ALAMEDA Alliance FOR HEALTH

PROVIDER PULSE

INSIDE THIS ISSUE

STANDING REFERRALS

Alameda Alliance for Health (Alliance) maintains a referral management process that gives our members the ability to obtain a standing referral to specialists or a Specialty Care Center (SCC). Alliance providers who identify care for a standing referral must submit a prior authorization (PA) request to the Alliance.

What is a standing referral?

A standing referral allows a member to see a specialist without needing new referrals for each visit. The condition typically requires an extended period of treatment. The standing referral may be up to a maximum of 12 months. The primary care provider (PCP) or specialist will decide if they need to submit a PA when a member meets the guidelines.

STANDING REFERRALS
(CONTINUED FROM PAGE 1)

Potential conditions to consider for a standing referral when accessing services by a non-contracted provider include, but are not limited to:

- Asthma requiring specialty management
- Cancer
- Chronic obstructive pulmonary disease
- Chronic wound care
- Cystic fibrosis
- Diabetes requiring endocrinologist management
- Gastrointestinal conditions such as severe peptic ulcer, chronic pancreatitis
- Hepatitis C
- HIV/AIDS
- Lupus
- Neurological conditions such as multiple sclerosis, uncontrolled seizures
- Rehab for major trauma, extensive surgery
- Renal failure
- Significant cardiovascular disease

Potential conditions to consider for a standing referral when accessing in-network services include, but are not limited to:

- Burn care
- Chronic wound care
- Podiatry

What information should be included with your request?

- Anticipated length of treatment
- Diagnosis
- Frequency of visits
- Plan of care
- Specify that you are requesting a standing referral

FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING

At Alameda Alliance for Health, we are committed to building and maintaining our valuable community and provider partnerships. In support of those relationships, the Alliance promotes the prevention, detection, and resolution of fraud, waste, and abuse (FWA), and other unlawful activities in and around health care.

Health care fraud costs taxpayers billions of dollars each year and endangers the health of our communities.

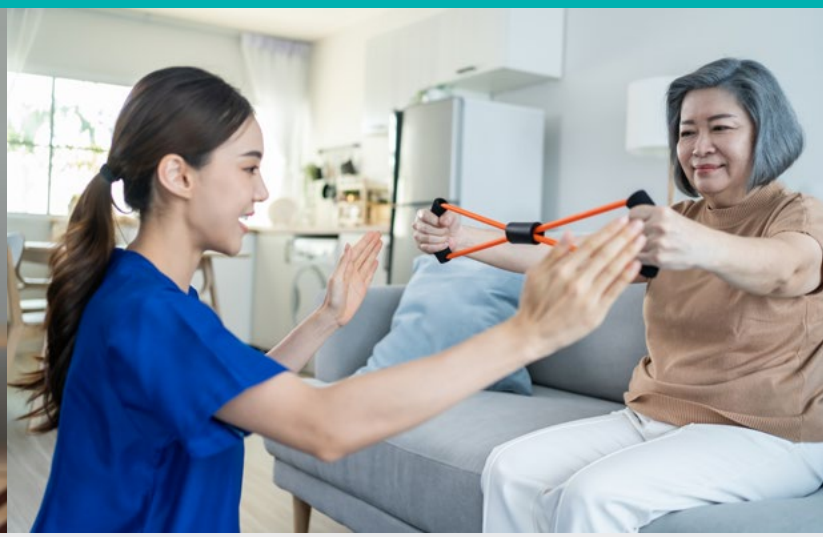
If you are aware of actual or suspected illegal activity, unethical business practices, or other suspicious activity regarding our health plan, our providers, vendors, or members, please report it immediately by using one of the following methods:

1. Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
2. Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
3. Visit the Alliance website: **www.alamedaalliance.ethicspoint.com**
4. Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**

We appreciate your help in fighting, preventing, and detecting health care fraud, waste, and abuse. The Alliance is committed to complying with all applicable federal and state laws addressing false claims, including the Federal False Claims Act, the California False Claims Act, and the Deficit Reduction Act of 2005 (Section 6032).

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

OVERAGE REQUESTS FOR ORTHOTICS, ENTERAL FORMULA, AND DURABLE MEDICAL EQUIPMENT (DME) ITEMS



Attention Alameda Alliance for Health (Alliance) provider partner orthopedists, podiatrists, other subspecialists, nutritionists, primary care providers, and rehabilitation therapists:

Did you know the Medi-Cal program has frequency limits for (DME)?

Medi-Cal limits the frequency of authorization for DME and orthotics. However, Alliance provider partners can submit DME overage authorization requests.

How do I submit DME overage authorization requests?

When submitting requests for medically necessary orthotics, enteral formula, and/or DME that exceed the Medi-Cal Provider Manual frequency limits, please always include the rationale for replacement or overage request in your clinical notes and/or order. This documentation ensures that the Alliance's and delegate's Utilization Management Department can properly review the member's unique medical necessity for that replacement or overage request item(s).

DME may include, but is not limited to:

- Breast pumps
- Home respiratory equipment
- Hospital beds /decubitus care equipment
- Incontinence supplies
- Lymphedema products
- Medical supplies; wound care, ostomy, and urological supplies
- Nutritional supplements and feeding supplies
- Other home medical supply needs
- Wheelchairs, walkers, canes, and other ambulatory aids

For the most up-to-date information and details, please review the Medi-Cal Provider Manual available on our website at **www.alamedaalliance.org/providers/alliance-provider-manual**.

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:

PRIMARY CARE PROVIDER (PCP) APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment	10 Business Days of Request
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not 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
OB/GYN Appointment	15 Business Days of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not 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.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

TIMELY ACCESS STANDARDS*
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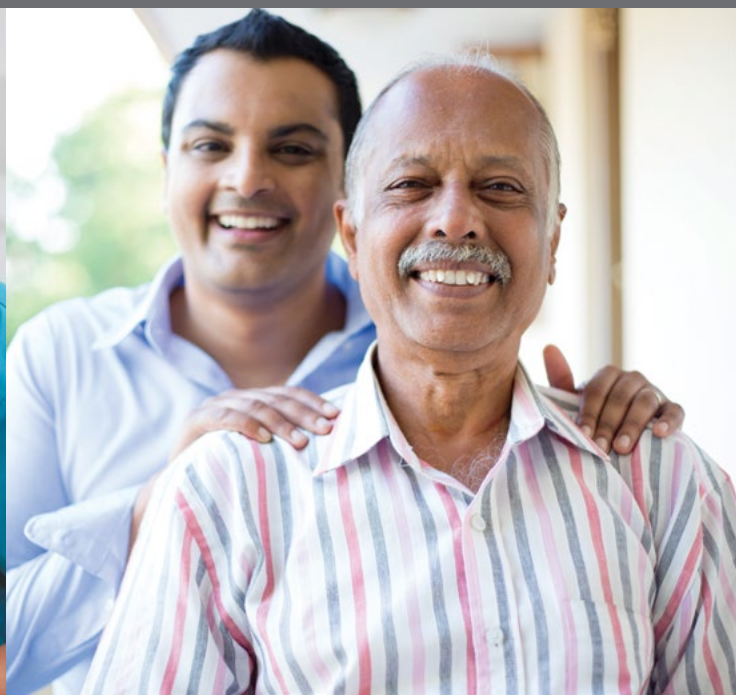


PA = Prior Authorization

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

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

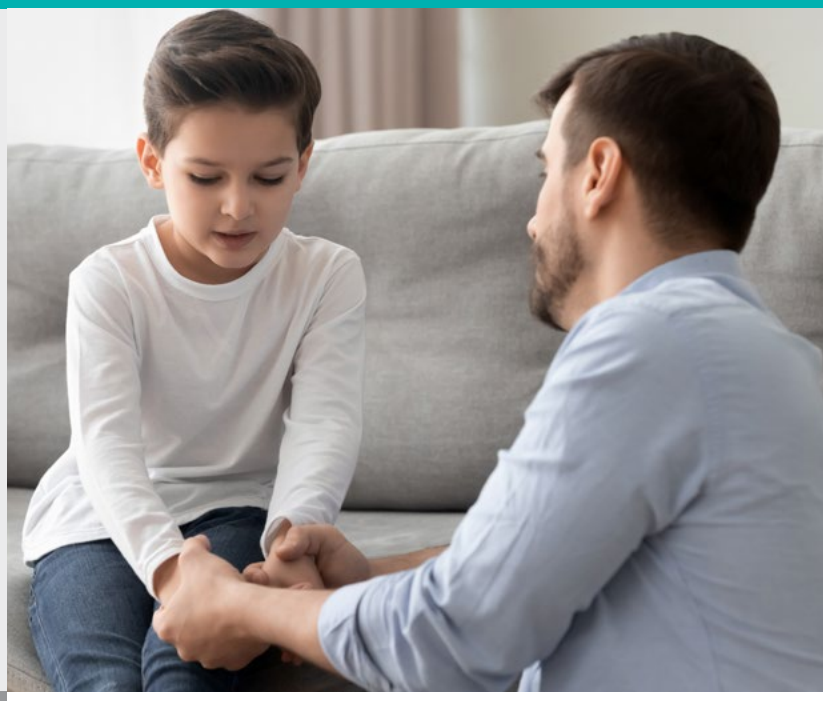
Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of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

Shortening or Extending Appointment Timeframes: The applicable wait 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 wait time will not have a detrimental impact on the health of the member.

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

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

Children and youth are experiencing growing mental health challenges, and the ongoing COVID-19 pandemic has contributed to both new and increased stressors that continue to impact young people. According to the World Health Organization (WHO), half of all mental health conditions start by 14 years of age, and most substance use disorders (SUDs) also start in adolescence. The majority of these cases are undetected or untreated and can lead to negative long-term outcomes that can extend into adulthood.



Last year, the state announced that it would invest over $4 billion in the Children and Youth Behavioral Health Initiative. The goal of the initiative is to improve mental health care for the state's children and youth. As part of this multi-pronged initiative, the California Department of Health Care Services (DHCS) created the Student Behavioral Health Incentive Program (SBHIP), which included a statewide budget of $389 million designated over three (3) years (beginning in January 2022) for incentive payments to Medi-Cal managed care plans. The goals for this incentive program include targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for children in public schools.

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

(CONTINUED FROM PAGE 7)

Alameda Alliance for Health (Alliance) is committed to ensuring that our youngest members have access to early diagnosis and appropriate mental health services and recently executed a letter of intent to partner with the Alameda County Office of Education and the Alameda County Health Care Services Agency that affirms our participation in the incentive program. Over the next year, we will be working with mental health and educational partners to conduct a needs assessment of existing behavioral health services for children and youth in Alameda County. This assessment will include a map of existing behavioral health providers and resources, as well as existing gaps, disparities, and inequities in care that will be used to select targeted interventions for students who we serve. Additionally, we will seek input from community stakeholders to ensure that we have a broad lens on the needs of the students and families who we serve.

We understand that early diagnosis and preventive services as well as effective treatments can make a difference in the lives of children with mental health disorders. We are committed to understanding what mental health supports and services schools are currently providing for students and determining where there are gaps and unmet needs. Ultimately, we hope to address the needs of the children and families who we serve and help create an environment where they can have the best possible health and well-being to reach their greatest potential.

MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY

California's delivery system for Medi-Cal mental health services includes two primary systems of care for beneficiaries with mental health conditions. County Mental Health Plans are responsible for specialty mental health services (SMHS) including inpatient care, post-stabilization services, rehabilitative services, and targeted care management for individuals who meet the statewide medical necessity criteria. While Medi-Cal Managed Care Plans, such as the Alliance, are responsible for non-specialty mental health services (NSMHS) like outpatient mental health services, including psychotherapy and medication management for adults and children with "mild-to-moderate" mental health conditions.

Starting Friday, July 1, 2022, people in our community who are covered by Medi-Cal will be able to access behavioral and mental health services through the new California Advancing and Innovating Medi-Cal (CalAIM) "No Wrong Door (NWD)" model. This new state NWD to Mental Health policy is designed to streamline access to services and treatment by ensuring individuals can receive timely mental health services without delay regardless of where they initially seek care, and maintain treatment relationships with trusted providers without interruption. The NWD approach will be available to everyone covered by Medi-Cal in need of SMHS and NSMHS. The policy designates clinically appropriate and covered NSMHS and SMHS as reimbursable Medi-Cal benefits even before the individual receives a diagnosis, or when the individual has co-occurring mental health and substance use disorder, receives services that are not a part of a treatment plan, or receives concurrent NSMHS and SMHS services that are coordinated and not duplicated.

MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY
(CONTINUED FROM PAGE 9)

The monumental NWD policy aligns with other CalAIM policy changes by building on the access criteria for SMHS and NSMHS. The Alliance and our safety-net partner Alameda County Behavioral Health Care Services (ACBHCS) are working together with the state to implement this groundbreaking program in our county. The state will also be developing standard screening and transition tools that will be implemented in January 2023 to help further streamline NWD.

> To further help improve access to care and services for dedicated provider and loyal member communities, the Alliance will be implementing administrative changes to NSMHS that coordinate for our members.

Over the last six (6) years, the Alliance has delegated mental health services to Beacon Health Options (Beacon). Beacon currently administers mild-to-moderate and autism spectrum services to our Medi-Cal members and administers a full set of mental health services for our Group Care members with mild-to-moderate and severe mental illnesses.

In alignment with our mission to ensure that our members have access to high-quality health care services, the Alliance plans to insource services currently provided by Beacon, and starting in the fourth quarter of 2022, all behavioral health services will be administered internally. Annually, approximately 84,000 mental health visits and nearly 20,000 telehealth visits are provided to our Medi-Cal and Group Care members. Additionally, about 88,000 autism spectrum visits have been provided per year to approximately 1,000 Alliance members. This change will reduce the number of touchpoints for our members and providers and allow us to better assist patients directly and streamline the navigation of services. Additionally, the insourcing of these critical services will help us further the long-term integration of services between the Alliance and our Alameda County safety-net partners.

To successfully implement this change, the Alliance has conducted a dozen listening sessions with Alameda County agencies and community-based organizations. Feedback from our community partners has made it clear that insourcing mental health services will reduce barriers to care while improving our continuum of mental health care services. We are encouraged by the opportunity to improve access to mental health and autism spectrum services and to offer higher-quality care and more equitable health outcomes for our members and the community we serve.

IMPORTANT UPDATE ON NEW BENEFITS AND SERVICES THAT STARTED ON SATURDAY, JANUARY 1, 2022

California Advancing and Innovating Medi-Cal (CalAIM) is a statewide California Department of Health Care Services (DHCS) multiyear initiative that builds upon the Whole Person Care (WPC) Pilot and Health Homes Program (HHP). It is designed to implement a broad delivery system, program, and payment reform across the Medi-Cal program with the ultimate long-term goal of a better quality of life for all Medi-Cal members.

Effective Saturday, January 1, 2022, HHP transitioned to Enhanced Care Management (ECM), and we also began to offer six (6) Community Supports (CS) services.

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a benefit that provides extra care coordination services to members with highly complex needs.

Members who qualify for ECM will have their own care team, including care coordinators, doctors, specialists, pharmacists, case managers, social service workers, and others to make sure everyone works together.

ECM also includes:

- Comprehensive assessment and care management
- Comprehensive transitional care
- Coordination and referral to community and social supports
- Enhanced coordination of care
- Health promotion
- Member and family support services
- Outreach and engagement

IMPORTANT UPDATE ON NEW BENEFITS AND SERVICES THAT STARTED ON SATURDAY, JANUARY 1, 2022

(CONTINUED FROM PAGE 11)

Community Supports (CS)

Community Supports (CS) are medically appropriate, cost-effective alternatives to those services covered under the Medi-Cal State Plan. These services are optional and may help members live more independently but do not replace benefits that they already get under Medi-Cal.

Alameda Alliance for Health (Alliance) is currently offering the following CS services:

- Asthma remediation
- Homeless-related CS (housing transition navigation, housing deposits, and housing tenancy and sustaining services)
- Medically tailored/supportive meals
- Recuperative care (medical respite)

Members can be referred for ECM and CS by their provider by contacting:

Alliance Case Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

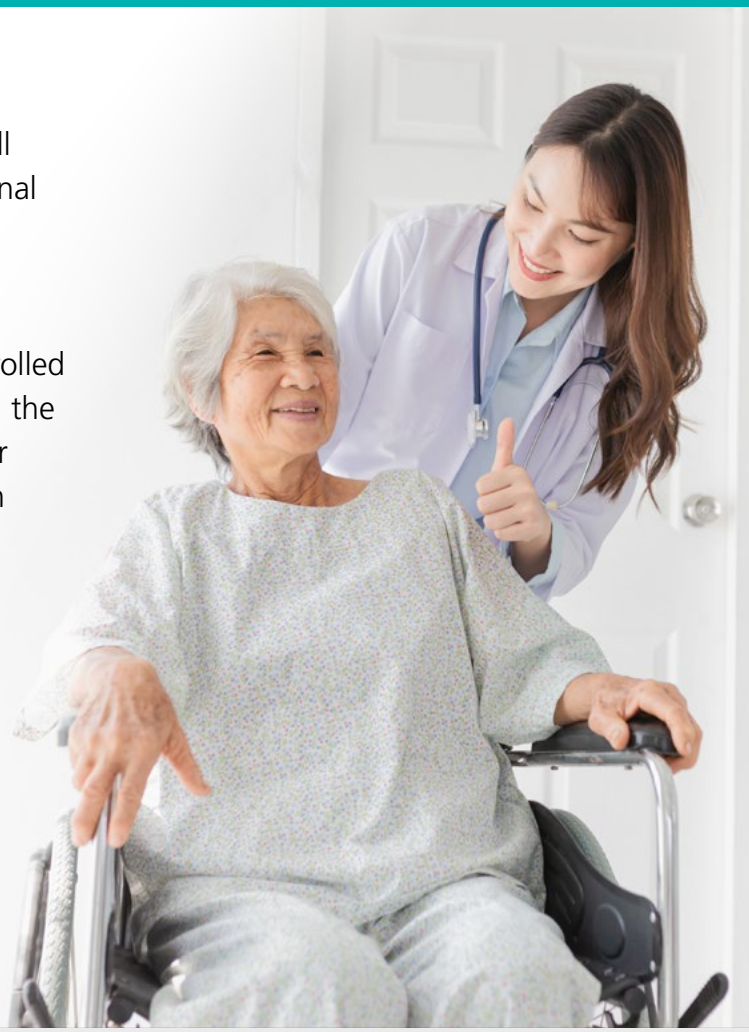
Thank you for the quality care that you provide to your patients and our community.

EXPANDING LONG-TERM CARE (LTC) WITH CALAIM

At the beginning of 2022, Alameda Alliance for Health (Alliance) started implementing specific components of the Department of Health Care Services' (DHCS) CalAIM initiative. This included the launch of Enhanced Care Management (ECM), Community Supports (CS), and the transition of major organ transplants (MOT) into Medi-Cal managed care. These programs, along with other CalAIM reforms, aim to strengthen the Medi-Cal delivery system and are helping managed care health plans to administer a more equitable, coordinated, and person-centered system of care.

On Sunday, January 1, 2023, another major CalAIM reform initiative — the institutional long-term care (LTC) carve in will be launched, and care in nursing homes and other institutional settings will be provided as a benefit through the Alliance. Currently, the LTC benefit is "carved out" and any Alliance member who is admitted to a long-term care institution is disenrolled after spending more than 60 days there, and enrolled in fee-for-service (FFS) Medi-Cal. Beginning January 1, 2023, the Alliance will be responsible for institutional care for all of our members. Additionally, individuals who are currently living in LTC facilities and have Medi-Cal FFS will be enrolled with the Alliance.

Tens of millions of people across the United States require LTC — primarily seniors but also children and adults with intellectual and developmental disabilities, physical disabilities, or disabling chronic conditions. Long-term care can include personal care, such as help with eating, dressing, or bathing over a long period of time and can be provided at an individual's home, or an LTC facility.



PROVIDER **TRAINING CORNER**

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

TTo 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**.

EXPANDING LONG-TERM CARE (LTC) WITH CALAIM
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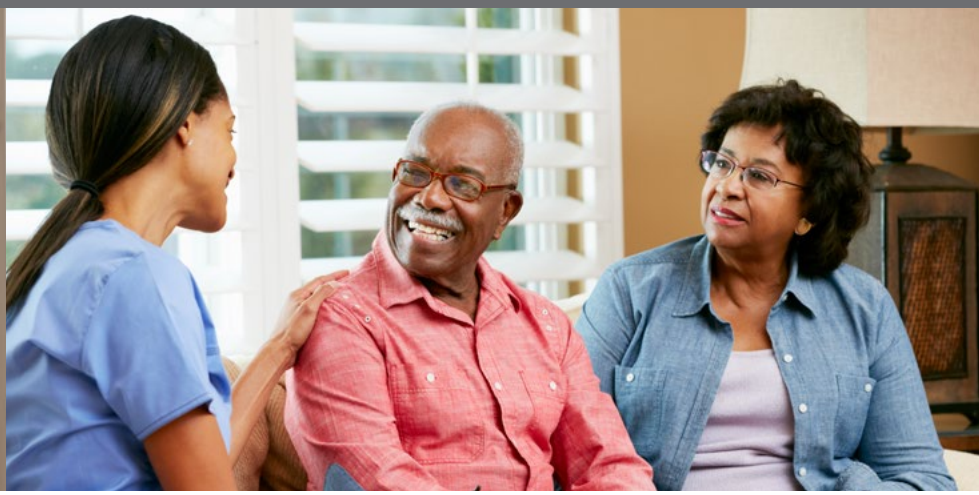

To adequately provide these services to eligible members starting in the new year, our team has been working to identify and contract with high-quality LTC providers, such as skilled nursing facilities, intermediate care facilities, institutions for mental disease, and subacute and pediatric subacute facilities. In partnership with our local provider partners, we are working to ensure that Medi-Cal beneficiaries residing in LTC facilities are transitioned from FFS Medi-Cal without any interruptions while leveraging our relationships with our community partners to deliver the best customer service to older adults and persons with disabilities.

As part of the CalAIM effort, new Populations of Focus (PoFs) will be eligible for Enhanced Care Management (ECM) and Community Supports (CS). These new PoFs include nursing facility residents who are strong candidates for transitioning back to the community and have a desire to do so, and individuals at risk for institutionalization who are eligible for long-term services in their home and have the ability to live safely with wrap-around support. These services will be crucial in assisting certain members to avoid institutionalization while helping others safely transition into the community.

Over the last year, the Alliance has been participating in DHCS-sponsored stakeholder meetings to better understand best practices and hear from stakeholders about the LTC benefit. We are committed to ensuring that our eligible members have access to high-quality, long-term services and support, whether they are provided in the community or an appropriate long-term care setting.

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**
Phone Number: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA Alliance FOR HEALTH