



Newly Contracted Doula Orientation

Rev. 8/30/23



NEWLY CONTRACTED DOULA ORIENTATION

AGENDA:

1. Introduction
2. Alliance Mission, Vision and Values
3. The Managed Care Model
4. How Members join the Alliance
5. Member Eligibility
6. Doula Benefit
7. Alliance Information

Welcome to the Alliance!

Who are we?

- Central California Alliance for Health (the Alliance)
- County Organized Health System
- Serve over 350,000 members in Santa Cruz, Monterey, and Merced Counties
- Operate using the Managed Care Model

What programs do we cover?

- Medi-Cal
- Alliance Care IHSS (Monterey)



Alliance Mission, Vision and Values

Our Mission

Accessible, quality health care guided by local innovation.

Our Vision

Healthy people. Healthy communities. (English)



Our Values



EQUITY

Eliminating disparity through inclusion and justice.



INTEGRITY

Telling the truth and doing what we say we will do.



IMPROVEMENT

Continuous pursuit of quality through learning and growth.



COLLABORATION

Working together toward solutions and results.

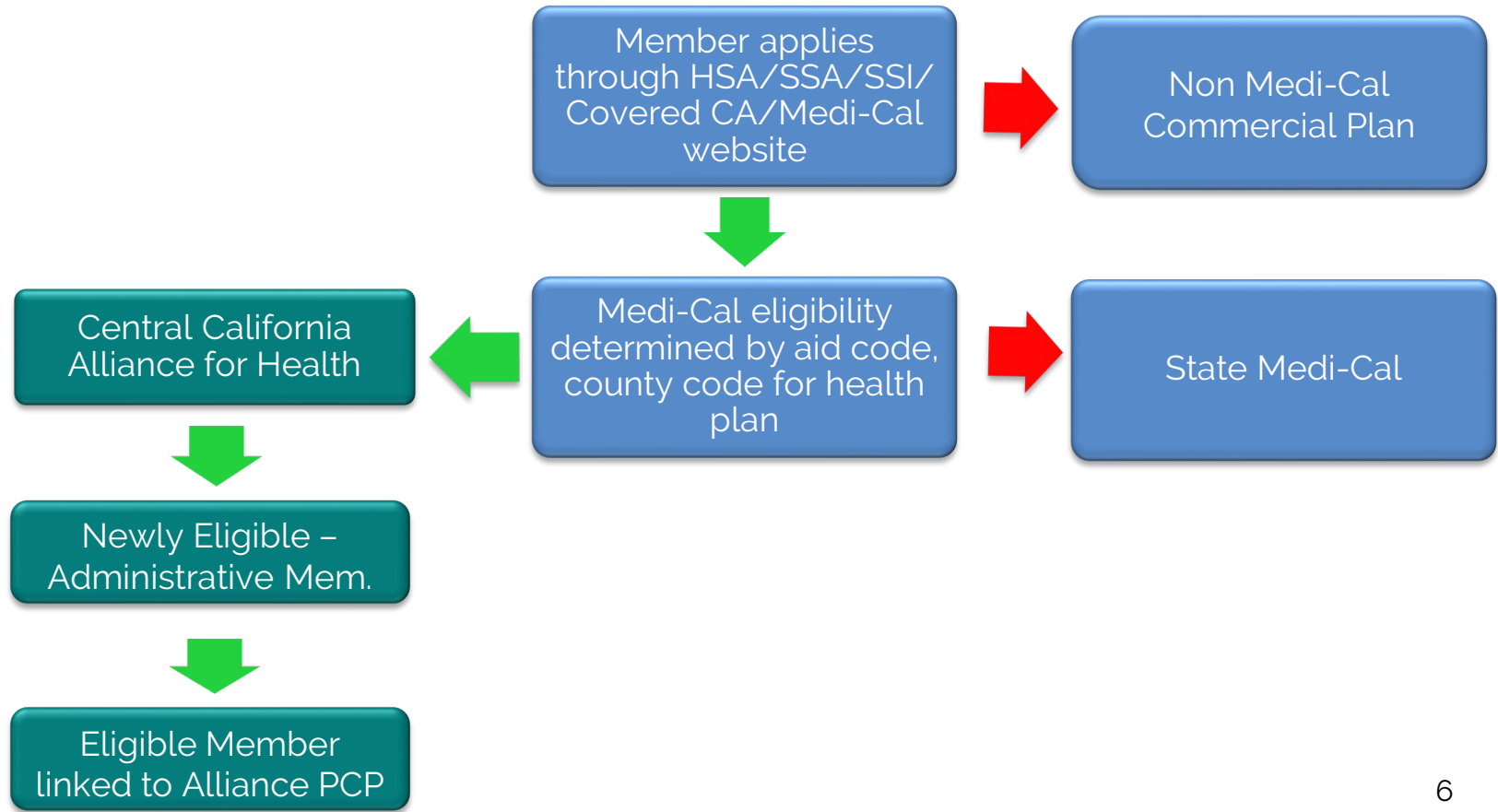


The Managed Care Model

- Members select a **Primary Care Provider** (PCP) who provides a patient-centered medical home.
- PCP is responsible for members' **primary and preventive care** and arranging and coordinating all other aspects of their health care.
- PCPs are family practice, internal medicine, pediatrics or OB/GYNs.
- Eligible members **assigned** ("linked") to a PCP or clinic may only see a specialist (e.g., cardiologist, dermatologist, rheumatologist) if referred by their PCP.



How Members Join the Alliance



Membership Cards

Alliance Cards

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
800-700-3874

Member:

Member ID:

Birth Date:

PCP:

Effective Date:

Program:



24/7 Nurse Advice Line/Línea de Consejos de Enfermeras: 844-971-8907
Dental/Cuidado dental: Medi-Cal Dental Program 800-322-6384
Mental health/Salud mental: Beacon Health Options 855-765-9700
Prescription drugs/Medicamentos recetados: Medi-Cal Rx 800-977-2273
Vision/Visión: Vision Service Plan (VSP) 800-877-7195
TTY Line/Línea TTY: 877-548-0857

www.thealliance.health

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
ALLIANCE CARE IHSS HEALTH PLAN 800-700-3874

Member:

Member ID:

Birth Date:

PCP:

Effective Date:



Copayments: Office Visit: \$10 Rx Generic: \$5 Rx Brand Name: \$15 ER: \$25
24/7 Nurse Advice Line/Línea de Consejos de Enfermeras: 844-971-8907
Mental health & substance abuse/Salud mental y abuso de sustancias:
Beacon Health Options 800-808-5796
TTY Line/Línea TTY: 877-548-0857

www.thealliance.health

State Medi-Cal Card

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD

ID No. 01234567A96144

JOHN Q RECIPIENT

M 05 20 1991 Issue Date 05 24 16



Member Eligibility

Prior to patient visit:

Verify **eligibility** at every visit

Eligibility can change month to month and must be reverified

How to verify eligibility?

Provider Portal: Available
24 hours a day. 7 days a week

Member Services :
(800) 700-3874
English: ext. 5505
Spanish: ext. 5508

Alliance Automated System:
(800) 700-3874 ext. 5501

Reasons why a member may not be eligible:

- Share of cost (members would become FFS)
- Moved out of Alliance service area
- Lost eligibility

Reasons why a member may not be linked to a practice:

- State Medi-Cal
- Administrative member





Doula Services and Billing

1. Doula Services
2. Billing Codes and Modifiers
3. CMS 1500 Claim Form
4. Resources
5. Doula Eligibility and Documentation

DOULA SERVICES INCLUDE

- Perinatal support and guidance
- Health navigation
- Evidence-based education and practices for the prenatal and postpartum period and childbirth
- Childbirth and newborn/infant care
- Lactation support
- Development of a birth plan
- Linkages to community-based resources



COVERED VISITS

A written recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice for services authorizes the following:

- One initial visit
- Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to two extended three-hour postpartum visits of up to three hours each after the end of a pregnancy



ADDITIONAL VISITS

An additional written recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice is required for up to nine additional postpartum visits billed with HCPCS Z1038



NON-COVERED DOULA SERVICES

Doula services do not include

- Diagnosis of medical conditions
- Provision of medical advice
- Perform exams or procedures
- Clinical case coordination

Non-Covered Doula Services

- Behavioral health services
- Belly binding
- Clinical case coordination
- Health care services related to pregnancy, birth and the postpartum period
- Birthing ceremonies
- Massage
- Photography
- Vaginal Steams
- Yoga



BILLING CODES AND MODIFIERS

BILLING CODE	DESCRIPTION	FREQUENCY	REQUIRED MODIFIER	ALLOWED MODIFIER
Z1032	Extended initial visit 90 minutes. (Visit must be at least 90 mins)	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
Z1034	Prenatal visit	8 total combined prenatal and postpartum visits per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
Z1038	Postpartum visit	8 total combined prenatal and/or postpartum visits per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
T1032	Extended postpartum visit, per 15 minutes	2 visits per pregnancy 12 units per visit (3 hours)	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
59409	Doula support during vaginal delivery	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
59612	Doula support during vaginal delivery after previous cesarean section	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
59620	Doula support during cesarean section	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
T1033	Doula support during or after a miscarriage	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video
59840	Doula support during or after abortion	1 per pregnancy	XP: Separate practitioner	93: Telehealth audio only 95: Telehealth w/audio video



PLACE OF SERVICE CODES

POS CODES	DESCRIPTION
02	Telehealth
03	School
04	Homeless Shelter
05	Indian Health Service Free - standing Facility
06	Indian Health Service Provider - based Facility
07	Tribal 638 Free - standing Facility
08	Tribal 638 Provider - based Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit for preventative and diagnostic services
16	Temporary Lodging
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
52	Psychiatric Facility - Partial Hospitalization
53	Community Mental Health Center
71	Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service



DIAGNOSIS CODES

Primary Dx Codes	DESCRIPTION
Z34.00	Encounter For Supervision Of Normal First Pregnancy, Unspecified Trimester
Z34.01	Encounter For Supervision Of Normal First Pregnancy, First Trimester
Z34.02	Encounter For Supervision Of Normal First Pregnancy, Second Trimester
Z34.03	Encounter For Supervision Of Normal First Pregnancy, Third Trimester
Z34.80	Encounter For Supervision Of Other Normal Pregnancy, Unspecified Trimester
Z34.81	Encounter For Supervision Of Other Normal Pregnancy, First Trimester
Z34.82	Encounter For Supervision Of Other Normal Pregnancy, Second Trimester
Z34.83	Encounter For Supervision Of Other Normal Pregnancy, Third Trimester
Z34.90	Encounter For Supervision Of Normal Pregnancy, Unspecified, Unspecified Trimester
Z34.91	Encounter For Supervision Of Normal Pregnancy, Unspecified, First Trimester
Z34.92	Encounter For Supervision Of Normal Pregnancy, Unspecified, Second Trimester
Z34.93	Encounter For Supervision Of Normal Pregnancy, Unspecified, Third Trimester
Z39.2	Encounter For Routine Postpartum Follow-Up

Secondary Dx Codes	DESCRIPTION
Z3A.00	Weeks Of Gestation Of Pregnancy Not Specified
Z3A.01	Less Than 8 Weeks Gestation Of Pregnancy
Z3A.08	8 Weeks Gestation Of Pregnancy
Z3A.09	9 Weeks Gestation Of Pregnancy
Z3A.10	10 Weeks Gestation Of Pregnancy
Z3A.11	11 Weeks Gestation Of Pregnancy
Z3A.12	12 Weeks Gestation Of Pregnancy
Z3A.13	13 Weeks Gestation Of Pregnancy
Z3A.14	14 Weeks Gestation Of Pregnancy
Z3A.15	15 Weeks Gestation Of Pregnancy
Z3A.16	16 Weeks Gestation Of Pregnancy
Z3A.17	17 Weeks Gestation Of Pregnancy
Z3A.18	18 Weeks Gestation Of Pregnancy
Z3A.19	19 Weeks Gestation Of Pregnancy



- Providers may bill on a CMS 1500 claim form or submit through a clearinghouse via EDI
- The Alliance accepts claims hard copy or electronically
- Claims are processed in approximately 30 days
- Medi-Cal website is a comprehensive resources that we will explore on a future slide

HEALTH INSURANCE CLAIM FORM <small>APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12</small>												<small>NUCC</small> <small>1-800-368-5938</small>	
<input type="checkbox"/> <small>ICA</small>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (Medicare) <input checked="" type="checkbox"/> (Medicaid) <input type="checkbox"/> (ACA/ACA) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (NUP) <input type="checkbox"/> (SW) 1a. INSURED'S I.D. NUMBER (For Program in Item 1) </div> <div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;"> MEDI-CAL ID NUMBER </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX <input type="checkbox"/> M <input type="checkbox"/> F </div> <div style="font-weight: bold; font-size: 1.1em;"> PATIENT'S LAST NAME, FIRST NAME </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 4. INSURED'S ADDRESS (No., Street) 5. PATIENT'S COMPLETE ADDRESS </div> <div style="font-weight: bold; font-size: 1.1em;"> PATIENT'S COMPLETE ADDRESS </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 8. RESERVED FOR NUCC USE </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> CITY STATE </div> <div style="font-weight: bold; font-size: 1.1em;"> PATIENT'S CITY </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> CITY STATE </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> ZIP CODE TELEPHONE (Include Area Code) </div> <div style="font-weight: bold; font-size: 1.1em;"> PATIENT'S 9-DIGIT ZIP </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> TELEPHONE (Include Area Code) </div> <div style="font-weight: bold; font-size: 1.1em;"> (PATIENT'S PHONE) </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: </div> <div style="font-weight: bold; font-size: 1.1em;"> 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 11. INSURED'S POLICY GROUP OR FECA NUMBER </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 12. INSURED'S DATE OF BIRTH (MM DD YY) SEX <input type="checkbox"/> M <input type="checkbox"/> F </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 13. OTHER CLAIM ID (Designated by NUCC) </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> d. INSURANCE PLAN NAME OR PROGRAM NAME </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 14. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 15. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 16. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM DD YY) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 16. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 17. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 18. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-1, to service line below (24E)) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 19. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 20. A. (DIAGNOSIS CODE 1) B. (DIAGNOSIS CODE 2) C. (DIAGNOSIS CODE 3) D. (DIAGNOSIS CODE 4) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 20. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 21. E. (DIAGNOSIS CODE 5) F. (DIAGNOSIS CODE 6) G. (DIAGNOSIS CODE 7) H. (DIAGNOSIS CODE 8) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 21. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 22. I. (DIAGNOSIS CODE 9) J. (DIAGNOSIS CODE 10) K. (DIAGNOSIS CODE 11) L. (DIAGNOSIS CODE 12) </div> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 22. IS THERE ANOTHER HEALTH BENEFIT PLAN? </div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 23. A. DATE(S) OF SERVICE (MM DD YY) B. PLACE OF SERVICE (EMG) C. D. PROCEDURES, SERVICES, OR SUPPLIES (English/Unusual Character) E. (DIAGNOSIS CODE 13) F. (DIAGNOSIS CODE 14) G. (DIAGNOSIS CODE 15) H. (DIAGNOSIS CODE 16) I. (DIAGNOSIS CODE 17) J. (DIAGNOSIS CODE 18) K. (DIAGNOSIS CODE 19) L. (DIAGNOSIS CODE 20) M. (DIAGNOSIS CODE 21) N. (DIAGNOSIS CODE 22) O. (DIAGNOSIS CODE 23) P. (DIAGNOSIS CODE 24) Q. (DIAGNOSIS CODE 25) R. (DIAGNOSIS CODE 26) S. (DIAGNOSIS CODE 27) T. (DIAGNOSIS CODE 28) U. (DIAGNOSIS CODE 29) V. (DIAGNOSIS CODE 30) W. (DIAGNOSIS CODE 31) X. (DIAGNOSIS CODE 32) Y. (DIAGNOSIS CODE 33) Z. (DIAGNOSIS CODE 34) AA. (DIAGNOSIS CODE 35) AB. (DIAGNOSIS CODE 36) AC. (DIAGNOSIS CODE 37) AD. (DIAGNOSIS CODE 38) AE. (DIAGNOSIS CODE 39) AF. (DIAGNOSIS CODE 40) AG. (DIAGNOSIS CODE </div></div></div>													

MEMBER DEMOGRAPHICS

HEALTH INSURANCE CLAIM FORM									
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12									
<input type="checkbox"/> PICA					PICA <input type="checkbox"/>				
1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input checked="" type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (DOD/DuOr) CHAMPVA <input type="checkbox"/> (Member Df) GROUP HEALTH PLAN <input type="checkbox"/> (GRP) FECA BENEFIT <input type="checkbox"/> (FECA) OTHER <input type="checkbox"/> (IDW)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">MEDI-CAL ID NUMBER</div>							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <div style="border: 1px solid black; padding: 2px;">PATIENT'S LAST NAME, FIRST NAME</div>			3. PATIENT'S BIRTH DATE MM / DD / YY M / SEX		4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
5. PATIENT'S ADDRESS (No., Street) <div style="border: 1px solid black; padding: 2px;">PATIENT'S COMPLETE ADDRESS</div>			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)				
CITY STATE <div style="border: 1px solid black; padding: 2px;">PATIENT'S CITY ST</div>			8. RESERVED FOR NUCC USE		CITY STATE				
ZIP CODE <div style="border: 1px solid black; padding: 2px;">PATIENT'S 9-DIGIT ZIP</div>			TELEPHONE (Include Area Code) <div style="border: 1px solid black; padding: 2px;">(PATIENT'S PHONE</div>		ZIP CODE TELEPHONE (Include Area Code) <div style="border: 1px solid black; padding: 2px;">()</div>				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM / DD / YY M / SEX				
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete Items 5, 9a., and 9d.				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____				

- 1 Medicaid Box
- 1a Member ID
- 2 Member Name
- 3 Member DOB & Gender
- 5 Member Address
- 6 Relationship Box

<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/cmscomp.pdf>



SERVICES RENDERED

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. [DIAGNOSIS CODE 1]		B. [DIAGNOSIS CODE 2]		C. [DIAGNOSIS CODE 3]		D. [DIAGNOSIS CODE 4]				23. PRIOR AUTHORIZATION NUMBER											
E. [DIAGNOSIS CODE 5]		F. [DIAGNOSIS CODE 6]		G. [DIAGNOSIS CODE 7]		H. [DIAGNOSIS CODE 8]				TAR CONTROL NUMBER											
I. [DIAGNOSIS CODE 9]		J. [DIAGNOSIS CODE 10]		K. [DIAGNOSIS CODE 11]		L. [DIAGNOSIS CODE 12]															
24. A. DATE(S) OF SERVICE From To				B. PLACE OF SERVICE SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTNER		F. \$ CHARGES		G. DAYS OR UNITS		H. SPRT Pct		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
DOS FROM		DOS THRU		POS		PROC CODE		MODIFIERS		SERVICE CHARGES		Q		NPI		NON-NPI NUMBER					
1												U		NPI							
2												A		NPI							
3												N		NPI							
4												T		NPI							
5												I		NPI							
6												Y		NPI							
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO. PATIENT ACCOUNT NUMBER				27. ACCEPT ASSIGNMENT? (For priv. contracts, see back) YES NO		28. TOTAL CHARGE TOTAL CHARGES		29. AMOUNT PAID		30. Rev'd for NUCC Use					

- 21A-L Diagnosis Codes
- 23 Authorization Number
- 24A Dates of Service
- 24B Place of Service
- 24D Procedure Code & Modifiers
- 24F Billed Charges
- 24G Quantities/Units
- 24J Rendering NPI
- 25 Tax ID
- 26 Patient Account Number
- 28 Total Billed Charges



PROVIDER DEMOGRAPHICS

- 31 Signature Line
- 33 Billing Provider
Address and Phone
- 33a Billing NPI

cms comp
1

CMS-1500 Completion

Page updated: August 2020

The Health Insurance Claim Form (CMS-1500) is used by Allied Health professionals, physicians, laboratories and pharmacies to bill supplies and services to the Medi-Cal program. Providers are required to purchase *CMS-1500* claim forms from a vendor. Claim forms ordered through vendors must include red "drop-out" ink.

Most claims for these services and supplies may also be submitted through Computer Media Claims (CMC). For CMC ordering and enrollment information, refer to the *CMC* section in the Part 1 manual.

For additional billing information, refer to the *CMS-1500 Special Billing Instructions*, *CMS-1500 Submission and Timeliness Instructions* and the *CMS-1500 Tips for Billing* sections in this manual.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (PHONE NUMBER BILLER ADDRESS
SIGNATURE OF PROVIDER OR PERSON AUTHORIZED		
SIGNED DATE		a. BILLER NPI b. NON-NPI NUMBER
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)		



PORTAL RESOURCES

Change – Echo Portal

- Owned and maintained by the vendor Change - Echo
- The site to view and pull RA's and check information
- Requires a log in given by Change – Echo
- [Providerpayments.com](https://www.providerpayments.com)
- Customer Support 888-983-5574

Alliance Provider Portal

- Owned and maintained by CCAH
- The site to check member eligibility, auth status and claim status
- Requires a log in given by CCAH
- thealliance.health



RESOLVING DENIALS

Contact the Claims Department

The Claims Customer service team is available from 8:30 – 4:30 to answer your questions and help you resolve claims issues. 831-430-5503 (phones do shut down for lunch from 11:30 – 12:30 PST)

https://thealliance.health/wpcontent/uploads/RA_Guide.pdf

Submit Corrected Claims

Use Box 19 for documentation see policy 600-1009



Doula: Eligibility Criteria

To be eligible for Doula services, Members must be enrolled in **Medi-Cal Managed Care** and be Alliance members.

Persons must also either be pregnant or have been pregnant within the last 12 months.

All visits are limited to one per day, per Member. Only one doula can bill for a visit provided to the same Member on the same day, excluding labor and delivery.

One prenatal visit or one postpartum visit can be provided on the same day as labor and delivery, stillbirth, abortion, or miscarriage support. The prenatal visit or postpartum visit billed on the same calendar day as birth can be billed by a different doula.



Doula: Documentation Requirements

Each visit must be documented, indicating:

- Date and Time of the service
- Duration
- Information on services provided

Documentation must be kept by the doula along with the written recommendation

Sample Documentation

November 8, 2023 at 11:00 am -
"Discussed childbirth education with the Member and discussed and developed a birth plan for one hour."



Alliance Information

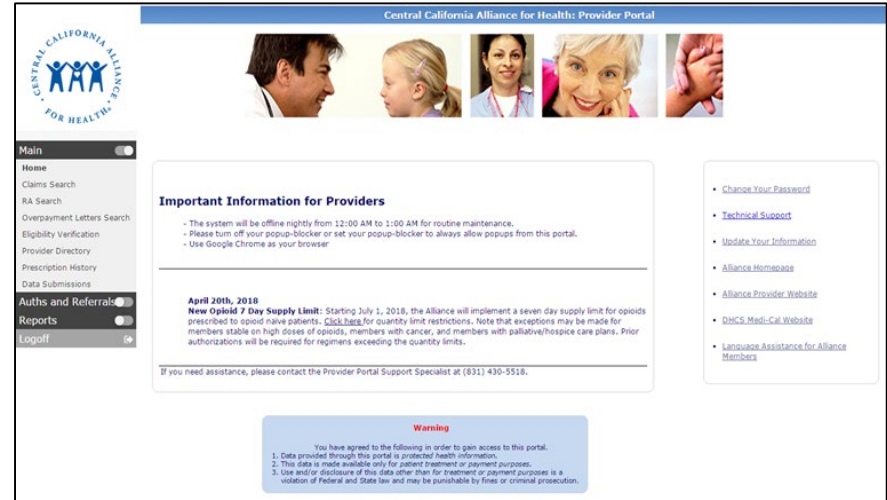
- Provider Portal
- Language Assistance Services
- Nurse Advice Line (NAL)
- Fraud, Waste, and Abuse
- HIPAA Compliance
- Member Benefits
- Requesting Transportation
- Who to Contact
- Additional Resources

Provider Portal

The **Provider Portal** is an online resource that has many valuable functions. It's a secure way to transfer information between the Alliance and the providers.

Some of the functions include:

- Member Eligibility
- Search and Submit Requests
- Claims information
- Reports
- Additional Resources



Supplemental Training/Key documentation on the Alliance Website

<https://thealliance.health/trainings/enhanced-care-management-ecm-community-supports-provider-portal-training/>

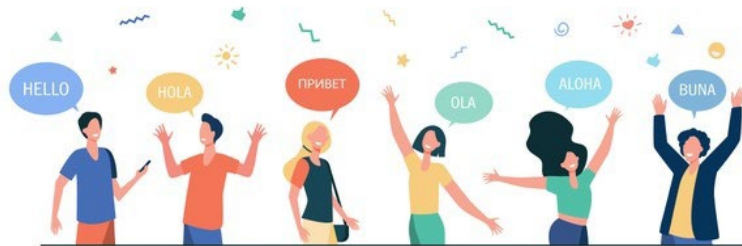
<https://thealliance.health/for-providers/provider-portal/using-the-provider-portal/provider-portal-frequently-asked-questions/>



Language Assistance Services

Telephonic Interpreting

- Available 24/7 to support members at all points of contact
- No prior approval needed
- Over 200 foreign languages




Face-to-Face Interpreting

- Only when the following situations are present:
 - Members who are deaf or hearing-impaired.
 - End-of-life issues.
 - Abuse or sexual assault issues.
 - Complex procedures or courses of therapy.
- Prior approval is required to access all face-to-face interpreter services.
- American Sign Language (ASL) is available to deaf or hard-of-hearing members for all Alliance covered services.



Nurse Advice Line (NAL)

Member NAL Flyer



The flyer features a blue background with a white heart icon and the text "Nurse Advice Line" in white. Below this, a speech bubble contains the text: "Feeling sick and have questions? Call 844-971-8907 (TTY: Dial 711) to talk to a nurse." To the right, a section titled "What is the Nurse Advice Line?" explains that it is a service available to all Alliance members, where a registered nurse will help with health or child's health questions. Below this, a section titled "When do I call the Nurse Advice Line?" lists scenarios such as not being able to reach a doctor, having questions about health, or being under 18 and wanting to talk in private. A photo of a smiling nurse is on the left. At the bottom, it says "HEALTHY PEOPLE. HEALTHY COMMUNITIES." and "www.ccah-alliance.org".

Nurse Advice Line

Feeling sick and have questions?
Call 844-971-8907 (TTY: Dial 711)
to talk to a nurse.

What is the Nurse Advice Line?
The Nurse Advice Line is a service available to all Alliance members. You can call if you have questions about your health or your child's health. A registered nurse will help you with what to do next.

The service is available **24 hours a day, 7 days a week** at no cost to you.

When do I call the Nurse Advice Line?
Call the Nurse Advice Line when:

- You or your child is sick, and you cannot reach or get an appointment with your doctor.
- Examples: Your child has a fever or rash, is vomiting, or your baby's crying is unusual.
- You are not sure if you should go to the emergency room.
- You have questions about your health or your child's health.
- You are under 18 years old and want to talk in private about your health concerns.

When you call:
If you have your Alliance Member ID card with you, have it ready to tell the nurse your ID number.

Call 844-971-8907 (TTY: Dial 711)

When you call the Alliance Nurse Advice Line about your health questions, you will be entered into a monthly raffle. You could win a \$50 Target gift card!

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Nurse Advice Line

Dial 844-971-8907 (TTY: Dial 711)

24 hours a day, 7 days a week.

The Alliance's Nurse Advice Line provides members with answers to health care questions 24 hours a day, seven days a week.

Please ensure that our members know that they can use the Nurse Advice Line for non-emergency questions when your office is closed, or if they are unable to reach you.



The ID card has a black header with "CENTRAL CALIFORNIA ALLIANCE FOR HEALTH" and "1-800-700-3874". It includes fields for Member ID, Birth Date, Effective Date, and Program. A green arrow points down to a red box labeled "Marker 1". Below this, it lists contact information for the Nurse Advice Line: "Consejos de Enfermeras: 1-844-971-8907" and "Vision Health Options 1-855-765-9700". It also lists Vision, Dental, and TTY numbers. The website "www.ccah-alliance.org" is at the bottom.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
1-800-700-3874

Member:
Member ID:
Birth Date:

Effective Date:
Program:

PCP:

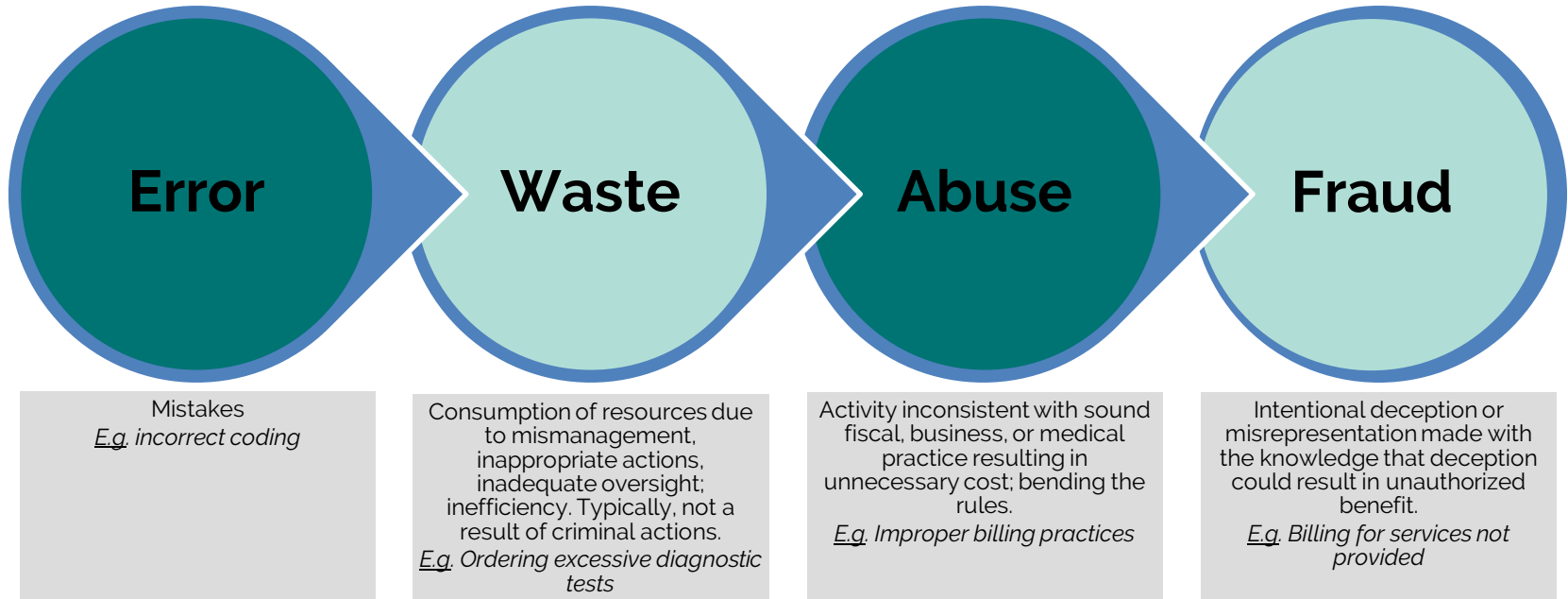
Marker 1

Consejos de Enfermeras: 1-844-971-8907
Vision Health Options 1-855-765-9700
Vision/Vision: Vision Service Plan (VSP) 1-800-438-4560
Dental/Cuidado dental: Denti-Cal 1-800-322-6384
TTY Line/Linea TTY: 1-877-548-0857
www.ccah-alliance.org

The phone number for the Nurse Advice Line is printed on the Alliance Member ID card.



Fraud, Waste and Abuse (FWA)



Laws Relating to Fraud Waste and Abuse (FWA)

Laws to prevent engaging in fraudulent behavior and encouraging the reporting of FWA

Law / Requirement	Summary
Federal & California False Claims Act	<ul style="list-style-type: none">• Prohibits the submission of fraudulent claims• Allows whistleblowers to be rewarded with a percentage of the money the government recovers
Anti-Kickback Statute	<ul style="list-style-type: none">• Prohibits asking for / receiving anything of value in exchange for referrals of federal health care business
Physician Self-Referral Law	<ul style="list-style-type: none">• Prohibits a physician from making referrals for certain designated health services to entities that they have a financial interest in
Medi-Cal Contract Requirements	<ul style="list-style-type: none">• Requires health plans to report suspected FWA to the Department of Health Care Services

[Training materials available via Office of Inspector General Health Care Fraud Prevention & Enforcement Action Team](#)



HIPAA Compliance

Providers are responsible for maintaining the confidentiality of Alliance member protected health information (PHI).

Law	Summary
Privacy Rule	<ul style="list-style-type: none">• Ensures individuals' PHI is protected from unauthorized use/disclosure while allowing information flow needed to promote high quality care.• Includes: permitted / required disclosures, authorization to disclose information, patient right of access to records, etc.
Security Rule	<ul style="list-style-type: none">• Establishes security standards for electronic PHI.• Includes: risk analysis, encryption, administrative / physical / technical safeguards to protect PHI
Breach Notification	<ul style="list-style-type: none">• Requires Covered Entities to notify patients if their PHI has been breached; includes standards for determining if a breach occurred



REPORTING COMPLIANCE CONCERNS

- Providers are our partners in ensuring compliance
 - Report HIPAA breaches, security incidents within 24 hours
 - Report suspected FWA within 5 days
- Reporting mechanism:
 - Contact your Provider Services Representative
 - Email the Compliance Department: HIPAA@ccah-alliance.org
 - Complete form on [Alliance Website](#)



Member Benefits

- Enhanced Care Management (ECM)
- Primary care
- Specialty care
- Allied services
- Durable Medical Equipment
- Self-referred services
- Prescription Drugs
- Emergency & Urgent visits
- Community Supports
- Inpatient and outpatient hospital care
- Diagnostic services (lab, x-ray, imaging)
- Doula Services
- Community Health Workers



[Benefit descriptions can be found in the Member Handbook on the Alliance website.](#)



Subcontracted Member Benefits

- **Vision**

- Covered through Vision Services Plan (VSP)
- Toll-free access line Monday through Friday from 6:00 am to 7:00 pm Phone: 800-877-7195

- **Medi-Cal Mental Health**

- Carelon Behavioral Health is subcontracted to provide outpatient mental health services for Alliance members
- Toll-free access line 24 hours a day, 7 days a week | Phone: 855-765-9700

- **IHSS Mental Health (Monterey)**

- Carelon Behavioral Health manages outpatient and inpatient mental health. There is no referral to county
- Toll-free access line 24 hours a day, 7 days a week | Phone: 855-765-9700



Benefits Not Covered by the Alliance

- Dental Services (Denti-Cal)
- Inpatient Mental Health Services (State Medi-Cal)
- Substance Use Disorder Treatment Services (Co. BH and State Medi-Cal)
- Local Education Authority Services (Regional Centers)
- Outpatient prescription drugs
- Serious Mental Illness Health Services (County BH Dept)
- Institutional long-term care (for stays longer than the month of entry)




Requesting Transportation



Alliance Transportation Quick Reference Guide



NMT - Non-Medical Transportation
No Special Medical Assistance Needed



Ambulance, wheelchair accessible vehicle or litter van.

NMT is for Alliance members who can enter and disembark from a vehicle independently. Physician certification statement (PCS) form not valid for this service. Alliance assessment and approval is required.

Fax requests not accepted. Members must call the Alliance 5-7 days prior to make arrangements.

For assistance call: **800-700-3874, ext. 5577**

vs.

NEMT - Non-Emergency Medical Transportation
Special Medical Assistance Needed




Public bus system (bus pass), ride-share or private vehicle.

NEMT is for Alliance members who need special medical equipment while traveling to/from an approved appointment. Submission of a Physician certification statement (PCS) form is required for eligibility. Form available at: https://www.ccah-alliance.org/Form%20Library/PCS_NEMT_Form.pdf


For assistance call: **800-700-3874, ext. 5640**

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06-2021




Alliance Transportation Quick Reference Guide



Providers can use this form to request non-emergency medical transportation (NEMT) for Alliance members.



Transportation Services Request Form



Notice of 5-7 business days is required.

First Name Last Name
Alliance ID# Date of Birth
Pick Up Address
City State
Member's Phone #
Provider/Facility Making Request
Request Completed By
Fax # (if confirmation is requested)

Appointment Information		
Name of Physician/Facility: <input type="text"/>		
Address: <input type="text"/>		
Physician/Facility Phone #: <input type="text"/>		
Appointment Date: <input type="text"/>		
Appointment Time: <input type="text"/>		
Type of Appointment: <input type="text"/>		
Estimated Length of Appointment (hours/minutes): <input type="text"/>		
Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility (check one) <input type="checkbox"/> Wheelchair <input type="checkbox"/> Gurney <input type="checkbox"/> Ambulatory

If you have any questions, please contact the Alliance Transportation department at 831-430-5577 or toll free at 800-700-3874 ext. 5577.

In the event that a member does not attend their appointment, please contact both the Alliance and the transportation vendor to make the appropriate changes. Thank you!

Please fax this completed form to 831-430-5850.

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www.thealliance.health

10-2021



Link: https://thealliance.health/wp-content/uploads/Transportation_Services_Request_Form.pdf



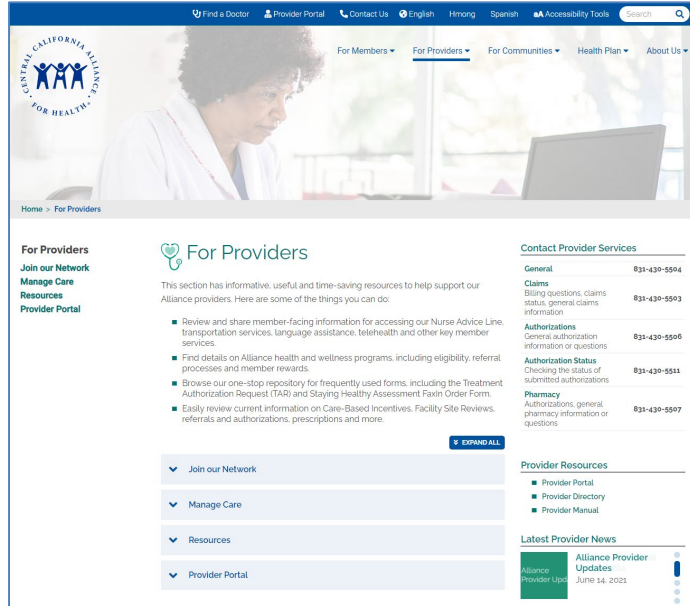
Who to Contact



Doula Support Contact List			
Claims Customer Service Rep	Kristine Deaton	831-430-5745	kdeaton@ccah-alliance.org
Claims Customer Service Rep	Lori Schwartz	831-430-5732	lschwartz@ccah-alliance.org
Claims Customer Services	ACD Line	831-430-5503	
Member Support	Member Services ACD Line	800-700-3874	
Sr. Provider Relations Rep	Cleo Morello	831-430-5744	cmorello@ccah-alliance.org
Provider Services Reps	ACD Line	831-430-5504	

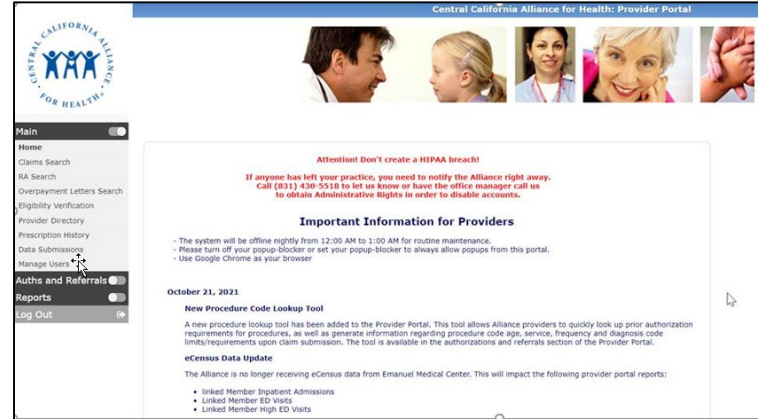


Alliance: Where can I get additional information and resources?



The screenshot shows the homepage of the Central California Alliance for Health. The header includes navigation links: Find a Doctor, Provider Portal, Contact Us, English, Hmong, Spanish, Accessibility Tools, and a search bar. The main navigation menu has links for For Members, For Providers (selected), For Communities, Health Plan, and About Us. The page features a large banner image of a healthcare professional. Below the banner, there's a 'For Providers' section with a sub-header 'For Providers' and a paragraph stating: 'This section has informative, useful and time-saving resources to help support our Alliance providers. Here are some of the things you can do:'. It lists several bullet points: 'Review and share member-facing information for accessing our Nurse Advice Line, transportation services, language assistance, telehealth and other key member services.', 'Find details on Alliance health and wellness programs, including eligibility, referral processes and member rewards.', 'Browse our one-stop repository for frequently used forms, including the Treatment Authorization Request (TAR) and Staying Healthy Assessment Faxin Order Form.', and 'Easily review current information on Care-Based Incentives, Facility Site Reviews, referrals and authorizations, prescriptions and more.' There's an 'EXPAND ALL' button. Below this, there's a 'Join our Network' section with links to 'Manage Care', 'Resources', and 'Provider Portal'. On the right side, there's a 'Contact Provider Services' table with columns for 'General', 'Claims', 'Authorizations', 'Authorization Status', and 'Pharmacy', each with a phone number. Below that, there's a 'Provider Resources' section with links to 'Provider Portal', 'Provider Directory', and 'Provider Manual'. At the bottom, there's a 'Latest Provider News' section with a link to 'Alliance Provider Updates' dated June 14, 2021.

Alliance Webpage Link
www.thealliance.health



The screenshot shows the 'Central California Alliance for Health: Provider Portal'. The header includes the Alliance logo and a navigation menu with links: Home, Claims Search, RA Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History, Data Submissions, Manage Users, Auths and Referrals, Reports, and Log Out. The main content area has a warning: 'Attention! Don't create a HIPAA breach! If anyone has left your practice, you need to notify the Alliance right away. Call (833) 430-5518 to let us know or have the office manager call us to obtain Administrative Rights in order to disable accounts.' Below this, there's a section titled 'Important Information for Providers' with bullet points: 'The system will be offline nightly from 12:00 AM to 1:00 AM for routine maintenance.', 'Please turn off your pop-up blocker or set your pop-up blocker to always allow popups from this portal.', and 'Use Google Chrome as your browser.' There's a date 'October 21, 2021' and a section titled 'New Procedure Code Lookup Tool' with a paragraph: 'A new procedure lookup tool has been added to the Provider Portal. This tool allows Alliance providers to quickly look up prior authorization requirements for procedures, as well as generate information regarding procedure code age, service, frequency and diagnosis code limits/requirements upon claim submission. The tool is available in the authorizations and referrals section of the Provider Portal.' Below that, there's a section titled 'eCensus Data Update' with a paragraph: 'The Alliance is no longer receiving eCensus data from Emanuel Medical Center. This will impact the following provider portal reports:'. It lists three bullet points: 'Linked Member Inpatient Admissions', 'Linked Member ED Visits', and 'Linked Member High ED Visits'.

Provider Portal link:
<https://thealliance.health/for-providers/provider-portal/>



DHCS: Where can I get additional information and resources?



Please visit the **DHCS Doula Services Website** for more information and access to the Doula Provider Resources and supporting documents



DHCS Doula Services Website link: <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>



Questions?

