



2023 Quarter 2 Provider Packet In-Person Visits by Provider Services have Resumed!

The Alliance is pleased to report that we have resumed in-person visits. Provider Relations representatives are available to meet with you in person, by phone, 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
 - Stacey Woody: swody@alamedaalliance.org, 1.510.747.6148
 - Tom Garrahan: tgarrahan@alamedaalliance.org, 1.510.747.6137
 - Shawanna Emmerson: semerson@alamedaalliance.org, 1.510.995.1202
 - Leticia Alejo (Delegated Groups/Hospitals): lalejo@alamedaalliance.org, 1.510.373.5706
- Email us at providerservices@alamedaalliance.org
- Contact our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at www.alamedaalliance.org/providers

THIS PACKET INCLUDES:

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| 1. Provider Demographic Attestation form | 6. ABA Network Reminder Notice |
| 2. Medi-Cal Redeterminations are Happening Now. Help your Patients Keep Their Medi-Cal Coverage Notice | 7. Care Management Programs Reminder Notice |
| 3. Enhancements to Interpreter Services via the Provider Portal Notice & Interpreter Services Provider Guide | 8. Q2 2023 USPSTF Provider notice |
| 4. Clinician & Group Consumer Assessment of Healthcare Providers and Systems Survey (CG-CAHPS) Notice | 9. Member Rights and Responsibilities Reminder Notice |
| 5. DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments & Timely Access Standards | 10. Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) Medi-Cal for Kids & Teens Provider Notice |
| | 11. 2023 Provider Appointment Availability Survey (PAAS) - July 1, 2023, through December 31, 2023 |

Accepting New Patients Accepting Existing Patients Not Accepting Patients

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____



Provider Demographic Attestation Form

INSTRUCTIONS:

1. Please print clearly.
2. Please return form by fax to Alameda Alliance for Health (Alliance)
Fax Number: **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	
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



Important Update: Medi-Cal Redeterminations are Happening Now. Help Your Patients Keep Their Medi-Cal Coverage.

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

Over the last three years, Medi-Cal beneficiaries have stayed enrolled in the Medi-Cal program under the continuous coverage requirement enacted during the COVID-19 Public Health Emergency.

On Friday, March 31, 2023, the continuous coverage requirement ended, and the annual process to review eligibility for coverage was reinstated, for all Medi-Cal beneficiaries.

Throughout this next year, from June 30, 2023, through June 30, 2024, all Medi-Cal beneficiaries must be renewed to stay enrolled in the program. The Alliance will work with our providers and community partners to help support our members through this process.

What does this mean for Alliance providers?

Every month, starting in July 2023, the Alliance will share a list of the renewal dates for your assigned member patients. We ask that all providers please help remind their patients on the list to:

1. Be sure their contact information is current with Medi-Cal at www.mybenefitscalwin.org or by calling the Alameda County Social Services Agency toll-free at **1.888.999.4772**.
2. Check their mailbox for their renewal form from the Alameda County Social Services Agency, and complete and submit it by mail, phone, in person, or online.
3. Create or check their online account at www.KeepMediCalCoverage.org
4. Visit a local enrollment assistance site if they need help completing their renewal form. If you would like printed copies of the attached list to share with your patients, please contact Alliance Provider Services at **1.510.747.4540**.

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

Questions? Please call the Alliance Provider Services Department
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www.alamedaalliance.org

KEEP YOURSELF AND YOUR FAMILY COVERED.



Take action to keep your Medi-Cal.

Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care, and more. So, if you have Medi-Cal, make sure you renew it when it's time.

1 Update your information.

Make sure Medi-Cal has your current:

- Address
- Phone number
- Email address

To update your information, you can log in to your account at www.mybenefitscalwin.org. You can also call the Alameda County Social Services Agency toll-free at **1.888.999.4772** or visit www.alamedacountysocialservices.org.

3 Create or check your online account.

You can sign up to receive alerts on your case. Create or log into your account to get these alerts. You may submit renewals or request information online.

2 Check your mailbox.

Alameda County Social Services Agency will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online, so you don't lose your coverage.

4 Renew it or lose it.

If you get a renewal form in the mail, complete it, and submit your information by mail, phone, in-person, or online, to keep your coverage. If you need help completing your renewal form, call for an appointment at one of the enrollment assistance locations listed on the back.



To learn more and sign up for general updates, please visit www.keepmedicalcoverage.org.

ALAMEDA
Alliance
FOR HEALTH

C&O_CBO CONTACTS 03/2023

KEEP YOURSELF AND YOUR FAMILY COVERED.



If you need help to complete your renewal form, please call for an appointment at a location near you.

Asian Health Services

818 Webster St.
Oakland, CA 94607
1.510.986.6880

Asian Health Services - Frank Kiang Medical Center

250 E. 18th St.
2nd Floor
Oakland, CA 94606
1.510.986.6860

Asian Health Services - Rolland & Kathryn Lowe Medical Center

835 Webster St.
Oakland, CA 94607
1.510.318.5800

Axis Community Health - Pleasanton

5925 W. Las Positas Blvd.
Suite 100
Pleasanton, CA 94588
1.925.462.1755

Axis Community Health - Livermore

3311 Pacific Ave.
Livermore, CA 94550
1.925.462.1755

Bay Area Community Health - Liberty

39500 Liberty St.
Fremont, CA 94538
1.510.252.5860

Bay Area Community Health - Mowry I

2299 Mowry Ave.
Suite 3B
Fremont, CA 94538
1.510.252.5860

Bay Area Community Health - Mowry II

1999 Mowry Ave.
Suite F
Fremont, CA 94538
1.510.252.5860

Bay Area Community Health - Main Street Village Clinic

3607 Main St.
Suite B
Fremont, CA 94538
1.510.252.5860

Bay Area Community Health - Irvington

40910 Fremont Blvd.
Fremont, CA 94538
1.510.252.5860

Center for Empowering Refugees and Immigrants

544 International Blvd.
Suite 9
Oakland, CA 94606
1.510.444.1671

East Bay Agency for Children

43030 Newport Dr.
Fremont, CA 94538
1.510.656.4206

East Oakland Health Center

7450 International Blvd.
Oakland, CA 94621
1.510.835.9610 ext. 2256

Family Bridges

168 11th St.
Oakland, CA 94607
1.510.839.2022

Kidango

44000 Old Warm Springs Blvd.
Fremont, CA 94538
1.510.650.7484

Korean Community Center of the East Bay

97 Callen Ave.
San Leandro, CA 94577
1.844.828.2254

La Clínica de la Raza - Transit Village

3451 East 12th St.
Oakland, CA 94601
1.510.535.3650

La Clínica de la Raza - San Antonio Neighborhood Health Center

1030 International Blvd.
Oakland, CA 94606
1.510.238.5462

La Familia

22366 Fuller Ave.
Hayward, CA 94541
1.510.589.4009

Lifelong Medical Care

837 Addison St.
Berkeley, CA 94710
1.510.981.3250

Native American Health Center

2950 International Blvd.
Oakland, CA 94601
1.510.535.4406, press 1

Roots Community Health Center

9925 International Blvd.
Oakland, CA 94603
1.510.777.1177

Ruby's Place

20880 Baker Rd.
Castro Valley, CA 94546
1.510.581.5626

Tiburcio Vasquez Health Center - Hayward

22331 Mission Blvd.
Hayward, CA 94541
1.510.288.3505

Tiburcio Vasquez Health Center - San Leandro

16110 E. 14th St.
San Leandro, CA 94578
1.510.288.3505

Tiburcio Vasquez Health Center - Union City

33255 9th St.
Union City, CA 94587
1.510.288.3505

Tiburcio Vasquez Health Center - Silva Clinic

680 W. Tennyson Rd.
Hayward, CA 94544
1.510.288.3505

West Oakland Health Council

700 Adeline St.
Oakland, CA 94607
1.510.835.9610 ext. 2256





Great News! Interpreter Services Can Now Be Submitted via the Alliance Provider Portal

Alameda Alliance for Health (Alliance) is committed to delivering linguistically appropriate health care services to our diverse membership. With the collaboration of our providers, we help ensure Alliance members who are deaf or hard of hearing and with limited English proficiency (LEP) receive appropriate interpreter services at their appointments.

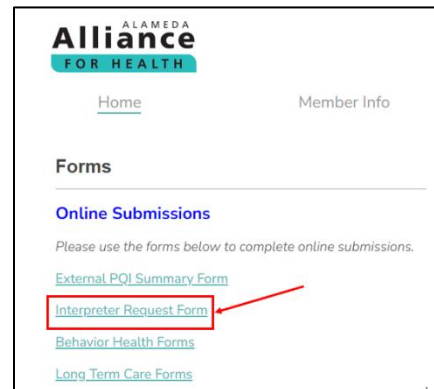
Alliance on-demand telephonic interpreter services are available for most health care visits and administrative communications. **To request telephonic interpreter services, please call 1.510.809.3986, available on-demand 24 hours a day, 7 days a week.** Pin numbers can be found in the enclosed guide or on the Alliance website.

There are times when using telephonic interpreters will not provide the best care for your patients. The Alliance will assist with scheduling an in-person interpreter for members who communicate with American Sign Language (ASL), undergo complex treatments or evaluations, or have sensitive health concerns. The Alliance guidelines for when and how to schedule in-person services are outlined in the **Alliance Interpreter Services Guide for Providers**. To view the guide, please visit www.alamedaalliance.org/providers/provider-resources/language-access.

What's new?

Providers may now request an in-person or video interpreter either via fax or the Alliance Provider Portal. Steps on how to submit a request through the portal are in our **Provider Portal Instructions Guide**. To view the guide, please visit www.alamedaalliance.org/providers/provider-resources.

Thank you for your continued dedication to ensuring your patient's cultural and linguistic preferences are met. For more information or questions about our interpreter services, please contact our Provider Services Department at the number below.



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

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

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

About The Survey

Providers: In-network Alliance primary care providers (PCPs).

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

Results: Survey results are shared with providers to identify opportunities for improvement.

In-Office Wait Time Question: Thinking about your visits to this doctor in the last 6 months, how many minutes did you wait, before you were seen by the doctor?

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

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

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

On the next page, please find a table that outlines the required appointment time frames.

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

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



Timely Access Standards*

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

Timely access standards* are state-mandated appointment timeframes for which you are evaluated. All providers contracted with the Alliance are required to offer appointments within the following timeframes:

PRIMARY CARE PHYSICIAN (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 <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

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

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
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 refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

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

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

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
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www.alamedaalliance.org



Important Reminder: DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments

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

Every quarter, the California Department of Health Care Services (DHCS) requires Medi-Cal managed care health plans (MCPs) to monitor timely access to **urgent** and **non-urgent appointments** in provider offices.

The survey was placed on hold due to the COVID-19 public health emergency (PHE) in 2020 and resumed in January 2022.

About The Survey

Providers: The in-network survey includes primary care providers (PCPs), specialist physicians, psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers.

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

Questions: The survey solicits answers about the next three (3) available appointment dates and times for:

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

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

The table on the next page outlines the required appointment time frames.

Thank you for your attention and assistance in completing the DHCS QMRT Survey and for your continued partnership and for providing high-quality care to our members and the community.

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Timely Access Standards*

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Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days of Request
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 Monday – Friday, 7:30 am – 5 pm
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www.alamedaalliance.org



Important Reminders for Applied Behavior Analysis (ABA) Network Providers

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community and appreciate all the hard work you do to protect the health and well-being of our community. We are providing you with important reminders and information about the behavioral health and mental health services administered by the Alliance.

Authorization and Procedure Code Information

1. Requesting continuation of applied behavior analysis (ABA) services after the six (6)-month period: Please submit the progress report along with the prior authorization (PA) request two (2) weeks before the current ABA authorization ends. This must be submitted through the Alliance Provider Portal. Providers can check the status of the PA request through the Alliance Provider Portal. If you need help accessing the portal or have questions, please call the Alliance Provider Services Department at the number listed below.
2. Procedure Code H2012: Use for direct and indirect supervision only.
3. Procedure code S5111: Use for parent/caregiver training (with and without member present).
4. Procedure code H0032: Use for the progress report write-up/re-assessment. We allow 32 units = 8 hours for H0032.

Please Note: The Alliance does not currently require providers to enter data in any application throughout the six (6)-month period (as previously done with Beacon). However, the progress reports must include the information outlined below for the following: Behavior reduction goals and skill acquisition, and parent/caregiver goals. This will help us view/assess trends in data and member response to treatment throughout the prior authorization period.

Behavior Reduction Goals

Please include graphs that depict behavior(s) targeted for decrease and replacement behavior(s). The graphs should depict the entire duration that the goal has been targeted even if it includes the prior authorization period.

Please include the following information in the behavioral reduction goals:

- Barriers to progress (if any)
- Comments that may help explain the variability in data (e.g., client cancellations, behavioral team change, etc.)
- If the data depicts an increasing trend **OR** no change in behavior, please include what the behavioral team will do to help make the intervention more effective in the next reporting period (please be specific)

Skill Acquisition Goals and Parent/Caregiver Training Goals

Please include graphs that depict the entire duration that the goal has been targeted even if it includes the prior authorization period.

Please include the following information in the skill acquisition goals and parent/caregiver training goals:

- Barriers to progress (if any)
- Comments that may help to explain the variability in data (e.g., client cancellations, behavioral team change, etc.)
- If the data depicts a decreasing trend **OR** no change in behavior/targeted response(s), please include what the behavioral team will do to help make the intervention more effective in the next reporting period (please be specific)

As always, thank you for your dedication and the quality care you continue to provide to your patients and our community. Together, we are creating a healthier community for all.

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

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



Preventive Services Guidelines Update – May 2023

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 the USPSTF website at [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations](https://www.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 our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from December 1, 2022, to May 8, 2023.

Topic	Description	Grade	Release Date
Latent Tuberculosis Infection in Adults: Screening: asymptomatic adults at increased risk of latent tuberculosis infection (ltbi)	The USPSTF recommends screening for LTBI in populations at increased risk. See the "Assessment of Risk" section for additional information on adults at increased risk.	B	May 2023

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

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

WE ARE A PART OF YOUR HEALTH CARE FAMILY AND WE EACH HAVE A ROLE TO PLAY

Alliance Member Responsibilities and Rights

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

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

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

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

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



As an Alliance member, you have certain responsibilities.

MEMBERS RESPONSIBILITIES

To treat all the Alliance staff and health care staff with respect and courtesy.

To give your doctors and the Alliance correct information.

To work with your doctor. Learn about your health, and help to set goals for your health. Follow care plans and advice for care that you have agreed to with your doctors.

To always present your Alliance member identification (ID) card to receive services.

To ask questions about any medical condition, and make sure you understand your doctor's reasons and instructions.

To help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.

To make and keep medical appointments and inform your doctor at least 24 hours in advance when you need to cancel an appointment.

To use the emergency room only in the case of an emergency or as directed by your doctor.

As an Alliance member, you have certain rights.

MEMBER RIGHTS

To receive information and advice about the Alliance, its programs, its doctors, the health care network, Advance Directive, and your rights and responsibilities.

To receive services and care without discrimination of race, color, ethnicity, national origin, religion, immigration status, age, disability, socioeconomic status, gender identity, or sexual orientation.

To be treated with respect at all times.

To keep your health information private, receive a copy, review and request changes to your health records.

To choose a doctor (also called a primary care provider or PCP) within the Alliance network and help make choices about your health care with your doctor. This includes the right to refuse treatment.

To talk freely with your doctors about treatment options for your health and help make choices about your health care with your doctor, this includes the right to refuse treatment.

To voice a grievance (or complaint) about the Alliance, its doctors, or the care we provide, or ask for a State Medi-Cal Fair Hearing.

To receive translation and interpreter services, and written information in other formats (audio, braille, large size print, etc.).

To have access to family planning services, Federally Qualified Health Centers (FQHCs), Indian Health Service (IHS) facilities, sexually transmitted disease services, emergency services outside the Alliance's network, Minor Consent services, and specialty services (i.e., durable medical equipment (DME)).

To leave the Alliance upon request at any time, subject to any restricted disenrollment period.

To continue to see your doctor if you are no longer covered by the Alliance under certain circumstances.

To be free from any form of restraint or rejection used as a means of pressure, discipline, convenience, or retaliation.

To use these rights freely without changing how you are treated by the Alliance, doctors, the health care network, or the state.

To access the Alliance Nurse Line, anytime, 24 hours a day, 7 days a week. Medi-Cal members: **1.888.433.1876**; Group Care members: **1.855.383.7873**.

To access telephone triage or screening anytime, 24 hours a day, 7 days a week, by calling your doctor.

Responsibilities and Rights

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

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

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that 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
First OB/GYN Prenatal Appointment	2 Weeks 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.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

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

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

ALAMEDA
Alliance
FOR HEALTH

C&O_MBR RESP & RIGHTS 10/2021

Alliance Member Responsibilities and Rights

WORDS TO KNOW

Ancillary Services – Health care services to support the work of a doctor. Services can be classified into three (3) categories: diagnostic, therapeutic, and custodial. Services can include diagnostic laboratory and X-ray services, chiropractic services, and hospice care.

Durable Medical Equipment (DME) – Certain medically necessary equipment that is for repeated use, for medical purpose, and/or generally not useful for someone who is not ill or hurt.

Emergency – The sudden start/onset of a medical condition or illness that is an immediate threat to the well-being of the patient. Conditions include but are not limited to chest pains, seizure or loss of consciousness, severe abdominal pain, sudden paralysis, uncontrolled bleeding, and active labor. If you have an emergency medical condition or psychiatric emergency, call 911 or go to the nearest hospital with an emergency room.

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

Expedited – To speed up the review process.

Grievance – An official written or verbal complaint filed with your medical provider if you are not happy with the behavior or actions of your plan or its representative (e.g., poor customer service, when an appeal process extends past the written date, etc.).

Life-threatening – Fatal or lethal illness or condition, if not attended to immediately, the likelihood of death is high. Conditions include but are not limited to difficulty breathing, shortness of breath, electrocution, gunshot wound, stabbing, sudden fainting, and severe allergic reactions.

Medical Interpreter/Translator – Individual who can help communicate spoken or signed language between the patient and the health care provider. The interpreter does not add, omit or change meaning or offer an opinion.

Medically Necessary – Services that are reasonable and needed to protect life, to prevent illness or disability, or to relieve severe pain, through the diagnosis or treatment of disease, illness, or injury.

Non-life-threatening – Illness or injury that does not require immediate attention/help (e.g., common cold, broken fingers or toes).

Non-Urgent Appointments – Schedule for routine care, check-up, or periodic health examination with your doctor or PCP, or would like to see a specialist, mental health provider, or for ancillary services.

Nurse Line – The free Advice Nurse Line is offered anytime, 24 hours a day, 7 days a week, to all members to help answer your health questions. The Advice Nurse Line links you to a registered nurse who can provide advice on health concerns such as treatment of common illnesses and conditions, tips on leading a healthy lifestyle, or information on health screenings and shots. The nurse can also help you decide what kind of care to seek, including: if your health problem can be treated at home, if you should see a doctor, or if you might need to get urgent or immediate care. Advice Nurse Line: Medi-Cal members: **1.888.433.1876**; Group Care members: **1.855.383.7873**.

Primary Care/Routine Care – Medically necessary services that are not urgent and help keep you healthy, such as check-ups, Well Child visits, and services to keep you from getting sick. The goal of routine care is to prevent health problems.

Triage Line – The Alliance Triage Line is offered anytime, 24 hours a day, 7 days a week, to all members to answer your health concerns and symptoms via communication, with a physician, registered nurse, or other qualified health professional to help determine the urgency of the member's need for care.

Urgent Appointments – Schedule an appointment for a condition or illness that, if not attended to, could harm the patient's health in the future. Conditions include but are not limited to fever, ear/eye infection, minor cuts, broken bones, simple fractures.

Urgent Care – Medical care that is necessary to prevent serious deterioration of the health of a member, often resulting from an unforeseen illness, injury, or complication of an existing condition.



Provider Update: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Training Requirements

Alameda Alliance for Health (Alliance) values our dedicated provider partner community and appreciates the access you continue to provide to Alliance members.

We are sharing this notice to remind you about the benefits and new provider training requirements for Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Medi-Cal for Kids & Teens covered for members under the age of 21. Members must have access to information on EPSDT through their primary care providers (PCPs).

Provider Training Requirements (starting 2024)

New changes by the California Department of Health Care Services (DHCS) require all contracted PCPs to complete the new standardized training and comply with the EPSDT updates.

Training information includes coverage of:

- Behavioral health treatment
- Coordination of services
- Dental services
- Hearing services
- Screening services
- Vision services
- Other necessary health care, diagnostic services, and treatment services

More information will be shared in the coming months with training information to comply with DHCS training requirements for providers.

DHCS Resources

- DHCS Provider Training Material: www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf
- DHCS EPSDT (Medi-Cal Kids and Teens): www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx

We appreciate you for all your hard work and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

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



Important Reminder: 2023 Provider Appointment Availability Survey (PAAS) - July 1, 2023, through December 31, 2023

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

The Alliance conducts an annual Provider Appointment Availability Survey (PAAS) every year. All health plans in California are required to 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 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 network providers contracted with the Alliance as of **December 31 of the previous year**. The Alliance will first fax/email the PAAS survey. We encourage our provider partners to respond to the initial fax/email survey request to avoid additional phone call outreach. 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.

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 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.

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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