



## 2020 Quarter 3 Provider Packet

### In-Person Visits Have Been Suspended due to Shelter-in-Place Orders

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The Alliance is available to support and assist our providers during the shelter-in-place orders that have been enacted in our community to prevent the spread of the Coronavirus (COVID-19).

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

- Contact your Provider Relations Representative directly by email or phone
  - Errin Poston-McDaniels: [EPoston-McDaniels@alamedaalliance.org](mailto:EPoston-McDaniels@alamedaalliance.org), **1.510.747.6291**
  - Stacey Woody: [SWoody@alamedaalliance.org](mailto:SWoody@alamedaalliance.org), **1.510.747.6148**
  - Tom Garrahan: [TGarrahan@alamedaalliance.org](mailto:TGarrahan@alamedaalliance.org), **1.510.747.6137**
  - Leticia Alejo: [LAlejo@alamedaalliance.org](mailto:LAlejo@alamedaalliance.org), **1.510.373.5706**
- Email us at [providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)
- Call our Provider Services Department Call Center at **1.510.747.4510**
- Visit the provider section of our website at [www.alamedaalliance.org/providers](http://www.alamedaalliance.org/providers)

#### **THIS PACKET INCLUDES:**

- 2020 Quarter 3 Provider Visit Form
- Vendor Disclosure of Ownership Form
- Provider Demographic Attestation Form
- Clarification on Reimbursement of Alternative Modalities
- Electronic Prior Authorization (PA) Requests through our Provider Portal
- Protect Patient Confidentiality – Protected Health Information (PHI) Includes Claim Numbers
- Provider Appointment Availability Survey (PAAS) Update
- Timely Access Standards
- Member Responsibilities and Rights
- Initial Health Assessment (IHA) Update
- Preventative Services Guidelines Update – July 2020
- COVID-19 and Health Equality
- COVID-19 and Tobacco
- Cultural Sensitivity Training for 2020
- Interpreter Services Packet
- Medication Safety Guidelines
- Medi-Cal Rx Transition

Accepting New Patients     Accepting Existing Patients     Not Accepting Patients

Comments: \_\_\_\_\_

Provider/Office Staff Signature: \_\_\_\_\_

Provider/Office Staff Print: \_\_\_\_\_



# Vendor Disclosure of Ownership Form

## I. Instructions

This form must be completed and submitted to Alameda Alliance for Health (Alliance) by all providers and subcontractors. A new Disclosure Form is required and must be submitted in the event of renewal or extension of the contract or within 35 days after any information in your original form has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with the Alliance and the Alliance's administrative requirements.

**The disclosure, reporting, and exclusion requirements apply to partnerships on both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III, and VI of the Disclosure Form. The definitions are based on law, regulation, and instructions from regulatory authorities.**

**Important Note:** For the purposes of this Disclosure Form, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (I) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (II) Partners of a partnership, including without limitation limited liability partnerships.

See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definition of other key terms such as "Managing Employee," "Provider," and "Agent."

Please complete this Disclosure Form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this Disclosure Form, please reference the Definitions provided under Section VII.

## II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS	DBA (Doing Business As), if applicable		
ADDRESS			NPI/UMPI
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER
FEDERAL EMPLOYER ID (FEIN)	TAX ID		

**III. Structure**

<b>Check the entity type that describes your structure:</b>			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Partnership (i.e., LP, LLP, LLLP)	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Incorporated County	<input type="checkbox"/> Unincorporated County (You may advance to Section VI for Certification)		<input type="checkbox"/> Other

**IV. Ownership, Control and Management Information**

A. Please provide the following information for each **Managing Employee** and **Person or Entity with an Ownership or Control Interest** in your business, and any Sub-Subcontractor in which you have direct or indirect ownership of 5% or more. All applicable fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided. A non-profit entity must disclose all required information applicable to the entity. Please review the definitions in Section VII.

No.	Full Legal Name and Title	Address Individuals – list home address Entities – list primary business address, every business location and P.O. Box	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1.					
2.					
3.					

B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in subsection IV (A) as a spouse, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	SSN	Name of Person Related To	Related Person's SSN	Relationship
1.					
2.					
3.					

C. For each Person with an Ownership or Control Interest listed in subsection IV (A) who also has an ownership or control interest in a disclosing entity other than that indicated in subsection IV (A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	Address	Date of Birth	SSN or FEIN	% Ownership Interest
1.					
2.					
3.					



**V. Excluded Individuals or Entities**

A. Are there any of your employees, Persons or Entities with an Ownership or Control Interest in your business, or any of your Managing Employees, Affiliates, or Agents who are or have ever:

- Been excluded from participation in Medicare, any of the State health care programs, or Federal health care program under sections 1128 and 1128A of the Social Security Act?

Yes  No

- Been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or any other state or jurisdiction since the inception of these programs?

Yes  No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

Yes  No

- Entered into a settlement in lieu of conviction involving fraud or abuse of any government program?

Yes  No

- Been debarred, suspended, or otherwise excluded for participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

Yes  No

B. Do you have any agreements for the provision of items or services related to the Alliance’s obligations under its contracts with the State or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

Yes  No

If you answered “Yes” to any of the above questions, list the name and the social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering “Yes” (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1.			
2.			
3.			
4.			



## VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify the Alliance of any changes to this information as outlined in Section I.

NAME (print)	TITLE	
SIGNATURE		DATE
EMAIL ADDRESS		

**Return a completed, signed Disclosure Form to the Alliance as follows:**

Please print single-sided and fax the completed form to the Alliance Provider Services Department:  
Fax: **1.855.891.7257**

You may also mail the form to:  
**Alameda Alliance for Health**  
**ATTN: Provider Services Department**  
**1240 South Loop Road**  
**Alameda, CA 94502**

If you have any questions, please contact the Alliance Provider Services Department:  
Phone Number: **1.510.747.4510**  
Email: **deptproviderrelations@alamedaalliance.org**

## VII. Definitions

For the purpose of this disclosure, the following definitions apply:

1. **Act** means the Social Security Act.
2. **Affiliate** means associated business concerns or individuals if, directly or indirectly:
  - A) Either one controls or can control the other; or
  - B) A third party controls or can control both.
3. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider or Subcontractor.
4. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. For purposes of this Disclosure Form, Disclosing Entity shall also include Provider, Other Disclosing Entity, Subcontractor, and Sub-Subcontractor.
5. **Other Disclosing Entity means** any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
  - A) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
  - B) Any Medicare intermediary or carrier; and



- C) Any entity (other than an individual practitioner or group of practitioners) that furnishes or arranges, for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
6. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider or Subcontractor, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider or Subcontractor, or part thereof.
7. **Person or Entity with an Ownership or Control Interest** means a person or corporation that:
- A) Has an ownership interest, directly or indirectly, totaling 5% or more in the Provider or Subcontractor;
  - B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider or Subcontractor;
  - C) Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider or Subcontractor, if that interest equals at least 5% of the value of the property or assets of the Provider or Subcontractor;
  - D) Is an officer or director of Subcontractor or a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
  - E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
8. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with the Alliance to provide health care services to Alliance members, including members enrolled through the Alliance's contracts with the State. For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with the Alliance to members enrolled through the Alliances' government program contracts with the State, provided those services are significant and material to the Alliance's obligations under the respective government program contract.
9. **State** means the California Department of Health Care Services (DHCS).
10. **Subcontractor** means an individual, agency, or organization that has a contract with the Alliance that relates directly or indirectly to the performance of the Alliance's obligations under its contract with the State. A network provider is not a subcontractor by virtue of the network provider agreement with the Alliance.
11. **Sub-subcontractor** means:
- A) An individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
  - B) An individual, agency, or organization with which a fiscal agent or Disclosing Entity has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.



## Provider Demographic Attestation Form

**INSTRUCTIONS:**

1. Please print clearly.
2. Please return form by fax to Alameda Alliance for Health (Alliance)  
Fax Number: **1.855.891.7257**

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

PROVIDER INFORMATION	
PROVIDER/CLINIC NAME	PROVIDER TAX ID
SITE ADDRESS	
MAIN PHONE NUMBER	FAX NUMBER
HOURS OF OPERATION	
CLINIC EMAIL ADDRESS	
LANGUAGES SPOKEN	ACCEPTING PATIENTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONLY EXISTING

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

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

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



## Important Clarification on Reimbursement of Alternative Modalities

At Alameda Alliance for Health (Alliance), we appreciate our dedicated provider partner community, and all of your hard work on the frontlines of the COVID-19 pandemic.

We have received inquiries about how our contracted providers can bill for Evaluation & Management services performed via video, telephone or telehealth appointments. The table below provides clarifying guidance on how to bill depending on the modality.

If you did not bill accordingly and have experienced claim denials, corrected claims will be required for processing. Corrected claims must be received within **180 days** from the date the claim was denied. As a reminder, telehealth services are reimbursed at the same contracted rate of services rendered in the office.

### What CPT codes are acceptable?

- New patient office visit CPT codes: 99201-99205
- Established patient office visit CPT codes: 99211-99215
- Office consultations CPT codes: 99241-99245

Service Modality	Place of Service Code	Required Modifier
Telehealth	Place of service code "02" for telehealth	Modifier "95"
Rendered in the office (no changes to billing)	Place of service code "11" for office	N/A

**Please note that CPT code 99442 is no longer valid and is not a covered Medi-Cal code.**

Alliance providers under a contracted delegated network (such as Community Health Center Network (CHCN), Children First Medical Group (CFMG), and Beacon Health Options (Beacon)) will need to bill the delegated network accordingly for the office visit.

Thank you for your continued partnership, patience and understanding as we work through this unprecedented situation in solidarity. We appreciate you for all of your hard work and providing high quality care to our members and community. Together, we are creating a healthier community for all.

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





## Important Update: For Faster Processing, Please Submit Prior Authorization (PA) Requests Electronically Through the Online Alliance Provider Portal

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. The health and safety of our community is our number one priority as we continue to address the operational impacts of COVID-19.

**Effective immediately**, we strongly advise providers to submit Prior Authorization (PA) Requests electronically, through the Alliance Provider Portal. As a number of our operations have been transitioned to be performed remotely, we are able to process PA forms that are submitted electronically more quickly, than PA forms that are submitted by fax.

### How do I submit a PA through the Alliance Provider Portal?

Login to the Alliance Provider Portal using Google Chrome and follow these steps:

Step 1: Click on “**Submit Authorizations**” under **Authorization** quick link.

Step 2: Click on “**select a form**” and choose the appropriate authorization type from the drop down menu:

- Inpatient Authorization (elective procedures only)
- Outpatient Authorization

Step 3: Enter all required fields as directed in this section.

Step 4: **Attach medical records** to avoid further delay of review or possible denial of services.

Step 5: Click “**submit request**” once you are ready to submit.

### How do I create an Alliance Provider Portal account?

1. Visit [www.alamedaalliance.org](http://www.alamedaalliance.org).
2. Click “**Provider Portal**” from the website homepage.
3. Click “**Create a new account**”.

### Please Note:

- ER admissions cannot be submitted through the Alliance Provider Portal.
- All required fields, as indicated, must be completed.
- Please double check that the CPT and DX codes are valid and/or Medi-Cal or Group Care covered codes, as appropriate, for the care or service that is being requested.
- Please attach all required medical record documentation to the request to help prevent any delays with processing.
- If any required information is missing the system will not accept the request. You will be taken back to the authorization form to enter the missing fields.
- You will receive a reference number to show that the PA request was successfully submitted through the provider portal. This is not the PA number itself.

Thank you for your continued partnership and for providing high quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
or you may contact your Provider Representative directly.

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

**[www.alamedaalliance.org](http://www.alamedaalliance.org)**



## Electronic Funds Transfer (EFT) for Provider Payments

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

We are pleased to announce the availability of Electronic Funds Transfer (EFT). Providers who enroll in EFT will have fee-for-service (FFS) payments deposited directly into their bank account. The EFT option is available to all contracted providers.

To enroll in EFT, providers must complete the **Electronic Funds Transfer Authorization Form** that can be found at the end of this document. Prior to completing the form, please read the **Instruction Sheet** carefully and follow the directions.

Providers with more than one National Provider ID (NPI) should attach a list of NPI numbers to the application. Please note that any attachments to the Electronic Funds Transfer Authorization Form must have an authorized original signature.

Provider Groups that receive payments under the Group ID only need to complete one (1) single enrollment form for the Group NPI. Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their individual Provider NPI. Only one (1) TIN can be used per form.

ONE (1) of the following items must be attached to your enrollment form:

- A voided check from your checking account; OR
- If you have a deposit-only checking account (and do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer verifying your account information. The letter must be on bank letterhead and include the bank's name, address and routing number, the type of account, the account number, and the account owner's name, address and tax ID number. The letter also must be signed by a bank officer and notarized.

EFT enrollment applications that do not meet these requirements will be rejected.

After sending the Electronic Funds Transfer Authorization Form to the Alliance, please allow a minimum of four (4) weeks for processing.

The EFT transactions will be transmitted to the Alliance's bank on Thursday. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

If you have any questions about the EFT process, please call the Alliance Provider Services Department at **1.510.747.4510**.

## Electronic Funds Transfer Authorization Form - Instructions

Providers wishing to request **Electronic Funds Transfer (EFT)** of Alameda Alliance for Health (Alliance) fee-for-service (FFS) funds must complete and return an **Electronic Funds Transfer Authorization Form**, along with one (1) of the following attached to your form:

- A voided check from the checking account to which the funds are to be transferred. The check must contain the name and address of the provider or provider organization and the word "VOID" must be written across its face; OR
- If you have a deposit-only checking account (and you do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer. The letter must be on bank letterhead and include the bank's Name, address and routing number, the type of account, the account number, and the account owner's name, address and tax ID number. The letter also must be signed by a bank officer and notarized.

Sections A and B of the EFT form must be complete and legible, otherwise, the request will not be processed and will be returned.

### Section A: Provider Information

**Step 1** – Enter **NAME OF PROVIDER** – Complete legal name of the institution, corporate entity, practice, or individual provider as it is filed with the Alliance.

**Step 2** – Enter **PROVIDER IDENTIFIER NPI NUMBER** (or Group NPI if payment is made to a Group Practice). Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their **individual Provider NPI**.

**Step 3** – Enter **DOING BUSINESS AS (DBA) NAME** – A fictitious business name, under which the business or operation is conducted and presented to the world and is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

**Step 4** – Enter **PROVIDER IDENTIFIER** – Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

**Step 5** – Enter **PROVIDER CONTACT NAME** – Name of contact in provider office for handling EFT issues.

**Step 6** – Enter **PHONE NUMBER** – Associated with contact person.

**Step 7** – Enter **EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider.

**Step 8** – Enter **PROVIDER ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.

**Step 9** – Enter **PROVIDER AGENT NAME** – Name of provider’s authorized agent.

**Step 10** – Enter **PROVIDER AGENT PHONE NUMBER** - Associated with provider agent.

**Step 11** – Enter the **PROVIDER AGENT ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.

**Step 12** – Enter **PROVIDER AGENT EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider agent.

## **Section B: Banking Information**

**Step 1** – Enter the Financial Institution Routing Number: A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited. Numbers can be found at the bottom of your check.

**Step 2** – Enter the Provider’s Account Number with Financial Institution: Provider’s account number at the financial institution to which EFT payments are to be deposited.

**Step 3** – Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g. Checking, Savings.

**Step 4** – Financial Institution Name: Official name of the Provider’s financial institution.

**Step 5** – Financial Institution Address: Street Address associated with receiving depository financial institution name field, City, State, Zip Code.

## **Section C: EFT Authorization or Cancellation**

Providers should complete and sign this section. All documents received will be processed and placed in the provider’s file. Please note: For providers who have claims paid within a particular payment cycle, FFS funds are normally scheduled to be transferred on Thursdays. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

**Please allow a minimum of four (4) weeks for your Electronic Funds Transfer Authorization Form request to be processed.**

**To change banking information, providers must send the following:**

- A new Electronic Funds Transfer Authorization Form indicating the new banking information. The enrollment form must be signed with an original signature and a title must be indicated.
- A voided check with the new account and routing numbers must be attached to the new enrollment form. If the account is a “deposit only” account, attach a signed, notarized letter from your banking institution indicating the new account and routing numbers. Regardless of what is being updated, both the account and routing numbers must always be indicated.

- A letter indicating changes to your account is required. The letter must be on company letterhead and include any provider number(s) (tax ID and NPI), new account and routing numbers and a brief explanation for the change. The letter must have an original signature and a title should be indicated.

Note: If you are changing your EFT from one banking institution to another banking institution, your payments will automatically transfer back to paper for a minimum of two (2) weeks while your EFT is being set up on your new account.

To cancel EFT transactions, providers must send an Electronic Funds Transfer Authorization Form, including the provider number(s), applicable Tax ID and/or NPIs, to the address below. Please allow a minimum of four (4) weeks to transition to a paper check.

Please email, fax or mail the completed form with the voided check and attachments (if applicable) to:

Email

**finance@alamedaalliance.org**

**ATTN: Alameda Alliance for Health – [DBA/Provider Name]**

Mail

**Alameda Alliance for Health**

**ATTN: EFT Processing – Finance Department**

**1240 South Loop Road**

**Alameda, California 94502**

Fax

**Alameda Alliance for Health – Finance Department**

**ATTN: Alameda Alliance [DBA/Provider Name]**

**Fax Number: 1.510.995.3709**

For questions regarding the Electronic Funds Transfer Authorization Form, please contact:

**Alliance Provider Services Department**

**Phone Number: 1.510.747.4510**

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**Questions?** Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

**www.alamedaalliance.org**



## Electronic Funds Transfer (EFT) Authorization Form

This authorization remains in full force and effect until Alameda Alliance for Health (Alliance) receives written notification from the provider of its termination, or until the Alliance or an appointing authority deems it necessary to terminate the agreement.

**DIRECTIONS:** An original pre-imprinted voided check for checking accounts, or an original bank letter for savings accounts, must be submitted with this form. The provider name, routing number and account number on either of those documents must match what is entered on this form. Photocopied documents will not be accepted. Please print or type legibly. Use ink for signatures, including notary. Please print this form single-sided and complete all sections before sending it to the Alliance.

### SECTION A:

1. NAME OF PROVIDER (Name must match name on bank account and name registered with the Alliance)		2. PROVIDER IDENTIFIER NPI NUMBER (Attach the providers with more than one NPI form below if multiple NPI's)	
3. DOING BUSINESS AS NAME (DBA)		4. PROVIDER IDENTIFIER (TIN OR EIN, only one TIN/EIN per form)	
5. PROVIDER CONTACT NAME	6. PHONE NUMBER	7. EMAIL ADDRESS	
8. PROVIDER ADDRESS		CITY	STATE ZIP CODE
9. PROVIDER AGENT NAME (Name of provider's authorized agent)		10. PROVIDER AGENT PHONE NUMBER	
8. PROVIDER AGENT ADDRESS		CITY	STATE ZIP CODE
12. PROVIDER AGENT EMAIL ADDRESS			

### SECTION B:

1. FINANCIAL INSTITUTION ROUTING NUMBER	2. PROVIDER'S ACCOUNT NUMBER (include leading zeros)	3. TYPE OF ACCOUNT AT FINANCIAL INSTITUTION <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
4. FINANCIAL INSTITUTION NAME			
8. PROVIDER ADDRESS		CITY	STATE ZIP CODE

**SECTION C:**

Please check the appropriate box.

- I hereby authorize the Alliance to initiate credit entries to my bank account as indicated above, and the depository named above to credit the same to such account. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.
  
- I hereby **CANCEL** my EFT authorization.

I understand that by signing this form, payments issued will be from Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature must be owner, partner or corporate officer. Please send form and attachments (if applicable) via email, fax or mail.

Email  
**finance@alamedaalliance.org**  
**ATTN: Alameda Alliance for Health [DBA/Provider Name]**

Mail  
**Alameda Alliance for Health**  
**ATTN: EFT Processing – Finance Department**  
**1240 South Loop Road**  
**Alameda, California 94502**

Fax  
**Alameda Alliance for Health**  
**ATTN: Alameda Alliance [DBA/Provider Name]**  
 Fax Number: **1.510.995.3709**

<p><b>Internal Use Only:</b>  <b>Reviewed By:</b>          Finance Signatory: _____          Date Signed: _____          SR Number: _____</p>
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**Providers with More Than One NPI**

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Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** However, members of Provider Groups who also bill individually may enroll by submitting a separate enrollment form using their individual provider number.

Provider Group/ Individual Name	Provider Group/ Individual NPI	Alameda Alliance for Health Use Only

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature must be owner, partner or corporate officer. Please send form and attachments (if applicable) via email, fax or mail.





## Important Reminder to Protect Patient Confidentiality – Protected Health Information (PHI) Includes Claim Numbers

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we are committed to continuously improve our provider and member customer satisfaction. We have an important reminder that we would like to share with you.

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated and established national standards to protect patient health care information. Enacted laws cover the release of information, sharing patient information, new HIPAA incident notification rules, and set civil/criminal penalties and fines for the inappropriate release of patient information. In accordance with **45 C.F.R. §164.514**, we ask that you protect your patients and their confidential health care information at all times. This information also includes **claim numbers** and any shared information that could potentially be used to identify a patient.

**Please review and remember to follow these methods when sending information to the Alliance:**

1. **Mail:** When mailing paper claims and billing information, **SECURE** the envelope or box to ensure it is closed and that information will not come out or get lost in the mail.
2. **Email:** Send and receive email exchanges with patient information securely. All patient information, including **CLAIM** information, must be sent and received using **secure email**. If you do not have a secure email account, we will help you set one up.

Step 1: Call us to let us know that you do not have a secure email account.

Step 2: We will initiate your secure email account by sending a secure email to you.

Step 3: When you open the secure email, you will have to create a log in and password. (If you do not already have a Cisco RES account that was previously established.)

Step 4: You will continue to use the secure email account that we initiate for you going forward.

3. **Faxing:** This is a secure method to exchange member or claim information. If you are working with your provider representative, you may fax them directly, or send a fax to the Provider Services Department at **1.855.891.7257**.
4. **Shred:** Remember to shred documents that contain patient identifiers when no longer needed.
5. **Training:** Provide ongoing training of HIPAA protection procedures and reporting methods to office staff.
6. **Notify** the Alliance if there are any suspected HIPAA violation incidents within 24 hours of discovery, please contact:

**Alliance Compliance Department**

Phone Number: **1.855.747.2234**

Email: **compliance@alamedaalliance.org**

If you need assistance with any of the above methods, please contact the Alliance Provider Services Department at **1.510.747.4510**.

For more information about HIPAA compliance, visit **www.hhs.gov** or you may visit the Alliance website at **www.alamedaalliance.org/providers**.

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**Questions?** Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

**www.alamedaalliance.org**



## 2020 Provider Appointment Availability Survey (PAAS)

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

Each year, the Alliance conducts its annual Provider Appointment Availability Survey (PAAS). All health plans in California are required to survey providers to assess the availability of routine and urgent appointments. **Per the Department of Managed Health Care (DMHC) APL 20-018, COVID-19 (OPM) Modification of Timely Access PAAS Timeframes, the 2020 survey will be conducted from August to December.**

### **About This Survey**

**Providers:** Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, dependent on DMHC methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (mammogram or physical therapy).

**Methodology:** The Alliance contacts a randomized sample (and oversample, as appropriate) of network providers contracted with the Alliance as of **December 31 of the previous year**. The Alliance first faxes/emails the survey. If we do not receive a fax or email response, the Alliance follows up with a phone call.

**Questions:** The survey solicits answers about the next available appointment<sup>1</sup> date and time for:

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

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

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

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

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

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<sup>1</sup> Appointments can be either in-person or via telehealth.

## **TIMELY ACCESS STANDARDS\***

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

<b>PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

<b>SPECIALTY/OTHER APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of Request
Non-Urgent Appointment with an <b>Ancillary Service</b> Provider	15 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

<b>ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

**\*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines**

**PA = Prior Authorization**

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

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

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

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

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

## Alliance Member Responsibilities and Rights

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

Si necesita ayuda para leer este documento, llame a Servicios al Cliente al 1.510.747.4567

假如您看不懂本文件，需要協助或其他語文版本，請致電會員服務部，電話 1.510.747.4567

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi ban Dịch Vụ Hội Viên tại số 1.510.747.4567



**As a member of Alameda Alliance for Health (Alliance), you have certain responsibilities.**

### ALLIANCE MEMBERS HAVE THESE RESPONSIBILITIES:

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

To give your doctors and the Alliance correct information.

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

To always present your Alliance Member Identification Card to receive services.

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

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

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

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

# Alliance Member Responsibilities and Rights

**As a member of Alameda Alliance for Health (Alliance), you have certain rights.**

## ALLIANCE MEMBERS HAVE THESE RIGHTS:

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

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

To be treated with respect at all times.

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

To choose a doctor [Primary Care Provider (PCP)] within the Alliance's network and help make choices about your health care with your doctor. This includes the right to refuse treatment.

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

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

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

To access covered Federally Qualified Health Centers, American Indian Health Programs, sexually transmitted disease services, emergency services and family planning services outside the Alliance's network, Minor Consent Services, and specialty services (i.e., Durable Medical Equipment (DME)).

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

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

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

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

To access the Alliance Nurse Line, 24/7 at 1.888.433.1876.

To access telephone Triage or Screening 24/7 by calling your Primary Care Provider (PCP).

# Alliance Member Responsibilities and Rights

**As a member of Alameda Alliance for Health (Alliance) you also have the right to receive timely access to care.**

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

## APPOINTMENT WAIT TIMES:

Health plan members have the right to appointments within the following time frames:

<b>EMERGENCY CARE</b>	<b>WAIT TIME</b>
Emergency Care (life-threatening)	Immediately, 24/7
Emergency Care (non-life-threatening)	Within 6 hours
<b>URGENT APPOINTMENTS</b>	<b>WAIT TIME</b>
For services that do not need prior approval	48 hours from request
For services that need prior approval	96 hours from request
<b>NON-URGENT APPOINTMENTS</b>	<b>WAIT TIME</b>
Primary care appointment	10 business days
Specialist appointment	15 business days
Appointment with a mental health care provider (who is not a physician)	10 business days
Appointment for ancillary services to diagnose or treat a health condition	15 business days



**Questions?** Call the Alliance Member Services

Monday – Friday, 8 am – 5 pm

Phone Number: 510.747.4567 • Toll-Free: 1.877.932.2738 • CRS/TTY: 711/1.800.735.2929

[www.alamedaalliance.org](http://www.alamedaalliance.org)

# Alliance Member Responsibilities and Rights

## WORDS TO KNOW

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

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

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

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

**Expedited** – To speed up the review process.

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

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

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

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

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

**Non-Urgent Appointments** – Request if you would like to schedule a routine care, check-up, or periodic health examination with your primary care doctor or would like to set up an appointment with a diagnostic specialist.

**Nurse Line** – The Alliance Nurse Line is offered 24/7 to all members to help answer your health questions in regards to common illnesses and conditions, healthy lifestyle tips, health screenings and shots. The Nurse Line links you to a Registered Nurse who will discuss your health and wellbeing. The Registered Nurse will also help you decide what kind of care to seek, including: if your health problem can be treated at home, if you should see a doctor, or if you might need to get urgent or immediate care.

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

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

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

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



## COVID-19 Impact on Initial Health Assessment (IHA)

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

On Monday, June 8, 2020, the Department of Health Care Services (DHCS) released an All Plan Letter (APL) providing guidance on the completion of the Initial Health Assessment (IHA) during the current public health emergency. Per APL 20-0004, any members newly enrolled with Alliance between Sunday, December 1, 2019, and the end of the public health emergency, DHCS is temporarily suspending the requirement that an IHA be completed in 120 days. The Alliance will defer the completion of the IHA until the public health emergency is over.

### Components of an Initial Health Assessment (IHA)

IHA includes six (6) components:

1. History
2. Review of Organ System (ROS)
3. Physical and Mental Health Examination
4. Preventive Care
5. Diagnoses and Plan of Care
6. Staying Healthy Assessment (SHA/IHEBA)

Additional information and resources can be found on the Alliance website at [www.alamedaalliance.org/providers/initial-health-assessment](http://www.alamedaalliance.org/providers/initial-health-assessment).

To view the DHCS APL 20-0004, please visit

[www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004.pdf)

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





## Preventative Services Guidelines Update – July 2020

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

**At the Alliance, we require that all network and delegated providers follow the most current Preventive Care Guidelines.** We are sharing this update to ensure that our provider community is aware of the most recent changes.

For adults ages 21 and older, the Alliance follows the current U.S. Preventive Services Task Force (USPSTF) clinical preventive services. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. To view the list, please visit [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations).

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule. To view the schedule, please visit [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](http://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

Listed below are USPSTF recommendation updates from October 2019 to June 2020:

Topic	Description	Grade	Release Date
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm with ultrasonography in men aged 65 to 75 years who have ever smoked.	B	December 2019*
Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B	March 2020*
Unhealthy Drug Use: Screening: adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B	June 2020

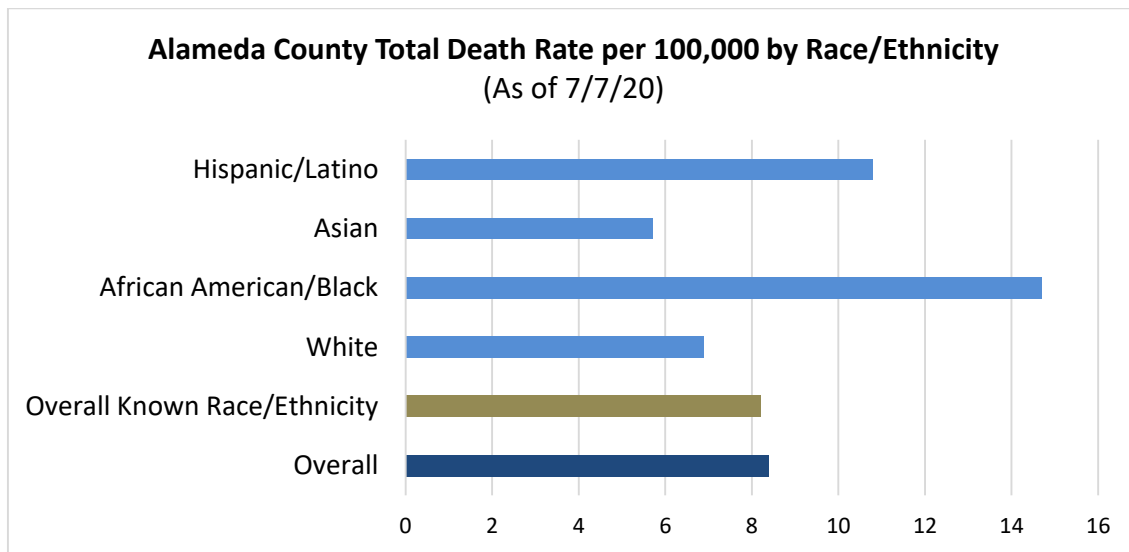
\*Previous recommendation was an “A” or “B”.

**Questions?** Please call the Alliance Provider Services Department  
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[www.alamedaalliance.org](http://www.alamedaalliance.org)

## COVID-19 and Health Equity

At Alameda Alliance for Health, we value our dedicated provider community, and all of your hard work on the frontlines of the COVID-19 pandemic. It is our collective responsibility to identify and address how historical and present-day biases create health inequities among our members.

Alameda County Public Health Department (ACPHD) data show how COVID-19 has disproportionately affected African American/Black and Hispanic/Latino communities.



Source: ACPHD, [www.acphd.org/2019-ncov.aspx](http://www.acphd.org/2019-ncov.aspx)

Please see below for resources available to health care professionals to help address these inequities:

- Journal of the American Medical Association, *COVID-19 and Racial/Ethnic Disparities*: [jamanetwork.com/journals/jama/fullarticle/2766098](http://jamanetwork.com/journals/jama/fullarticle/2766098)
- Centers for Disease Control and Prevention: [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html)
- American Medical Association: [ama-assn.org/delivering-care/health-equity/covid-19-health-equity-resources](https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-resources)
- Diversity, Equity, & Inclusion at UCSF Benioff Children's Hospitals: [diversitybch.ucsf.edu/diversity-equity-inclusion-covid-19-resources](https://diversitybch.ucsf.edu/diversity-equity-inclusion-covid-19-resources)

We appreciate all you do to address the roots of the unjust burden for our Black and Latinx members. We hope that these resources support your critical role in the change we are all working towards.

**Questions?** Please call the Alliance Health Programs  
 Monday – Friday, 8 am – 5 pm  
 Phone Number: **1.510.747.4577**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Tobacco and COVID-19

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

In light of the COVID-19 pandemic, it is even more important for your patients to protect their lung health, and stop smoking and vaping. Now is the time to Ask, Advise, and Refer for tobacco treatment.

**Ask:** Ask about tobacco use. For example, “Have you used tobacco products in the past month, including vapes (e-hookahs, pens, JUULs)?”

**Advise:** Use a clear, strong, and personalized message.

You can also share that:

- **Smoking and vaping weakens your immune system** and reduces lung function, so you are at higher risk for getting more severe COVID-19 symptoms.
- **You could get COVID-19 if the virus is on your hands** and you put your hands to your mouth and face when smoking or vaping.
- **Quitting helps your lungs and heart to work better** from the moment you stop. Quitting also prevents the people around you from breathing in smoke.

**Refer:** Prompt patients with questions such as, “Are you interested in working on a plan to help you quit?” and “Have you heard of medicines that can help you quit?”

You can refer patients to the California Smokers’ Helpline for help making a quit plan at **nobutts.org** or toll-free at **1.800.662.8887 (1.800.NO.BUTTS)**. For vaping, patients can visit **novapes.org** or call toll-free at **1.844.866.8273 (1.844.8.NO.VAPE)**.

For health education resources, please visit **www.alamedaalliance.org/providers/patient-health-wellness-education**.

For assistance with tobacco treatment questions or staff trainings, please contact the Tobacco Treatment Program (TTP), a LifeLong Medical Care program. Email Program Manager Patricia Sanchez at **psanchez@lifelongmedical.org** or call **1.510.336.4641**.

### References and resources:

- California Smokers’ Helpline, Coronavirus (COVID-19) – **www.nobutts.org/covid**
- Tobacco Free CA, COVID-19 and Tobacco: What You Need to Know – **tobaccofreeca.com/health/covid-19-and-tobacco-what-you-need-to-know**
- World Health Organization (WHO), Q&A: Tobacco and COVID-19 – **www.who.int/news-room/q-a-detail/q-a-on-tobacco-and-covid-19**

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



## Cultural Sensitivity Training 2020

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction. We have an important notice that we would like to share with you.

### **Updated Alliance Cultural Sensitivity Training Now Available!**

Ongoing cultural sensitivity training is an important way to help ensure our provider partners meet the diverse needs of their patients. To assist with these efforts, we have created a training that complies with cultural and linguistic regulations for Medi-Cal Managed Care. Our goal is to support you in advancing your expertise in providing quality health care through cultural sensitivity and communication. This training is updated yearly and available for use by our provider network.

To view the training slide deck and webinar, as well as access other cultural resources, please visit the Alliance website at [www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities](http://www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities)

The Alliance Cultural Sensitivity Training takes about one (1) hour to complete and includes:

- State and federal laws and regulations regarding cultural, and linguistic services
- Alliance membership demographics
- Why culture is important in health care
- Practical tips for cultural sensitive practices
- Best communication practices for sub-groups, including:
  - Refugee and immigrant members
  - Limited-English speaking members
  - LGBTQ+ members
  - Seniors (older adults) and Persons with Disabilities
- Accessible communications: interpreters, translation, and alternate formats

Thank you for your continued partnership and for providing high quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Health Programs  
Monday – Friday, 8 am – 5 pm  
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[www.alamedaalliance.org](http://www.alamedaalliance.org)



## 2020 Interpreter Services Provider Update

At Alameda Alliance for Health (Alliance), we appreciate our provider plan partnership to ensure that your Alliance patients have access to quality interpreters for all health care services. We have recently made updates to enhance the delivery of these services. We will be rolling these changes out in three (3) phases. We have put this packet together to help walk our provider partners through these updates, changes and phases.

### **THIS PACKET INCLUDES:**

- Letter from Scott Coffin, Alliance CEO
- Provider Alert regarding our new telephonic interpreter services vendor, CyraCom
- Interpreter Services Provider Guide
- Interpreter Services Request Form
- Point to Your Language Card
- I Speak Cards

PHASE	DESCRIPTION	LAUNCH DATE
1	<b>Now Available for All Alliance Providers</b> – New telephonic interpreter services vendor, CyraCom.	June 1, 2020
2	<p><b>First group</b> of Alliance clinics/providers will begin to follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> <li>• Community Health Center Network (CHCN) clinics</li> <li>• Beacon Health Options providers</li> </ul> <p><b>All Alliance providers</b> will need to submit requests for in-person interpreters Services five (5) business days in advance.</p>	July 1, 2020
3	<p><b>Second group</b> of Alliance providers will follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> <li>• Children’s First Medical Group</li> <li>• Alameda Health System</li> <li>• All other directly contracted clinics and providers</li> </ul>	October 1, 2020

**Questions?** Below are ways that you can contact us for questions related to Alliance interpreter services:

- Contact the Health Education Manager:  
Linda Ayala  
Phone Number: **1.510.747.6038**  
Email: [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)
- Call our Provider Call Center:  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**
- Visit the provider section of our website:  
[www.alamedaalliance.org/providers/provider-resources/language-access](http://www.alamedaalliance.org/providers/provider-resources/language-access)



June 30, 2020

Re: Interpreter Services for Alameda Alliance for Health Members

Dear Alliance Provider Partner,

At Alameda Alliance for Health (Alliance), we appreciate our dedicated provider community and the quality health care that you provide to our members. We understand that interpreter services are key to helping provide excellent care to our diverse membership. Almost 40% of our members prefer to communicate in a language other than English, and at many of our partner clinics, that percentage is significantly higher.

**Over the next year, we will be moving most of our interpreter services from in-person to on-demand telephonic interpreting.** We anticipate that increasing on-demand telephonic services will lift a significant administrative burden for you and your office staff. Telephonic interpreting services has the advantage of immediate access, and in most cases, there is no need to preschedule or confirm appointments.

To support this change, we will have a new vendor for telephonic interpreter services – CyraCom. They have specialized in health care interpretation for more than 25 years and provide on-demand services in over **230** languages.

**Our on-demand telephonic interpreter services rollout with CyraCom was June 1, 2020.** Required use of the updated interpret services guide and request form will begin as follows:

- **Wednesday, July 1, 2020** – Community Health Center Network (CHCN) and Beacon Health Options
- **Thursday, October 1, 2020** – Children First Medical Group (CFMG), Alameda Health System and all directly contracted providers

In-person interpreter services will still be available for American Sign Language (ASL) and sensitive or complex health care visits. For in-person interpreters, providers will still need to complete an *Interpreter Services Appointment Request Form*, and fax it directly to the Alliance at least **five (5) business days** before the appointment.

In this packet you will find our updated instructions for accessing interpreter services. Please note the implementation date. If you have any questions, please contact our project lead:

Linda Ayala, MPH, Health Education Manager  
Phone Number: **1.510.747.6038**  
Email: [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)

We remain committed to ensuring that our members have access to quality interpreter services at each health care encounter, and look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Coffin".

Scott Coffin  
Chief Executive Officer  
Alameda Alliance for Health



## Important Update Starting Monday, June 1, 2020: New Alliance On-Demand Telephonic Interpreter Services Vendor CyraCom

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and wellbeing in our community. We are excited to announce our new on-demand vendor for interpreter services, CyraCom.

**Starting Monday, June 1, 2020, the Alliance will partner with CyraCom to provide on-demand telephonic interpreter services for our members.** CyraCom has specialized in health care interpretation for more than 25 years and provides services in over 230 languages.

**Telephonic interpreter services is the fastest and most efficient way to obtain an interpreter.** To access services, please call **1.510.809.3986** and follow the prompts. This is the same phone number that we have always had for telephonic interpreter services.

The automated system will request the following:

1. **The PIN number for the network you are contracted with:**
  - If you are a **CHCN** provider – **1001**
  - If you are a **CFMG** provider – **1002**
  - If you are a **Beacon** provider – **1003**
  - If you are an **Alliance** provider – **1004**
2. **A number to request the language you need:**
  - For Spanish – press **1**
  - For Cantonese – press **2**
  - For Mandarin – press **3**
  - For Vietnamese – press **4**
  - For all other languages – press **0**
3. **The member's 9-digit Alliance Member ID number.**

**Requesting an interpreter for Telehealth:** CyraCom also offers interpretation for telehealth visits! When you are ready to connect to an interpreter, please call **1.510.809.3986**. Follow steps 1-3 above, and provide the telehealth phone number and log in information. The interpreter will then call in to join your telehealth visit.

For more information on interpreter services, including how to schedule American Sign Language (ASL), telephonic interpretation for less common languages, or in-person services, please contact:

Alliance Provider Services Department  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms)

**Questions?** Please call Alliance Health Programs  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4577**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

# ALAMEDA ALLIANCE FOR HEALTH INTERPRETER SERVICES GUIDE

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

**Effective Monday, June 1, 2020, please use this guide to better assist Alliance members with language services.** Please confirm your patient's eligibility before requesting services.

## TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Routine office and clinic visits.
- Pharmacy services.
- Free standing radiology, mammography, and lab services.
- Allied health services such as physical occupational or respiratory therapy.

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Provide the nine-digit Alliance member ID number.
3. For communication with a patient who is deaf, hearing or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.

## IN-PERSON INTERPRETER SERVICES

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

- Sign language for the deaf and hard of hearing
- Complex courses of therapy or procedures, including life-threatening diagnosis (Examples: cancer, chemotherapy, transplants, etc.)
- Highly sensitive issues (Examples: sexual assault or end of life)
- Other conditions by exception. Please include your reason in the request.

To request in-person interpreters:

1. You must schedule in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. Please complete and fax the **Interpreter Services Appointment Request Form** to the Alliance at **1.855.891.9167**. To view and download the form, please visit **[www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms)**.
3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. If needed, please cancel interpreter services at least **48 hours** prior to the appointment by calling the Alliance Provider Services Department at **1.510.747.4510**.

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### PLEASE NOTE:

The Alliance discourages the use of adult family or friends as interpreters. Children should not interpret unless there is a life-threatening emergency and no qualified interpreter is available. If a patient declines interpreter services, please document the refusal in the medical record.

**Questions?** Please call Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone number: **1. 510.747.4510**







## Interpreter Services Request Form

At Alameda Alliance for Health (Alliance), we provide no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week. Please confirm your patient’s eligibility before requesting services. Please complete this form to request interpreter services.

### INSTRUCTIONS

1. Please print clearly, or type in the fields below, and return by fax to **1.855.891.9167**.
2. Forms must be submitted by fax at least **five (5) working days** prior to the appointment date. For ASL, **five (5) working days** is recommended, but not required.

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

SECTION 1: PATIENT INFORMATION	
Last Name: _____	First Name: _____
Alliance Member ID #: _____	Date Of Birth (MM/DD/YYYY): _____
Home Phone Number: _____	Cell Phone Number: _____

SECTION 2: INTERPRETER SERVICE TYPE (CHECK ONLY ONE TYPE OF SERVICE)	
<input type="checkbox"/> Telephone Interpreting By Appointment	<input type="checkbox"/> In-Person Interpreting
<input type="checkbox"/> Video Interpreting By Appointment ( <i>if available at clinic location</i> )	
Language: _____	Special Requests (optional): _____

SECTION 3: APPOINTMENT DETAILS	
<i>For in-person appointments, please include address information.</i>	
<i>For prescheduled video or telephonic appointments, please provide call-in information and/or link.</i>	
Date (MM/DD/YYYY): _____	Start Time: _____ Duration: _____
Provider Name: _____	Provider Specialty: _____
Address ( <i>include dept./floor/suite</i> ): _____	
City: _____	State: _____ Zip Code: _____
Call-In Information/Link: _____	
<b>Please complete if requesting an in-person interpreter:</b>	
What is the nature of the request?	
<input type="checkbox"/> Complex course of therapy or procedure including life-threatening diagnosis ( <i>Examples: cancer, chemotherapy, transplants, etc.</i> )	
<input type="checkbox"/> Highly sensitive issues ( <i>Examples: sexual assault/abuse or end-of life</i> )	
<input type="checkbox"/> Other condition ( <i>please include justification</i> ): _____	

SECTION 4: REQUESTOR INFORMATION	
Name: _____	Email: _____
Phone Number: _____	Fax: _____ Date: _____

Telephonic interpreter services are available for Alliance members at anytime, 24 hours a day, 7 days a week without an appointment at **1.510.809.3986**.

To view and download this form, please visit [www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms).

# "I SPEAK" CARDS

## FOR ALLIANCE MEMBERS

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

The Alliance has created "I Speak" cards as a resource for our provider partners and members to use during doctor visits. This resource includes information to help Alliance members get an interpreter for their health care visits. Alliance members can show the card to your office staff to let them know what language they speak. It also has instructions on how your office can contact the Alliance to get an interpreter.

Furthermore, you can help your patients if you are sending them to receive other services such as laboratory or radiology. The "I Speak" card will let the medical office staff know how to call an interpreter for your patient. Alliance telephonic interpreters are available 24 hours a day, 7 days a week at **1.510.809.3986**.

### INSTRUCTIONS

1. Please fill in the member's preferred language.
2. Ask the patient to show the card to the health care provider for help in their language.

**Please see back to view samples of the "I Speak" card.**

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To request a supply of "I Speak" cards, please email Alliance Health Programs at **livehealthy@alamedaalliance.org**. Please provide your name, clinic, mailing address, phone number, and quantity needed for each language. I speak cards are available in English, Spanish/English, Chinese/English and Vietnamese/English.

Thank you for partnering with us to ensure that our members are receiving care in their language!



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

# SAMPLES OF "I SPEAK" CARDS\*

## ENGLISH CARD - USE FOR ANY LANGUAGE

Front

Back

**ALAMEDA Alliance FOR HEALTH**

I Speak: \_\_\_\_\_

**PLEASE CALL AN INTERPRETER.**  
Thank You.

**Providers:** To request a phone interpreter on demand, please call **1.510.809.3986**.

Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.

Please have the member ID ready.

**Members:** For any questions, please call the Alliance Member Services Department at **1.510.747.4567**.

## BILINGUAL CARD - AVAILABLE IN SPANISH, CHINESE AND VIETNAMESE

Front

Back

**ALAMEDA Alliance FOR HEALTH**

I speak Spanish

**PLEASE CALL AN INTERPRETER.**  
Thank you.

**Providers:** To request a phone interpreter on demand, please call **1.510.809.3986**.

Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.

Please have the member ID ready.

**Members:** For any questions, please call the Alliance Member Services Department at **1.510.747.4567**.

Inside

**ALAMEDA Alliance FOR HEALTH**

Yo hablo español

**LLAME A UN INTÉRPRETE.**  
Gracias.

**Proveedores:** Para solicitar el servicio de interpretación por teléfono por encargo, llame al **1.510.809.3986**.

Los miembros de Alameda Alliance for Health (Alliance) pueden recibir servicios de interpretación para los servicios de cuidado de la salud cubiertos.

Tenga a la mano su número de identificación del miembro.

**Miembros:** Si tiene alguna pregunta, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

\*Actual "I Speak" Cards are standard business card size.

Point to your language. We will get you an interpreter.

<b>Arabic</b> اللغة العربية أشر الى لغتك وسننادى المترجم حالا	<b>Laotian</b> ພາສາລາວ ຊື່ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້
<b>Cambodian</b> សូមចងលក្ខណៈសារបស់អ្នក យើងនឹងហៅអ្នកបកប្រែមកជូន	<b>Mam</b> Mam Yectz tyola. K,o co jel yolon tejun xal toj tell tyola.
<b>Cantonese</b> 請指認您的語言 以便為您請翻譯	<b>Mandarin</b> 國語 請指認您的語言 以便為您請翻譯
<b>Dari</b> دری شما به کدام زبان گپ می زنید؟ یک ترجمان می آید.	<b>Mien</b> Mienh Nuqv meih nyei waac mbuox yie liuz, yie heuc faan waac mienh bun meih oc.
<b>Eritrean</b> ፍብቃንቃኹም ከያመልከቱ ከተርጓሚ ከድወለሉ ክዩ	<b>Pashto</b> پښتو خپله ژبه وپينه. ژر به ترجمان درسره خيرى وگر.
<b>Ethiopian</b> ወደቅንቃው ከያመልከቱ ከተርጓሚ ከንጠራለን	<b>Punjabi</b> ਪੰਜਾਬੀ ਅਪਣੀ ਬੋਲੀ ਇਸ਼ਾਰੇ ਨਾਲ ਦਸੋ । उहाडे वामते पंजाबी बोलह वाला ब्रुलाएआ जायेगा ।
<b>Farsi</b> فارسی به زبانی که صحبت می کنید اشاره کنید، برای شما مترجم می آوریم.	<b>Russian</b> Русский Язык Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика.
<b>Hindi</b> हिंदी अपनी भाशा इशारे से दिखाइये । आपके लिए दुभाशिया बुलाया जाएगा ।	<b>Spanish</b> Español Señale su idioma. Se llamará a un intérprete.
<b>Hmong</b> Hmoob Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj.	<b>Tagalog</b> Tagalog Ituro mo ang iyong wika. Matatawagan ang tagapag-salin.
<b>Indonesian</b> Bahasa Indonesia Tunjukkan bahasamu. Jurubahasa akan disediakan.	<b>Thai</b> ภาษาไทย ช่วยชี้ให้เราดูหน่อยว่า ภาษาไหนเป็นภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน
<b>Japanese</b> 日本語 あなたの話す言語を指で、示してください。 通訳をお呼びします。	<b>Urdu</b> اردو زبان مین بات کرنا پسند کرینگے؟ سی آپ کون آپ کی مدد کیلے آپہی کی ترجمان کو بلایا جائے گا.
<b>Korean</b> 한국어 당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다.	<b>Vietnamese</b> Tiếng Việt Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyện với bạn ngay.

# ALAMEDA ALLIANCE FOR HEALTH MEDICATION SAFETY GUIDELINES

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are here to help ensure that you have everything that you need to care for Alliance members. Please use this medication safety guideline when prescribing treatment options to your patient.

The information described in this guide are subject to change. For the most up to date information, please call the Alliance Pharmacy Services department at **1.510.747.4541**.

## Side Effects of Montelukast

On Wednesday, March 4, 2020 the U.S. Food and Drug Administration (FDA) implemented a boxed warning to describe mental side effects associated with montelukast.<sup>1</sup>

Associated side effects may include: agitation, aggression, depression, sleep disturbances, suicidal thoughts and behavior (including suicide).

To minimize risk and maximize the patient's benefit from montelukast, prescribers should consider the following:

- Offer alternative treatment options in patients for allergic rhinitis and/or asthma:
  - Allergic rhinitis alternative treatment: oral anti-histamines, nasal sprays.
  - Asthma alternative treatment: ICS/LABA inhaler.
- Require the use of montelukast if alternative treatment is ineffective and intolerable.
- Counsel all patients on mental side effects and advise them to stop medication if they experience mental side effects. Advise patient to contact healthcare professional immediately if they experience suicidal thoughts/ideation.
- Educate patient and be aware that mental side effects were reported after discontinuation of montelukast.

## References

1. FDA News Release: FDA Requires Stronger Warning About Risk of Neuropsychiatric Events Associated with Asthma and Allergy Medications Singulair and Generic Montelukast. Available at: [www.fda.gov/news-events/press-announcements/fda-requires-stronger-warning-about-risk-neuropsychiatric-events-associated-asthma-and-allergy#:~:text=The%20U.S.%20Food%20and%20Drug,the%20drug%2C%20which%20is%20used](http://www.fda.gov/news-events/press-announcements/fda-requires-stronger-warning-about-risk-neuropsychiatric-events-associated-asthma-and-allergy#:~:text=The%20U.S.%20Food%20and%20Drug,the%20drug%2C%20which%20is%20used). Accessed July 15, 2020.

## Risk of Fluoroquinolones – Update

The Department of Health Care Services (DHCS) conducted a retrospective cohort study to assess the risk of inappropriate fluoroquinolones use. The initial study included outpatient medical claims from Thursday, November 1, 2018 to Sunday, October 13, 2019. All inpatient stay, skilled nursing facilities, and long term care were excluded. The inappropriate diagnosis includes acute bacterial sinusitis, acute exacerbation of chronic bronchitis due to a bacterial pathogen, and uncomplicated UTI.<sup>1</sup>

Appropriately, two-thirds (n=17,024/30,144; 57%) of California Medi-Cal beneficiaries appears to have inappropriate fluoroquinolones used based on FDA recommendations, with 2,092 members (7%) having primary or secondary diagnosis of acute bacterial exacerbation of chronic bronchitis, a total of 4,679 members (16%) with acute sinusitis, and 10,253 members (34%) with uncomplicated urinary tract infections (UTI).<sup>1</sup>

### Background

Fluoroquinolones is a broad spectrum antibiotic and concentration dependent bactericidal activity commonly used for lower respiratory tract infections, osteomyelitis and UTI. Levofloxacin and moxifloxacin are commonly used for respiratory pathogens and gram positive organism. Among fluoroquinolones, ciprofloxacin has the most potent activity against gram negative organism, especially *Pseudomonas*. Fluoroquinolones works by directly inhibiting DNA synthesis by binding to enzymes that is essential for DNA replication.<sup>2</sup>

### FDA warnings

Over the last few decades, the FDA has issued multiple safety communication highlighting the potential adverse effects of fluoroquinolones:

- May 2016 – Restricted the use of uncomplicated infection such as acute sinusitis, acute bronchitis, and uncomplicated urinary tract infections.<sup>3</sup>
- July 2016 – Increased risk of disabling side effects of tendons, muscles, joints, nerves, and central nervous system:<sup>4</sup>
  - Tendonitis, tendon rupture.
  - Numbness or tingling or pricking sensation in arms or legs.
  - Muscle weakness, muscle pain, joint pain, joint swelling, peripheral neuropathy.
- July 2018 – Increased risk of blood sugar disturbances and mental health side effects:<sup>5</sup>
  - Anxiety, depression, delirium, confusion, hallucinations, insomnia, paranoia, memory impairment, suicidal thoughts.
  - Hypoglycemia, hyperglycemia.
- December 2018 – Increased risk of ruptures or tears to the aorta<sup>6</sup>

Other serious side effects may include:<sup>1,7</sup>

- Serious heart rhythm changes, including QT prolongation
- Skin rash
- Sun burn
- Intestinal infection

The FDA restricted the use of acute sinusitis, acute bronchitis and uncomplicated UTI due to the side effects outweighing the risks. The table below provides first-line alternatives to fluoroquinolones.

**Table 1. First-Line Alternatives to Fluroquinolones<sup>8</sup>**

INDICATION	DRUG	ADULT DOSAGE <sup>a</sup>
Acute sinusitis and acute exacerbation of chronic bronchitis <sup>c</sup> due to bacterial pathogen	Amoxicillin	500 mg po TID x 5-7 days
	Amoxicillin/clavulanate	875 mg/125 mg po x 5-7 days
	Doxycycline <sup>b</sup>	100 mg po bid or 200 mg qd x 5-7 days
Acute Uncomplicated Cystitis	Trimethoprim/sulfamethoxazole	160/800 mg po bid x 3 days
	Nitrofurantoin	100mg po bid x 5 days

- Dose adjustment may be needed for renal or hepatic impairment
- For use in penicillin-allergic patients
- Most cases of acute bronchitis are viral

### Key Take-Away

#### Fluoroquinolones

- Do not prescribe fluoroquinolones and offer other treatment options in patients who have acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, and uncomplicated UTI.
- Outweigh the risks versus benefits before prescribing fluoroquinolones.
- Ask patients to talk to pharmacists in discussing the signs and symptoms of severe side effects fluoroquinolones which require immediate action.
- Discontinue and avoid fluoroquinolones if patient experiences or previously experienced severe side effects.

#### General Antibiotic Stewardship<sup>8</sup>

- Incorporate allergy testing in physical examination to assess for true penicillin allergy.
- Avoid treating viral symptoms with antibiotics.
- Refer to the Centers for Disease Control and Prevention (CDC) website and Infectious Diseases Society of America (IDSA) guidelines on treatment of appropriate antibiotic use for specific infections. The CDC has informational handouts for patients and providers on improving antibiotic use, bacteria vs. viral infections, true penicillin allergy, and antibiotic therapy reassessment.

For more information, please visit [www.cdc.gov/antibiotic-use/community/materials-references/print-materials/index.html](http://www.cdc.gov/antibiotic-use/community/materials-references/print-materials/index.html).

- Reassess antibiotic use 48 to 72 hours with the most current cultures/sensitivity results and how the patient have improved and tolerated the antibiotic.
- Ensure that each antibiotic order has dose, duration, and indication.

## References

1. Medi-Cal DUR: Improving Quality of Care-Update of Risks Associated with Use of Fluoroquinolones. Available at: [files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured\\_30417.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_30417.pdf). Accessed July 15, 2020.
2. Oliphant, C. M., & Green, G. M. (2002). Quinolones: a comprehensive review. *American family physician*, 65(3), 455–464.
3. FDA Drug Safety Communication: FDA advises restricting fluoroquinolone antibiotic use for certain uncomplicated infections; warns about disabling side effects that can occur together. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-advises-restricting-fluoroquinolone-antibiotic-use-certain](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-advises-restricting-fluoroquinolone-antibiotic-use-certain). Accessed July 15, 2020.
4. FDA Drug Safety Communication: FDA updates warnings for oral and injectable fluoroquinolone antibiotics due to disabling side effects. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics). Accessed July 15, 2020.
5. FDA Drug Safety Communication: FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-reinforces-safety-information-about-serious-low-blood-sugar-levels-and-mental-health-side](http://www.fda.gov/drugs/drug-safety-and-availability/fda-reinforces-safety-information-about-serious-low-blood-sugar-levels-and-mental-health-side). Accessed July 15, 2020.
6. FDA Drug Safety Communication: FDA warns about increased risk of ruptures or tears in the aorta blood vessel with fluoroquinolone antibiotics in certain patients. Available at: [www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-increased-risk-ruptures-or-tears-aorta-blood-vessel-fluoroquinolone-antibiotics](http://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-increased-risk-ruptures-or-tears-aorta-blood-vessel-fluoroquinolone-antibiotics). Accessed July 15, 2020.
7. Kabbani S, Hersh AL, Shapiro DJ, et al. Opportunities to improve fluoroquinolone prescribing in the United States for adult ambulatory care visits. *Clin Infect Dis*. 2018; 67(1):134-136. Available at: [academic.oup.com/cid/article/67/1/134/4823098](http://academic.oup.com/cid/article/67/1/134/4823098). Accessed July 15, 2020.
8. Alternatives to Fluoroquinolones. *JAMA*. 2016; 316(13):1404-1405.

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Thank you for being a part of the Alliance provider network! Together, we are creating a healthier community for all.

## We are here to help

If you have any questions, please contact:

Alliance Pharmacy Services Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4541**





## Important Update: Medi-Cal Rx Transition

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect health and wellbeing in our community. We have an important update we would like to share with you.

**Effective Friday, January 1, 2021, the Department of Health Care Services (DHCS) will change how the Medi-Cal pharmacy benefit is administered.** The new program will be called “Medi-Cal Rx”. We have put together frequently asked questions (FAQs) to provide information on the change.

### What is changing?

Effective Friday, January 1, 2021, DHCS will work with a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), to provide Medi-Cal Rx services and support. The Alliance will no longer be the administrator for the pharmacy benefit after Friday, January 1, 2021.

**Please Note:** The process for physician administered drugs (PAD) billed under medical and institutional claims will not change.

### What do I need to do?

Please keep a lookout for potential next steps from DHCS. DHCS will start working with Magellan on Friday, January 1, 2021.

### Is this a change in the pharmacy benefits for Medi-Cal members?

There will be no change in how Alliance Medi-Cal members pay for their medications. Alliance Medi-Cal members will continue to access their pharmacy benefits as they previously have. For most Medi-Cal beneficiaries, there is no co-pay.

### Is the California Children’s Services (CCS) program a part of the change?

Yes, the California Children’s Services (CCS) program, including the Genetically Handicapped Persons Program (CGPP), will be part of Medi-Cal Rx.

### Is the Senior Care Action Network (SCAN), Cal MediConnect or Programs of All-Inclusive Care for the Elderly (PACE) part of the change?

No, pharmacy benefits for individuals in these programs will not be part of Medi-Cal Rx. These will be processed the same way as they are now. If you are unsure if your patient is part of the change, please contact DHCS via email at [rxcarveout@dhcs.ca.gov](mailto:rxcarveout@dhcs.ca.gov).

### What should I do if my patient needs a new medication after Friday, January 1, 2021 and it requires prior authorization (PA)?

Medications that were covered previously may or may not be covered by Magellan going forward. A prior authorization request (PA) should be submitted to Magellan.

For the first 180 days, no PA is required for existing prescriptions without previously approved PAs for drugs not on the Medi-Cal Contract Drug List. After 180 days, a PA must be submitted to Magellan.

### **What should I do if I have a pharmacy service-related complaint after Friday, January 1, 2021?**

Effective Friday, January 1, 2021, Magellan will handle all pharmacy service-related complaints. To submit a complaint, please visit [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) or call Magellan Customer Service toll-free at **1.800.977.2273**.

**Please Note:** You can only use the Magellan website and phone number to file a complaint on or after Friday, January 1, 2021. Pharmacy complaints through the Alliance will be discontinued on Friday, January 1, 2021.

### **How can I appeal a pharmacy benefit decision?**

Appeals will be handled through a State Fair Hearing. If you disagree with a denial or change of Medi-Cal Rx services, please request a State Fair Hearing. The California Department of Social Services has a State Fair Hearing process if you want to appeal a pharmacy benefit decision. This process is different from the appeal process you may have used with the Alliance. In a State Hearing, a judge reviews your request and makes a decision.

If a service is denied or changed, a form to request a State Fair Hearing will automatically be sent to you with the notice of denial or change. You can also get the "State Hearing Request" form at [www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx). Instructions and additional options can be found on the DHCS website.

After Friday, January 1, 2021, you can also access the State Fair Hearing form by visiting [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) or by calling Magellan Customer Service toll-free at **1.800.977.2273** (TDD: 711).

### **Where can I get help finding a pharmacy for my patients?**

Your patients may be able to use their current preferred pharmacy after Friday, January 1, 2021.

If you need help finding a pharmacy after Friday, January 1, 2021, please use the Medi-Cal Rx Pharmacy Locator online at [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) or call Magellan Customer Service toll-free at **1.800.977.2273**

**Please Note:** You can only use this phone number on or after Friday, January 1, 2021.

**Who do I contact for help or more information?**

<b>If your patient belongs to a Medi-Cal Managed Care Plan (MCP)</b>	<b>If your patient gets care from Medi-Cal Fee-For-Service (FFS)</b>
<p><b>On or before Thursday, December 31, 2020</b></p> <ul style="list-style-type: none"> <li>If your patient has questions about a medication or other pharmacy services, they can call:  Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: <b>1.510.747.4567</b> Toll-Free: <b>1.877.932.2738</b> People with hearing and speaking impairments (CRS/TTY): <b>711/1.800.735.2929</b></li> <li>For Medi-Cal Rx general questions, they can call:  Medi-Cal Member Help Line Toll-Free: <b>1.800.541.5555</b> TTY: <b>1.800.430.7077</b></li> </ul>	<p><b>On or before Thursday, December 31, 2020</b></p> <ul style="list-style-type: none"> <li>If your patient has questions about a medication or other pharmacy services, they can call:  Medi-Cal Member Help Line Toll-Free: <b>1.800.541.5555</b> TTY: <b>1.800.430.7077</b></li> </ul>
<p><b>On or after Friday, January 1, 2021</b></p> <ul style="list-style-type: none"> <li>For all questions, they can call:  Magellan at the Medi-Cal Rx Call Center Toll-Free: <b>1.800.977.2273</b> TDD: <b>711</b></li> </ul>	<p><b>On or after Friday, January 1, 2021</b></p> <ul style="list-style-type: none"> <li>For all questions, they can call:  Magellan at the Medi-Cal Rx Call Center Toll-Free: <b>1.800.977.2273</b> TDD: <b>711</b></li> </ul>

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at [rxcarveout@dhcs.ca.gov](mailto:rxcarveout@dhcs.ca.gov). Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff require additional information to assist you, they will reply with a secure email asking for your information.

Thank you for your continued partnership and for providing high quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Pharmacy Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4541**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**