



2024 Quarter 3 Provider Packet In-Person Visits by Provider Services have Resumed

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

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

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

THIS PACKET INCLUDES:

- | | |
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| 1. Provider Demographic Attestation Form | 10. Healthcare Effectiveness Data Information Set (HEDIS) [®] Measurement Year 2024 |
| 2. Provider Guide for Interpreter Services | 11. Timely Access Standards |
| 3. Case Management Programs Reminder & Referral Form | 12. Provider Appointment Availability Survey |
| 4. Doula Services for Birthing Members | 13. Provider Training Requirements for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal for Kids & Teens |
| 5. National Diabetes Prevention Program (DPP) | 14. Dual Special Needs Plan Announcement |
| 6. Health Education & Wellness Programs & Materials Form | |
| 7. BirthWise Wellbeing Announcement & Flyer | |
| 8. United States Prevention Task Force (USPSTF) Provider Notice | |
| 9. Immunization Resource | |

Accepting New Patients Accepting Existing Patients Not Accepting Patients

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____



Provider Demographic Attestation Form

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

INSTRUCTIONS:

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

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

PROVIDER INFORMATION		
Provider/Clinic Name:	Provider Tax ID:	
Site Address:		
City:	State:	Zip Code:
Main Phone Number:	Fax Number:	
Hours of Operation:		
Clinic Email Address:		
Languages Spoken:	Accepting Patients <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Existing	

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Date Update Completed (MM/DD/YYYY):
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Notes:

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

Alameda Alliance for Health Interpreter Services Guide for Providers



At Alameda Alliance for Health (Alliance), we are committed to continuously improve our provider and member customer satisfaction. The Alliance provides no-cost interpreter services including American Sign Language (ASL) for all Alliance-covered services, 24 hours a day, 7 days a week.

Please use this guide to better assist Alliance members with language services. You have an important role in ensuring your patients with limited English proficiency (LEP) have an interpreter available for appointments and anytime they communicate with your clinic. Please confirm your patient's eligibility before requesting services.

TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Administrative communications with patients
- Allied health services such as physical, occupational, or respiratory therapy
- Freestanding radiology, mammography, and lab services
- Ongoing allied health services such as physical, occupational, or respiratory therapy
- Routine and follow-up office and clinic visits

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Enter your pin number:
 - Alliance providers – press **1004**
 - Alameda Health Systems (AHS) – press **1005**
 - Behavioral health care – press **1003**
 - Children First Medical Group (CFMG) – press **1002**
 - Community Health Center Network (CHCN) – press **1001**
3. Say or enter the language you need:
 - For Spanish – press **1**
 - For Cantonese – press **2**
 - For Mandarin – press **3**
 - For Vietnamese – press **4**
 - For all other languages – press **0**
4. Provide the nine (9)-digit Alliance member ID number.

For communication with a patient who is deaf, hearing, or speech impaired, please call the California Relay Service (CRS) at **711**.

TELEHEALTH AND VIDEO INTERPRETER SERVICES

When you are ready to connect a telephonic interpreter during a telehealth visit, please follow steps 1-4 above. Provide the telehealth phone number and log-in information to the interpreter. The interpreter will then call in to join your telehealth visit. For information about video interpreters, please email interpreters@alamedaalliance.org.

IN-PERSON INTERPRETER SERVICES

Members can receive in-person interpreter services for the following:

- Sign language for the deaf and the hard of hearing.
- Complex courses of therapy or procedures including life-threatening diagnoses (e.g., cancer, pre-surgery instructions, and evaluation or reevaluation for physical or occupational therapy, chemotherapy, transplants, etc.).
- Highly sensitive issues (e.g., sexual assault/abuse, end-of-life, initial evaluation for behavioral health, etc.).
- Other conditions by exception. Please include your reason in the request.

If the appointment requires an in-person interpreter, please follow these steps to request:

1. You must request in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. You can complete and submit the **Alliance Interpreter Services Request Form** via the **Alliance Provider Portal** or **fax**.

Alliance Provider Portal

Visit the Alliance website at www.alamedaalliance.org. Click on the **Provider Portal** link in the top right corner and log in. Look up your patient's eligibility and then click on the link at the top of the eligibility page to access the online **Alliance Interpreter Services Request Form**.

Fax

Visit the Alliance website at www.alamedaalliance.org/language-access. Download and complete the **Alliance Interpreter Services Request Form** and fax it to the Alliance at **1.855.891.9167**.

3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. If you need to revise a request, please cancel the original request, and submit a new one.
5. If needed, please cancel interpreter services at least **48 hours** prior to the appointment by calling the Alliance Provider Services Department at **1.510.747.4510**.

Please note regarding using family and friends as interpreters:

The Alliance prohibits providers from relying on an adult or minor child accompanying an LEP patient to interpret, except when 1) there is an emergency threatening the safety or welfare of the individual or the public and no qualified interpreter is available, or 2) the patient specifically requests that an accompanying adult interpret, and they consent. The refusal of interpreter services or request to use a family or friend as an interpreter must be documented in the patient's medical record.

Questions? Please call Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone number: **1.510.747.4510**





Important Reminder: Case Management Programs

At Alameda Alliance for Health (Alliance), we value our dedicated provider community. We have an important reminder that we want to share with you about our Case Management Programs. Alliance Case Management Programs coordinate with providers and community partners to improve health outcomes and integrate care for our members across medical, behavioral health care, and social services. Our Case Management Programs are designed to help address the patient's health care needs across the continuum of care from well-being to end of life through the identification, assessment, development, and execution of targeted, evidence-based, individualized care plans. We invite you to refer Alliance member patients to our Case Management Programs.

PROGRAM GOALS

- Avoid readmissions
- Enhance the patient-to-provider relationship
- Facilitate coordination of care and services to meet member health needs
- Identify and document measurable member-specific health goals and plan of care
- Improve health outcomes for the Alliance member
- Manage chronic conditions
- Reduce avoidable emergency department (ED) visits
- Reduce unnecessary medical utilization

INTERVENTIONS

Interventions for Case Management Programs may include the following, but are not limited to:

- Assess members for needs through various assessments including Health Risk Assessments (HRAs)
- Coordinate care between member and community providers across the continuum
- Assist members to obtain measurable health outcome goals through educating and facilitating access to services and community resources
- Develop individualized care plans that address member health and social needs with member-centric goals and interventions
- Empower members with resources and information to self-manage their health conditions
- Provide mailed and verbal education and coaching appropriate for the member
- Review and analyze data to select targeted members for opportunities for improved care management and coordination
- Work in partnership with community agencies and health practitioners who provide case/care management and services to our members

PROGRAMS

- Complex Case Management (CCM)
- Disease Management
- Transitional Care Services
- Care Coordination

Complex Case Management (CCM)

The Alliance Complex Case Management (CCM) Program can work with you and the member to improve the member's health. This program is designed for members who are dealing with complex health conditions and who often visit the emergency room or hospital.

Disease Management

The Alliance Disease Management Program offers support for our members who have asthma and diabetes. This program offers support for services and resources to help carry out your advice and treatment.

Who is Eligible

- Children (5– 11 years of age) diagnosed with asthma
- Adults (over 18 years of age) diagnosed with diabetes
- Other members who need support with their asthma or diabetes

Transitional Care Services

The Alliance provides Transitional Care Services (TCS) to members who are transferring from one setting or level of care to another. A single point of contact will help members during their transition.

Who is Eligible

Transitional Care Services will be offered to members who meet the criteria. The Alliance may contact the member about TCS if they qualify. You can also call the Alliance to find out when your member can receive TCS.

Care Coordination

The Care Coordination Program helps members name their needs and develop a plan for meeting those needs. Member needs are identified by HRAs, and other member-centric information provided to the Alliance.

REFERRALS

Providers can refer Alliance members by calling:

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

Questions? Please call the Alliance Case Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
www.alamedaalliance.org



Case and Disease Management (CMDM) – Program Referral Form

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

INSTRUCTIONS

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

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

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

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

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

Request Date (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION
Last Name: _____ First Name: _____
Facility/Clinic/Organization Name: _____
Phone Number: _____ Fax Number: _____
Referral Source (please select only one (1)): [] Community Partner [] Hospital [] PCP [] Specialty Provider [] Other (specify): _____

SECTION 2: MEMBER INFORMATION
Last Name: _____ First Name: _____
Alliance Member ID #: _____ Date of Birth (MM/DD/YYYY): _____
Phone Number: _____ Sex: [] Female [] Male
Address (or location, i.e., under 5th St. bridge): _____
City: _____ State: _____ Zip: _____
Is the member aware of this referral? [] Yes [] No
Did the member consent to this referral? [] Yes [] No

SECTION 3: PROGRAM REFERRAL
Program per referral form (please select only one (1)):
[] Asthma Disease Management
[] Behavioral Health (BH) (including coordination with mental health and Applied Behavioral Analysis (ABA) services)
[] Cardiovascular Disease Management
[] Case Management (including Complex Case Management (CCM), Care Coordination, and Transitional Care Services (TCS))
[] Depression Disease Management
[] Diabetes Disease Management
[] Enhanced Care Management (ECM)
[] Other (please provide details in Section 4)

SECTION 4: REASON FOR REFERRAL

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

FOR BEHAVIORAL HEALTH REFERRALS ONLY:

SECTION 5: DIAGNOSIS

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

SECTION 6: REFERRAL INFORMATION

Service Requested:

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

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

Behavioral Health Care Provider Full Name: _____

Mental Health Evaluation/Services

- Is the referral a member request? Yes No
- Has the member previously taken behavioral health medication? Yes No
- Is the member currently taking behavioral health medication? Yes No
- Is the member currently in psychotherapy (talk therapy)? Yes No

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

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

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

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

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

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Questions? Please contact the Alliance Case and Disease Management Department
 Phone Number: **1.877.251.9612**
www.alamedaalliance.org



Important Benefit Update: Doula Services for Birthing Members

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We want to share an important update about doula services with you. As a benefit to members who are pregnant, and up to 12 months postpartum, the Alliance offers doula services. Doula services are a new benefit that helps enhance our capacity to reduce birth inequities by providing culturally supportive care. We continue to grow our doula network to offer this valuable resource to our birthing members.

Who are doulas?

Doulas are birth workers who provide physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth. This includes support during miscarriage, stillbirth, and abortion. Doulas offers culturally sensitive care tailored to the individual, embracing diversity while following evidence-based practices.

Benefits of doula services

Studies have shown that individuals who work with a doula during the perinatal period have better birth outcomes, are four (4) times less likely to have a low-birth-weight baby, are two (2) times less likely to experience a birth complication, and are significantly more likely to initiate breastfeeding.

Services offered by doulas

The Alliance provides doula services to our members through a doula provider network. Services may be offered virtually or in person and may include health navigation, education, development and participation in the birth plan, linkage to community resources, and lactation support.

Frequency of doula services

Doula services include one (1) initial visit, up to eight (8) additional prenatal and postpartum visits, support during labor and delivery (including stillbirth, abortion, or miscarriage), up to two (2) three (3)-hour postpartum visits after the end of a pregnancy, and additional services with provider recommendation.

How do Alliance members connect with a doula?

- Referring Alliance members to 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**
- Advising Alliance members to search the Alliance Provider Directory to contact a doula directly.

- Members can access the online Alliance Provider Directory by visiting the Alliance website at www.alamedaalliance.org/help/find-a-doctor.
- Providers do **not** need to submit a recommendation form for the initial nine (9) doula visits.
- A recommendation is required for members to receive up to nine (9) additional doula visits postpartum. For more information, please visit the California Department of Health Care Services (DHCS) website at www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx.

References

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

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

Important Update: National Diabetes Prevention Program (DPP)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We want to share an important update on the National Diabetes Prevention Program (DPP).

If you provide care for Alliance adult members with prediabetes or who want to lose weight, you can tell them about the National DPP. The National DPP is a CDC-recognized lifestyle change program focusing on healthy eating and physical activity.

The Alliance is honored to provide DPP for our members as a part of our Medi-Cal and Group Care benefits.

Alliance members with a diagnosis of prediabetes or who want to lose weight may be eligible for the following services:

- Personal health coaching sessions to make lasting lifestyle changes.
- Weekly lessons on how to eat healthily and add physical activity into their day.
- Support from people with similar goals and challenges.
- Incentives (up to \$100)

The year-long program includes 16 weekly lessons, followed by monthly sessions. Programs are by phone or computer only.

The Alliance provides DPP through two (2) providers:

- Yumlish



- HabitNu



Yumlish utilizes a low-tech approach, is built from the ground up to be culturally affirming and supports providers by conducting enrollment campaigns and leveraging text-based engagement with members. To learn more about how to refer your patients to Yumlish, email your inquiry to Yumlish info@yumlish.com or the Alliance Health Programs at livehealthy@alamedalliance.org.

You may also refer your patients to HabitNu DPP by:

- Completing and sending the Provider Wellness Programs & Materials Form by fax. Please select "Diabetes Prevention Program (*prediabetes*)."
- Tell Alliance members to visit the Live Healthy page on the Alliance website at www.alamedaalliance.org/live-healthy/dpp or call Alliance Health Programs toll-free at **1.855.891.9169** and ask about DPP.

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

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

Patient Health Education & Referral

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

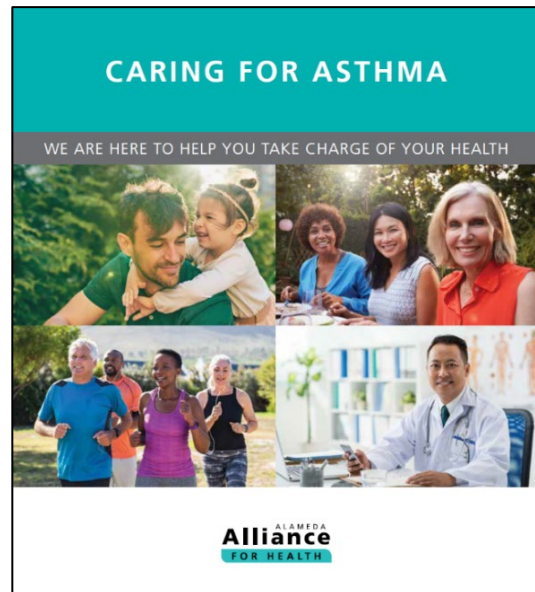
The Alliance offers patient education handouts, program resources, and referrals that support members in healthy living and disease self-management. Our handouts are written within the 6th grade reading level and are available in English, Spanish, Chinese, Vietnamese, and Tagalog.

Health Education Materials: Care Books

Care books are available for your patients who are Alliance members. They include comprehensive information and tools that members can use to adopt the information into their daily lives.

Topics include:

- Asthma
- Diabetes
- Eat Well Be Active (adults)
- Heart Health
- Kidney Failure
- Live Healthy 5-2-1-0 (children)
- Pregnancy
- Preventive Care



Health Education Program Referrals

Could your patient benefit from a healthy lifestyle program? You can refer members directly or fax us the Provider Wellness Programs & Material Form to request on behalf of your patient. To access the form, please visit the Alliance website at www.alamedaalliance.org/providers/patient-health-wellness-education.

The Alliance also offers a Disease Management (DM) Program for members diagnosed with hypertension, diabetes, or asthma. This program includes health coaching services. Please refer your patients by completing and faxing the **Case and Disease Management (CMDM) Referral Form**. The form is a part of this Provider Packet and is available online at www.alamedaalliance.org/providers/case-and-disease-management.

Thank you for all you do to improve the health and well-being of Alliance members.

Questions? Please call Alliance Health Programs
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4577**
Email: livehealthy@alamedaalliance.org
www.alamedaalliance.org

Alameda Alliance for Health Wellness Programs & Materials



Provider Request Form – Alameda Alliance for Health (Alliance) provides health education to our members at no cost. Please select from the topics below the written materials that you want us to send to your patients. Contact us to request these materials in other formats. The classes and programs listed are available to support your patients, our members and a Medical ID type is also available. More information and tools for living healthy can be found at www.alamedaalliance.org.



CLASSES & PROGRAM REFERRALS

- Asthma
- Breastfeeding Support
- CPR/First Aid
- Diabetes
- Diabetes Prevention Program (*prediabetes*)
- Healthy Eating, Exercise, and Weight
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking

(We partner with Kick It California. If this box is marked, they will call the member directly. A valid phone number is required.)



MEDICAL ID

Choose ID Type:

- Bracelet Necklace

Choose condition(s):

- Asthma
 - Child Adult
- Diabetes
 - Child Adult



WRITTEN MATERIALS

- Advance Directive (*medical power of attorney*)
- Alcohol and Other Substance Use
- Anxiety, Depression, and Stress
 - Child Teen Adult
- Applied Behavior Analysis (ABA)
- Asthma
- Back Pain
- Birth Control
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Domestic Violence
- Healthy Eating, Exercise, and Weight
 - Child Adult
- Heart Health
- Parenting
- Pregnancy
- Preventive Care
- Quit Smoking
- Safety
 - Child Adult
- Sexual Health

Provider Name: _____ Member Name: _____

Provider Clinic Name: _____ Alliance Member ID Number: _____

Provider Phone Number: _____ Member Phone Number: _____

Provider Fax Number: _____ Member Address: _____

Preferred Language: _____ City: _____ Zip Code: _____

To order, complete this form and mail or fax it to:

Alliance Health Programs

1240 South Loop Road, Alameda, CA 94502

Fax Number: **1.877.813.5151**

Phone Number: **1.510.747.4577**

ALAMEDA
Alliance
FOR HEALTH

HE_PRVDR_WPM REQ FORM 08/2024
HED W-1 07/2024



New Disease Management (DM) Program Announcement – BirthWise Wellbeing

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

The Alliance is honored to provide the ***BirthWise Wellbeing Disease Management Program*** as a benefit for our Medi-Cal and Group Care members. Research suggests people who give birth are at an increased risk for developing mood disorders during the perinatal period. In 2023, 11.3% of pregnant members had a diagnosis of depression in the last year compared to 4.7% of all adults.

Alliance members who are pregnant or were pregnant in the past 12 months may be eligible for the following services:

1. Case management programs that include Enhanced Care Management (ECM).
2. Referrals and assistance connecting to behavioral health services, including:
 - Providers in the Alliance network serving mild to moderate concerns
 - Alameda County Behavioral Health for severe mental health
 - CenterPoint for substance use concerns
3. Health education on pregnancy, baby care, mental health, and self-care.
4. Care coordination for doula services, breastfeeding consults, and other pregnancy and postpartum-related services based on eligibility.

Members who meet the criteria can opt into the ***BirthWise Wellbeing*** program. The attached ***BirthWise Wellbeing*** flyer, which describes the program and services, is sent to members who are currently pregnant or were pregnant in the last year.

Please encourage your interested patients or those in need of services to contact:

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**

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

Questions? Please call the Alliance Case and Disease Management Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4512**

www.alamedaalliance.org

Alameda Alliance for Health BirthWise Wellbeing



Pregnancy, baby, and your mental health



Alameda Alliance for Health (Alliance) and your doctor are your partners in your health. Do you have questions about your pregnancy, baby, or mental health? You can contact your doctor or reach out to us. The Alliance offers a **BirthWise Wellbeing Program** that can help connect you to the support you need.

You are prepared for dirty diapers, loads of laundry, and late-night feedings, but are you prepared for the possibility of anxiety or depression? Feeling down or anxious is common during pregnancy and in the first year after birth.

These feelings and thoughts can go away on their own. Sometimes these feelings are more serious and stay longer. The good news is they can be treated and get better with help.

YOU OR YOUR PARTNER MAY HAVE:



Changes in your eating or sleeping habits



Difficulty caring for yourself or your baby



Extreme mood swings



Feelings of anger, worry, or sadness



Less interest in things you used to enjoy



Upsetting thoughts that don't go away

If this sounds like you, please get help right away. You are not alone.



BIRTHWISE WELLBEING PROGRAM

This program is available to you at no cost.

It is designed to help you:

- Assess what type of help would be best for you.
- Connect you with a doula (birth helper), at no cost to you.
- Share health education on self-care and emotional wellbeing.
- Refer you to a mental health provider.

Call us to learn how our **BirthWise Wellbeing Program** can help you.

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**

Please Note: You do not have to join this program if you do not want to. Your health care benefits will remain the same. You can leave the program at any time. Just call us at the phone number above.

If you need help right now, please call the National Maternal Mental Health Hotline toll-free at **1.833.852.6262** (interpreter offered) or call **9-8-8** or visit **988lifeline.org** in a crisis.

Do you need more support?

Please call Alliance Health Programs • Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**

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

www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

HE_BIRTHWISE WELLBEING MH 11/2023
HED_LTR-BS-6_10/2023



Preventive Services Guidelines Update – June 2024

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

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

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

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule, which can be found at www.aap.org/periodicityschedule (last updated April 2023).

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

We are sharing this update to help ensure that our provider community is aware of the most recent changes.

Listed below are USPSTF recommendation updates from February 26, 2024, to June 12, 2024:

Topic	Description	Grade	Release Date
Falls Prevention in Community-Dwelling Older Adults: Interventions: Community-dwelling adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B	June 2024
Breast Cancer: Screening: Women aged 40 to 74 years	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	B	April 2024*
Hypertensive Disorders of Pregnancy: Screening: Asymptomatic pregnant persons	The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	B	September 2023 *

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

Questions? Please call the Alliance Provider Services Department
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Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Immunization Resources

Alameda Alliance for Health (Alliance) values the dedication of our provider partners in vaccinating our community. Vaccine hesitancy is a barrier we can help reduce by addressing concerns and misconceptions through conversation.

For some patients, a recommendation might not be enough.

The Centers for Disease Control and Prevention (CDC) **SHARE** tool can help providers communicate important information with patients to help them make informed decisions about vaccinations:

SHARE the tailored reasons why the recommended vaccine is right for the patient, given their age, health status, lifestyle, occupation, or other risk factors.

(Example: Children should receive their first flu vaccine dose at six (6) months to prime their immune system, followed by annual doses to develop antibodies for flu protection.)

HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccinations.

ADDRESS questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness using plain and understandable language.

REMIND patients that vaccines protect them and their loved ones from many common and serious diseases. *(Example: Help parents understand that the HPV vaccine protects patients from cancer.)*

EXPLAIN the potential costs of getting the disease, including serious health effects and lost time (such as missing work or family obligations).

When SHARE-ing with members, remember to:

- Make vaccinations the default. *(Example: Today, it's time for your child's scheduled vaccinations to help protect them from serious illnesses.)*
- Clearly explain each vaccine and its specific benefits.
- Develop and implement standardized language for discussing vaccines and train staff to use this language in all patient interactions consistently.
- If speaking to a parent, appeal to their identity as good parents:
 - Equate “good parent” with a vaccinated child.
 - Establish a new common identity – not with those opposing vaccines, but with a provider who cares about the child and supports vaccines.
 - Use the word “and” instead of “but” to add your encouragement to protect the child with immunizations.
 - Use words like protection, immunization, or shot.

CDC created a website with more helpful patient resources and training. These resources give additional guidance for structuring effective vaccine conversations.

Handouts

- **Talking with Parents about Vaccines for Infants**
Learn conversational techniques and find resources for discussing vaccines with parents.
- **Preparing for Questions Parents May Ask About Vaccines**
Many parents have similar questions about vaccines. Prepare for common parent questions and learn techniques for your immunization conversations.
- **Quick Responses to Infant Vaccine Questions**
Use this printable handout to train staff to address parent questions about vaccines for children and adolescents.

The CDC also offers virtual training and webinars on supporting ambivalent patients.

Webinars

- CDC – **How I Recommend video series** (vaccine-hesitant, HPV, flu, parents, adults, etc.)
- CDC – **You Call the Shots: Vaccines Web-based Training Course**

Additional Resources

- CDC – **References for Provider Resources for Vaccine Conversations**
- CDC – **Safety Information by Vaccine**
- **Communicating the Benefits of Flu Vaccine During COVID (IAC) 2022**

Source

- **Standards for Practice Vaccine Recommendations for Adults**

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Important Update: Focus for New HEDIS® Measurement Year 2024

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. Welcome to a new HEDIS measurement year 2024! As we plan for another successful year, we want to share a brief reminder on the measures we track and recommendations for focused timing.

Please remember several measures are **time limited**. It is essential to focus on the required timelines. **Once the window to meet the measure has closed, there is not an opportunity to catch up later in the year.**

MEASURE	REQUIREMENT
Well-Child Visits for Age 15 Months to 30 Months (W30+6, W30+2)	Six (6) or more well-child visits with a PCP by the 15-month birthday; or two (2) more visits between 15 and 30-month birthday
Child and Adolescent Well-Care Visits (WCV)	Annual well-care visits with a PCP or OB/GYN through age 21
Childhood Immunization: Combo 10 (CIS-10)	All vaccines administered by the 2 nd birthday
Immunizations for Adolescents: Combo 2 (IMA-2)	All vaccines administered by the 13 th birthday
Lead Screening in Children (LSC)	At least one (1) blood test by the 2 nd birthday
Developmental Screening in the First Three (3) Years of Life (DEV)	Appropriate developmental screenings performed by the 1 st , 2 nd , and 3 rd birthdays
Topical Fluoride for Children (TFL-CH)	At least two (2) topical fluoride applications each year through age 20
Follow-Up After Emergency Department Visit for Substance Use (FUA) – 30 Days	Follow-up service within 30 days of the ED visit
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM) – 30 Days	Follow-up service within 30 days of the ED visit
Timeliness of Prenatal and Postpartum Care (PPC)	Prenatal care visit in the first trimester and postpartum visit between 7 and 84 days after delivery

For more information about procedure codes that meet measure requirements, please visit the Alliance website at www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities or contact us.

For other measures, there may be several health awareness months that align with promoting specific services. We encourage you to develop health campaigns focused on these services to increase patient awareness and access.

MONTH	AWARENESS MONTH
Jan	Cervical Cancer Awareness – Cervical cancer screening Maternal Health Awareness – Pre/postpartum care
Feb	Heart Month – Controlling blood pressure
Mar	Colorectal Cancer (CRC) Awareness – CRC screening World Oral Health – Topical fluoride
May	Asthma Awareness – Asthma medication ratio
Aug	Back to School - Well-visits immunizations
Sep	Sexual Health Awareness – Cervical cancer screening and chlamydia screening
Oct	Breast Cancer Awareness – Breast cancer screening Flu Season – Child immunizations
Nov	Diabetes Month – Glycemic status

We appreciate and thank you for the high-quality care you give your patients and your continued partnership in helping us build a healthier community.

We are here to help! For any questions about program strategies or member incentives, please email deptQlteam@alamedaalliance.org
www.alamedaalliance.org



Timely Access Standards*

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

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

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

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	2 Weeks of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services Provider for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE 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.

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Important Reminder: 2024 Provider Appointment Availability Survey (PAAS) – July 2024 through December 2024

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

QMetrics on behalf of the Alliance will administer the Provider Appointment Availability Survey (PAAS) annually. All health plans in California must survey providers to assess the availability of routine and urgent appointments.

About This Survey

Providers: Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, dependent on based on the Department of Managed Health Care (DMHC) methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (imaging/radiology or physical therapy).

Methodology: The Alliance contacts a randomized sample (and oversample, as appropriate) of contracted network providers as of **January 14 of the current year**. The Alliance will first fax or email the PAAS survey. We encourage our provider partners to respond to the initial fax or email survey request to avoid additional outreach phone calls. If we do not receive a fax or email response within the first week of the survey request, the Alliance will follow up with a phone call.

Aside from the above methodology, providers have the option to participate in electronic data extraction for the survey. For more information, please reach out to the Alliance.

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

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

Appointment dates and times are collected at the location level for those providers practicing at Federally Qualified Health Centers (FQHCs).

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

A table that outlines the required appointment time frames is available to review in this Provider Packet titled "Timely Access Standards."

Thank you for your attention and assistance in completing the PAAS.

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

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New Mandatory Provider Training for Pediatric and Family Medicine Providers – Medi-Cal for Kids & Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important update we want to share with you.

OVERVIEW

Alliance contracted pediatric and family medicine providers must complete the new Medi-Cal for Kids & Teens Provider Training developed by the California Department of Healthcare Services (DHCS). The self-paced training outlines the requirements for the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit for Medi-Cal members under age 21.

FREQUENCY

Starting **Monday, January 1, 2024**, providers must complete the training no less than once every two (2) years. This also includes any contracted primary care providers (PCPs) such as medical doctors (MD), doctors of osteopathic medicine (DO), physician assistants (PA), and nurse practitioners (NP) levels.

HOW TO COMPLETE

Alliance contracted providers can access the training by visiting the Alliance website at www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities.

Alliance contracted providers can complete and submit the online attestation via the SurveyMonkey tool to receive credit for the training at <https://bit.ly/47UFAzb>.

TOPICS OF TRAINING DISCUSSION

Module 1: What is Medi-Cal for Kids & Teens and How Does it Work?

Module 2: Deep Dive into Behavioral Health Services, California Children’s Services Program, and Skilled Nursing Services

Providers who have not completed the training will receive reminders to complete it until the attestation is complete.

Thank you for your patience and partnership in the Alliance provider network. Together, we are creating a healthier community for all.

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



Important Announcement: The Alliance will launch a new Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) on Thursday, January 1, 2026

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

We are excited to let you know the Alliance will launch a new Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) on Thursday, January 1, 2026.

The Alliance D-SNP will serve Alameda County residents eligible for Medicare and Medi-Cal (Dual Eligibles) and opt to enroll in this plan. Our Alliance provider network is a vital component to the success of the new Alliance D-SNP. We will continue to share details, updates, and information about the Alliance D-SNP as we prepare to contract with the providers we identify for this important new plan for our community.

The Alliance D-SNP will allow the seamless integration delivery of Medicare and Medi-Cal benefits and streamline the services to our providers and members. This further allows the Alliance to advance our mission of improving the health and well-being of our members by collaborating with our provider and community partners to deliver high-quality and accessible services.

We value your contributions as a health care provider and encourage you to participate in the new Alliance D-SNP. We are sharing the additional information below to give more insight into what is to come for the new Alliance D-SNP.

How are dual eligible members identified?

Alameda County residents eligible for both Medicare and Medi-Cal will qualify to enroll in the new Alliance D-SNP when the enrollment period is available. Members may also already be eligible with the Alliance for the Medi-Cal line of business.

What can providers who currently serve dual-eligible members expect in the near future?

- Starting in July 2024, the Alliance will begin reaching out to network providers contracted for Medi-Cal and Group Care to discuss contracting for D-SNP.
- Alliance conducted webinars and town halls on D-SNP.
- Frequently Asked Questions (FAQs) and other provider communications with more D-SNP information as it becomes available.

What does this mean for the existing contracted Alliance providers?

- Alliance contracted providers may receive a contract amendment and cover letter about contracting for D-SNP.
- Contracting for D-SNP does not affect your current contract with the Alliance for the Medi-Cal and Group Care line of business.

What are the benefits of a D-SNP?

- A higher level and more improved coordination of health care delivery services of both Medicare and Medi-Cal benefits for the enrolled Alliance D-SNP members.
- A more integrated claim and reimbursement process for Alliance contracted D-SNP providers.
- Improved operational procedures to help simplify the administrative processes for providers and members.

What does this mean for non-contracted providers?

Non-contracted Providers interested in contracting with the Alliance for D-SNP can inquire with the Alliance contracting team at DeptContractsInquiry@alamedaalliance.org.

Who can providers call if they have questions regarding this expansion?

Provider Services Department
 Phone Number: **1.510.747.4510**
 Email: providerservices@alamedaalliance.org

Who can members call if they have questions regarding this expansion?

We are sharing this information with Alliance providers first. We will share more information and updates with Alliance providers and our members as it becomes available.

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



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ALAMEDA ALLIANCE FOR HEALTH

MEDICARE ADVANTAGE (MA) DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) FREQUENTLY ASKED QUESTIONS (FAQS)

Q: What is a Medicare Advantage (MA) Plan?

A: A Medicare Advantage (MA) Plan provides Medicare Part A and Part B coverage, supplemental benefits, and usually a Part D drug benefit. Part A and Part B are also called Original Medicare or Traditional Medicare. MA Plans, sometimes called “Part C,” are offered by Medicare-approved private companies that follow the rules set by Medicare. An individual still has the same rights and protections under all Medicare plans. To learn more about MA Plans, please visit www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf.

Q: What are Dual Eligible Special Needs Plans (D-SNPs)?

A: Dual Eligible Special Needs Plans (D-SNPs) enroll individuals who qualify for both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). In California, Medicaid is called Medi-Cal. States cover some Medicare costs, depending on the state and the individual’s eligibility. States and health plans may vary in determining their eligibility categories. D-SNPs are a federal product, not a state product. To learn more about D-SNPs, please visit www.cms.gov/medicare/enrollment-renewal/special-needs-plans/dual-eligible.

Q: Is a D-SNP considered an MA Plan or a Medicare Advantage Prescription Drug (MAPD) Plan?

A: Both. D-SNP is a type of MA plan. D-SNP is also a MAPD plan because D-SNPs are required by the Centers for Medicare and Medicaid Services (CMS) to offer a prescription drug plan. Therefore, a D-SNP will always have a prescription drug benefit.

Q: What is the Alameda Alliance for Health (Alliance) MA D-SNP?

A: The new Alameda Alliance for Health (Alliance) MA D-SNP plan serves Alameda County residents who are eligible for both Medicare and Medi-Cal benefits. These individuals are also referred to as dual eligible. This plan is designed to better coordinate services by providing a single point of contact for both programs and simplifying administrative processes for providers and members. The D-SNP will be offered as a complement to other Alliance programs and help us in our mission to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services. To learn more about integrated care for dual-eligible individuals, please visit www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx.

Q: Why are you adding a D-SNP?

A: Beginning in 2023, the California Department of Health Care Services (DHCS) implemented policies to promote integrated care for individuals who are eligible for both Medicare and Medi-Cal. As part of the California Advancing and Innovating Medi-Cal (CalAIM) effort, DHCS limited new MA D-SNPs and expanded county service areas to only allow D-SNPs with an ongoing affiliation with a Medi-Cal managed care plan, such as the Alliance. DHCS

transitioned the Cal MediConnect (CMC) program to an integrated Exclusively Aligned Enrollment (EAE) D-SNP program. This means enrollees in an EAE D-SNP will have the same managed care plan for Medi-Cal and Medicare coverage. DHCS aims to implement EAE D-SNPs statewide by Thursday, January 1, 2026.

Q: What is Exclusively Aligned Enrollment (EAE)?

A: Under EAE, members enroll in a D-SNP for Medicare benefits and a Medi-Cal Managed Care Plan for Medi-Cal benefits that are both operated by the same parent organization for better care coordination and integration. EAE D-SNPs offer an integrated approach to care and care coordination. The aligned Medicare D-SNP and Medi-Cal plans work together to deliver all covered benefits to their members. Since all members in the plan are also enrolled in the aligned managed care plan, the member may receive integrated member materials, such as one aligned member ID card. Enrollment into the exclusively aligned enrollment D-SNP will result in the member's Medi-Cal plan changing to the same parent organization's Medi-Cal managed care plan.

Q: Will the Alliance automatically enroll members into the D-SNP?

A: No. Members will have to enroll in Medicare and elect the Alliance for D-SNP enrollment. Members can either elect to enroll in the D-SNP or choose to remain in Original Medicare.

Q: Why should a dual eligible beneficiary join a D-SNP?

A: A dual eligible beneficiary should join a D-SNP because the plan provides a more integrated and coordinated delivery of health care services. Services such as care coordination, information sharing, integrated materials, supplemental benefits, quality & data reporting, consumer participation in governance boards, continuity of care, encounter data reporting, and integrated appeals & grievances working together to offer a higher quality of medical services.

Q: Are D-SNP enrollees subject to co-pay, coinsurance, or deductible charges?

A: No. The Alliance will file a zero-dollar plan with CMS. Medi-Cal wraps around Medicare by covering Medicare premiums and cost-sharing and by covering some services not available through Medicare, such as some Durable Medical Equipment (DME) and Community Supports (CS)

Q: Will members be able to self-refer to specialists?

A: The D-SNP Plan is an (HMO) Health Maintenance Organization; therefore, the Primary Care Physician (PCP) will assist in making referrals to specialists. The Alliance will coordinate care for D-SNP members, including referrals to specialists in the Alliance network.

Q: How will providers benefit from joining the Alliance network for this new plan?

A: Advantages to providers may include, but are not limited to:

- A single contact point for two (2) coverage programs to reduce the administrative burden on providers and members
- Simplified billing – no need to bill Medicare and Medi-Cal separately
- A faster turnaround time on provider reimbursements
- Assistance with member care coordination to eliminate barriers to care (e.g., transportation to appointments, interpreter services at no cost, health education classes, and information available in several languages)
- High-risk care management in partnership with providers to help with highly complex patients
- A specialized Member Services unit specifically created to support dual eligible members
- A local pharmacy network that provides on-site medication therapy management (MTM) for members with complicated medication regimens
- A local presence and the ability to speak with a live person to resolve issues
- A dedicated Provider Services Representative assigned to your practice
- An online Provider Portal to verify member eligibility and check the status of claims

Q: Will currently contracted Medi-Cal providers be required to enroll through Medicare?

A: No. Some providers who don't accept Medicare as full payment still choose to accept the Medicare-approved amount for services on a case-by-case basis.

Q: What is the 2024 deadline to return the Medical Services Agreement to join the Alliance MA D-SNP provider network?

A: For timely submission of the CMS application, the Alliance is working to have contracts executed by Sunday, December 15, 2024.

Q: Why is the Alliance pursuing provider contracts now, for a plan that will start in January 2026?

A: The Alliance provider network is a key element of this new plan. The network must be finalized to file our application with CMS by Wednesday, February 12, 2025.

Q: Will the Alliance D-SNP network include Accountable Care Organizations (ACOs)?

A: Yes, if the ACO is contracted with the Alliance.

Q: Will you be offering Value-Based Payment Models?

A: Yes. The Alliance is exploring to operationalize "Pay for Reporting" and "Shared Savings/Shared Risk" models. Please contact your Contracting Specialist for more information.

Q: Why does the Alliance want to offer this new plan?

A: The Alliance currently serves more than 41,800 dual eligible members enrolled in its Medi-Cal program.

The addition of the MA D-SNP will allow the Alliance to:

- Seamlessly integrate the delivery of both Medicare and Medi-Cal benefits, which will better serve members and providers
- Advance the Alliance mission by expanding high quality care and services for Alameda County residents with limited resources

Q: When will D-SNP launch?

A: Pending approval of our application next year, the Alliance anticipates launching D-SNP on Thursday, January 1, 2026. Members can start enrolling on Wednesday, October 15, 2025, during the annual enrollment period (AEP).