ALAMEDA ALLIANCE FOR HEALTH
PROVIDER FAQs: COVID-19

Last Updated: April 17, 2020

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community and appreciate all of your hard work on the frontlines of the COVID-19 pandemic. We have created the following FAQs to help address questions you may have regarding resources you can offer your patients during the Shelter-in-Place Order by the Alameda County Public Health Department (ACPHD).

Q: Can I provide telehealth or telephonic services to limit potential exposure to COVID-19?

A: Yes. Providers must deem clinically that services are appropriate to provide via telehealth or telephonic and the member has consented prior to receiving telehealth.

Update as of March 20, 2020: Due to the COVID-19, the Centers for Medicare & Medicaid Services (CMS) and Department of Health Care Services (DHCS) have issued guidance relaxing the regulatory requirements for the provision of telehealth.

Please refer to the latest guidance from DHCS posted on the Alliance website at **https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx**

Additional resources can be found at **www.alamedaalliance.org/providers/covid-19-resources-for-providers/**

To learn more, please visit the Centers for Disease Control and Prevention (CDC) website at **www.cdc.gov** or visit the ACPHD website at **www.acphd.org/2019-ncov.aspx**.

Q: What types of services can be provided via telehealth?

A: Providers are given the flexibility to determine if a particular service or benefit is clinically appropriate based on evidence-based medicine and/or best practices to be delivered via audio-visual, two-way, real time communication.

Q: Does the member need to consent prior to receiving Telehealth?

A: Yes. Providers must ask members before initiating the use of telehealth and document verbal or written consent. If a member does not consent to telehealth services, please advise them of any postponement of routine services that is required at this time and direct them as appropriate.

Q: Are there different rates paid for services provided through telehealth versus the same services provided in-person?

A: No. Per DHCS guidance and our latest provider communication, providers will be reimbursed at the same contracted rates, for in-person visits.

Please refer to our website for the latest provider communication at https://alamedaalliance.org/wp-content/uploads/Social-Distancing-and-Coverage-of-Alternative-Modalities_031920_Final_Faxed_Posted_031920.pdf

Q: **What if I am a provider under a delegated network (Such as Community Health Center Network (CHCN), Children First Medical Group (CFMG), or Beacon Health Options) and have questions about coverage for telehealth?**

A: Delegates are responsible for outpatient visits and services. Please contact your medical group for inquiries on telehealth coverage.

Q: **If I am a provider that receives capitated payment do I get reimbursed differently for telehealth or telephonic services?**

A: **No.** You will still receive capitated payment for those covered office services provided via telehealth of telephonically in lieu of in-person visits. Please continue to submit encounters to account for all services provided. There is no separate fee-for-service reimbursement for services normally covered under capitation.

Q: **What if a child/infant is due for routine vaccines?**

A: The California Department of Public Health has issued guidance to California Vaccines for Children (VFC) Providers. Please refer to the guidance that may be found here:

https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelinesduringCOVID19Pandemic_03_27_20.pdf

Q: **What can members do if they can't reach their primary care provider (PCP) or specialist?**

A: Please remind your patients that they can call the Alliance Advice Nurse Line, toll-free 24 hours a day, 7 days a week.

Medi-Cal Members: **1.888.433.1876**

Group Care: **1.855.383.7873**

Trained Nurses offer medical advice and, if needed, can connect the member to a doctor via phone or video chat.

For more information, please visit **www.alamedaalliance.org/members/after-hours-care**.

Q: **How much do members have to pay to get tested for COVID-19?**

A: **$0.** There is no cost associated for both Alliance Medi-Cal and Group Care members.

Q: **Can anyone get tested for COVID-19?**

A: As of right now, only people who have certain symptoms defined by the CDC can be tested.

Q: **Where can members be referred for COVID-19 testing?**

A: Members should be referred to their PCP. Members assigned to Alameda Health Systems (AHS) can receive testing through AHS. All other members not assigned to AHS should contact their PCP or provider. Providers can collect specimens and work with Quest for testing.

Q: **Where can you receive information about COVID-19 specimen device guidelines?**

A: To review specimen device guidelines, providers can visit the Quest Diagnostic's website at **www.questdiagnostics.com/home/Covid-19/HCP**.

Q: **Can provider offices close during the social distancing or Shelter-in-Place Order?**

A: We recommend that providers adhere to the ACPHD and CDC guidance regarding how to protect their office staff.

Providers are responsible to provide coverage for their patients and should use telehealth or telephonic services whenever possible to support the needs of their patients. It is not appropriate to rely on Urgent Cares or the Emergency Department for coverage for your office.

If you have to close your office, please contact the Alliance Provider Services Department and advise on what your coverage and direction for members will be to ensure that members do not have a gap in care.

Some providers are rescheduling (or transitioning to telehealth and telephonic) non-urgent or routine services for the next few weeks but it is up to each provider to determine the appropriate protocol following the ACPHD and CDC guidance.

Q: **What if a member speaks a different language other than the languages available at the office?**

A: The Alliance provides interpreter services telephonically at no cost.

To access telephonic interpreters, please follow these steps:

1. Call the Alliance at **1.510.809.3986** (available 24 hours a day, 7 days a week) for all telephonic requests.
2. Inform the operator you are an Alliance provider.
3. Provide the operator with the nine-digit Alliance member ID number.
   For communication with patients who are deaf, hearing or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.

Q: **Can members get medications delivered to their home?**

A: **Yes.** The Alliance offers a no-cost mail order delivery service for new prescriptions and refills.

It's easy for members to get started, please advise your patient to do the following:

Step 1: The member must join AllianceRX Walgreens Prime Mail Service online at **www.alliancerxwp.com/home-delivery** or call toll-free at **1.800.345.1985**.

Step 2: The prescriber must send the valid prescription(s) to AllianceRX Walgreens Prime Mail Service. The member can also ask their local pharmacy to transfer a prescription directly to AllianceRX Walgreens for future refills.

If a member has an emergency prescription or needs a refill right away, please instruct them to find out if their local pharmacy offers same-day delivery. If not, and if they are feeling sick, advise them to send someone to pick up the medicines for them.

Members can receive a 90-supply at one time.

Q: **Why didn't I receive a Remittance Advice (RA) Notice with my weekly check run?**

A: RA Notices that were accompanied with weekly checks have been suspended until further notice.

Providers may sign up to view and download RAs through the Alliance Provider Portal.

Q: **How do I access RAs through the Alliance Provider Portal?**

A: Log in to the Alliance Provider Portal using Google Chrome and follow these steps:

1. Click on *Claim Status*.
2. Enter a claim number or check number.
3. Under *Claim Number* select a claim that has a *Paid* status.
4. Click *View EOP* at the bottom of the page, to review the entire Statement of Remittance (RA) Notice. A separate tab will appear with your entire RA notice.

Q: **How do I create an Alliance Provider Portal account?**

A: To create an Alliance Provider Portal account, please follow the steps below:

1. Visit **www.alamedaalliance.org**.
2. Select *Provider Portal* from the website homepage.
3. Select *Create Account*.

Please Note: Provider Portal accounts that have not been used for 30 days will automatically be deactivated.

To be reactivate your account, or if you have issues authenticating your username and/or password, please call:

Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**

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