



2020 Quarter 2 Provider Packet

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

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, **1.510.747.6291**
 - Stacey Woody: SWoody@alamedaalliance.org, **1.510.747.6148**
 - Tom Garrahan: TGarrahan@alamedaalliance.org, **1.510.747.6137**
 - Leticia Alejo (Delegated Groups/Hospitals): LAlejo@alamedaalliance.org, **1.510.373.5706**
- Email us at **providerservices@alamedaalliance.org**
- Contact our Provider Call Center at **1.510.747.4510**
- Visit the provider section of our website at **www.alamedaalliance.org/providers**

PACKET INCLUDES:

- Vendor Disclosure of Ownership Form
- Provider Demographic Attestation Form
- Provider FAQ for COVID-19
- Important Update: Coverage of Alternative Modalities for Provider Visits
- New ICD-10, HCPCS, and CPT Codes for COVID-19 Reporting
- Provider Portal Notice
- E-submission of Provider Dispute Resolution (PDR) Requests
- RA and EFT Provider Notice
- Provider Alert – ACEs Aware Initiative
- Young Adult Expansion
- Timely Access Standards

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

Check the entity type that describes your structure:

<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): ____ / ____ / ____
--

Notes:

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

ALAMEDA ALLIANCE FOR HEALTH

PROVIDER FAQs: COVID-19

Last Updated: April 17, 2020

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

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

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

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

Please refer to the latest guidance from DHCS posted on the Alliance website at www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx

Additional resources can be found here: www.alamedaalliance.org/providers/covid-19-resources-for-providers/

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

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

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

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

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

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

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

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

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

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

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

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

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

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

https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIGuidelinesduringCOVID19Pandemic_03_27_20.pdf

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

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

Medi-Cal Members: **1.888.433.1876**

Group Care: **1.855.383.7873**

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

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

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

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

Q: Can anyone get tested for COVID-19?

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

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

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

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

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

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

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

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

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

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

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

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

To access telephonic interpreters, please follow these steps:

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

Q: Can members get medications delivered to their home?

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

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

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

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

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

Members can receive a 90-supply at one time.

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

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

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

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

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

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

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

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

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

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

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

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





Important Update: Coverage of Alternative Modalities

Alameda Alliance for Health (Alliance) values our dedicated provider partner community and appreciates your tireless work on the frontline of the COVID-19 situation. We would like to share this important update with you.

Effective immediately, all Alliance contracted providers billing for video, telephone and telehealth appointments, **may ONLY use CPT codes for an office visit with the appropriate place of service and/or modifier codes, regardless of the modality.** Providers will continue to be reimbursed at the contracted rate for office visits, for these services.

Alliance providers under a contracted delegated network (such as CHCN, CFMG, and Beacon) will need to bill the delegated network accordingly.

What CPT codes are acceptable?

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

What place of service codes are acceptable?

- Place of service code "11" for services rendered in the office
- Place of service code "02" for services rendered via telehealth

What modifiers can be used?

- Modifier "95" may be used for services rendered via telehealth

Will CPT code 99442 still be covered?

No. The Alliance will no longer reimburse claims that are billed using CPT code 99442, for service dates on or after Wednesday, March 25, 2020. Eligible claims billed using CPT code 99442 on or before Wednesday, March 25, 2020, will still be reimbursed at \$30. On **Friday, March 13, 2020**, and **Thursday, March 19, 2020**, we shared notices informing our providers that the Alliance would be covering telephone appointments from **Monday, March 16, 2020 through Tuesday, June 30, 2020**, using CPT code 99442 with place of service code "11," at a standard reimbursement rate of \$30. Billing for CPT code 99442 will no longer be valid.

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

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Important Update: New ICD-10 and HCPCS/CPT Codes to Report Novel Coronavirus Testing and Treatment

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community and appreciate all of the hard work you do to make our community healthier and safer. We are sharing this notice with you to inform you about an important update to our claims coding system, in support of national and state efforts to monitor and stop the spread of Coronavirus Disease (COVID-19).

Effective, Thursday, March 26, 2020, the Alliance has implemented the following changes to our claims system in accordance with state and federal guidance to track novel coronavirus testing and treatment in our community.

Diagnosis Codes:

Code	Description	Change Type	Valid Service Begin Date
U07.1	nCoV acute respiratory disease	Add	04/01/2020

HCPCS/CPT Codes:

Code	Description	Change Type	Valid Service Begin Date
U0001	Laboratory testing (using CDC developed tests) of patients for SARS-CoV-2	Add	02/04/2020
U0002	Laboratory testing (using non-CDC developed tests) of patients for COVID-19	Add	02/04/2020
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Add	03/13/2020

Thank you for your dedication and continued service. Together, we are creating a better community for all.

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



New and Improved Alliance Website and Provider Portal Features

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

The Alliance website and online provider portal has a new look and added features.

The new online Provider Portal features include:

- Access to review and submit authorizations
- Access to review claim status and to submit Provider Dispute Resolution (PDR) requests
- Access to work with the Alliance Case Management Department and receive Member Care Plans
- Access to request and receive Gap-in-Care Reports (IP and ED census, rosters, and HEDIS)
- The ability for all users to report Potential Quality Issues (PQI)

We have also made enhancements to the following features:

- Authorizations Review
- Claims Review
- Custom notifications
- Member Eligibility Review
- Provider Directory Search

How to access the new and improved features:

- Login to your Alliance Provider Portal account using your existing login and password.
- If you do not have a login and password, please create a new Alliance Provider Portal account at www.alamedaalliance.org.

Please Note: Alliance Provider Portal accounts that have not been used for **30 days** will automatically become deactivated. To reactive your account, please call the Alliance Provider Services Department at **1.510.747.4510**.

Training materials will be delivered in the quarterly provider packets beginning in July 2020, and be available on our website. You may also contact your Provider Representative to receive training.

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

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



Important Update: For Faster Processing, Please Submit Provider Dispute Resolutions Electronically Starting on Monday, March 30, 2020

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. The health and safety of our community is an on-going concern and priority as we continue to address the operational impact of Coronavirus Disease 2019 (COVID-19). We are sharing this notice with you to inform you about the additional changes we are implementing to help further support local and statewide “shelter in place” orders.

Effective Monday, March 30, 2020, we are strongly advising providers to begin submitting Provider Dispute Resolution (PDR) forms electronically through the Alliance Provider Portal or secured email. As many of our operations are being transitioned to be performed remotely, we will be able to process electronic PDR forms quicker than mailed paper PDR forms.

The Alliance will be able to accept PDRs electronically in two ways:

1. The Alliance Provider Portal; OR
2. Through a secured email:
 - Providers can access the Portal and PDR form at:
www.alamedaalliance.org/providers/provider-forms/
 - The completed form must be attached to a secure email, and sent to:
distgrpdeptCompliancePDR@alamedaalliance.org

Please Note:

- All required fields, as indicated on the form, must be completed.
- If you do not have the capacity to send a secure email then the Provider Portal is the only other option to submit PDRs electronically, at this time.
- Only one PDR at a time can be submitted through the Portal.
- If you have more than one like dispute to submit, it will need to be submitted by secure email only, unless you choose to submit each dispute individually through the Portal.
- If you are attaching supporting documents, such as medical records, the Portal file size limit is 11 MB.
- If your supporting documentation exceeds the 11 MB file size limit, your PDR will need to be submitted by secure email.

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.

Questions? Please call the Alliance Provider Services Department
or you can contact your Provider Representative directly

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Important Update: Statement of Remittance Advice (RA) Notices Will Only Be Available Through the Alliance Provider Portal

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

As a result of the growing Coronavirus Disease 2019 (COVID-19) situation, non-urgent essential services may be intermittently suspended.

Effective Wednesday, March 18, 2020, the Alliance will temporarily suspend mailing the Statement of Remittance Advice (RA) Notices that are normally mailed with check payments, until further notice. At this time, RAs for paid claims will only be available through the Alliance Provider Portal.

How do I access RAs through the Alliance Provider Portal?

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

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

How do I create an Alliance Provider Portal account?

1. Visit www.alamedaalliance.org.
2. Select Provider Portal from the website homepage.
3. Create a new account.

Please Note: Provider Portal accounts that have not been used for **30 days** will become deactivated. You will need to call the Alliance Provider Services Department to be reactivate your account.

We apologize for any inconvenience. If you have any questions please call the Alliance Provider Services Department. Thank you for your patience, understanding, and continued partnership in for 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



Do You Want to Get Paid Faster? The Alliance Offers Electronic Funds Transfer (EFT) Payments for Providers

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 reminder for our providers.

The Alliance offers Electronic Funds Transfer (EFT) as an option to receive provider payments. The EFT payment option is available to all contracted providers. Providers who enroll in EFT will have fee-for-service (FFS) payments deposited directly into their bank account.

Providers can enroll to receive EFT payments for FFS by:

- Returning a completed **Electronic Funds Transfer (EFT) Authorization Form**. To view and download the form, please visit www.alamedaalliance.org/providers
- Providers with more than one National Provider ID (NPI) will need to include a separate attached list of NPI numbers to the enrollment form. *Any attachments to the EFT Form must have an original authorized 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 with their individual Provider NPI.

Thank you for your continued partnership in for 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



Important Update: Effective January 1, 2020 Adverse Childhood Experiences (ACEs) Trauma Screening

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

In an ongoing effort to improve health throughout our state and community, the California Department of Health Care Services (DHCS), in conjunction with the California Office of the Surgeon General, aims to reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation. **Effective, Wednesday, January 1, 2020, the Alliance will cover trauma screenings on an ongoing basis for all Alliance Medi-Cal members up to 65 years of age.**

The Governor's 2019-2020 budget includes funding from Proposition 56 to support trauma screenings and provider training opportunities. Trainings will help equip Medi-Cal providers with tools to screen, detect, and respond to children and adults for ACE.

In order to perform screening for ACEs, Medi-Cal providers must complete the provider training at www.acesaware.org/screen/provider-training. The training takes two (2) hours to complete and will provide continuing medication education (CME) and Maintenance of Certification (MOC) credit.

Providers must attest to completing the certified ACEs training by Wednesday, July 1, 2020 on the DHCS website at www.dhcs.ca.gov.

For more information about the training, including screening tools, resources, and information about certification and payments, please visit www.acesaware.org. You can also call the Alliance Provider Services Department at **1.510.747.4510**.

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

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



Important Update: DHCS Expands Medi-Cal Coverage for Young Adults

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

On Wednesday, January 1, 2020, a new law in California, called the Young Adult Expansion, gave full scope Medi-Cal to young adults under the age of 26, regardless of immigration status. The previous law restricted coverage up to 19 years of age. This initiative supports the goal to create a healthier California.

There are two (2) eligible populations impacted by the Young Adult Expansion:

1. New Enrollee Population:

- Eligible young adults 19-25 years of age, regardless of immigration status. These individuals can apply for Medi-Cal through the current application process.

2. Transition Population:

- Eligible young adults 19-25 years of age who are currently enrolled in restricted scope Medi-Cal, and not in a satisfactory immigration status for full scope Medi-Cal.
- Young adults 19-25 years of age receiving full scope Medi-Cal who would have aged out of their coverage at age 19, or age 21.

Eligibility and implementation of the Young Adult Expansion is subject to approval by the California Department of Health Care Services (DHCS).

For more information, resources, and FAQs, please visit the DHCS website at www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx. You can also call the Alliance Provider Services Department at **1.510.747.4510**.

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

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Timely Access Standards

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

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

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

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment	10 Business Days of Request
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

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN 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

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

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

PA = Prior Authorization

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

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

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

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org