ALAMEDA Alliance FOR HEALTH

Member Handbook

What you need to know about your benefits

Alameda Alliance for Health
Combined Evidence of Coverage (EOC)
and Disclosure Form

Calendar Year 2020

Other Languages and Formats

Other Languages

You can get this Member Handbook and other plan materials in other languages at no cost. Please call the Alliance Member Services Department 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**). The call is toll free. Please read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other Formats

You can get this information in other auxiliary formats, such as braille, 18-point font large print and audio at no cost. Please call the Alliance Member Services Department 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**). The call is toll free.

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**). Visit online at **www.alamedaalliance.org**.

Interpreter Services

You do not have to use a family member or friend as an interpreter. For interpreter, linguistic and cultural services at no cost and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, please call the Alliance Member Services Department at **1.510.747.4567** or toll-free at **1.877.932.2738** (CRS/TTY **711** or **1.800.735.2929**).

العربية (Arabic)

انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجاناً.
اتصل على الرقم **1.877.932.2738** (CRS/TTY: **711** أو **1.800.735.2929**).

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1.877.932.2738** (CRS/TTY (հեռատիպ) **711** կամ **1.800.735.2929**).

ខ្មែរ (Cambodian)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរមិនគិតថ្លៃក៏មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅ **1.877.932.2738** (CRS/TTY: **711** ឬ **1.800.735.2929**)។

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**). Visit online at **www.alamedaalliance.org**.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1.877.932.2738**（加州中繼轉接電話服務(CRS/TTY專線：**711**或**1.800.735.2929**）。

فارسی (Farsi)

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان بطور رایگان در اختیار شما قرار داده می شود. با **1.877.932.2738** تماس بگیرید. (CRS/TTY: **711** یا **1.800.735.2929**)

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1.877.932.2738** (CRS/TTY: **711** या **1.800.735.2929**) पर कॉल करें।

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1.877.932.2738** (CRS/TTY: **711** lossis **1.800.735.2929**).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1.877.932.2738** (CRS/TTY: **711** または **1.800.735.2929**) まで、お電話にてご連絡ください。

한국어 (Korean)

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**). Visit online at **www.alamedaalliance.org**.

주의: 한국어를 사용하시는 경우, 언어지원서비스를 무료로 받으실 수 있습니다. **1.877.932.2738** (CRS/TTY: **711** 또는 **1.800.735.2929**) 번으로 전화하십시오.

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1.877.932.2738** (CRS/TTY: **711** ຫຼື **1.800.735.2929**).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1.877.932.2738** (CRS/TTY: **711** ਜਾਂ **1.800.735.2929**) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, вы можете воспользоваться бесплатными услугами перевода. Звоните по телефону **1.877.932.2738** (CRS/TTY: **711** или **1.800.735.2929**).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al **1.877.932.2738** (CRS/TTY: **711** o **1.800.735.2929**).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo para sa tulong sa wika nang walang bayad. Tumawag sa **1.877.932.2738** (CRS/TTY: **711** o **1.800.735.2929**).

ภาษาไทย (Thai)

โปรดทราบ: หากท่านพูดภาษาอื่น ท่านสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร **1.877.932.2738** (CRS/TTY: **711** หรือ **1.800.735.2929**).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1.877.932.2738** (CRS/TTY: **711** hoặc **1.800.735.2929**).

Nondiscrimination Notice

Discrimination is against the law. Alameda Alliance for Health (Alliance) complies with applicable State and federal civil rights laws and does not discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation or identification with any other persons or groups defined in Penal Code 422.56, and the Alliance will provide all Covered Services in a culturally and linguistically appropriate manner.

The Alliance provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose first language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, 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**).

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation or identification with any other persons or groups defined in Penal Code 422.56, you can file a grievance with the Alliance.

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**). Visit online at **www.alamedaalliance.org**.

You can file a grievance in person, in writing, by phone or by email:

Alameda Alliance for Health
ATTN: Grievances
1240 South Loop Road
Alameda, CA 94502
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**
Fax: **1.855.891.7258**
Email: **grievances@alamedaalliance.org**

If you need help filing a grievance, the Alliance's Grievance and Appeals unit is available to help you.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Department of Health Care Services – Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Phone Number: **1.916.440.7370**
People with hearing and speaking impairments (CRS/TTY): **711**
Email: **civilrights@dhcs.ca.gov**

Complaint forms are available at **www.hhs.gov/ocr/filing-with-ocr**.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services – Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll-Free: **1.800.368.1019**
People with hearing and speaking impairments (CRS/TTY): **1.800.537.7697**
Complaint Portal: **ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf**

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

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**). Visit online at **www.alamedaalliance.org**.

Welcome to the Alliance!

Thank you for joining the Alliance. The Alliance is a health plan for people who have Medi-Cal. The Alliance works with the State of California to help you get the health care you need. The Alliance contracts with Kaiser Permanente (Kaiser), Community Health Center Network (CHCN), and Children's First Medical Group (CFMG) to be a part of the Alliance's provider network. As a Medi-Cal member, you may be eligible to select one of these provider groups as your primary care provider (PCP).

You may be able to select Kaiser as your health care provider if you are a Medi-Cal member of the Alliance and if you meet certain requirements.

These include:

- Having continuity of care medical needs, or
- You must be a qualified, immediate family member living in the same home as a current Kaiser member. A family addition may include:
    - A spouse
    - An unmarried dependent child **younger than 21 years of age**
    - A disabled dependent **older than 21 years of age** (legal conservatorship required)
    - Married or unmarried parents or step parents of children **younger 21 years of age**
    - Foster child, step child or legal guardian; or
- You have been a Kaiser member within the past **six (6) months**. You must be within **six (6) months** of the termination date of the prior Kaiser Permanente membership.

To select Kaiser as your PCP, you must call our 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**). Let us know you want Kaiser to be your health care provider. You will then be screened to see if you meet the criteria. It can take up to **30 days** for your Kaiser coverage to start after you tell us that you would like to select Kaiser as your health care provider.

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**). Visit online at **www.alamedaalliance.org**.

Please note that if you are approved, your Kaiser coverage generally begins on the first day of the following month.

If you do not call us to choose Kaiser as your PCP, we cannot guarantee that services will be covered, even if Kaiser agrees to see you for an appointment.

Member Handbook

This Member Handbook tells you about your coverage under the Alliance. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as an Alliance member. If you have special health needs, please be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Alliance rules and policies and based on the contract between the Alliance and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from the Alliance Member Services Department.

To ask for a copy of the contract between the Alliance and DHCS, 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**).

You may also ask for another copy of the Member Handbook at no cost to you.

To view the online Member Handbook, please visit the Alliance website at **www.alamedaalliance.org**.

You may also request a copy of the Alliance's non-proprietary clinical and administrative policies and procedures, or how to access this information on the Alliance website at no cost.

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**). Visit online at **www.alamedaalliance.org**.

Contact us

The Alliance is here to help. If you have any questions, 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**).

You can also visit online at any time at **www.alamedaalliance.org**.

Best of Health,
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Table of Contents

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**). Visit online at **www.alamedaalliance.org**.

1. Getting Started as a Member

How to Get Help

We want you to be happy with your health care. If you have any questions or concerns about your care, we want to hear from you!

Alliance Member Services Department

The Alliance Member Services Department is here to help you.

The Alliance can:

- Answer questions about your health plan and covered services.
- Help you choose or change a primary care provider (PCP).
- Help you find where to go to get the care you need.
- Help you learn about wellness programs.
- Offer information in other languages and formats.
- Offer interpreter services if you prefer to speak a language other than English.

If you need help, 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**).

You can also visit online at any time at **www.alamedalliance.org**.

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**). Visit online at **www.alamedaalliance.org**.

Who Can Become a Member

You qualify for the Alliance because you qualify for Medi-Cal and live in Alameda County. You may also qualify for Medi-Cal through Social Security. You may contact a local Social Security office by calling toll-free **1.800.772.1213**.

For questions about enrollment, please call Health Care Options (HCO), Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).

You can also visit online at any time at **www.healthcareoptions.dhcs.ca.gov**.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.”

You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

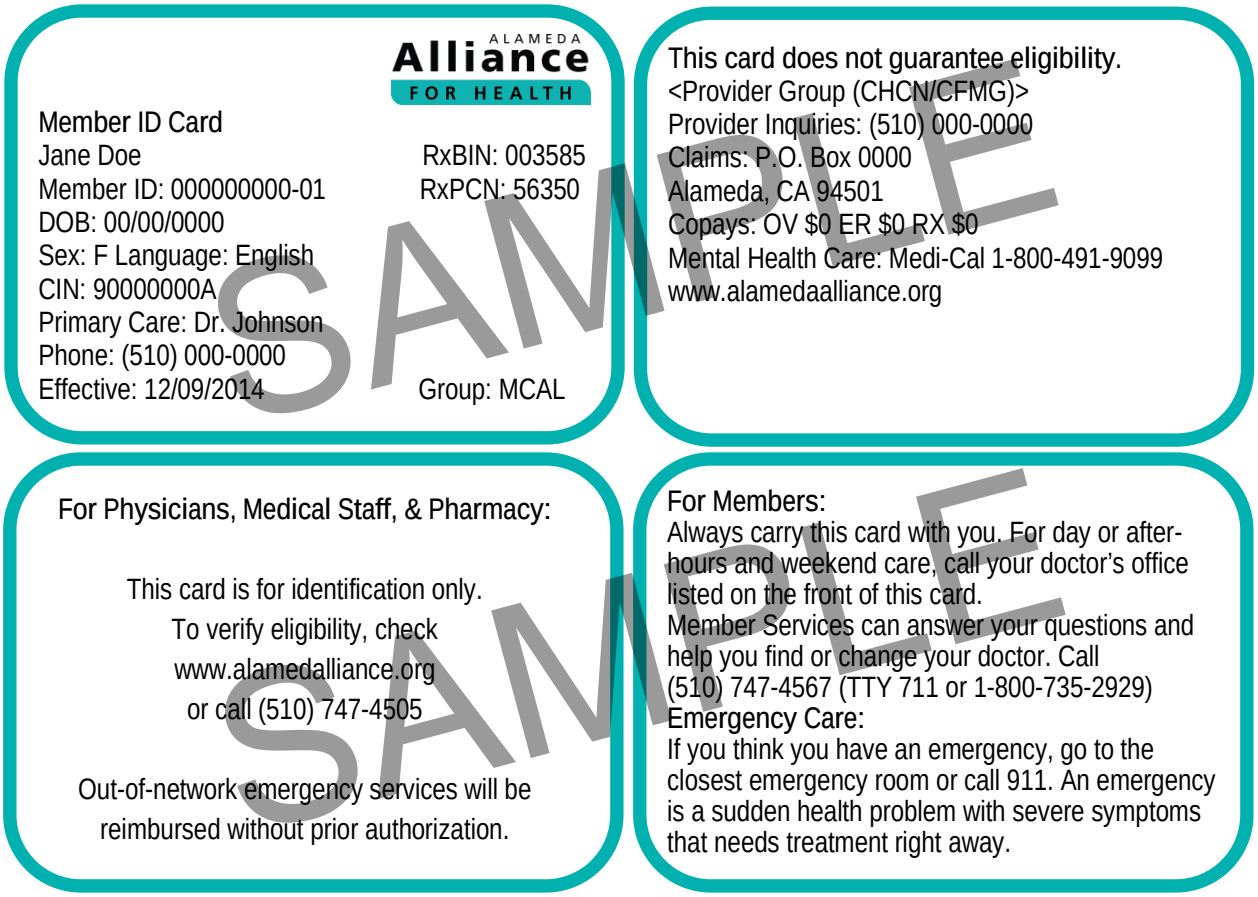
To learn more about qualifying for Medi-Cal, please call the Alameda County Social Services Agency at **1.510.777.2300** or toll-free at **1.800.698.1118**. You can also call HCO, Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).

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**). Visit online at **www.alamedaalliance.org**.

Identification (ID) cards

As a member of the Alliance, you will get an Alliance member ID card. You must show your Alliance ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times.

Below is a sample of an Alliance member ID card to show you what yours will look like:



If you do not get your Alliance ID card within a few weeks of enrolling, or if your card is damaged, lost, or stolen, please call the Alliance Member Services Department right away. The Alliance will send you a new card at no cost.

To request for a new card, 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**).

You can also request to get a new ID card online at any time by using the Alliance Member Portal at **www.alamedaalliance.org**.

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**). Visit online at **www.alamedaalliance.org**.

Ways to Get Involved as a Member

The Alliance wants to hear from you. Each year, the Alliance has meetings to talk about what is working well and how the Alliance can improve. Members are invited to attend. Come join us!

Member Advisory Committee

The Alliance has a group called the Member Advisory Committee (MAC). This group is made up of Alliance members, community advocates, and providers.

The group talks about how to improve Alliance policies and is responsible for:

- Giving feedback on programs and policies.
- Making recommendations on member outreach, education, and meeting member needs.

If you would like to be a part of this group, 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**).

We want to hear from you! You may receive a survey or phone call asking for your ideas on how we are doing. Please take a few minutes to respond so we can improve our programs for all members.

2. About Your Health Plan

Health Plan Overview

The Alliance is a health plan for people who have Medi-Cal in Alameda County. The Alliance works with the State of California to help you get the health care you need.

You may talk with one of the Alliance Member Services representatives to learn more about the health plan and how to make it work for you.

To learn more, 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**).

When Your Coverage Starts and Ends

When you enroll in the Alliance, you should receive an Alliance member ID card and welcome letter within **two (2) weeks** of enrollment. You should also receive a welcome packet. Please show this card every time you go for any service under the Alliance.

You may ask to end your Alliance coverage and choose another health plan at any time. You can also ask to end your Medi-Cal. For help choosing a new plan, please call Health Care Options (HCO), Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).

You can also visit online at any time at **www.healthcareoptions.dhcs.ca.gov**.

Sometimes the Alliance can no longer serve you.

The Alliance must end your coverage if:

- You move out of the county or are in prison.
- You no longer have Medi-Cal.
- You qualify for certain waiver programs.

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**). Visit online at **www.alamedaalliance.org**.

- You need a major organ transplant (excluding kidneys and corneal transplants).
- You are in a long-term care facility in excess of **two (2) months**.
- You are absent from the state for more than **60 days**, unless you write to us stating:
    - You intend to return to California, and
    - You are out-of-state for one of these reasons:
        - You have an illness or emergency.
        - You live with family members in California who are present in the State at the time of your absence.
        - You maintain your California housing.
    - Please send your letter to:

      Alameda Alliance for Health
      ATTN: Alliance Member Services Department
      1240 South Loop Road
      Alameda, CA 94502
- You leave California and take any of these actions in another state:
    - Purchase, lease, or rent housing.
    - Become employed.
    - Get an out-of-state driver's license.
    - Apply for aid.
- You no longer have Medi-Cal. The State of California (not the Alliance) determines your Medi-Cal eligibility.
- Your Medi-Cal aid code category changes to one that is not eligible for Medi-Cal managed care. To learn more about fee-for-service (FFS) Medi-Cal, please call the Alameda County Social Services Agency at **1.510.777.2300** or toll-free at **1.800.698.1118**.
- You qualify for certain waiver programs.
- You need a major organ transplant (excluding kidneys and corneas).
- You have a medical exemption from Medi-Cal managed care enrollment.
- Your enrollment is based on a mistake by us or the State.
- You are enrolled in violation of state regulations.

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**). Visit online at **www.alamedaalliance.org**.

- The contract between the California Department of Health Care Services (DHCS) and the Alliance has ended.

Your health status or your use of services are not reasons for disenrollment from the Alliance unless you are getting home or community-based services or long-term care.

If you think you were made to leave our health plan because of your health status or requests for services, you may:

- File a grievance by calling 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**).

  Grievance forms can also be found on the Alliance website at **www.alamedaalliance.org**.
- Contact the DHCS Office of the Ombudsman toll-free at **1.888.452.8609**.
- Request a review by the Department of Managed Health Care (DMHC) online. Forms and instructions are on the DMHC website at **www.hmohelp.ca.gov**. If you have questions about how to request a review, please call the DMHC Help Center toll-free at **1.888.466.2219** (people with hearing and speaking impairments (TDD) **1.877.688.9891**).

Indian Health Service (IHS)

If you are an American Indian, you have the right to get health care services at Indian Health Service (IHS) facilities. You may also stay with or disenroll from the Alliance while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service (FFS)) Medi-Cal at any time and for any reason. To learn more, please call Indian Health Services (IHS) at **1.916.930.3927**.

You can also visit online at any time at **www.ihs.gov**.

How Your Plan Works

The Alliance is a managed care health plan contracted with the California Department of Health Care Services (DHCS). Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. The Alliance works with doctors, hospitals, pharmacies and other health care providers in the Alliance service area to give health care to you, our member.

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**). Visit online at **www.alamedaalliance.org**.

The Alliance Member Services Department can tell you how the health plan works, how to get the care you need, how to schedule health care appointments, and how to find out if you qualify for transportation services.

To learn more, 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**).

You can visit online at any time at **www.alamedaalliance.org**.

Changing Health Plans

You may leave the Alliance and join another health plan at any time. To choose a new health plan, please call Health Care Options (HCO), Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).

You can also visit online at any time at **www.healthcareoptions.dhcs.ca.gov**.

You may ask to leave the Alliance in person at:

Alameda County Social Services Agency
24100 Amador St.
Hayward, CA 94544
Toll-Free: **1.800.698.1118**

It takes **15 to 45 days** to process your request to leave the Alliance. To find out when HCO has approved your request, please call HCO, Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).

If you want to leave the Alliance sooner, you may ask HCO for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance Program (AAP), members with special health care needs, including, but not limited to, major organ transplants, and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

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**).
Visit online at **www.alamedaalliance.org**.

The Alliance is the health plan for Medi-Cal beneficiaries in Alameda County. You will stop being an Alliance member only if you lose your Medi-Cal eligibility or if you move out of the Alliance's service area.

Your Alliance coverage may also end if your local county health and human services office changes how you qualify for Medi-Cal.

College Students Who Move to a New County

If you move to a new county in California to attend college, the Alliance will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still **under 21 years of age**, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are **two (2)** options available to you:

1. Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If the Alliance does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, please call Health Care Options (HCO), Monday – Friday, 8 am – 6 pm toll-free at **1.800.430.4263** (people with hearing and speaking impairments (TTY) **1.800.430.7077**).
2. Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the Alliance's regular network of providers located in the head of the household's county of residence.

Continuity of Care

If you now go to providers who are not in the Alliance's network, in certain cases you may get continuity of care and be able to go to them for **up to 12 months**.

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**). Visit online at **www.alamedaalliance.org**.

If your providers do not join the Alliance network by the **end of 12 months**, you will need to switch to providers in the Alliance network.

The Alliance may allow you to continue seeing a non-Alliance provider or specialist if the plan decides that:

- The treatment with the non-Alliance provider is medically appropriate; and
- You or the non-Alliance provider give us proof that you received care from your provider in the **last 12 months** before enrolling with the Alliance; and
- The non-Alliance provider is willing to accept the same payment rate as similar Alliance providers for Medi-Cal services.

Providers Who Leave the Alliance

If your provider stops working with the Alliance, you may be able to keep getting services from that provider. This is another form of continuity of care.

The Alliance provides continuity of care services for:

- Acute condition – Completion of covered services shall be provided as long as the acute condition lasts.
- Newborn care – The care of a newborn child between **birth and age 36 months**. Covered services shall be completed within **12 months** from your provider's contract termination date.
- Pregnancy (including postpartum care) – Completion of covered services shall be for the duration of the pregnancy.
- Serious chronic condition – Completion of covered service shall be for a period of time needed to complete a course of treatment, and to arrange for a safe transfer to another provider. This will be done when the Alliance consults with the member and the non-Alliance provider. Completion of covered services **shall not** exceed **12 months** from your provider's contract termination date.
- Surgeries or procedures – Surgeries and/or procedures that the Alliance had authorized as part of a documented course of treatment. This must have been recommended and documented by the non-Alliance provider to occur within **180 days** of the end of the provider's contract.
- Terminal illness – Completion of covered services shall be for the duration of the terminal illness. Covered services may exceed 12 months from the time the end of your provider's contract with the Alliance.

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**). Visit online at **www.alamedaalliance.org**.

The Alliance provides continuity of care services if your provider stops working with us, if you were getting this care from them before the end of the contract, if you have one of the conditions listed above, and if the provider agrees in writing to provide service to you as described in the terms and conditions, reimbursement rates, of their agreement with the Alliance prior to termination.

If your provider does not agree with these terms, conditions, and reimbursement rates, we are not required to continue your provider's services beyond the contract termination date. A member may not receive completion of services or benefits not otherwise covered in this booklet.

The Alliance **does not** provide continuity of care services if the provider no longer works with the Alliance due to medical disciplinary causes or reasons, fraud, or other criminal activity.

To learn more about continuity of care and eligibility qualifications, 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**).

Costs

Member Costs

The Alliance provides services to people who qualify for Medi-Cal. Alliance members **do not** have to pay for covered services. You **will not** have premiums or deductibles.

For a list of covered services, please see the "**Benefits and Services**" section in this handbook.

How a Provider Gets Paid

The Alliance pays providers in the following ways:

- Capitation payments – The Alliance pays some providers a set amount of money every month for each Alliance member. This is called a capitation payment. The Alliance and providers work together to decide on the payment amount.
- Fee-for-service (FFS) payments – Some providers give care to Alliance members and then send the Alliance a bill for the services they provided. This is called a fee-for-service (FFS) payment. The Alliance and providers work together to decide how much each service costs.

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**). Visit online at **www.alamedaalliance.org**.

To learn more about how the Alliance pays providers, 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**).

Asking the Alliance to Pay a Bill

If you get a bill for a covered service, 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**). You may need to send us a copy of the bill. The Alliance will review the bill once it is received.

Requests for Reimbursement

If you pay for a service that you think the Alliance should cover, you will need to complete a Member Request for Reimbursement Form and tell the Alliance in writing why you had to pay. You will need to include a copy of the itemized bill and proof of payment (such as receipts) with your request. The Alliance will review your request to see if you can get money back.

The Alliance will accept and review requests for reimbursement for a health expense that is received within **180 calendar days** after the date the bill was paid. The Alliance cannot accept bills received more than **180 calendar days** after the date the bill was paid. If the provider is not contracted with the Alliance, reimbursement will be limited to the Medi-Cal rate for the service(s) provided. This rate may be less than the amount you paid or the amount the provider billed for the service.

To request a claim form, 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**).

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**). Visit online at **www.alamedaalliance.org**.

3. How to Get Care

Getting Health Care Services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your Alliance member ID card and Medi-Cal BIC card with you. Never let anyone else use your Alliance member ID card or BIC card.

New members must choose a primary care provider (PCP) in the Alliance network. The Alliance network is a group of doctors, hospitals and other providers who work with the Alliance. You must choose a PCP within **30 days** from the time you become an Alliance member. If you do not choose a PCP, the Alliance will choose one for you.

You may choose the same PCP or different PCPs for all family members with the Alliance.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Alliance Provider Directory. It has a list of all PCPs in the Alliance network. The Alliance Provider Directory has other information to help you choose a PCP.

To request a printed copy of the Alliance Provider Directory, 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**).

You can also access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

If you cannot get the care you need from a participating provider in the Alliance network, your PCP must ask the Alliance for approval to send you to an out-of-network provider.

Please read the rest of this section to learn more about PCPs, the Alliance Provider Directory, and the Alliance provider network.

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**). Visit online at **www.alamedaalliance.org**.

Initial Health Assessment (IHA)

The Alliance recommends that as a new member, you visit your new PCP within the first **120 days** for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, please tell the person who answers the phone that you are an Alliance member. Give your Alliance member ID number.

Take your Alliance member ID card, and BIC to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine Care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. The Alliance covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice.
- Keep your health records.
- Order X-rays, mammograms or lab work if you need them

Refer (send) you to specialists, if needed. When you need routine care, please call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, please call **911** or go to the nearest emergency room (ER).

To learn more about health care and services your plan covers, and what it does not cover, please see the "**Benefits and Services**" section in this handbook.

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**). Visit online at **www.alamedaalliance.org**.

Urgent Care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within **48** hours. If you are outside the Alliance service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, please call your PCP. If you cannot reach your PCP, 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**).

You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**. The Nurse Advice Line allows you to talk with a registered nurse to get answers to your health questions, to help you decide if you should go to the ER, and to learn more about common illnesses and conditions.

If you need urgent care out of the area, please go to the nearest urgent care facility. You do not need pre-approval (prior authorization) from the Alliance.

If you need mental health urgent care, please call the Alameda County Behavioral Health Care Services – ACCESS Program anytime, 24 hours a day, 7 days a week, toll-free at **1.800.491.9099**.

To find all of the counties' toll-free telephone numbers online, please visit the DHCS website any time at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

Emergency Care

For emergency care, please call **911** or go to the nearest ER. For emergency care, you **do not** need pre-approval (prior authorization) from the Alliance.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed.

Emergency medical condition examples include:

- Active labor

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**). Visit online at **www.alamedaalliance.org**.

- Broken bone
- Drug overdose
- Fainting
- Psychiatric emergency condition
- Severe bleeding
- Severe burn
- Severe pain, especially in the chest

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, please call your PCP. You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

If you need emergency care away from home, go to the nearest ER, even if it is not in the Alliance network. If you go to an ER, ask them to call the Alliance. You or the hospital to which you were admitted should call the Alliance within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, the Alliance **will not** cover your care.

If you need emergency transportation, please call **911**. You do not need to ask your PCP or the Alliance first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call the Alliance.

Remember: **Do not call 911 unless it is an emergency.** Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, please call **911** or go to the nearest ER.

Sensitive Care

Adult Sensitive Services

As an adult, you may not want to go to your PCP for certain sensitive or private care.

You may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing

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**). Visit online at **www.alamedaalliance.org**.

- Sexually transmitted infections

The doctor or clinic does not have to be part of the Alliance network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, 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**).

You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

Minor Consent Services

If you are **under 18 years old**, you can go to a doctor without consent from your parents or guardian for these types of care:

- Drug and alcohol abuse treatment (only minors **12 years of age and older**).
- Family planning/birth control (except sterilization) (only minors **12 years of age and older**).
- HIV/AIDS prevention/testing/treatment (only minors **12 years of age and older**).
- Outpatient mental health (only minors **12 years of age and older**) for:
    - Sexual or physical abuse
    - When you may hurt yourself or others
- Pregnancy
- Sexual assault
- Sexually transmitted infections prevention/testing/treatment (only minors **12 years of age and older**).

The doctor or clinic does not have to be part of the Alliance network and you **do not** need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, 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**).

You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**. Minors can also talk to a representative in private about their health concerns by calling the Nurse Advice Line.

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**). Visit online at **www.alamedaalliance.org**.

Advance Directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you **do not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a form online at no cost. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records at your doctor's office. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. The Alliance will tell you about changes to the state law no longer than **90 days** after the change.

To request a copy of an Advanced Directive Form 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**).

Where to Get Care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick.
Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

If you need urgent care, please call your PCP. Urgent care is care you need within **48 hours** but is not an emergency. It includes care for things such as a cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, please call **911** or go to the nearest emergency room.

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**).
Visit online at **www.alamedaalliance.org**.

Moral Objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, they will help you find another provider for the needed services. The Alliance can also work with you to find a provider. Some hospitals and other providers may not offer certain services.

These services you or your family member might need may be covered under your plan contract:

- Abortion
- Family planning and contraceptive services, including emergency contraception
- Infertility treatments

Sterilization, including tubal ligation at the time of labor and delivery. You should get more information before you enroll. To make sure you can get the health care services you need, please call the new doctor, medical group, independent practice association or clinic that you want.

You can also 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**).

Alliance Provider Directory

The Alliance Provider Directory lists providers that participate in the Alliance network. The network is the group of providers that work with the Alliance.

The Alliance Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), freestanding birth centers (FBCs), Indian Health Service (IHS) facilities and Rural Health Clinics (RHCs).

The Alliance Provider Directory has Alliance network provider names, addresses, phone numbers, business hours and languages spoken. It shows if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

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**). Visit online at **www.alamedaalliance.org**.

To request a printed copy of the Alliance Provider Directory, 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**).

You can access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

Provider Network

The provider network is the group of doctors, hospitals and other providers that work with the Alliance. You will get your covered services through the Alliance network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, 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**).

To learn more, please see the "**Moral Objection**" section in this handbook.

If your provider has a moral objection, they can help you find another provider who will give you the services you need. The Alliance can also work with you to find a provider. 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**).

In Network

You will use providers in the Alliance network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the Alliance network.

If your PCP is a provider with the Children First Medical Group (CFMG) or Community Health Center Network (CHCN), this information will be on your Alliance member ID card. If you see either of them listed on your Alliance member ID card, it means that you will need to see specialists within their network.

For emergency care, please call **911** or go to the nearest emergency room (ER).

Except for emergency care, family planning and some sensitive services, you may have to pay for care from providers who are outside of the Alliance network.

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**). Visit online at **www.alamedaalliance.org**.

To request a printed copy of the Alliance Provider Directory, 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**).

You can also access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

Out-of-Network or Out-of-Service Area

Out-of-network providers are those that do not have an agreement to work with Alliance. Except for emergency care, family planning and some sensitive services, you may have to pay for care from providers who are outside of the Alliance network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you have questions or need help with out-of-network services, 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**). You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

If you are outside of the Alliance service area and need care that is **not** an emergency or urgent, please call your PCP right away. You can also 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**). You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

For emergency care, please call **911** or go to the nearest ER. The Alliance covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, the Alliance will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, the Alliance **will not** cover your care.

If you need health care services for a California Children's Services (CCS) eligible condition and the Alliance does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you.

To learn more about the CCS program, please see the "**Benefits and Services**" section in this handbook.

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**). Visit online at **www.alamedaalliance.org**.

Additional Service Providers

The Alliance contracts with other provider groups to provide certain services.

Below are providers with listed services that the Alliance contracts with:

- **Durable medical equipment (DME) and medical supplies** are provided by the Alliance's contractor, California Home Medical Equipment (CHME).
- **Outpatient Mental Health Services** are covered services and provided by the Alliance's mental health provider, Beacon Health Options. Specialty mental health services (SMHS) are obtained through Alameda County Behavioral Health Plan (ACCESS Program).
- **Transportation services** are offered through the Alliance's transportation provider, LogistiCare.
- **Vision benefits** are offered through the Alliance's vision network provider, March Vision.

If you need services at any of these provider networks, please call the provider and let them know that you are an Alliance Medi-Cal member and are calling to schedule an exam or appointment. The provider will need to confirm that you are eligible and will get approval to provide services to you. If you go to an out-of-network provider or get services without approval, you will need to pay in full for those services.

If you have questions about these services, 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**).

Doctors

You will choose your doctor or a primary care provider (PCP) from the Alliance Provider Directory. The PCP you choose must be a participating provider. This means the provider is in the Alliance network. To request a printed copy of the Alliance Provider Directory, 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**).

You can also access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

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**). Visit online at **www.alamedaalliance.org**.

The Alliance Provider Directory will show if the provider is taking patients. You can also call the Alliance Member Services Department to check.

If you had a doctor before you were an Alliance member, you may be able to keep that doctor for a limited time. This is called continuity of care. To learn more, 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**).

To learn more about continuity of care, please see the "**About Your Health Plan**" section in this handbook.

If you need a specialist, your PCP will refer you to a specialist in the Alliance network.

Remember, if you **do not** choose a PCP, the Alliance will assign one to you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you **do not** have to choose a PCP.

If you want to change your PCP, you must choose a PCP in the Alliance network. Be sure the PCP is taking new patients. To change your PCP, 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**).

Hospitals

In an emergency, please call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the Alliance network. The hospitals in the Alliance network are listed in the Alliance Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

To request a printed copy of the Alliance Provider Directory, 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**).

You can also access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

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**). Visit online at **www.alamedaalliance.org**.

Primary Care Provider (PCP)

You must choose a primary care provider (PCP) **within 30 days** of enrolling in the Alliance. Depending on your age and sex, you may choose a general practitioner, Ob/Gyn, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you may be assigned a doctor to oversee your care.

You may also choose an Indian Health Service (IHS) facility, Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. Depending on the type of the provider, you may be able to choose **one (1)** PCP for your entire family who are members of the Alliance.

If you **do not** choose a PCP **within 30 days** of enrollment, the Alliance will assign one to you. If you want to change your PCP, you must choose a PCP in the Alliance network. Be sure the PCP is taking new patients.

To change your PCP, 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**).

The change happens the first day of the next month. If you are enrolled in both Medi-Cal and Medicare, you **do not** have to choose a PCP.

Your PCP will:

- Arrange for hospital care, if you need it.
- Get to know your health history and needs.
- Give you the preventive and routine health care you need.
- Keep your health records.
- Refer (send) you to a specialist, if you need one.

You can look in the Alliance Provider Directory to find a PCP in the Alliance network. The Alliance Provider Directory has a list of IHS facilities, FQHCs, and RHCs that work with the Alliance.

To request a printed copy of the Alliance Provider Directory, 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**).

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**). Visit online at **www.alamedaalliance.org**.

You can also access the online Alliance Provider Directory at any time at **www.alamedaalliance.org**.

Choice of Doctors and Other Providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with **one (1)** PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can do so anytime. You must choose a PCP who is in the Alliance network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, 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**).

The Alliance may ask you to change your PCP if the PCP is not taking new patients, has left the Alliance network or does not give care to patients your age. The Alliance or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If the Alliance needs to change your PCP, the Alliance will tell you in writing.

If you change PCPs, you will get a new Alliance member ID card in the mail. It will have the name of your new PCP. If you have questions about getting a new Alliance member ID card, 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**).

Appointments

When you need health care:

- Call your PCP.
- Have your Alliance ID number ready.
- Leave a message with your name and phone number if the office is closed.
- Take your Alliance member ID card and BIC to your appointment.
- Request for transportation to your appointment, if needed.
- Request for language assistance or interpretation services, if needed.

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**). Visit online at **www.alamedaalliance.org**.

- Be on time for your appointment.
- Call right away if you cannot keep your appointment or will be late.
- Have your questions and medication information ready in case you need them.

If you have an emergency, please call **911** or go to the nearest emergency room (ER).

Payments

You **do not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, 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**).

Tell the Alliance the amount charged, the date of service, and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by the Alliance for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the Alliance network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you paid for a service that you think the Alliance should cover, you will need to complete a Member Request for Reimbursement Form and tell the Alliance in writing why you had to pay. You will need to include a copy of the itemized bill and proof of payment (such as receipts) with your request. The Alliance will review your request to see if you can get money back.

To request a claim form, 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**).

To learn more about reimbursements, please see the "**About Your Health Plan**" section in this handbook.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in **one (1)** area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

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**). Visit online at **www.alamedaalliance.org**.

Other services that may require a referral include in-office procedures, X-rays, lab work, physical therapy, and chronic problems that may need specialty care services.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the Alliance referral policy, 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**).

Below are services and care that you **do not** need a referral for:

- Acupuncture (the first **two (2)** services per month; additional appointments will need a referral).
- Adult sensitive services, such as sexual assault care.
- Chiropractic services (when provided by FQHCs and RHCs).
- Eligible dental services.
- Family planning services (to learn more, please call the Family Planning Information and Referral Service toll-free at **1.800.942.1054**).
- HIV testing and counseling (only minors **12 years of age and older**).
- Initial mental health assessment.
- Ob/Gyn visits.
- PCP visits.
- Podiatry services (when provided by FQHCs and RHCs).
- Prenatal care.
- Preventative services, such as pediatric well-child visits.
- Treatment for sexually transmitted infections (only minors **12 years of age and older**).
- Urgent or emergency care visits.

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**). Visit online at **www.alamedaalliance.org**.

Minors also **do not** need a referral for:

- Drug and alcohol abuse treatment.
- Outpatient mental health services for:
    - Sexual or physical abuse.
    - When you may hurt yourself or others.
- Pregnancy care.

Sexual Assault Care Pre-Approval

For some types of care, your PCP or specialist will need to ask the Alliance for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that the Alliance must make sure that the care or service is medically necessary or needed.

Care or service is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the Alliance network:

- Hospitalization, if not an emergency
- Long-term care at a nursing facility
- Outpatient surgery
- Services out of the Alliance service area
- Specialized treatments

For some services, you need pre-approval. Under Health and Safety Code Section 1367.01(h)(2), the Alliance will decide routine pre-approvals within **five (5) working days** of when the Alliance gets the information reasonably needed to decide.

For requests in which a provider indicates or the Alliance determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, the Alliance will make an expedited (fast) pre-approval decision. The Alliance will give notice as quickly as your health condition requires and no later than **72 hours** after receiving the request for services.

The Alliance **does not** pay the reviewers to deny coverage or services. If the Alliance

---

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**). Visit online at **www.alamedaalliance.org**.

does not approve the request, the Alliance will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision. The Alliance will contact you if the Alliance needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second Opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, 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**).

The Alliance will pay for a second opinion if you or your in-network provider asks for it and you get the second opinion from an in-network provider. You do not need permission from the Alliance to get a second opinion from an in-network provider.

If there is no provider in the Alliance network to give you a second opinion, the Alliance will pay for a second opinion from an out-of-network provider. The Alliance will tell you within **five (5) business days** if the provider you choose for a second opinion is approved.

If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, the Alliance will decide within **72 hours** after receiving the request. If the Alliance denies your request for a second opinion, you may appeal.

To learn more about appeals, please see the "**Reporting and Solving Problems**" section in this handbook.

Women's Health Specialist

You may go to a women's health specialist within the Alliance network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services.

For help finding a women's health specialist, please call the Alliance Member Services

---

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**). Visit online at **www.alamedaalliance.org**.

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**).

You can also call the Nurse Advice Line anytime, 24 hours a day, 7 days a week, toll-free at **1.888.433.1876**.

Timely Access to Care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – services 24 hours a day, 7 days a week	No more than 30 minutes
Initial prenatal care	10 business days

Travel Time and Distance to Care

The Alliance must follow travel time and distance standards for your care. These standards help make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

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**). Visit online at **www.alamedaalliance.org**.

If the Alliance is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used.

To see the Alliance's time and distance standards for where you live, 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**).

You can also visit the Alliance website at any time at **www.alamedaalliance.org**.

If you need care from a specialist and that provider is located far from where you live, we can help you find care with a specialist closer to you. For help, 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**).

If the Alliance cannot find care for you with a closer specialist, you can request the Alliance arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the Alliance travel time and distance standards for your county, regardless of any alternative access standard the Alliance may use for your ZIP Code.

State of Emergency

If you have been displaced by a state of emergency, you will have access to medically necessary health care services. You can go out-of-network to receive these services if an in-network provider is unavailable due to the state of emergency or if you are out of the area due to displacement.

4. Benefits and Services

What The Alliance Covers

This section explains all of your covered services as an Alliance member. Your covered services are no cost as long as they are medically necessary and provided by an in-network provider. The Alliance may cover medically necessary services from an out-of-network provider. But you must ask the Alliance for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The Alliance offers these types of services:

- Alcohol and Substance Use Disorder Treatment Services
- Ambulatory (Outpatient) services
- Diabetes Prevention Program (DPP)
- Emergency Services
- Gender Identity Services
- Health Education
- Health Homes Program (HHP)
- Hospice and Palliative Care
- Hospitalization
- Laboratory and X-Ray Services
- Long-Term Services and Supports (LTSS)
- Maternity and Newborn Care
- Mental Health Services
- Pediatric Services

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**). Visit online at **www.alamedaalliance.org**.

- Prescription Medication Services
- Preventive and Wellness Services and Chronic Disease Management
- Rehabilitative and Habilitative Services and Devices
- Telehealth Services
- Transplant Services
- Transportation Services
- Vision Services

Please read each of the sections below to learn more about the services you can get.

Medi-Cal Benefits

Alcohol and Substance Use Disorder Treatment Services

The Alliance covers:

- Alcohol misuse screenings and behavioral health counseling interventions.
- Hospital stays medically necessary to treat withdrawal symptoms.
- Non-medical transportation to alcohol and substance use disorder treatment.

Ambulatory (Outpatient) Services

Adult Immunizations

The Alliance covers shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval (prior authorization).

Allergy Care

The Alliance covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

Anesthesiologist Services

The Alliance covers anesthesia services that are medically necessary when you receive outpatient care.

Chiropractic Services

The Alliance covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to **two (2)** services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. The Alliance may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
- All members when services are provided at hospital outpatient departments, FQHC or RHC.

Dialysis/Hemodialysis Services

The Alliance covers dialysis treatments. The Alliance also covers hemodialysis (chronic dialysis) services if your PCP and the Alliance approve it.

Outpatient Surgery

The Alliance covers outpatient surgical procedures that are medically necessary. Those needed for diagnostic purposes, procedures considered to be elective and other specified outpatient medical procedures require pre-approval (prior authorization).

Physician Services

The Alliance covers physician services that are medically necessary.

Podiatry (foot) Services

The Alliance covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. Including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

Treatment therapies

The Alliance covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

These treatments require pre-approval (prior authorization).

Diabetes Prevention Program (DPP)

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts **one (1) year**.

It can last for a second year for members who qualify.

The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach.
- Providing encouragement and feedback.
- Providing informational materials to support goals.
- Teaching self-monitoring and problem solving.
- Tracking routine weigh-ins to help accomplish goals.

Members must meet program eligibility requirements to join DPP.

To learn more about the program and eligibility, 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**).

Cost to Member

There is no cost to the member for DPP services.

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**). Visit online at **www.alamedaalliance.org**.

Emergency Services

Inpatient and Outpatient Services Needed to Treat a Medical Emergency

The Alliance covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico.

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a reasonable layperson (not a health care professional) with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; or
- Serious harm to bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
    - There is not enough time to safely transfer you to another hospital before delivery.
    - The transfer may pose a threat to your health or safety or to that of your unborn child.

Emergency Transportation Services

The Alliance covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Gender Identity Services

The Alliance covers services related to gender dysphoria, including but not limited to:

- Mental & behavioral health services;
- Hormonal therapy; and
- Surgical procedures.

To locate an appropriate provider, 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**).

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**). Visit online at **www.alamedaalliance.org**.

Health Education

You can play an active role in your health. Alliance Health Programs has handouts, tools, classes, and programs to help you reach your health goals.

To learn more, please call Alliance Health Programs at **1.510.747.4577** or go to the Live Healthy section on the Alliance website at **www.alamedaalliance.org**.

Health Homes Program (HHP)

The Alliance covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call the Alliance, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call the Alliance to find out the conditions that qualify, and;
- You meet **one (1)** of the following:
    - You have **three (3) or more** of the HHP eligible chronic conditions
    - You stayed in the hospital in the last year
    - You visited the emergency department three **(3)** or more times in the last year; or
    - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP Services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care.

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**). Visit online at **www.alamedaalliance.org**.

The Alliance provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to Member

There is no cost to the member for HHP services.

Hospice and Palliative Care

The Alliance covers hospice care and palliative care for children and adults. These services help reduce physical, emotional, social and spiritual discomforts. These services will need pre-approval (prior authorization).

Hospice care is a benefit that services terminally ill members. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home.
- Counselling services.
- Medication and biological services.
- Home health aide and homemaker services.
- Inpatient respite care for up to **five (5) consecutive days** at a time in a hospital, skilled nursing facility or hospice facility.
- Medical social services.
- Medical supplies and appliances.
- Nursing services.
- Physical, occupational or speech services.

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**). Visit online at **www.alamedaalliance.org**.

- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility.

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care **does not** require the member to have a life expectancy of **six (6) months** or less. Palliative care may be provided at the same time as curative care.

Hospitalization

Anesthesiologist Services

The Alliance covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

Inpatient Hospital Services

The Alliance covers medically necessary inpatient hospital care when you are admitted to the hospital.

Laboratory & X-Ray Services

The Alliance covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity and may require pre-approval (prior authorization).

Laboratory services may be limited to the Alliance's preferred contractor such as Quest Diagnostics or Alameda Health System (AHS). To learn more, please contact your PCP.

Long-Term Services and Support (LTSS)

The Alliance covers these long-term services and support (LTSS) benefits for members who qualify:

- Skilled nursing facility services as approved by the Alliance.
- Home and Community Based Services as approved by the Alliance.
- Personal care services.
- Self-directed personal assistance services.
- Community First Choice (CFC) Option.

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**). Visit online at **www.alamedaalliance.org**.

Maternity and Newborn Care

The Alliance covers these maternity and newborn care services:

- Birthing center services
- Breastfeeding education and aids
- Certified nurse midwife (CNM)
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Lactation consultants
- Licensed midwife (LM)
- Prenatal care

Mental Health Services

Outpatient Mental Health Services

The Alliance covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the Alliance network without a referral.

Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the Alliance network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, the Alliance can provide mental health services through our mental health partner, Beacon Health Options.

The Alliance covers these mental health services:

- Development of cognitive skills to improve attention, memory and problem solving.
- Individual and group mental health evaluation and treatment (psychotherapy).
- Mental health evaluation and treatment related to pregnancy and childbirth.
- Outpatient laboratory, medications, supplies and supplements.
- Outpatient services for the purposes of monitoring medication therapy.
- Psychiatric consultation.
- Psychological testing when clinically indicated to evaluate a mental health condition.

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**). Visit online at **www.alamedaalliance.org**.

To learn more, 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**).

If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment.

Pediatric Services

The Alliance covers:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.
- If you or your child are **younger than 21 years of age**, the Alliance covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
- The Alliance will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. The Alliance covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. The Alliance must make sure that all enrolled children get needed shots at the time of any health care visit.
- When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and the Alliance is responsible for paying for the care, then the Alliance covers the care at no cost to you. These services include:
    - Behavioral health treatment (BHT) for autism spectrum disorders and other developmental disabilities.
    - Case management, targeted case management, and health education.
    - Doctor, nurse practitioner, and hospital care.
    - Home health services, which could be medical equipment, supplies, and appliances.

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**).
Visit online at **www.alamedaalliance.org**.

  - Physical, speech/language, and occupational therapies.
  - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- Shots to keep you healthy.
- Treatment for vision and hearing, which could be eyeglasses and hearing aids.
- If the care is medically necessary and the Alliance is not responsible for paying for the care, then the Alliance will help you get the right care you need. These services include:
  - Private duty nursing services.
  - Treatment and rehabilitative services for mental health and substance use disorders.
  - Treatment for dental issues, which could be orthodontics.

Prescription Medication Services

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed medication from a pharmacy in the Alliance network. The Alliance has a big pharmacy network within Alameda, Contra Costa, San Francisco, San Joaquin, Santa Clara, and San Mateo counties. Pharmacies outside of this area may not be in our pharmacy network and may not be able to fill your prescriptions.

You can find a pharmacy near you by calling 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**).

You can also find a list of pharmacies that work with the Alliance on the Alliance Provider Directory at any time at **www.alamedaalliance.org**.

Once you choose a pharmacy, please take your prescription to the pharmacy. Give the pharmacy your prescription with your Alliance member ID card. Make sure the pharmacy knows about all the medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist. If you are traveling or out of the area, exceptions will require pre-approval (prior authorization) by the Alliance.

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**). Visit online at **www.alamedaalliance.org**.

Covered Medication

Your provider can prescribe you medication that are on the Alliance Medication Formulary. A formulary is a list of medication (both brand name and generic) that are covered by the plan. Medication on the Alliance's formulary are safe and effective. A group of doctors and pharmacists update this list every **three (3) months**.

- Before using medication not on this list, you must first try the preferred medication that the Alliance covers.
- If your doctor thinks you need to take a medication that is not on this list, your doctor will need to contact the Alliance to ask for pre-approval (prior authorization) before you get the medication.
- Medication samples provided by your doctor at no cost are not necessarily covered by the Alliance and may still require pre-approval (prior authorization) by the Alliance.

  To learn more, please see the "**Prior Authorizations**" and "**Coverage Exceptions**" sections in this handbook.

To find out if a medication is on the Alliance Medication Formulary, or to get a copy, 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**).

You can also find the Alliance Medication Formulary on the Alliance website at any time at **www.alamedaalliance.org**.

If a medication needs pre-approval (prior authorization) before a provider can prescribe it, the Alliance will review and decide these requests within **24 hours**.

- A pharmacist or hospital ER may give you a **three-day** emergency supply if they think you need it. The Alliance will pay for the emergency supply.
- If the Alliance says denies to the request, the Alliance will send you a letter that lets you know why and what other medication or treatments you can try.
- Some medication are covered by Medi-Cal directly instead of the Alliance. If you need treatment with any of the drugs not covered by the Alliance, Medi-Cal may pay for these drugs directly.

  To learn more, please see the "**Exclusions**" and "**Limitations**" sections in this handbook.

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**). Visit online at **www.alamedaalliance.org**.

Generic Medication Mandate

Medications included in the Alliance Medication Formulary may have generic equivalents available. These medications are approved by the Food and Drug Administration (FDA) and deemed safe and effective.

The Alliance requires you to use generic medications first. A generic medication has the same active ingredient as the brand name version of the medication. Generic medications approved by the FDA work just as well as the brand name ones. If your doctor indicates that you need a brand name medication instead of a generic, your doctor will need to submit a Prescription Drug Prior Authorization (PA) Request before dispensing the brand name medication.

You must use a generic form of a brand name drug when a generic is available unless:

- Your Doctor provides clinic notes showing medical reasons why you cannot use of the generic.
- You have tried **at least three (3)** different generic versions of the medication, OR the generic medication does not have a brand name medication that exists.

Please refer to the Alliance Medication Review Guidelines for Brand-Name-Only drugs for additional requirements.

Prior Authorizations (PA) and Coverage Exceptions

If your prescription is for a medication that is not on the Alliance Medication Formulary, your doctor or pharmacy must contact the Alliance and submit a standard Prescription Drug Prior Authorization (PA) Request Form. The Alliance will review the form within **24 hours**. If you need a prescription filled after business hours, on weekends, or on holidays, your pharmacy can dispense a **three-day supply** of formulary and non-formulary medication based on the pharmacist's clinical judgment.

If you need a refill on your prescription, please call your doctor or pharmacy **at least 3 days** before you run out of medication. If you are completely out of a medically necessary medication, your pharmacist may give you enough medication to last until the refill is authorized or denied. Some medications on the Alliance Medication Formulary may require your doctor, not the pharmacy, to submit the Prescription Drug PA Form directly to the Alliance Pharmacy Department for review.

If you are taking medication that was on the Alliance Medication Formulary but is now off the list, you can still take this medication as long as your doctor thinks the alternative formulary may not be used and the medication is still considered safe and effective.

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**). Visit online at **www.alamedaalliance.org**.

If you were prescribed and are currently taking a single-source (i.e., brand name) medication regularly when you joined the Alliance, the Alliance will continue to cover that medication. A Prescription Drug PA Request Form may need to be submitted to inform us you have already been on that medication.

If you are going to travel and need a medication for more than a **30-day** supply, the Alliance will allow for up to **one (1)** exception per medication per year provided all of the following is submitted:

- Date of departure;
- Date of return; and

Destination. Exclusions

There are some medications the Alliance does not cover.

These include:

- Comfort or convenience items.
- Fertility medications (medications that help you or your partner get pregnant).
- Investigational medications (medications being studied in a trial or being used for an unproven reason).
- Items used for hygiene (unless Medi-Cal criteria have been met. The Alliance will cover incontinence creams and washes when there is a medical need).
- Medications prescribed solely for cosmetic purposes.
- Medications that treat hair growth or hair loss.
- Medications used to treat a worker's compensation related injury.
- Medications used for the treatment of sexual or erectile dysfunction.
- Non-FDA approved medications (e.g., Medical Foods, herbal remedies, certain supplements, special foods or diet items).
- Nutrition products or household items used for convenience.
- Over-the-counter medications (unless approved by the Alliance).
- Services that someone in a clinical trial usually gets from the sponsors of the trial at no charge.

Limitations

Limits may apply to formulary medication. Some examples of limits include member age, amount of medicine, how long a medicine can be dispensed for, and dosage form (tablet, liquid, capsule, cream). These limits are in place for your safety.

Most brand and generic medications are covered for a **30-day** supply in a **30-day** period. In some cases, your doctor may be able to write a prescription for a 90-day supply for maintenance medication. Maintenance medication are the ones that you need to take for a long time and are available as generics, such as medicines to treat high blood pressure, diabetes, asthma, and certain FDA-approved contraceptives. Certain specialty medication like cancer medication may only be approved for up to a **14-day** supply at a time. If you need a medication longer than what we cover, your doctor needs to send in a Prescription Drug PA Request Form to the Alliance Pharmacy Department for review.

In some cases, the Alliance requires you to first try certain medications to treat your condition before we will cover another medication for the same condition. Please refer to the Alliance Medication Review Guidelines for Step Therapy drugs for additional requirements.

Some medication may be covered by Medi-Cal directly instead of the Alliance. In these cases you will need to show the pharmacy your state-issued Medi-Cal card.

These medication/conditions include:

- California Children's Services (CCS) eligible prescriptions.
- Certain hemophilia treatments and medications.
- Certain psychotherapeutic drugs.
- Human Immunodeficiency Virus (HIV) and AIDS treatment and prevention.
- Medication that help treat substance abuse (e.g., Suboxone, Narcan, Naltrexone, Antabuse).

If the Alliance denies your request for prescription medication based on a determination that the medication is experimental or investigational, you may request for an appeal.

To learn more about the appeal process, please refer to the " **Appeals**" section in this handbook.

The Alliance will cover a medication for off-label uses (e.g. for a medical condition not approved for use by the FDA) if all of the following conditions are met:

- The medication is approved by the FDA.

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**). Visit online at **www.alamedaalliance.org**.

- If the medication is non-formulary, you must first try at least **three (3)** different formulary medications.
- The medication is medically necessary to treat that condition, and the medication is on the Alliance Medication Formulary. If the medication is not on the plan formulary **or** your pharmacy or doctor indicates a generic cannot be used, your doctor will need to submit a Prescription Drug PA Request Form to the Alliance Pharmacy Department for review.
- The medication is not listed as an Excluded or Limited Medi-Cal benefit.
- The medication is prescribed by a licensed doctor or provider for the treatment of the medical condition.

Payment for Medications

You should never be asked to pay for a medication out of your own pocket if it is covered by the Alliance. In cases where your doctor wrote a prescription for a medication that is not covered, your doctor must either submit a Prescription Drug PA Request Form or send a new prescription to the pharmacy for a medication that is covered. If it is necessary to treat your condition, the Alliance will always provide you with the medication that has been requested or provide you with an acceptable alternative that works just as well for you.

Pharmacy Reimbursement

The Alliance will only review requests for pharmacy medication reimbursements (excluding medications without a prescription) if they are received within **90 calendar days** from the date of service. The Alliance cannot accept reimbursement requests for payments that have been paid **more than 90 calendar days** after the service date.

The following applies for reimbursement:

- If the medication is non-formulary, a Prescription Drug PA Request Form must be on file at time of service in order to qualify for reimbursement.
- If the pharmacy is not in the Alliance network, the reimbursement request will not be reviewed or processed.
- Medications prescribed for emergency services outside of the U.S. are not a covered benefit through pharmacy.
- The medication must be in the Alliance Medication Formulary.

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**). Visit online at **www.alamedaalliance.org**.

The following documents are needed in order for the Alliance to process your request:

- Proof of payment (e.g. receipt where payment was made); and
- Pharmacy medication pamphlet.

If you do not have the pharmacy medication pamphlet, a pharmacy medication profile history can be submitted as long as it shows the medication, dose strength, and date of service. You may obtain this pamphlet from the pharmacy.

Other Coverage for Prescription Medication

If you have other health care coverage, we will coordinate the coverage you get under the Alliance with your other coverage. We will use the coordination of benefits (COB) rules from the California Department of Managed Health Care (DMHC). The COB rules decide which coverage pays first. According to these rules, Medi-Cal always pays last after all other coverages have been billed. The Alliance will only pay up to an amount that, when added together with the payment from the other coverage, would be equal to the Medi-Cal benefit. Sometimes this means the Alliance will not pay anything because the other coverage already paid the full amount. In these cases, your pharmacy is not allowed to ask you to pay more. If they do, 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**).

If you have a commercial insurance in addition to coverage by the Alliance, your pharmacy must bill your commercial insurance first and then submit the co-pay to the Alliance. Your pharmacy will know how to bill **two (2)** different insurances. If the pharmacy has questions on how to process this, they can call the Alliance Pharmacy Benefit Manager (PBM), Perform Rx Help Line toll-free at **1.855.508.1713**. Please note this number is only for Pharmacies to call and they will not be able to help you with member-related services.

If you have Medicare Part D (MPD) prescription coverage, all prescriptions eligible for Medicare must be billed directly to your Medicare Plan. The Alliance cannot pay for the co-pay for MPD eligible drugs. If you have Medicare Part B, certain drugs and supplies (e.g., diabetes testing supplies) must first be billed to Medicare Part B. The Alliance will cover any remaining costs after Medicare Part B has been billed. Your pharmacy will know how to bill **two (2)** different insurances. If the pharmacy has questions on how to process this, they can call the Alliance Pharmacy Benefit Manager (PBM), Perform Rx Help Line toll-free at **1.855.508.1713**. Please note this number is only for Pharmacies to call and they will not be able to help you with member-related services.

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**). Visit online at **www.alamedaalliance.org**.

Preventive and Wellness Services and Chronic Disease Management

The Alliance covers:

- A **12-month** supply of FDA-approved, self-administered hormonal contraceptives dispensed at one (1) time.
- Family planning services.
- Health Resources and Service Administration's Bright Futures recommendations.
- Preventive services for women recommended by the Institute of Medicine.
- Smoking cessation services.
- U.S. Preventive Services Task Force (USPSTF) A and B recommended preventive services.
- Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Family planning services are provided to members of childbearing age to help them determine the number and spacing of children. These services include some methods of birth control approved by the FDA. Alliance PCPs and Ob/Gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with the Alliance without having to get pre-approval (prior authorization). Services from an out-of-network provider not related to family planning may not be covered.

To learn more, 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**).

Rehabilitative and Habilitative Services and Devices

Acupuncture

The Alliance covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to **two (2)** services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. The Alliance may pre-approve (prior authorization) additional services as medically necessary.

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**). Visit online at **www.alamedaalliance.org**.

Audiology (hearing)

The Alliance covers audiology services. Outpatient audiology is limited to **two (2)** services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. The Alliance may pre-approve (prior authorization) additional services as medically necessary.

Behavioral Health Treatments (BHT)

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the Alliance, and provided in a way that follows the approved treatment plan.

BHT services are provided by Beacon Health Options.

Cancer Clinical Trials

The Alliance covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health (NIH), the FDA, the Department of Defense (DoD) or the Department of Veteran Affairs (VA).

Cardiac Rehabilitation

The Alliance covers inpatient and outpatient cardiac rehabilitative services if medically necessary. This will need pre-approval (prior authorization).

Cataract Spectacles & Lenses

The Alliance covers external lenses (contacts or glasses) and intraocular lenses that are medically necessary after cataract surgery.

Cosmetic Surgery

The Alliance does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

Durable Medical Equipment (DME)

The Alliance covers the purchase or rental of medical supplies, equipment and other services only when medically necessary and with a prescription from a doctor. These services require an authorization from the Alliance. Prescribed durable medical equipment (DME) items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. The Alliance does not cover comfort, convenience or luxury equipment, features and supplies.

DME is medically necessary equipment that is:

- For repeated use.
- Generally not useful to someone who is not ill or hurt.
- Safe for use in the home.
- Used for a medical purpose.

The Alliance contracts with California Home Medical Equipment (CHME) to perform prior authorization reviews for these services. We cover DME for use in your home if it is prescribed by an Alliance provider in Alameda County and authorized in advance. It is only covered when it agrees with Medi-Cal or nationally recognized clinical guidelines. The Alliance may require added evaluation to decide whether the DME is medically necessary.

Enteral and Parenteral Nutrition

The Alliance covers enteral and parenteral nutrition products when medically necessary. These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally.

Hearing Aids

The Alliance covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. The Alliance may also cover hearing aid rentals, replacements and batteries for your first hearing aid. This will need pre-approval (prior authorization).

Home Health Services

The Alliance covers health services provided in your home, when prescribed by your doctor and found to be medically necessary. This will need pre-approval (prior authorization).

Medical Supplies, Equipment and Appliances

The Alliance covers medical supplies that are prescribed by a doctor, including implanted hearing devices.

Occupational Therapy

The Alliance covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to **two (2)** services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. The Alliance may pre-approve (prior authorization) additional services as medically necessary.

Orthotics/Prostheses

The Alliance covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and Urological Supplies

The Alliance covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

Physical Therapy

The Alliance covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

Pulmonary Rehabilitation

The Alliance covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor. This will need pre-approval (prior authorization).

Reconstructive Services

The Alliance covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

Skilled Nursing Facility Services

The Alliance covers skilled nursing facility services, as medically necessary, if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis. Skilled nursing services are covered from the day of admission and up to **one (1)** month after the month of admission.

Speech therapy

The Alliance covers speech therapy that is medically necessary. Speech therapy services are limited to **two (2)** services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. The Alliance may pre-approve (prior authorization) additional services as medically necessary.

Transgender Services

The Alliance covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Telehealth Services

The Alliance may be able to provide some of your services through telehealth. Telehealth is a way of receiving services without being in the same physical location as your provider. Telehealth may involve having a live video conversation with your provider.

Telehealth may involve sharing information with your provider without a live conversation. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact the Alliance to determine which types of services the Alliance may be able to provide to you through telehealth.

To learn more, 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**).

Transplant Services

The Alliance covers medically necessary kidney and corneal transplants for members **21 years of age and older** to be performed at an approved transplant center. For other potential major organ transplant candidates, we cover medically necessary pre-transplantation services until the member has been referred and accepted as a candidate by a transplant facility, and the major organ transplant has been authorized by the California Department of Health Care Services (DHCS).

Transplants for members **younger than 21 years of age** may be covered by the California Children's Services (CCS) program if the member is found to be eligible.

Covered kidney and corneal transplant services include:

- Costs for obtaining donor organs through a recognized Donor Transplant Bank are covered if the costs have a direct link to the transplant for the member.
- Coverage for medically necessary transplants that is not experimental or investigational.
- Medically necessary medical and hospital costs of a donor or a person who is the prospective donor, if the costs have a direct link to the transplant of a member.

Exclusions/Limitations

- All other organ transplants, such as heart, heart/lung, bone marrow, liver, lung combined liver/kidney, and combined liver/small bowel, will be covered by fee-for-service (FFS) Medi-Cal.

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**). Visit online at **www.alamedaalliance.org**.

- For all transplants other than kidney and corneal, once you are accepted on the transplant list, you will need to switch to FFS Medi-Cal.
- For members **younger than 21 years of age**, organ transplant services will be covered and paid for by California Children's Services (CCS) if the member is eligible. The Alliance will coordinate these services with CCS for the member.

  To learn more, please see the "**Other Programs and Services for People with Medi-Cal**" section in this handbook.

All transplant related services require pre-approval (prior authorization).

Transportation Services

Requests for transportation may take at least **one (1) business day** to process, there can be exceptions for situations such as hospital discharges. Exceptions can be provided within **four (4) hours** of the request. Requests for public transportation or East Bay Paratransit will require up to **seven (7) business days** to allow time to mail the vouchers before a scheduled appointment.

Non-Emergency Medical Transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. The Alliance allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, the Alliance will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is approved in advance by the Alliance with a written authorization by a doctor.
- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.

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**). Visit online at **www.alamedaalliance.org**.

- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.

To ask for NEMT services that your doctor has prescribed, please call the Alliance transportation provider, LogistiCare, toll-free at **1.866.791.4158**. Please call at least **seven (7) business days** before your appointment. Your doctor will be required to submit documentation in order to process the request. For urgent appointments, please call as soon as possible. Please have your Alliance member ID card ready when you call.

Limitations

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under the Alliance when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the Alliance, the Alliance will provide for or help you schedule your transportation.

What Does Not Apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal.

For a list of covered services, please see the "**Benefits and Services**" section in this handbook.

Cost to Member

There is no cost when transportation is authorized by the Alliance.

Non-Medical Transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Picking up prescriptions and medical supplies.
- Traveling to and from an appointment for a Medi-Cal-covered service authorized by your provider.

The Alliance allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. The Alliance provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

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**). Visit online at **www.alamedaalliance.org**.

Before getting approval for mileage reimbursement, you must contact the Alliance by phone, by email or in person, and notify that you tried to get all other reasonable transportation choices and could not get one. The Alliance allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your doctor authorized, please call the Alliance transportation provider, LogistiCare, toll-free at **1.866.791.4158**. Please call at least **seven (7) business days** before your appointment. For urgent appointments, please call as soon as possible. Please have your Alliance member ID card ready when you call.

Limitations

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the Alliance, the Alliance will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- The service is not covered by Medi-Cal.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.

Cost to Member

There is no cost when transportation is authorized by the Alliance.

Vision services

The Alliance covers:

- Routine eye exam once every **24 months**; the Alliance may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every **24 months**; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

These services are provided through the Alliance's partner, March Vision.

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**). Visit online at **www.alamedaalliance.org**.

What The Alliance Does Not Cover

If the service that you are requesting is not covered by the Medi-Cal Program, the service will be denied by the Alliance as a non-covered benefit.

Please read each of the sections below to learn more.

Other Services You Can Get Through Fee-For-Service (FFS) Medi-Cal

Sometimes the Alliance does not cover services, but you can still get them through fee-for-service (FFS) Medi-Cal.

To learn more, 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**).

Dental services

Medi-Cal covers some dental services, including:

- Complete and partial dentures
- Crowns (prefabricated/laboratory)
- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Fillings
- Orthodontics for children who qualify
- Periodontal maintenance
- Root canal treatments (anterior/posterior)
- Scaling and root planning
- Tooth extractions

If you have questions or want to learn more about dental services, please call Denti-Cal toll-free at **1.800.322.6384** (people with hearing and speaking impairments (TTY) **1.800.735.2922**).

You can also visit the Denti-Cal website at any time at **www.denti-cal.ca.gov**.

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**). Visit online at **www.alamedaalliance.org**.

Dental Services Paid with Supplemental Medical Insurance (SMI)

If you have supplemental medical insurance (SMI), your SMI plan may cover the cost of some dental services. Please contact your SMI carrier to learn more about what dental services they cover.

Institutional Long-Term Care

The Alliance covers long-term care for the month you enter a facility and the month after that. The Alliance **does not** cover long-term care if you stay longer. Regular Medi-Cal covers your stay if it lasts longer than the month after you enter a facility.

To learn more, 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**).

Prayer Healing

You must get services of Christian Science providers directly from FFS Medi-Cal.

Specialty Mental Health Services (SMHS)

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules.

SMHS may include these outpatient, residential and inpatient services:

- Inpatient services:
    - Acute psychiatric inpatient hospital services
    - Psychiatric health facility services
    - Psychiatric inpatient hospital professional services
- Outpatient services:
    - Crisis intervention services
    - Crisis stabilization services
    - Day rehabilitation services
    - Day treatment intensive services
    - Intensive care coordination (ICC)
    - Intensive home-based services (IHBS)

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**). Visit online at **www.alamedaalliance.org**.

  - Medication support services
  - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
  - Targeted case management services
  - Therapeutic behavioral services
  - Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services

To learn more about SMHS the county mental health plan provides, you can call the county.

To find all counties' toll-free telephone numbers online, please visit **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

Substance Use Disorder Treatment Services

The Alliance covers:

- Alcohol misuse screenings and behavioral health counseling interventions.
- Hospital stays medically necessary to treat withdrawal symptoms.
- Non-medical transportation to alcohol and substance use disorder treatment.

Services That You Cannot Get Through the Alliance or Medi-Cal

There are some services that neither the Alliance nor Medi-Cal will cover, including:

- California Children's Services (CCS)
- Certain Lab Tests
- Certain Management Services
- Certain Services for Tuberculosis
- Regional Center of the East Bay

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**). Visit online at **www.alamedaalliance.org**.

- Special Care Services for Adults with Genetic Diseases
- Women, Infants, and Children (WIC) Services

To learn more, please read each of the sections below. You can also 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**).

California Children's Services (CCS)

California Children's Services (CCS) is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If the Alliance or your PCP believes your child has a CCS condition, they will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. The Alliance will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

The Alliance does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab).

CCS covers children with health conditions such as:

- AIDS
- Cancers
- Cataracts
- Cerebral palsy
- Cleft lip/palate
- Congenital heart disease
- Diabetes
- Hearing loss
- Hemophilia
- Intestinal disease

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**). Visit online at **www.alamedaalliance.org**.

- Liver disease
- Muscular dystrophy
- Rheumatoid arthritis
- Seizures under certain circumstances
- Serious chronic kidney problems
- Severe burns
- Severe head, brain or spinal cord injuries
- Severely crooked teeth
- Sickle cell anemia
- Spina bifida
- Thyroid problems
- Tumors

The state pays for CCS services. If your child is not eligible for CCS program services, they will keep getting medically necessary care from the Alliance.

To learn more about CCS, 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**).

Certain Lab Tests

The state pays for certain lab tests. For example, serum alpha-fetoprotein (AFP) testing can be received through the state program for pregnant women. These services are paid for by the California Department of Public Health Prenatal Screening Branch.

To learn more, please call the Genetic Disease Screening Program toll-free at **1.866.718.7915**.

Certain Management Services

The following case management services must be received from the local health department:

- Lead poisoning case management services. This exclusion does not apply to covered treatment for lead poisoning, which is provided by the Alliance.
- Targeted case management services.

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**). Visit online at **www.alamedaalliance.org**.

If you live in Berkeley, and would like to learn more about these services, please call the City of Berkeley Public Health Division at **1.510.981.5300**.

Certain Services for Tuberculosis (TB)

You must get some tuberculosis (TB) services, such as directly observed therapy, through the local health department.

If you live in Berkeley, and would like to learn more about these services, please call the City of Berkeley Public Health Division at **1.510.981.5300**.

Regional Center of the East Bay

Developmental Disabilities – Support Services

Adults and children who have developmental disabilities may receive counseling, support, and other non-medical services, such as respite care, out-of-home placement, and arrange for supportive living from the Regional Center of the East Bay.

To learn more, please call the Regional Center of the East Bay at **1.510.618.6100**.

Examples of developmental disabilities are:

- Autism
- Cerebral palsy
- Epilepsy
- Mental retardation
- Significant delays in development

Early Start Program Services

The Early Start Program is available through the Regional Center of the East Bay. Early Start is for infants and toddlers from birth to **three (3) years of age** who have problems that may result in developmental delays, or who show signs of developmental delays.

To learn more, please call the Regional Center of the East Bay at **1.510.618.6100**.

Some risk conditions are:

- Asphyxia
- Central nervous system infection
- Prematurity

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**). Visit online at **www.alamedaalliance.org**.

Special Care Services for Adults with Genetic Diseases

You or your child may be able to get special services from the Genetically Handicapped Persons Program (GHPP). People **21 years of age and older** may apply.

GHPP-eligible medical conditions include:

- Certain diseases of the blood, brain, nerves, protein metabolism, carbohydrates metabolism, or copper metabolism
- Cystic fibrosis
- Von Hippel-Landau Disease (VHL)

To learn more about this program, please visit the California Department of Health Care Services (DHCS) website at **www.dhcs.ca.gov/services/ghpp/Pages/default.aspx**. You can work with your PCP if you are interested in obtaining these services.

Women, Infants, and Children (WIC) Services

The Women, Infants, and Children (WIC) nutrition program may help you and your children. WIC offers nutrition information, food vouchers, breastfeeding support, and certain types of baby food. If you are pregnant, breastfeeding, or have a child **under 5 years of age**, you may be able to get WIC.

To learn more, please visit **www.fns.usda.gov/wic/women-infants-and-children-wic**.

Other Programs and Services for People with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Diabetes Prevention Program (DPP)
- Health Homes Program (HHP)
- Home and Community-Based Service Waiver Programs
- Organ and tissue donation

To learn more, please read each of the sections below. You can also 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**).

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**). Visit online at **www.alamedaalliance.org**.

Diabetes Prevention Program (DPP)

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts **one (1) year**.

It can last for a second year for members who qualify.

The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach.
- Providing encouragement and feedback.
- Providing informational materials to support goals.
- Teaching self-monitoring and problem solving.
- Tracking routine weigh-ins to help accomplish goals.

Members must meet program eligibility requirements to join DPP.

To learn more about the program and eligibility, 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**).

Cost to Member

There is no cost to the member for DPP services.

Health Homes Program (HHP)

The Alliance covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call the Alliance, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call the Alliance to find out the conditions that qualify, and;

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**). Visit online at **www.alamedaalliance.org**.

- You meet **one (1)** of the following:
    - You have **three (3) or more** of the HHP eligible chronic conditions
    - You stayed in the hospital in the last year
    - You visited the emergency department three **(3)** or more times in the last year; or
    - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP Services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care.

The Alliance provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to Member

There is no cost to the member for HHP services.

Home and Community-Based Service Waiver Programs

The California Department of Health Care Services (DHCS) has a number of Medi-Cal waiver programs that provide home and community-based services to specific groups of eligible individuals. If you are accepted by **one (1)** of the programs, you may need to change to change to fee-for-service (FFS) Medi-Cal.

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**). Visit online at **www.alamedaalliance.org**.

We will help you disenroll from the Alliance so that you can receive these services.

To learn more about Medi-Cal waivers, please call the Alameda County Social Services Agency at **1.510.777.2300** or toll-free at **1.800.698.1118**. You can also visit the DHCS website at **www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx**.

Organ and Tissue Donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between **15 and 18 years of age**, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. To learn more about organ or tissue donation, please talk to your PCP.

You can also visit the Department of Health and Human Services website at **www.organdonor.gov**.

Care Coordination and Case Management

The Alliance offers services to help members coordinate their health care needs at no cost. If members need extra help to coordinate all the care they need from many different places, the Alliance can help.

A case management staff member can talk to members about their health care needs, including non-medical needs that can make it hard to stay healthy, like not having enough food or a place to live. The staff member will work with members to create a plan to get the things they need to get or stay healthy, and then help coordinate services to meet their needs.

If you have questions or concerns about your health or the health of your child, 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**).

Evaluation of New and Existing Technologies

The Alliance reviews new technology and new application of existing technology for inclusion in plan benefits.

This review includes the following:

- Alternative therapies

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**). Visit online at **www.alamedaalliance.org**.

- Behavioral healthcare procedures
- Clinical interventions
- Diagnostic and screening tests
- Medical and surgical procedures
- Medical devices/equipment
- Pharmaceuticals

The Alliance's new technology evaluation process includes the following:

- A review of information from appropriate government regulatory bodies.
- A review of information from published scientific evidence.
- Obtaining input from relevant specialists and professionals with expertise in the technology.
- The process and decision variables the plan uses to make determinations.

5. Member Rights and Responsibilities

As an Alliance member, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as an Alliance member.

Your Rights

Alliance members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services.
- To be able to choose a primary care provider (PCP) within the Alliance network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive legal help at no cost from your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.

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**). Visit online at **www.alamedaalliance.org**.

- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the state.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers (FQHCs), Indian Health Service (IHS) facilities, midwifery services, Rural Health Clinics (RHCs), sexually transmitted disease services and emergency services outside of the Alliance network pursuant to the federal law.

Your Responsibilities

Alliance members have these responsibilities:

- Tell the Alliance and your doctors what we need to know (to the extent possible) so we can provide care.
- Follow care plans and advice for care that you have agreed to with your doctors.
- Learn about your health problems and help to set treatment goals that you agree with, to the degree possible.
- Work with your doctor.
- Always present your Alliance member ID card when getting services.

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**). Visit online at **www.alamedaalliance.org**.

- Ask questions about any medical condition and make certain you understand your doctor's explanations and instructions.
- Give your doctors and the Alliance correct information.
- Help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Make and keep medical appointments and inform your doctor at least **24 hours** in advance when an appointment must be cancelled.
- Treat all Alliance staff and health care staff with respect and courtesy.
- Use the emergency room (ER) only in case of an emergency or as directed by your doctor.

Notice of Privacy Practices

A STATEMENT DESCRIBING THE ALLIANCE POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

We (the Alliance) are committed to keeping your information confidential. By law we must keep your information private. By law we must provide you with notice of our legal duties and privacy practices about your information. This notice lets you know how we may use and share your information. It also lets you know your rights and our legal obligations with respect to your information.

If you have any questions about this Notice, please contact us at:

Alameda Alliance for Health
Attn: Member Services
1240 South Loop Road
Alameda, CA 94502
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**

A. Types of Information We Keep

The Alliance receives information on you when you choose the Alliance as your health plan. We get your information from the State of California, your doctor/other health care

providers on your behalf, and you.

The information the Alliance collects varies by program. We keep the following information: your contact information, such as your address and phone number; your age, ethnicity, gender, and language. We collect and keep your health care information which is called Protected Health Information or PHI. This includes: the doctor you see and his/her findings about your health; your health care conditions and diagnosis; your health history; your prescriptions; and lab tests. We collect and keep information about the health and wellness classes you went to and whether you were in other health care programs or plans. We also collect and keep the financial records you present when you apply for coverage. This information helps us provide you with the service you need.

Please know that the Alliance will protect your privacy and your information. This information could be oral, written, and electronic. An example of a way that we protect your information is that the Alliance requires staff to be trained on ways to keep your health information private and secure. This also means that Alliance staff is only permitted to access your information at a level necessary to do their job.

B. How We May Use or Share Your Information

1. **Treatment** – We may use or share your information to help your doctors or hospitals provide health care to you. For example, if you are in the hospital, we may give them your health records sent to us by your doctor. Or we may share this information with a pharmacist who needs it for a prescription for you, or a lab that performs a test for you.
2. **Payment** – We may use or share your information to pay for your health care-related bills. For example, your doctor will give us information we need before we pay them. We may also share information with other health care providers so they can be paid.
3. **Health Care Operations** – We may use or share your information to operate this health plan.
    - For example, we may use or share your information to review and improve the quality of care you receive. It can also be used to review the skills and qualifications of our providers.
    - We may also use or share this information so we can approve services and referrals.
    - We may also use or share this information when we need to for medical reviews or case management. For example, we may refer you to an asthma

class if you have asthma.

- We may also use or share this information when we need to for legal services, audits, or business planning and management.
- We may also share your information with our "business associates" that provide certain plan services for us. We will not share your information with these outside groups unless they agree to protect it. Under California law, all parties that receive information may not share it again, except as specifically needed or allowed by law.

4. **Appointment Reminders** – We may use or share your information to remind you about doctor or health care visits. If you are not home, we may leave this information on your answering machine or leave a message with the person who answers the phone.
5. **Notification and Communication With Family** – We may share your information to let a family member, your personal representative or a person responsible for your care know about where you are, your general condition, or your death. In case of a disaster, we may share information with a group like the Red Cross so they can contact you. We may also share information with someone who helps you with your care or helps pay for your care. If you are able to decide, we will let you decide before we share the information. We may share this information in a disaster even if you do not want us to so that we can respond to the emergency. If you are not able to decide because of your health or you cannot be found, our professional staff will use their best judgment in sharing information with your family and others.
6. **Required by Law** – As required by law, we will use or share your information, but we will limit our use or sharing to only what we are allowed to use or share by law.
7. **Provider Peer Review** – We may use or share your information to review the skills or your provider or the quality of care you receive.
8. **Group Health Plans** – If you are a member of a group health plan, we may share information with the sponsor of your group health plan. For instance, if your employer provides your health coverage, we may let your employer know if you are still a member of the plan.
9. **Research** – We may share your information without your written consent if the research meets certain rules.
10. **Marketing** – We may contact you to give you information about products or a service. We will not use or share your information for this purpose without your

written permission.

11. **Court and Administrative Proceedings** – We may, and sometimes need to by law, share your information for an administrative or judicial proceeding as we are told to by a court or administrative order, if you were told of the request and you did not object or the court or administrative judge did not agree with your objection.
12. **Health Monitoring Activities** – We may, and sometimes need to by law, share your information with health monitoring agencies for audits, investigations, inspections, licensure and other proceedings, only as allowed by federal and California law.
13. **Public Health** – We may, and sometimes need to by law, share your information with public health agencies so they can: prevent or control disease, injury or disability; report child, elder or dependent adult abuse or neglect; report domestic violence; report problems to the Food and Drug Administration (FDA) about products and reactions to medications; and report disease or infection exposure.
14. **Law Enforcement** – We may share your information with a law enforcement official. This would be to: identify or locate a suspect, fugitive, material witness or missing person; comply with a court order, warrant, or grand jury subpoena; and other law enforcement purposes.
15. **Public Safety** – We may share your information with persons who help prevent or lessen a serious and immediate threat to the health or safety of a person or the public.
16. **Special Government Functions** – We may share your information for military or national security purposes, to the extent permitted by law. We may also share it with correctional institutions or law enforcement officers that have you in lawful custody.
17. **Insurers** – We may use or share your information with insurers when we review a health plan application.
18. **Employers** – We may use or share your information with your employer to find out about an illness or injury from work, or for workplace medical surveillance, to the extent that you consent to that use. We may use or share your information with your employer if you consent and/or if permitted by law when there is an employee claim or lawsuit about a medical condition, or if the information is about doing a particular job.
19. **Other ways the Alliance may use or share your information**:
    - We may, as needed by law, share your information to coroners when they

investigate deaths.

- We may share information with organizations that provide services for organ and tissue transplants.
- We may use or share your information with the FDA when it is about the quality, safety, or effectiveness of an FDA-related product or activity.
- We may use or share your information with Conservators/Guardians under certain circumstances.
- We may share your information as we need to for worker's compensation.
- If the Alliance is sold or merged with another organization, your information/record will be owned by the new owner, but you will be able to change enrollment to another health plan.
- We may use or share your information in order to protect it when we send it over the internet.

C. When We May Not Use or Share Your Information

Except as described in this Notice of Privacy Practices, we will not use or share your information without your written consent. If you do permit the Alliance to use or share your information for another purpose, you may take back your consent in writing at any time, unless we have already relied on your written consent to use or share your information.

D. The Alliance May Contact You

We may contact you in order to provide you with information, resources like books or DVDs, products or services related to health education, treatment or other health-related benefits and services.

E. Your Privacy Rights

1. **Right to request special privacy protections** – You have the right to ask for limits on certain uses and sharing of your information. You can do this by a written request that tells us what information you want to limit and what ways you want to limit our use or sharing of that information. We reserve the right to accept or reject your request and will let you know of our decision.
2. **Right to request confidential communications** – You have the right to ask that you receive your information in a specific way or at a specific location if the usual way may put you in danger. For example, you may ask that we send information to your work address. Please write us and tell us how you would like to receive your information and why you would be in danger if we did not follow your request.

If your request has a cost that you will have to pay for, we will let you know.

3. **Right to see and copy** – You have the right to see and copy your information, with limited exceptions. To see your information, you must send a written request and tell us what information you want to see. Also let us know if you want to see it, copy it, or get a copy of it. California law allows us to charge a fair fee to copy records. We may deny your request under limited circumstances.
4. **Right to change or supplement** – You have a right to ask that we change your information that you believe is incorrect or incomplete. You must ask us in writing to change your record. Tell us the reasons you believe the information is not correct. You do not have to change your information, and if we deny your request, we will let you know why. We will also tell you how you can disagree with our denial. We may deny your request of we do not have the information. We may also deny your request if we did not create the information (unless the person that created the information is no longer available to make the amendment). We may also deny your request if you would not be permitted to inspect or copy the information or the information is correct and complete.
5. **Right to an accounting of how we shared your information** – You have a right to receive a list of how we shared certain information during the six years prior to your request. Please note that a fee may apply.
6. **Right to receive notice of privacy breach** – We will let you know promptly if a breach occurs that may have compromised the privacy or security of your Protected Health Information.
7. **Right to a paper copy of this Notice of Privacy Practices** – You have a right to a paper copy of this Notice of Privacy Practices. If you would like more information about these rights or if you would like to use these rights, 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**).

F. Changes to This Notice of Privacy Practices

We have the right to change this Notice of Privacy Practices at any time in the future. Until such change is made, we have to follow this Notice by law. After a change is made, the changed Notice will apply to all protected information that we maintain, regardless of when it was created or received. We will mail the Notice to you within **60 days** of any major change.

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**). Visit online at **www.alamedaalliance.org**.

We will also put the current Notice on our website at **www.alamedaalliance.org**.

G. Complaints

Let us know if you have any complaints about this Notice of Privacy Practices or how the Alliance handles your information:

Alameda Alliance for Health
Attn: Grievance and Appeals
1240 South Loop Road
Alameda, CA 94502

You may also let the Secretary of the U.S. Department of Health and Human Services know of your complaint. We will never ask you to waive your rights to file a complaint. You will not be penalized or retaliated against for filing a complaint.

If you are an Alliance Medi-Cal member, you may also notify the Department of Health Care Services (DHCS) Privacy Office at:

Department of Health Care Services
Office of HIPAA Compliance
P.O. Box 997413, MS 4721
Sacramento, CA 95899-7413
Phone Number: **1.916.255.5259**
Toll-Free: **1.866.866.0602**
People with hearing and speaking impairments (TTY/TDD): **1.877.735.2929**

You may also notify the Alliance's Privacy Officer at:

Alameda Alliance for Health
Attn: Compliance
1240 South Loop Road
Alameda, CA 94502
Phone Number: **1.510.747.4500**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

A STATEMENT DESCRIBING THE ALLIANCE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Notice About Laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice About Medi-Cal as a Payer of Last Resort

Sometimes someone else has to pay first for the services the Alliance provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

The California Department of Health Care Services (DHCS) has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within **30 days** of filing a legal action or a claim.

Submit your notification online:

- Personal Injury Program at **www.dhcs.ca.gov/services/Pages/TPLRD_PersonalInjuryProgram.aspx**
- Workers Compensation Recovery Program at **www.dhcs.ca.gov/services/Pages/Workers-Compensation.aspx**

To learn more, please call the DHCS Workers Compensation Recovery Program at **1.916.445.9891**.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. The Alliance will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you at no cost or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice About Estate Recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more, please call DHCS 3rd Party Liability and Recovery Division at **1.916.650.0490**.

Notice of Action (NOA)

The Alliance will send you a Notice of Action (NOA) letter any time the Alliance denies, delays, terminates or modifies a request for health care services. If you disagree with the decision, you can always file an appeal with the Alliance.

To learn more about appeals, please see the "**Reporting and Solving Problems**" section in this handbook.

6. Reporting and Solving Problems

There are **two (2)** kinds of problems that you may have with the Alliance:

- A **complaint** (or **grievance)** is when you have a problem with the Alliance or a provider, or with the health care or treatment you got from a provider.
- An **appeal** is when you don't agree with the Alliance's decision not to cover or change your services.

You can use the Alliance grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact the Alliance first to let us know about your problem. To tell us about your problem, 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**).

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) toll-free at **1.888.HMO.2219** (**1.888.466.2219**) (people with hearing and speaking impairments (TTY) **1.877.688.9891**).

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday – Friday, 8 am – 5 pm, toll-free at **1.888.452.8609**.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, 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**).

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**). Visit online at **www.alamedaalliance.org**.

To report incorrect information about your additional health insurance, please call DHCS Medi-Cal, Monday – Friday, 8 am – 5 pm, toll-free at **1.800.541.5555**.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from the Alliance or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:**

  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 have your Alliance member ID number, and reason for your complaint ready.

- **By mail:** To request a form, please 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

  When you get the form, please fill it out. Be sure to include your name, Alliance member ID number and the reason for your complaint. Please share what happened and how we can help you.

  Please mail or fax the completed form to:

  Alameda Alliance for Health
  ATTN: Alliance Grievance and Appeals Department
  1240 South Loop Road
  Alameda, CA 94502
  Fax: **1.855.891.7258**

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**). Visit online at **www.alamedaalliance.org**.

Your doctor's office may also have forms available.

- **Online:** You can download the form at any time on the Alliance website at **www.alamedaalliance.org**

If you need help filing your complaint, the Alliance can help you. We offer language and interpreter services at no cost. For help, 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**).

Within **five (5) days** of getting your complaint, we will send you a letter letting you know we received it. Within **30 days**, we will send you another letter that tells you how we resolved your problem. If you call the Alliance about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, 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**). We will make a decision within **72 hours** of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for the Alliance to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within **60 calendar days** from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within **10 calendar days** from the date the NOA was delivered to you, or before the date the Alliance says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

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**). Visit online at **www.alamedaalliance.org**.

You can file an appeal by phone, in writing or online:

- **By phone:**

  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 have your Alliance member ID number and the service you are appealing ready.

- **In Writing:** To request a form, please 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

  When you get the form, please fill it out. Be sure to include your name, Alliance member ID number and the service you are appealing. Please share what happened and how we can help you.

  Please mail or fax the completed form to:

  Alameda Alliance for Health
  ATTN: Grievance and Appeals Department
  1240 South Loop Road
  Alameda, CA 94502
  Fax: **1.855.891.7258**

  Your doctor's office may also have forms available.

- **Online:** You can download the form at any time on the Alliance website at **www.alamedaalliance.org**

If you need help filing your complaint, the Alliance can help you. We offer language and interpreter services at no cost. For help, 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**).

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**).
Visit online at **www.alamedaalliance.org**.

Within **five (5)** days of getting your appeal, we will send you a letter letting you know we received it. Within **30 days**, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, 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**). We will make a decision within **72 hours** of receiving your appeal.

What to Do if You Do Not Agree With an Appeal Decision

If you filed an appeal and received a letter from the Alliance telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past **30 days**, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from the California Department of Managed Health Care (DMHC), and an outside reviewer who is not part of the Alliance will review your case.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing or an IMR.

Independent Medical Review (IMR)

An Independent Medical Review (IMR) is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with the Alliance. If you do not hear from the Alliance within **30 calendar days** or if you are unhappy with the Alliance's decision, then you may then request an IMR.

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**). Visit online at **www.alamedaalliance.org**.

You must ask for an IMR within **six (6) months** from the date on the notice telling you of the appeal decision. You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term “grievance” is for “complaints” and “appeals”:

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against the Alliance, you should first call the Alliance Member Services Department 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**). Please use the Alliance grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by the Alliance, or a grievance that has remained unresolved for more than **30 days**, you may call the DMHC for assistance. You may also be eligible for an IMR. If you are eligible for an IMR, the process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

You can call the California Department of Managed Health Care (DMHC) toll-free at **1.888.HMO.2219** (**1.888.466.2219**) (people with hearing and speaking impairments (TTY) **1.877.688.9891**). You can get claim forms, IMR applications and online instructions on the DMHC website at **www.hmohelp.ca.gov**.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with the Alliance and you are still not happy with the decision or if you have not received a decision on your appeal after **30 days**, and you have not requested an IMR.

You must ask for a State Hearing within **120 days** from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if they approval from CDSS. You can also call CDSS to ask the State to approve your PCP’s request for a State Hearing.

You can ask for a State Hearing by phone or mail.

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**). Visit online at **www.alamedaalliance.org**.

- **By phone:**
  California Department of Social Services (CDSS)
  Toll-Free: **1.800.952.5253**
  People with hearing and speaking impairments (TTY): **1.800.952.8349**
- **By mail:** Please complete the form provided with your appeals resolution notice and send it to:

  California Department of Social Services (CDSS)
  State Hearings Division
  P.O. Box 944243, MS 09-17-37
  Sacramento, CA 94244-2430

Be sure to include your name, address, phone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and phone number to the form or letter. If you need help asking for a State Hearing, the Alliance can help you.

We offer language and interpreter services at no cost. For help, 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**).

At the hearing, you will give your side. We will give our side. It could take up to **90 days** for the judge to decide your case. The Alliance must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than **three (3) business days** after it gets your complete case file from the Alliance.

Fraud, Waste and Abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Billing for professional services when the professional did not perform the service.
- Billing for services that were not given.

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**). Visit online at **www.alamedaalliance.org**.

- Falsifying medical records.
- Giving more health care services than medically necessary.
- Prescribing more medication than is medically necessary.

Fraud, waste and abuse by a person who gets benefits includes:

- Getting similar or the same treatments or medicines from more than **one (1)** provider.
- Going to an emergency room (ER) when it is not an emergency.
- Lending, selling or giving an Alliance member ID card or Medi-Cal Benefits Identification Card (BIC) to someone else.
- Using someone else's Social Security Number (SSN) or Alliance member ID number.

To report fraud, waste and abuse, please write down the name, address and Alliance member ID number (if applicable) of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Please provide the date(s) of the event(s) and a summary of exactly what happened.

Please send your report to:

Alameda Alliance for Health
ATTN: Alliance Compliance Department
1240 South Loop Road
Alameda, CA 94502

7. Important Numbers and Words to Know

Important Phone Numbers

Alliance Member Services Department
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**

Alameda County Behavioral Health Care Services - ACCESS Program
Toll-Free: **1.800.491.9099**

Alameda County Social Services Agency (Medi-Cal Center)
Phone Number: **1.510.777.2300**
Toll-Free: **1.800.698.1118**

Beacon Health Options (Alliance's Behavioral Health Benefit Manager)
Toll-Free: **1.855.856.0577**

California Children's Services (CCS)
Phone Number: **1.510.208.5970**

California Department of Health Care Services (DHCS) – Medi-Cal Managed Care
Phone Number: **1.916.449.5000**

California Department of Managed Health Care (DMHC) – Help Center
Toll-Free: **1.888.HMO.2219** (**1.888.466.2219**)
People with hearing and speaking impairments (TDD): **1.877.688.9891**

California Home Medical Equipment (CHME)
Toll-Free: **1.800.906.0626**

California Relay Service (for the hearing impaired)
Toll-Free: **1.800.735.2929**
People with hearing and speaking impairments (CRS): **711**

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**). Visit online at **www.alamedaalliance.org**.

Children First Medical Group (CFMG)
Phone Number: **1.510.428.3154**

Community Health Center Network (CHCN)
Phone Number: **1.510.297.0200**

Denti-Cal – Beneficiary Services
Toll-Free: **1.800.322.6384**
People with hearing and speaking impairments (TTY): **1.800.735.2922**

Health Care Options (HCO)
Toll-Free: **1.800.430.4263**
People with hearing and speaking impairments (TTY): **1.800.430.7077**

March Vision Care
Toll-Free: **1.844.336.2724**

Nurse Advice Line
Toll-Free: **1.888.433.1876**

Perform Rx
Toll-Free: **1.855.508.1713**

Regional Center of the East Bay
Phone Number: **1.510.618.6100**

Words to Know

Active labor: The period of time when a woman is in the three (3) stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for the Alliance to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under the Alliance.

California Children's Services (CCS): A program that provides services for children up to 21 years of age with certain diseases and health problems.

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**). Visit online at **www.alamedaalliance.org**.

California Department of Health Care Services (DHCS): The State office that oversees the Medi-Cal program.

California Department of Managed Health Care (DMHC): The State office that oversees managed care health plans.

California Department of Social Services (CDSS): The State office that handles State Hearings.

Child Health and Disability Prevention (CHDP) Program: A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your primary care provider (PCP) can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse (RN) and certified as a nurse midwife by the California Board of Registered Nursing. A CNM is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-Based Adult Services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about the Alliance, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and the Alliance agrees.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than **one (1)** type of health insurance coverage.

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**). Visit online at **www.alamedaalliance.org**.

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**). Visit online at **www.alamedaalliance.org**.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to Alliance members, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

Disenroll: To stop using the Alliance because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use the Alliance or call Health Care Options (HCO) and disenroll by phone.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. The Alliance decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under 21 years of age to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (please see *Active labor*) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Cause a body part or organ to not work right.
- Cause impairment to a body function.
- Place your health or the health of your unborn baby in serious danger.

Emergency room care: An exam performed by a doctor (or staff under 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.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is an Alliance member and receives services through the Alliance.

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**). Visit online at **www.alamedaalliance.org**.

Excluded services: Services not covered by the Alliance; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-for-service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

Formulary: A list of medications or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the Alliance. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about the Alliance, a provider, or the quality of care or quality of services provided. A grievance is the same as a complaint.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with the Alliance or are in the Alliance network. The Alliance network providers must have a license to practice in California and give you a service that the Alliance covers.

You usually need a referral from your primary care provider (PCP) to go to a specialist. Your PCP must get pre-approval (prior authorization) from the Alliance before you get care from the specialist.

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**). Visit online at **www.alamedaalliance.org**.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, Ob/Gyn care or sensitive services and some specialist to specialist referrals.

Types of health care providers:

- **Audiologist** – Provider who tests hearing.
- **Certified nurse midwife (CNM)** – Nurse who cares for you during pregnancy and childbirth.
- **Counselor** – Person who helps you with family problems.
- **Family practitioner** – Doctor who treats common medical issues for people of all ages.
- **General practitioner** – Doctor who treats common medical issues.
- **Internist** – Doctor with special training in internal medicine, including diseases.
- **Licensed vocational nurse (LVN)** – Licensed nurse who works with your doctor.
- **Medical assistant or certified medical assistant** – Non-licensed person who helps your doctors give you medical care.
- **Mid-level practitioner** – Name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- **Nurse anesthetist** – Nurse who gives you anesthesia.
- **Nurse practitioner (NP) or physician assistant (PA)** – Person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- **Obstetrician/Gynecologist (Ob/Gyn)** – Doctor who takes care of a woman's health, including during pregnancy and birth.
- **Occupational therapist (OT)** – Provider who helps you regain daily skills and activities after an illness or injury.
- **Pediatrician** – Doctor who treats children from birth through the teen years.
- **Physical therapist (PT)** – Provider who helps you build your body's strength after an illness or injury.
- **Podiatrist** – Doctor who takes care of your feet.
- **Psychologist** – Person who treats mental health issues but does not prescribe drugs.

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**). Visit online at **www.alamedaalliance.org**.

- **Registered nurse (RN)** – Nurse with more training than a licensed vocational nurse (LVN) and who has a license to do certain tasks with your doctor.
- **Respiratory therapist** – Provider who helps you with your breathing.
- **Speech pathologist** – Provider who helps you with your speech.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than **six (6) months**).

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. The Alliance is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under 21 years of age, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

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**). Visit online at **www.alamedaalliance.org**.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called end-stage renal disease (ESRD)).

Member: Any eligible Medi-Cal member enrolled with the Alliance who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with the Alliance to provide care.

Network provider (or in-network provider): Please see *Participating provider*.

Non-covered service: A service that the Alliance does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. The Alliance pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug (or non-formulary medication): A drug or medication not listed in the Alliance Medication Formulary.

Non-medical transportation (NMT): Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider who is not in the Alliance network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not in the Alliance network.

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**). Visit online at **www.alamedaalliance.org**.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions.

This includes:

- Individual or group mental health evaluation and treatment (psychotherapy).
- Outpatient laboratory, supplies and supplements.
- Outpatient services for the purposes of monitoring medication therapy.
- Psychiatric consultation.
- Psychological testing when clinically indicated to evaluate a mental health condition.

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with the Alliance to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by the Alliance's utilization review and quality assurance policies or the Alliance's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with the Alliance to offer covered services to members at the time a member receives care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Please see *Managed care plan*.

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior authorization): Your PCP must get approval from the Alliance before you get certain services. The Alliance will only approve the services you need. The Alliance will not approve services by non-participating providers if the Alliance believes you can get comparable or more appropriate services through the Alliance providers. A referral is not an approval. You must get approval from the Alliance.

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**). Visit online at **www.alamedaalliance.org**.

Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage (or prescription medication coverage): Coverage for medications prescribed by a provider.

Prescription drugs (or prescription medication): A medication or drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Preferred drug list (PDL): A chosen list of drugs approved by the Alliance from which your doctor may order for you. Also called a formulary.

Primary care: Please see *Routine care*.

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need.

Some care needs to be approved first, unless:

- You have an emergency.
- You need family planning care.
- You need Ob/Gyn care.

You need sensitive services. Your PCP can be a:

- Clinic
- Family practitioner
- FQHC or RHC
- General practitioner
- Internist
- Nurse practitioner
- Ob/Gyn
- Pediatrician
- Physician assistant

Prior authorization (pre-approval): A formal process that requires your primary care provider (PCP) must get approval from the Alliance before you get certain services or procedures. The Alliance will only approve the services you need. The Alliance will not approve services by non-participating providers if the Alliance believes you can get comparable or more appropriate services through Alliance providers. A referral is not an approval. You must get approval from the Alliance.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider directory: A list of providers in the Alliance network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: A doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your primary care provider (PCP) says you can get care from another provider. Some covered care services require a referral and pre-approval.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

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**). Visit online at **www.alamedaalliance.org**.

Service area: The geographic area that the Alliance serves. This includes Alameda County.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your primary care provider (PCP) to go to a specialist.

Specialty mental health services:

- Inpatient services:
    - Acute psychiatric inpatient hospital services
    - Psychiatric health facility services
    - Psychiatric inpatient hospital professional services
- Outpatient services:
    - Crisis intervention services
    - Crisis stabilization services
    - Day rehabilitation services
    - Day treatment intensive services
    - Intensive care coordination (ICC)
    - Intensive home-based services (IHBS)
    - Medication support services
    - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
    - Targeted case management services
    - Therapeutic behavioral services
    - Therapeutic foster care (TFC)

- Residential services:
    - Adult residential treatment services

Crisis residential treatment services**Terminal illness:** A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.