2022, in addition to kidney and corneal transplants, the Alliance will be administering all major organ transplants, including bone marrow, heart, liver, lung, combined liver and kidney, and combined liver and small bowel. The Alliance is currently working to establish and expand our transplant network and utilization protocols that will be needed to offer this benefit to our members in the upcoming year. While much work is still needed, we look forward to continuing our ongoing partnerships with community provider partners to successfully implement this important program and ultimately improve the quality of life and health outcomes of our members.

SEASON'S GREETINGS AND 2021-2022 HOLIDAY CALENDAR

The Alliance office will be closed in observance of the following holidays:

2021

Thanksgiving Day

Thursday, November 25th

Day After Thanksgiving

Friday, November 26th

Christmas Eve

Friday, December 24th

Christmas Day (Observed)

Monday, December 27th

2022

New Year's Day (Observed)

Monday, January 3rd

Martin Luther King Jr. Day

Monday, January 17th

Presidents' Day

Monday, February 21st

Memorial Day

Monday, May 30th

Juneteenth Holiday (Observed)

Friday, June 17th

Independence Day

Monday, July 4th

Labor Day

Monday, September 5th

Thanksgiving Day

Thursday, November 24th

Day After Thanksgiving

Friday, November 25th

Christmas Eve

Friday, December 23rd

Christmas Day (Observed)

Monday, December 26th



SIGNIFICANT GAINS IN PROVIDER SATISFACTION

This past year has impacted our provider partners in unprecedented ways. Many have been on the front lines treating COVID-19 patients. Providers have also been dealing with the stress and financial impact of the pandemic. We know that provider satisfaction is tied to patient wellness, and we want to make sure our providers feel valued and supported. We are pleased to report that our partnerships with our providers remain strong.

Satisfaction among our doctors continues to increase each year. We have improved from 58 percent satisfaction in 2015 to more than 85 percent satisfaction rate reported this past year. These numbers reflect the results of a survey conducted between October and December of 2020. The survey includes doctors, specialty care physicians, and behavioral health clinicians within the Alliance network. The survey measured provider satisfaction and how well the Alliance is meeting their needs and expectations. Providers were asked to rate their overall satisfaction, compare the Alliance to other health plans, and share

other aspects related to their partnership with the Alliance. When asked whether they would recommend the Alliance to other physicians' practices, 91 percent of survey respondents said they would.

During one of the toughest years in recent history, the Alliance worked to ensure that the providers in our network had access to the tools they needed to successfully care for their patients and our members. In the areas of claims payment, utilization and quality management, coordination of care, Call Center staff, and provider relations, providers reported being more satisfied than in 2019 and significantly more satisfied when they compared the Alliance to other health plans. Professional interpreters have also played an essential role in facilitating effective communication between our members and their clinicians, particularly around improving their quality of care and patients' outcomes.



SIGNIFICANT GAINS IN PROVIDER SATISFACTION

The Alliance's ability to ensure that interpretation services were easily available is evident as physicians reported that they were significantly more satisfied this past year with interpreters and their ability to speak the patients' language, as well as with on-demand interpreters through video and telephone appointments. Additionally, when needed, physicians reported a smooth coordination process when scheduling on-site interpreter services, and with the overall quality of the services that Alliance interpreters provided.

The Alliance is committed to continuing to improve the overall satisfaction of our provider community. Over the past year, we have focused on offering information that they need to provide care to their patients with our Gap-in-Care reports. These reports include information that assists providers with closing gaps in care for their patients by indicating discrepancies between the care that they have given patients and evidence-based practices. Additionally, our provider Call Center reduced call time and abandonment rates, and we implemented a 24-hour automated member eligibility verification feature to ensure that our providers had access to information that allowed them to quickly

provide care to their patients. In May of last year, the Alliance established an emergency crisis fund for eligible front line safety-net providers who were treating or supporting patients impacted by the COVID-19 pandemic. Through this fund, the Alliance awarded \$6.2 million to safety-net hospitals for COVID-19 testing, to direct-contract primary care physicians, health centers, and other safety-net providers. Lastly, our Quality team established new partnerships with providers on incentive programs that encouraged our members to seek preventive care, and gifted dozens of all-purpose built-in vaccine refrigerator-freezers to providers that assisted them with meeting the DHCS 2020 vaccine storage requirements.

We recognize the many challenges that our health care systems have experienced over the past year, and moving forward, the Alliance is dedicated to ensuring that our providers have the support they need to assist our members with getting the appropriate care they need. As the local health plan of choice, the Alliance remains mission-driven and committed to building and maintaining a motivated provider network that works to improve health for all.



WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters, or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department

Email: providerpulse@alamedaalliance.org

Call Provider Services: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA
Alliance
FOR HEALTH

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and well-being of our community. We have an important update we would like to share with you. We have also shared this notification as a separate mailing.

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will change how the Medi-Cal pharmacy benefit is administered and a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), will provide Medi-Cal Rx services and support. **The Alliance will no longer be the administrator for the Medi-Cal pharmacy benefit. All providers will be required to use the Medi-Cal Rx portal beginning Saturday, January 1, 2022, to submit certain authorizations and receive payment for these claims.** The new program will be called "Medi-Cal Rx."

MEDI-CAL RX TRANSITION FAQs

Below are frequently asked questions (FAQs) to provide more information about this change.

As a prescriber, what do I need to do?

Individual prescribers will each need to register on the Medi-Cal Rx portal to be a user:

1. Visit www.medi-calrx.dhcs.ca.gov.
2. Click on "Provider Portal."
3. Then click on "Register."

Once registered, providers receive a PIN number in the mail to the address used when they signed up through the Medi-Cal Rx portal. **It could take up to 10 business days to receive a PIN number in the mail.** Once received, the rest of the Medi-Cal Rx registration process may be completed online using the assigned PIN number. **We strongly encourage providers to register as soon as possible.**

What should I do if my patient needs a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?

For the first 180 days, no prior authorization (PA) is required for existing prescriptions without a previously approved PA for drugs that are not on the Medi-Cal Contract Drug List. **After 180 days**, a PA must be submitted to Magellan.

Providers may submit a PA to Magellan via the following:

1. Medi-Cal Rx Online Portal
 - a. The prior authorization system information and forms will be available on the Medical-Cal Rx site at www.medi-calrx.dhcs.ca.gov.
2. Fax: **1.800.869.4325**
3. CoverMyMeds
 - a. Providers can create an account and log in to submit a PA on the CoverMyMeds website at www.covermymeds.com.

Is this a change in the pharmacy benefits for Medi-Cal members?

There will be no change to how Alliance Medi-Cal members pay for their medications. Alliance Medi-Cal members will continue to access their pharmacy benefits as they previously have. For most Medi-Cal beneficiaries, there is no co-pay.

Is the California Children's Services (CCS) program a part of the change?

Yes, the California Children's Services (CCS) program, including the Genetically Handicapped Persons Program (CGPP), will be part of Medi-Cal Rx.

Is the Senior Care Action Network (SCAN), Cal MediConnect, or Programs of All-Inclusive Care for the Elderly (PACE) part of the change?

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 16)

No, pharmacy benefits for individuals in these programs will not be part of Medi-Cal Rx. These will be processed the same way as they are now. If you are unsure if your patient is part of the change, please contact DHCS via email at rxcarveout@dhcs.ca.gov.

What should I do if I have a pharmacy service-related complaint after Saturday, January 1, 2022?

Effective Saturday, January 1, 2022, Magellan will handle all pharmacy service-related complaints. To submit a complaint, please visit www.medi-calrx.dhcs.ca.gov or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use the Magellan website and phone number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

What are my appeal options?

Providers will be able to submit appeals for prior authorization (PA) denials, delays, and modifications through the Medi-Cal RX portal once they have registered or by mail to:

Medi-Cal CSC, Provider Claims Appeals Unit
P.O. Box 610
Rancho Cordova, CA, 95741-0610

Member appeals will be handled through a State Fair Hearing by the California Department of Social Services. This process is different from the appeal process you may have used with the Alliance. In

a State Hearing, a judge reviews the request and makes a decision. The State Hearing Request Form is available at www.dhcs.ca.gov/services/medi-cal/pages/medi-cal-fairhearing.aspx. Instructions and additional options can be found on the DHCS website.

Where can I get help finding a pharmacy for my patients?

Your patients may be able to use their current preferred pharmacy after Saturday, January 1, 2022.

If you need help finding a pharmacy after Saturday, January 1, 2022, please use the Medi-Cal Rx Pharmacy Locator online at www.medi-calrx.dhcs.ca.gov or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use this phone number on or after Saturday, January 1, 2022.

What are examples of services that may continue to be covered by the Alliance?

The Alliance Pharmacy Department has put together a helpful grid with examples of who would be responsible for certain claims related to pharmacy services.

The table below includes, but is not limited to, the listed claims.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 17)

WHERE TO SUBMIT THE CLAIM:	CLAIM TYPE:
ALLIANCE	70% isopropyl alcohol swab sticks, and povidone-iodine swab sticks
	Alcohol (or alcohol wipes)
	Betadine or pHisoHex solution
	Chlorhexidine containing antiseptic
	Continuous glucose meters
	Enteral nutrition: pumps and tubing
	Gloves (non-sterile or sterile)
	Incontinence supplies
	Infusion pumps
	Infusion tubing
	Ostomy
	Pharmacist services
	Physician Administered Drugs (PADs)
	Sheeting, waterproof (protective underpad, reusable, bed size)
	Syringes and needles (non-insulin)
	Thermometer (oral or rectal)
	Tracheostomy
	Urological
Wound care	
MAGELLAN	Diabetic test strips
	Inhaler assistive devices
	Insulin syringes
	Lancets
	Outpatient prescription drugs
	Peak flow meter
	Pen needles
THE ALLIANCE OR MAGELLAN	Contraceptives
	Diaphragms/cervical caps
	Heparin/saline flush
	Vaccines

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 18)

Who do I contact for help or more information?

IF YOUR PATIENT BELONGS TO A MEDI-CAL MANAGED CARE PLAN (MCP)	IF YOUR PATIENT GETS CARE FROM MEDI-CAL FEE-FOR-SERVICE (FFS)
<p>On or before Friday, December 31, 2021</p> <ul style="list-style-type: none"> If your patient has questions about a medication or other pharmacy services, they can call: <ul style="list-style-type: none"> Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: 1.510.747.4567 Toll-Free: 1.877.932.2738 People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929 For Medi-Cal Rx general questions, they can call: <ul style="list-style-type: none"> Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 TTY: 1.800.430.7077 	<p>On or before Friday, December 31, 2021</p> <ul style="list-style-type: none"> If your patient has questions about a medication or other pharmacy services, they can call: <ul style="list-style-type: none"> Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 TTY: 1.800.430.7077
<p>On or after Saturday, January 1, 2022</p> <ul style="list-style-type: none"> For all questions, they can call: <ul style="list-style-type: none"> Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 TDD: 711 www.medi-calrx.dhcs.ca.gov 	<p>On or after Saturday, January 1, 2022</p> <ul style="list-style-type: none"> For all questions, they can call: <ul style="list-style-type: none"> Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 TDD: 711 www.medi-calrx.dhcs.ca.gov

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at **rxcarveout@dhcs.ca.gov**. Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff require additional information to assist you, they will reply with a secure email asking for your information.

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.

AN ALLIANCE REMINDER TO PROVIDERS TO COLLABORATE WITH US ON CARE PLANS

As a reminder, the Alliance has a Complex Case Management (CCM) Program to identify and work with at-risk patients who could benefit from case management services.

Complex Case Management can help members:

- Connect to community and social services.
- Coordinate home-based services and durable medical equipment (DME), supplies, and devices.
- Coordinate multiple physical and mental health care appointments.
- Provide disease management and self-management support.
- Reach health-related goals that the provider and member identify.
- Understand medication adherence and safety.

If we have identified your patient for CCM, we will create an individualized care plan and share a draft of this care plan with you for your feedback and input. We value your care and relationship with our members, and we want to include your thoughts and recommendations about their needs in their care plan. By working together, we hope to improve the health and lives of high-risk patients.

You can also refer your Alliance patient for case management by completing the Alliance Case Management Programs Referral Form available on our website at www.alamedaalliance.org/providers/provider-forms.

We look forward to your ongoing and continued partnership.



PROVIDER TRAINING CORNER

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website [here](#).

Connect with us!

