

PROVIDER **PULSE** ER

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THE ALLIANCE ANNOUNCES NEW CHIEF MEDICAL OFFICER (CMO), DR. DONNA WHITE CAREY

Alameda Alliance for Health (Alliance) is honored to announce that Dr. Donna White Carey has been selected for our Chief Medical Officer (CMO) position. Dr. Carey served as the interim CMO since February 2024 and has been a valuable partner with the Alliance for many years.

In her role as CMO, Dr. Carey will be responsible for creating programs to improve the quality of care and health outcomes for Alliance members. She will lead all areas of clinical operations, including case and disease management, utilization management, pharmacy, quality improvement, health education, and behavioral health.

Dr. Carey is a physician and healthcare leader with over two (2) decades of experience in clinical medicine and hospital administrative roles. She served as the first African American Chief of the Division of Pediatrics and later became the inaugural Chair of the Department of Pediatrics at Alameda Health System. Dr. Carey is a past President of Sinkler Miller Medical Association and has served on numerous Boards, including her current service on the Board of Samuel Merritt University's Ethnic Health Institute.

THE ALLIANCE ANNOUNCES NEW CHIEF MEDICAL OFFICER (CMO), DR. DONNA WHITE CAREY

(CONTINUED FROM PAGE 1)



“Dr. Carey is a dedicated health care leader who cares deeply about addressing inequities that shape health care outcomes,” said Matthew Woodruff, Alliance Chief Executive Officer. “Her background as a physician coupled with her passion to achieve health equity will help us fulfill our mission and reinforce the work that we do every day in serving our community.”

“I am thrilled for the opportunity to lead and support the Alliance’s Health Care Services Department as we find meaningful ways to improve the health and well-being of our members and the communities we serve,” said Dr. Carey, Alliance CMO.

Dr. Carey also serves our community as a leader in the faith community who spearheaded her church’s – True Vine Ministries – COVID-19 response efforts during the pandemic, organizing vaccination clinics that served over 7,000 people and forming contact tracing and health education teams in collaboration with the Alameda County Public Health Department and Lifelong Medical Clinics.

PROVIDER SPOTLIGHT: EMPOWERING MENTAL HEALTH CARE IN OUR COMMUNITY – SUNGILA BLACK CALF’S STORY



Do you want to learn more about Sungila? Please visit our website to watch a short video at www.alamedaalliance.org.

You can also connect with us on Facebook, Instagram, LinkedIn, YouTube, or X (formerly known as Twitter) to access the video.



www.facebook.com/alamedaallianceforhealth



[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)



[@linkedin](https://www.linkedin.com/company/alamedaalliance)



[@alamedaalliance](https://www.youtube.com/alamedaalliance)



[@alamedaalliance](https://www.x.com/alamedaalliance)

Sungila Black Calf, licensed clinical social worker (LCSW), is a proud supporter of the Native American community in the Bay Area. Sungila is a behavioral health clinician at the Native American Health Center (NAHC) in Oakland, California. Sungila provides mental health care services to people at different stages of their lives. For example, Sungila provides mental health care services to our Alameda Alliance for Health (Alliance) members – whose numbers include patients who received care while their mothers carried them. She is amazed and proud of the community where she works and is a part of.

Born to a Diné mother and Sicangu Lakota father, Sungila was born in Pine Ridge, South Dakota. Her clans are Honágháahnii (Walks About) and Nakai dine'é (Mexican Clan). She grew up in Arizona living on the Navajo Reservation and in surrounding communities. The cultural resources of the Native American community and the rich history and social justice movements in the Bay Area drew Sungila to Oakland to attend Mills College, where she earned a Bachelor of Arts in ethnic studies and sociology.

Sungila first began working at NAHC in 2011 as an Intake Worker after college. The community embraced her and she was inspired to continue her education. She added to her achievements by earning her Master of Social Welfare, with a focus in Community Mental Health from University of California, Berkeley, School of Social Welfare in 2017. After a few years as a clinician, Sungila happily returned to NAHC in 2022.

For Sungila, working with the Alliance is a positive way for NAHC patients to access culturally relevant services. Sungila is grateful that community members can receive the behavioral health care and other medical care they need from the NAHC. She encourages patients to learn about the benefits and services available to them. Talking with her patients about their medical conditions and offering referrals are two of the many ways that Sungila provides support.

PROVIDER SPOTLIGHT: EMPOWERING MENTAL HEALTH CARE IN OUR COMMUNITY – SUNGILA BLACK CALF’S STORY

(CONTINUED FROM PAGE 3)



Along with traditional providers, Sungila sees the value in the NAHC’s specialized events and services for Indigenous people like social care and community engagement for those who want to connect to or reconnect with health care and their Native American heritage.

The Alliance is honored to have Sungila as a provider. Her passion for behavioral health care and providing services and support are invaluable to the Alliance, our members, provider partners, and the community.

We look forward to continuing our partnership with Sungila and NAHC.

Alliance members can choose Native American Health Center as their clinic by calling:

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**

NAHC HAS THREE (3) CLINICS THROUGHOUT OAKLAND:

7 Generations

2920 International Blvd.

Oakland, CA 94601

Monday – Friday, 8:30 am – 5 pm

Phone Number: **1.510.485.5901**

7 Directions

2950 International Blvd.

Oakland, CA 94601

Monday – Friday, 8:30 am – 5 pm [and second (2nd) and fourth (4th) Saturdays of each month]

Medical Phone Number: **1.510.535.4410**

Dental Phone Number: **1.510.535.4450**

American Indian Human Services

3124 International Blvd.

Oakland, CA 94601

Monday – Friday, 8:30 am – 5 pm

Phone Number: **1.510.535.4400**

NAHC offers services throughout the Bay Area. For more information and locations, please visit nativehealth.org.

NOW RECRUITING PHYSICIANS AND COMMUNITY PROVIDERS TO JOIN ONE (1) OF OUR ALLIANCE COMMITTEES

INQUIRE TODAY

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We want to invite our contracted physicians and community providers to join one (1) of our committees.

We have several openings and are happy to review specific eligibility criteria, duties, schedules, and the availability needed for participation in any of the committees.

We are looking for Alliance contracted physicians (MD or DO), primary care providers (PCPs), specialists, psychologists, safety-net providers, behavioral health care providers, local education authorities, and dental providers that represent Alameda County.

Medical professionals working at Federally Qualified Health Centers (FQHCs), regional centers, Indian Health Service (HIS) facilities, and community-based organizations representing Alameda County are also welcomed to apply.

Below are our new and existing committees and meeting frequency (some meetings are virtual):

1. Community Advisory Committee (CAC) – Meets quarterly
2. Community Advisory Selection Sub-committee – Anticipated to meet two (2) – four (4) times a year
3. Quality Improvement Health Equity Committee – Meets quarterly
4. Peer Review Credentialing Committee (PRCC) – Meets monthly, every third (3rd) Tuesday
5. Pharmacy & Therapeutics (P&T) Committee – Meets quarterly

If you are interested or want to learn more about any of the committees listed above, please email us at providerservices@alamedaalliance.org.

We always appreciate and thank you for the high-quality care you give your patients. Your continued partnership helps build a healthier community for all.



THE ALLIANCE IS ONE OF THE HIGHEST-RATED MEDI-CAL HEALTH PLANS IN THE STATE



The Alliance is a top-rated California Medi-Cal managed care plan.

Alameda Alliance for Health (Alliance) is a local health plan that serves more than 400,000 Alameda County residents. In 2023, the Alliance was rated a top health plan in California. The Alliance was the only Medi-Cal health plan in Alameda County to receive a rating of four (4) out of five (5) in the National Committee for Quality Assurance's (NCQA) 2023 Medicaid Health Plan Ratings. No other Medi-Cal (California's Medicaid benefits program) health plan in the state earned a rating higher than four (4) out of five (5) stars.

NCQA's Health Plan Ratings are scored on a one (1)- to five (5)- star scale and with three (3) quality measures. This includes patient experience – such as encounters with doctors, plan services, and customer service. Additionally, plans are rated on clinical measures. This refers to the number of members who received preventive services and the third is the number of members who received care for certain health conditions.

“We know that patient experience and access to preventive services are associated with better health outcomes,” said Matthew Woodruff, Alliance CEO. “That is why we are proud to have achieved a four (4) out of five (5) stars in NCQA's 2023 Medicaid Health Plan Ratings. This achievement could not be reached without the dedication and hard work of our provider partners, care teams, and customer service department.”

The Alliance would like to thank its member engagement and programs, community providers, and customer service efforts for this success.

ALLIANCE LANGUAGE ASSISTANCE SERVICES

Alameda Alliance for Health (Alliance) works hard to help make sure that all of our members can talk to their providers and with us about their health care needs. We provide over-the-phone, in-person, and video remote interpreter services. We also provide translations and alternative formats of written member information, all at no cost to our members or their Authorized Representative.

Alliance members can request:

- A trained and qualified American Sign Language (ASL) interpreter.
- A trained and qualified foreign language interpreter.
- Alliance-written information in formats such as braille, large print, audio CD, or data CD.
- Alliance-written information in a language that members can understand.

Over-the-phone interpreter services are available to our members, 24 hours a day, 7 days a week for their health care visits. For American Sign Language (ASL), or highly sensitive or complex health care visits, providers can request an in-person interpreter at no cost. Members do not have to use family or friends. To request interpreter services or learn more, Providers can visit www.alamedaalliance.org, call 1.510.747.4510, or **click here**.

Members can learn more by visiting www.alamedaalliance.org or calling:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567** (for after hours, select the preferred language then option “1”)

Toll-Free: **1.877.932.2738**

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



THE ALLIANCE WELCOMES TWO (2) NEW BOARD MEMBERS

The Alliance Announces New Board Members, Tosan O. Boyo and Wendy Peterson.

The board is the governing body of the Alliance with 19 member seats representing specific stakeholder groups.

The Alliance recently announced the appointment of Mr. Boyo to the Alameda County Hospital seat and Ms. Peterson to the Long-Term Services and Supports Seat of the Alliance Board of Governors.

"With nearly three decades of advocating for services for older adults, Mrs. Peterson will provide a much-needed aging policy lens to our Board of Governors," said Matthew Woodruff, Alliance CEO. *"Her depth of knowledge will be a huge asset to the Alliance and our aging members."*

Mr. Woodruff continued, *"As a long-time health care leader dedicated to eliminating health disparities, Mr. Boyo will provide a valuable perspective to our Board of Governors. I am confident that they both will help the Alliance move our mission and vision forward to achieve optimal health and well-being for our members and the larger community throughout every stage of life."*

Mr. Boyo is President of Sutter Health's East Bay Market and oversees six (6) hospitals, 15 ambulatory centers, and four (4) surgery centers with 10,000 staff and physicians that provide care to 500,000 patients across Alameda, Contra Costa, and Solano Counties.

Mr. Boyo previously served as the Chief Operating Officer of San Francisco General Hospital (SFGH) – the city's only Level 1 Trauma Center, Psychiatric Emergency Center, and largest Primary Care Center. During the pandemic, he served as the Chief of Operations for the city's COVID-19 Command Center. Before his roles at SFGH, Mr. Boyo led the Ambulatory Network of San Mateo Medical Center. Mr. Boyo is a board-certified fellow in healthcare management and was the first graduate of Montclair's Master of Public Health program.



Tosan O. Boyo



Wendy Peterson

Last fall, the Alameda County Board of Supervisors adopted an ordinance adding four (4) additional seats to the Alliance Board of Governors, including a subject-matter expert seat to represent Long-Term Services and Supports that Ms. Peterson fills.

Ms. Peterson is the Director of the Senior Services Coalition of Alameda County, representing providers of health and supportive services for older adults throughout the county. The Coalition and its members advance policy change and collaborative initiatives to improve the lives of older adults and their families. Together, members of the Coalition serve more than over 90,000 older adults. Ms. Peterson serves on the leadership team for the Alameda County Council for Age-Friendly Communities and helped develop the 2016 and 2020 Countywide Area Plan and advanced the Board resolution designating Alameda County as an Age-Friendly County. She also serves on various organizational boards that serve older adults in Alameda County.

THE ALLIANCE ANNOUNCES PROVIDER RECRUITMENT INITIATIVE



The Alliance launched its Provider Recruitment Initiative and Training Supports Grants Program June 1st.

The initiative aims to support the hiring of and expand access to health care professionals for the Alameda County Safety Net. As part of this initiative, grant funds will be available to support training and certifications for community health workers whose role is to assist and provide support to individuals with navigating the health care system.

Workforce shortages throughout the state and rising costs are directly linked to the estimated millions of Californians and tens of thousands of Alameda County residents who are struggling to get access to the care they need today. Many factors, including burnout, early retirement, and departure after the COVID-19 pandemic, have contributed to this health care crisis.

The Provider Recruitment Initiative was developed to provide grants to expand the Alliance's safety net partners and community-based organizations to hire and retain health professionals who serve the local Medi-Cal population. The initiative aims to improve member access to key provider types and services by further expanding the Alliance's provider network.

"We know that workforce shortages contribute to poor population health," said Matthew Woodruff, Alliance CEO. "That is why we are excited to launch this initiative that will help us attract new providers and address the medical and mental health needs of the families that we serve."

In addition to expanding the Alliance's Provider network, the Provider Recruitment Initiative will improve members' access to primary care providers (PCPs), specialists, and behavioral health professionals. It will also provide skill training opportunities for supportive staff, such as community health workers, and it will promote diverse and culturally inclusive care reflective of the Alameda County community.

To learn more about the Alliance's Provider Recruitment Initiative, visit us at **www.alamedaalliance.org**. Questions about the initiative can be directed to **fundinginfo@alamedaalliance.org**.

DOULA SERVICES

Alameda Alliance for Health (Alliance) provides doula services to its members. Doulas are birth workers who are trained in labor and childbirth support. They provide physical, emotional, and non-medical support for pregnant and postpartum people. This includes the time before, during, and after childbirth.

BENEFITS

Studies have shown that persons who work with a doula:

- Have better birth outcomes
- Are less likely to have a baby with a low birth weight
- Reduce the risk of a birth problem (complication)
- Are more likely to breastfeed

SERVICES

If you are pregnant, or were pregnant in the last year, you can receive doula services. This includes members who may have had an abortion, a miscarriage, or stillbirth.

Services offered by doulas include:

- Birth planning
- Emotional, physical, and non-medical support
- Health education
- Help to access care
- Lactation support (breastfeeding help)
- Link to community-based resources

PLEASE NOTE: Services can be provided online or in person.



Alliance members can connect with a doula today to learn more about prenatal and postpartum visits.

To connect with a doula, members can:

- Search the Alliance Provider Directory at www.alamedaalliance.org/help/find-a-doctor and contact a doula directly.
- Call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

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

Source:

1. www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-024.pdf

2. www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/

HELPING PATIENTS LEARN ABOUT HEPATITIS B AND C

Hepatitis is the inflammation (swelling) of the liver. The liver helps to process nutrients, filter (clean) the blood, and fight infections. When the liver is swollen or damaged, it does not work as well as it should,

WHAT CAUSES HEPATITIS?

Heavy alcohol use, toxins, and some medications and medical conditions can cause hepatitis. However, hepatitis is often caused by a virus. In the United States, some of the most common hepatitis viruses are hepatitis B (or hep B) and hepatitis C (or hep C).

WHAT IS HEPATITIS B AND HEPATITIS C?

Hepatitis B (hep B) and hepatitis C (hep C) are liver infections that affect millions of people across the world. They are caused by the hep B virus (HBV) or hep C virus (HCV). The Centers for Disease Control and Prevention (CDC) recommends adults 18 years of age and older to be screened for hep B and hep C at least once. These infections can lead to serious health issues if left untreated.

HOW DOES HEPATITIS B AND HEPATITIS C SPREAD?

- Blood transfusions
- Childbirth
- Healthcare exposures
- Organ transplants
- Sexual contact
- Sharing drug-injection equipment like needles
- Sharing personal items (razors, toothbrushes)
- Unregulated tattoos or piercings

COMMON SYMPTOMS

People with hep B show no symptoms. It is why hep B is sometimes referred to as the “silent killer.”

People with hep C rarely show symptoms and can take two (2) weeks to six (6) months to show up. Hep C symptoms may include yellow skin or eyes, low appetite, throwing up, stomach pain, fever, dark-colored urine, light-colored stool, joint pain, and feeling tired.



HELPING PATIENTS LEARN ABOUT HEPATITIS B AND C

(CONTINUED FROM PAGE 11)

The following medications are recommended for the treatment of hep B:

1. Baraclude (entecavir)
2. Vemlidy (tenofovir alafenamide fumarate)
3. Viread (tenofovir disoproxil fumarate)

The following medications are recommended for the treatment of hep C:

1. Mavyret (glecaprevir/pibrentasvir)
2. Sofosbuvir/Velpatasvir (generic Epclusa)
3. Ledipasvir/Sofosbuvir (generic Harvoni)

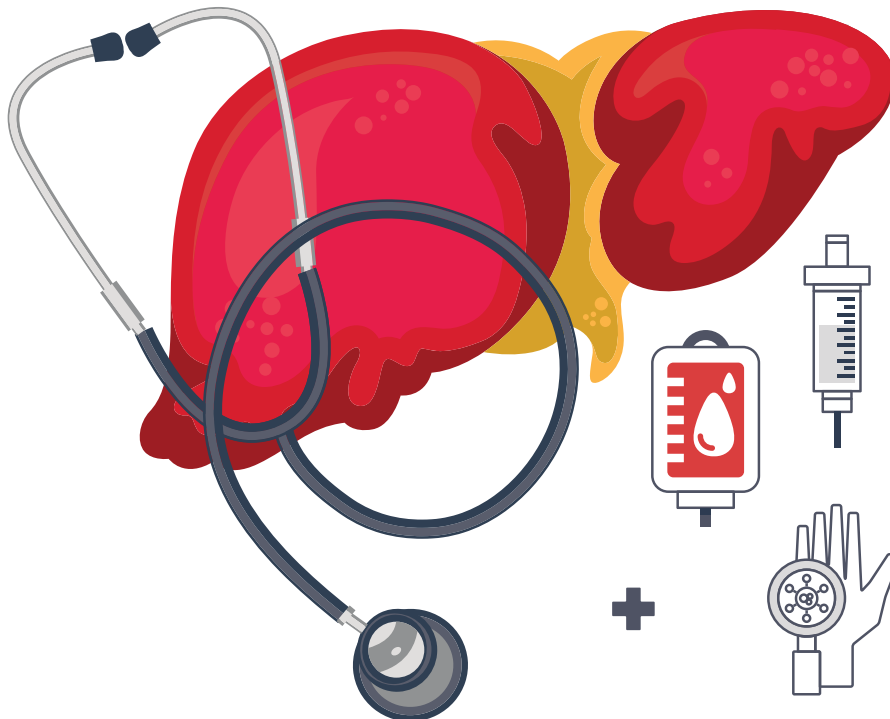
HOW DOES ANTIVIRAL TREATMENT HELP?

Antiviral treatment can reduce the amount of HBV or HCV in your body. It also lowers the risk of liver problems, such as cirrhosis (liver scarring), liver failure, and liver cancer. Hep C can be cured in 8 to 12 weeks.

If one of our members needs coordination of care for hep b or hep c, please contact the Alameda Alliance for Health (Alliance) Case and Disease Management (CMDM) Department toll-free at **1.877.251.9612** or email **DeptCMDM@alamedaalliance.org**.

Source:

www.cdc.gov/hepatitis
hepB.com



HOME HEALTH REQUIREMENTS

We have an important update for our provider partners requesting authorization for Home Health services and Home Health agencies.

Alameda Alliance for Health (Alliance) aims to process authorizations for medically necessary Home Health services, both routine and urgent requests, following our regulatory prior authorization processing time.

The Alliance Medi-Cal member Home Health service request requirements are outlined in the California Department of Health Care Services (DHCS) Provider Manual. You can view the DHCS Provider Manual Guidelines [here](#).

In addition, the Alliance Medi-Cal and Group Care member Home Health services requests follow the evidence-based MCG 27th edition for medical necessity criteria. We will share provider notification updates when the Alliance adopts the MCG 28th edition in 2024.

To help ensure these decisions are as timely as possible, we summarized the following Home Health documentation requirements to help support these requests.

HOME HEALTH REFERRAL ELEMENTS	DOCUMENTATION REQUIREMENTS <i>(Please include all listed items for each Home Health Referral Element)</i>
Start of Care Only	<ul style="list-style-type: none"> • Documentation of a face-to-face encounter with the treating physician within 90 days prior to the start of care date or 30 days following the start of care date • Current OASIS/485 and frequency order
Start of Care Requests	<ul style="list-style-type: none"> • Written physician's order • Supporting documentation of the member's Home Health services • Current completed OASIS/485 and frequency order(s) • Date of last face-to-face encounter with treating physician • Clinical supporting documentation
Continuing Care Requests	<ul style="list-style-type: none"> • Written physician's order for continuing Home Health services from the treating physician • Frequency of order(s) • Date of last face-to-face encounter with treating physician if >60 days have elapsed since the last Home Health request. • Clinical supporting documentation

HOME HEALTH REQUIREMENTS

(CONTINUED FROM PAGE 13)



HOME HEALTH REFERRAL ELEMENTS	DOCUMENTATION REQUIREMENTS <i>(Please include all listed items for each Home Health Referral Element)</i>
Clinical Documentation	<ul style="list-style-type: none"> • Primary diagnosis and significant comorbidities and/or other diagnosis • Current health status/prognosis • Date of onset of the illness • For requested Home Health nurse visits and units, indicate the specific skilled nursing need to support the request • Therapeutic goals to be achieved by each discipline and anticipated time for achievement of goals • The extent to which Home Health Aides or skilled care has been previously provided, and benefits or improvements demonstrated by such care • A description of the member's support system, including whether assistance is available from household members, homemakers, attendants, or others • If for a reauthorization, needs to include a statement as to the member's progress toward achieving the therapeutic goals
Homebound status	<ul style="list-style-type: none"> • Defined California Code of Regulations (CCR), Title 22, Section 51146 • Must be full scope eligible for the month(s) that the service is rendered. • TARs address the requirements, restrictions, and limitations (including time limits and lowest cost factors) as referenced in CCR, Title 22, Section 51337; includes a written treatment plan which the physician reviews every 60 days; one (1) visit per six (6) months is allowed without prior authorization.

EAR, NOSE, AND THROAT (ENT) MEDICAL NECESSITY CRITERIA

In 2023, the **MCG 27th guidelines changed** for common ear, nose, and throat (ENT) surgeries like **turbinate resection** and **septoplasty**. One (1) of those major changes is the requirement for the trial of both intranasal steroids and intranasal antihistamines before proceeding with these surgeries. If your patient has a **contraindication for using either intranasal medicines**, or **if a medication is not clinically indicated**, we encourage medical providers to **document these reasons in the clinical note**. We want to ensure that medically necessary ENT prior authorization (PA) requests are reviewed for relevant provider treatment plans and medical management details.

For the **MCG 27th edition criteria for CT imaging of the sinuses**, the utilization review process verifies that one (1) of the following criteria is met:

- Chronic sinusitis (more than 12 weeks of symptoms)
- Fungal infection is suspected or known
- Immunocompetent patient with refractory sinusitis
- Immunosuppressed patient and **ALL** of the following criteria must be met:
 - o Allergies are managed
 - o Obstruction and/or facial pain
 - o Symptoms persist despite trial of nasal corticosteroids and saline rinse
 - o Symptoms persist despite two (2) courses of antibiotics, and one (1) medication must be Augmentin unless contraindicated
 - o Symptoms lasted more than four (4) weeks after starting the above therapy
- Polyposis (unilateral on exam)
- Recurrent acute rhinosinusitis (four (4) or more episodes in a year)
- Sinusitis complication (i.e., cellulitis, osteomyelitis, periorbital infections)

Provider notifications will occur when the Alameda Alliance for Health (Alliance) adopts the MCG 28th edition in 2024.



US FOOD AND DRUG ADMINISTRATION (FDA) VOLUNTARY RECALL OF PHILIPS RESPIRONICS CPAP MACHINES, BIPAP MACHINES, AND VENTILATORS

We have an important update regarding a medical device that you may have ordered for your patients, related to a Food and Drug Administration (FDA) device recall.

In June 2021, Philips Respironics¹ issued a voluntary recall on specific brands of their continuous positive airway pressure (CPAP) machines, bilevel positive airway pressure (BiPAP) machines, and ventilators. The recalled machines have a foam piece inside that may break down into very small pieces that can be inhaled or swallowed.² The foam may also emit a chemical that may be harmful if inhaled. These factors present the following potential health risks to patients: irritation in the eyes, lungs, and on the skin, headaches, nausea, vomiting, toxic and cancer-causing effects, and breathing difficulties.³ Following a settlement with the FDA, Philips agreed, for the time being, to stop selling respiratory care devices in the US but will continue to service existing devices.⁴

Philips Respironics has established a registration process that allows patients, users, and caregivers to look up their device's serial number, initiate a device return, and receive \$100 from Philips if returned before Friday, August 9, 2024.

PLEASE NOTE: All ventilation machine remediation will be handled directly with the durable medical equipment (DME) vendor⁵. Alameda Alliance for Health (Alliance) works with California Home Medical Equipment (CHME) to supply DME. The CHME contact information is included. All other recalled items like the BiPAP and CPAP machines, require user registration for the device.

To view the recall information and where members can register their devices, please visit **[expertinquiry.com](https://www.expertinquiry.com)**.

Please help ensure that devices are registered to appropriately identify recalled units and to help ensure that impacted patients, users, and caregivers receive the most up-to-date information from Philips Respironics. Members, caregivers, and guardians can register their Philips medical device and initiate a device return by phone or online.

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1. Philips Respironics is an independent company manufacturing and providing medical devices and services in the US.
 2. Recalled Philips Ventilators, BiPAP Machines, and CPAP Machines | FDA
 3. Recommendations for Recalled Philips Ventilators, BiPAP Machines, and CPAP Machines | FDA
 4. Philips announces its 2023 Fourth-Quarter and Annual Results | Philips
 5. Medical Device Recall Information – Philips Respironics Sleep and Respiratory Care devices

US FOOD AND DRUG ADMINISTRATION (FDA) VOLUNTARY RECALL OF PHILIPS RESPIRONICS CPAP MACHINES, BIPAP MACHINES, AND VENTILATORS (CONTINUED FROM PAGE 16)

To register a Philips medical device, please contact:

Philips Respironics

Toll-Free: **1.877.907.7508**

Registration: **www.philipssrcupdate.expertinquiry.com**

Recall Updates: **www.philips.com/src/updates**

You may also contact the medical device equipment vendor that provided the device to your patient to verify whether the device was impacted by the Philips recall. If so, you can request a new device from a different manufacturer.

The Alliance's in-network medical device equipment vendor is:

California Home Medical Equipment (CHME)

Monday – Friday, 8:30 am – 5 pm (answering service during evenings and weekends)

Toll-Free: **1.800.906.0626**

Respiratory Therapist Email: **respiratory@chme.org**

www.chme.org/contact-us

You can find the FDA updates about these medical devices **[here](#)**.

If you would like to report problems or safety issues to the FDA, you can submit your concerns through their online form at **www.accessdata.fda.gov/scripts/medwatch**.

TIMELY ACCESS STANDARDS*

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

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

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

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

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

*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

PA – Prior authorization

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

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

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

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

ALLIANCE 2024-2025 HOLIDAY CALENDAR

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

2024

Thanksgiving Day

Thursday, November 28th

Day After Thanksgiving

Friday, November 29th

Floating Holiday (Christmas Eve)

Tuesday, December 24th

Christmas Day (Observed)

Wednesday, December 25th

2025

New Year's Day

Wednesday, January 1st

Martin Luther King Jr. Day

Monday, January 20th

Presidents' Day

Monday, February 17th

Cesar Chavez Day

Monday, March 31st

Memorial Day

Monday, May 26th

Juneteenth Holiday

Thursday, June 19th

Independence Day

Friday, July 4th

Labor Day

Monday, September 1st

Veterans Day

Tuesday, November 11th

Thanksgiving Day

Thursday, November 27th

Day After Thanksgiving

Friday, November 28th

Floating Holiday (Christmas Eve)

Wednesday, December 24th

Christmas Day

Thursday, December 25th



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](#).



WE WANT TO HEAR FROM YOU!

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

Alliance Provider Services Department

Email: providerpulse@alamedaalliance.org

Phone Number: **1.510.747.4510**

ALL FEEDBACK IS WELCOME



CONNECT WITH US!

