

June 2024



Provider Bulletin

A **quarterly** publication for providers.



Dr. Omar Guzmán,
Chief Health Equity Officer

Meet our new Chief Health Equity Officer!

Please join me in welcoming Omar Guzmán, MD, as the Alliance's first Chief Health Equity Officer. Dr. Guzmán will support the Alliance's mission to provide accessible, quality health care by guiding initiatives aimed at reducing health disparities among our communities.

Dr. Guzmán will focus on listening to and building relationships with community organizations and provider partners to implement impactful programs to address health disparities. He will be actively engaged in identifying effective solutions that advance health equity for our members by addressing gaps in care.

As a lifelong resident of the Central Valley, Dr. Guzmán has a

deep understanding of the social and structural drivers of health that impact the overall health of our members. He is co-founder of the Street Medicine Program in Visalia, which provides care to underserved populations, particularly to those experiencing homelessness.

Dr. Guzmán is a board-certified emergency medicine physician. He is a graduate of the inaugural cohort for the Medical Justice in Advocacy Fellowship through the American Medical Association. His accomplishments include Health Care Sector Representative for Tulare County Task Force on Homelessness, Top Latino Leader by the Council for Latino Workplace Equity and Physician

Alliance Board Meetings

Wednesday, June 26, 2024

3 p.m. to 5 p.m.

Wednesday, Aug. 28, 2024

3 p.m. to 5 p.m.

Physicians Advisory Group (PAG) Meeting

Thursday, Sept. 5, 2024

Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Thursday, June 20, 2024

Noon to 1 p.m.

Thursday, Sept. 19, 2024

Noon to 1 p.m.

of the Year by the Central Valley Medical Student Association.

His long-standing commitment to identifying barriers to health for underserved communities will be an asset as he engages our provider network in advancing our shared vision of Healthy People, Healthy Communities.



Michael Schrader

Michael Schrader, CEO



Your feedback helps our mission

Every year, the Alliance contracts with Press Ganey to conduct a Provider Satisfaction Survey. In addition to assessing overall satisfaction with the Alliance, the survey measures provider satisfaction in categories that include utilization and quality management, network and coordination of care, pharmacy, call center staff, and provider relations. Key findings and trends are closely tracked, and we use your feedback to inform short-term and long-term initiatives.

Here are some of the key findings from the primary care and specialty care provider surveys:

- 88% of providers across Merced, Monterey and Santa Cruz counties were satisfied with the Alliance.
- 95% of providers would recommend the Alliance to other physicians' practices.

- 92% of providers were satisfied with the *Provider Bulletin* and website informational materials on Cultural and Linguistic Services.

In all areas of core health plan operations, providers rated the Alliance at or above the 79th percentile compared to other health plans surveyed by SPH Analytics.

The Alliance is grateful to provider offices that made time to complete the survey. We use this feedback to identify where we can improve and ensure our providers are satisfied with their experience at the Alliance. We are committed to using your feedback so we can better work toward advancing a shared vision of Healthy People, Healthy Communities.

Help Alliance members get healthier through the Health Rewards Program







Through the Alliance’s Health Rewards Program, members can earn gift cards, be entered into raffles and more just by taking steps to stay healthy!

When members stay on track, providers can benefit too. We offer financial incentives for provider

practices who achieve vaccination and checkup rate benchmarks through our Care-Based Incentive (CBI) program.

Below are some ways members can earn rewards for taking actions that support their health:

Health Rewards Program

Who is the reward for?	What is the reward?	What do members have to do to get the reward?
 All members	Entry into a monthly raffle for a \$50 gift card.	Call the Alliance Nurse Advice Line at 844-971-8907 (TTY: 711) to talk to a nurse. This service is available 24/7 to all Alliance members at no cost.
 Adult members with chronic conditions	Up to a \$50 gift card.	Participate in a six-week Healthier Living Program workshop.
 Child members	Up to a \$100 gift card and entry into an annual raffle to win a bike.	Parents/guardians participate in a 10-week Healthy Weight for Life workshop.
 Infant members	Entry into a monthly raffle for a \$100 gift card.	Complete second flu dose by 2 nd birthday.
 Pregnant mothers	Entry into a monthly raffle for a \$50 gift card.	In the Healthy Moms, Healthy Babies Program, complete a prenatal care visit within the first 13 weeks of pregnancy or six weeks of joining the Alliance.
 Mothers with infants	\$25 gift card.	In the Healthy Moms, Healthy Babies Program, complete a postpartum visit one to 12 weeks after having a baby.

Healthy Start Program

Who is the reward for?	What is the reward?	What do members have to do to get the reward?
Ages under 15 months	\$50 gift card.	Have six checkups with their doctor by 15 months.
Ages 15-30 months	\$25 gift card.	Have two checkups with their doctor by 30 months.
Ages 18-21 years	\$25 gift card.	Have one checkup with their doctor.
2-year-olds	\$100 gift card.	Have received all needed vaccines from their doctor by 2 nd birthday.
13-year-olds	\$50 gift card.	Complete one checkup with their doctor within the previous 12 months and complete all needed vaccines from their doctor by 13 th birthday.



Questions about eligibility? Members or providers can call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

What to know about pediatric immunizations

Providers play a vital role in increasing vaccination rates across our communities. Your efforts reduce rates of avoidable disease and empower children to have healthier lives. By increasing vaccination rates at your practice, you can also earn financial incentives through our Care-Based Incentive (CBI) program.

Prep for success

- Incorporate pre-visit planning. Medical assistants and staff can help identify when immunizations and other screenings are due. Consider opportunities for catch-up visits.
- Minimize missed doses. Create pending orders in the electronic health record for immunizations that are due. If doses are missed or declined, document why.

Communicate with parents/guardians

- Encourage patients to schedule routine care visits in advance. Consider having clinic staff schedule upcoming checkups and/or immunization visits before the member leaves the exam room or office.
- Use checkups as an opportunity to talk with parents about any catch-up vaccines that may be due.
- Acute visits (episodic and sick visits) can also be well-visits, which help to increase preventive services and immunizations.
- Provide an overview of what will be covered at the next visit. This will help promote shared decision making and ensure that patients stay on the recommended schedule for both immunizations and well-visits.

The Centers for Disease Control and Prevention provides some helpful suggestions for discussing vaccines with parents at www.thealliance.health/talkingpoints.



Earn CBI dollars

Providers can earn CBI dollars as part of the “Immunizations: Children” and “Immunizations: Adolescents” measures. Find best practices and other resources to increase immunization rates on our website at www.thealliance.health/care-based-incentive.



Protect your patients from lead exposure

California law requires a blood lead test for Medi-Cal members at 12 and 24 months, with catch-ups scheduled at 24 months to 6 years for those who were not screened at 12 and 24 months. All results should be reported to the California Department of Public Health (CDPH) Childhood Lead Poisoning Prevention Branch.

Lead exposure can harm a child's health and brain development. It can also cause harmful effects for pregnant women, resulting in pregnancy complications and impacting the unborn child. Children with lead poisoning often look healthy but might misbehave, have headaches, be fatigued, and have difficulty paying attention or learning.

Lead is often found in older homes, plumbing, water, paint, dirt, toys, home remedies, makeup and candy. Educate parents to remove these harmful items that may include lead, wash hands often and limit play in dirt. Discuss good nutrition with parents, such as meals high in iron, calcium and vitamin C, which can help slow lead absorption.

For more information on lead screening, see the CDPH Blood Lead Testing flyer at www.thealliance.health/lead-testing.

Help Alliance members stay on track with preventive care

It's important to educate our members on the many benefits of preventive care to deter more serious health conditions from developing in the future – and to emphasize that these services are free to members.

Tell your patients about:

- **Early detection and intervention.** Regular checkups can help identify serious conditions that may go unnoticed until they cause significant health problems.
- **Risk reduction.** Regular screenings can help identify risk factors that include hypertension, diabetes, smoking, alcohol use, poor nutrition and depression.
- **Quality of life improvement.** Preventive care contributes to overall physical well-being with the potential to enhance members' longevity and quality of life.

The Alliance offers services and clinical care resources to help providers deliver quality care to its members. Visit www.thealliance.health/clinical-resources for up-to-date information on care management, screening and assessment tools, Enhanced Care Management and Community Supports (ECM/CS) services, and more.

How to help members

Providers can help patients stay on track with preventive care by:



Don't forget mental health! Addressing mental health concerns, such as anxiety and depression, is equally crucial for our members. Behavioral health resources and information on provider support are available at www.thealliance.health/behavioral-health.

- Scheduling patients for their next well checkup when they're on-site for an appointment.
- Encouraging patients to sign up for electronic appointment reminders via email and/or text message.
- Ensuring that patients receive appointment reminders in their preferred language.
- Reminding Alliance members that their primary care doctor's office is listed on their member ID card.

If a member is having difficulty arranging an appointment with their primary care doctor, consider referring them to ECM. ECM referral forms can be found at www.thealliance.health/ecm-cs-provider-referrals or by calling **831-430-5512**.

The Alliance also has programs to help manage chronic health conditions such as asthma, diabetes or high blood pressure at no cost to members.

Encourage members to:

- Visit www.thealliance.health/healthrewards to learn about the programs we offer.
- Call the Health Education Line at **800-700-3874, ext. 5580**.

Provider resources

Our Pharmacy Department offers the PLAD (Pharmacy-Led Academic Detailing) program. PLAD sessions are designed to educate clinicians on the latest care guidelines for patients who live with hypertension, diabetes and asthma. To learn more about the program or to register, please email pharmacy@ccah-alliance.org.



Best practices for prescription refills

After-hours phone calls for prescription refills can be disruptive for clinicians, pharmacists and patients. Here are some tips for reducing after-hours phone calls while improving patient satisfaction and ensuring continuity of care.

- Renew all prescriptions for chronic illnesses during annual wellness visits.
- Renew all prescriptions together. Add a note to the pharmacist: “Renew these chronic meds for 1 year and delete prior prescriptions for these meds. Please synchronize so they all come due the same day.”
- Renew non-controlled substance prescriptions for the maximum duration of 100 days’ supply with refills. Providing a longer supply of medication will help improve continuity of care and reduce the need for frequent pharmacy visits.
- If treatment is modified, send a new prescription to the pharmacy along with a notification so the pharmacy can update the patient’s medication list, reducing the chance the patient will fill both the old and the new prescriptions.
- In instances where a refill request is denied, clear and timely communication to the patient is crucial. Provide patients with an explanation for the denial along with the next steps they need to take.
- When appropriate, consider issuing a prescription with enough days’ supply until the next scheduled appointment to help mitigate gaps in treatment.
- No prescription for a Schedule III or IV substance may be refilled more than five times and in an amount, for all refills of that prescription taken together, exceeding a 120-day supply. A new prescription is required after the 120-day limit or five refill limit is reached.
- No prescription for a Schedule II substance may be refilled. When appropriate, providers may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance. Written instructions must be provided on each prescription indicating the earliest date on which a pharmacy may fill each prescription.



Pharmacy resources

The Alliance’s physician-administered drugs list, restrictions, prior authorization criteria, policies and related updates are available on the Pharmacy page at www.thealliance.health/pharmacy-services. If you would like to request physical copies, please contact your Provider Relations Representative or call Provider Services at **831-430-5504**.

Medi-Cal Rx Drug Utilization Review

Please review “Alternatives to diphenhydramine for older adults,” linked on the Alliance’s pharmacy services page under the “Drug Utilization Review (DUR)” section: www.thealliance.health/pharmacy-services.

Guidelines for sharing member data

The Alliance encourages providers to collaborate with each other and local partners. However, when sharing member data, remember to ensure the disclosure is consistent with data sharing regulations and federal law. Don't share member data unless it's absolutely necessary.

Providers are responsible for maintaining confidentiality about Alliance members and their medical records, in accordance with applicable federal and state laws, as outlined in the Alliance Provider Manual.

Alliance provider agreements stipulate that providers will comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and any other relevant federal laws related to data sharing.

HIPAA regulations and requirements

HIPAA rules protect the privacy and security of health information and govern how covered entities should protect and secure Protected Health Information (PHI).

Below are some highlights from the U.S. Department of Health and Human Services fact sheet about the sharing of PHI:

- Both providers who are sharing member information must have or have had a relationship with the member.
- The PHI requested must pertain to the relationship.
- The discloser must disclose only the minimum information necessary for the health care operation at hand.

Here to help

If you have questions related to sharing member data or want to report any concerns that you may have, you can contact your Alliance Provider Relations Representative or complete the Compliance Concern Reporting Form on the Alliance website at www.thealliance.health/potential-compliance-concern-report.



Changes to Long-Term Care codes and claim forms

Effective Feb. 1, 2024, the Department of Health Care Services (DHCS) retired the use of Long-Term Care (LTC) local service codes and the Payment Request for Long-Term Care (25-1) local form.

These local procedure codes were replaced by National Uniform Billing Committee (NUBC) data elements and the UB-04 claim form or an electronic 837I claim transaction. The Alliance also implemented these changes effective Feb. 1, 2024.

Keep in mind:

- Authorizations currently approved for stays prior to the conversion do not need to be resubmitted.
- Authorizations for stays beginning prior to Feb. 1, 2024, and extending beyond Feb. 1, 2024, should be requested with older codes.
- Authorizations for stays beginning Feb. 1, 2024, should be requested with the new codes.

Summary of changes

- Treatment Authorization Request (TAR) changes:



www.thealliance.health/tar-changes.

- LTC Claim Crosswalk: www.thealliance.health/ltc-claim-crosswalk.
- LTC Claim Form and Code Conversion: www.thealliance.health/references-ltc.

Billing

Effective Feb. 1, 2024, California-only Patient Status Codes are

obsolete. Local LTC Patient Status Codes have changed to national NUBC Patient Discharge Status Codes. Providers must select the most appropriate NUBC Patient Discharge Status Code to report on the claim.

Questions?

For LTC billing questions, please email Annette Barcelo at abarcelo@ccah-alliance.org.

Avoiding DME frequency denials

Authorization is required for durable medical equipment (DME), medical supplies, prosthetics and orthotics each time the cumulative cost of purchase, repair and replacement exceeds the thresholds noted below:

- Orthotics or DME purchase: over \$250.
- Prosthetics purchase: over \$500.

- Rental: over \$100 per month.
- Repair or maintenance: over \$500.
- Incontinence supplies: over \$330.

When requesting authorization for frequency or threshold limits, please state the reason for the request in the comments section of the authorization.



Do your patients need help getting to appointments?

Tell them about the Alliance's transportation services

Access to reliable transportation for attending medical appointments is a significant barrier for many Alliance members. Because of this, the Alliance is requesting that providers ask members if they have reliable transportation at the time they schedule an appointment.

The Alliance provides medical transportation services for:

- Appointments.
- Picking up prescriptions.
- Other essential medical needs.

Transportation services include reimbursement for mileage and public transportation.

Alliance members who don't have a dependable ride or access to public transportation can schedule a ride with Call the Car (CTC) by calling **833-244-1678**. The Alliance also caters to members who need accommodations such as wheelchair-accessible vehicles. If a member needs help with scheduling a ride or they require

language assistance services, they should be directed to call the Alliance at **800-700-3874**. This number is printed on their member ID card.

Providers are also encouraged to advise members to schedule rides at least seven business days in advance of their appointment. This service is available to members who reside in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

For more information about the Alliance's medical transportation services, visit www.thealliance.health/transportation-services.

Understanding health literacy

Alliance providers play a critical role in advancing health equity, the idea that everyone should have a fair and just opportunity to be as healthy as possible. To pursue health equity, it's essential to understand how health literacy impacts patients' health care experiences.

What is health literacy?

The Centers for Disease Control and Prevention breaks down health literacy on a personal and organizational level:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to

which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.

When you prioritize health literacy, you can build trust – a key factor in a person's willingness to engage in care and health-conscious behaviors.

What can providers do?

The Alliance is dedicated to supporting providers in delivering culturally and linguistically appropriate health care services.

Below is a list of resources to support health equity:

- www.thealliance.health/cultural-and-linguistic-services.



- www.cdc.gov/healthliteracy/index.html.
- www.healthliteracy.com/health-literacy-out-loud-hlol-podcasts.

For additional information about Alliance cultural and linguistic services, please call the Alliance Health Education Line at **800-700-3874, ext. 5580** or email us at listcl@ccah-alliance.org.

Welcome, new providers

New ECM/CS providers

- Aggregator Inc.: CS; all counties
- Alliance for Community Transformations: ECM/CS; Mariposa County
- Association of Faith Communities of Santa Cruz: CS; Santa Cruz County
- California Health Collaborative: ECM; Merced County
- ClinNEXUS: ECM; San Benito County
- Dr. Jennifer M. Jones Foundation: ECM/CS; Merced County
- Food Bank for Monterey County: CS; Monterey and San Benito counties
- Institute on Aging: ECM/CS; all counties, starting in Monterey County
- La Familia (Alliance for Community Wellness): ECM; Merced County
- Lifeline Systems Company: CS; all counties
- LifeWise: CS; all counties
- MasterCare Inc.: ECM; Mariposa County
- Mysti's Adult and Family Services LLC: ECM/CS; Monterey County
- Performance Kitchen: CS; all counties
- Project Food Box (SunTerra Produce Traders Inc.): CS; all counties
- Reinvestment Partners (Eat Well): CS; all counties
- Resources for Independence: CS; Merced County
- Second Harvest Food Bank of SC: CS; Santa Cruz County
- Serene Health IPA: ECM/CS; all counties
- St. Vincent Preventative Family Care: ECM; all counties, starting in San Benito and Mariposa counties
- Star Nursing Inc.: ECM/CS; all counties

– Continued on back page

Important phone numbers

Provider Services	831-430-5504
Claims.	831-430-5503
Authorizations	831-430-5506
Status (non-pharmacy)	831-430-5511
Member Services.	831-430-5505
Web and EDI	831-430-5510
Cultural & Linguistic Services.	831-430-5580
Health Education Line.	831-430-5580

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.



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Welcome, new providers

– *New ECM/CS providers, continued from page 11*

- Upward Health of California: ECM; all counties, starting in Merced County
- Youth Recovery Connections: ECM; starting in San Benito County and will expand to Monterey and Santa Cruz counties
- Zocalo Health: ECM; Merced County

New providers

Santa Cruz County Primary Care

- Eric Jackson-Scott, MD, Family Medicine

Referral Physician/ Specialist

- Misty Eleryan, MD, Dermatology
- Agustina Garzon-Lopez, MD, Family Medicine
- Yuxi Guan, MD, Podiatric Medicine

- Reema Syed, MD, Ophthalmology

Monterey County

Primary Care

- Ahmad Ahmadzia, MD, Family Medicine
- Gregory Ceus, MD, Family Medicine
- Sherry Lee, DO, Pediatrics
- Margaret Simon, MD, Family Medicine
- Mary Sweet, MD, Family Medicine

Referral Physician/ Specialist

- Ian Atkinson, MD, Family Medicine
- Alok Bansal, MD, Ophthalmology
- Jesus Borrillo, MD, Ophthalmology
- Louis Chang, MD, Ophthalmology
- Gopika Dasari, MD, Internal Medicine
- Juliet Del Piero, MD, Ophthalmology
- Benjamin Hendricks, MD, Neurological Surgery (San Luis Obispo)



- Rahul Khurana, MD, Ophthalmology
- Nicholas Kimberg, MD, Pulmonary Disease
- Kumar Nadhan, MD, Dermatology
- Monica Noya-Santana, MD, Neurology
- John Paas, MD, Obstetrics and Gynecology
- James Palmer, MD, Ophthalmology
- Simranjit Sandhu, MD, Foot and Ankle Surgery
- Shirley Van, MD, Dermatology
- Jay Wang, MD, Ophthalmology
- Charles Whisler, MD, Ophthalmology
- Mark Wieland, MD, Ophthalmology

- Francis Wright, MD, Obstetrics and Gynecology

Merced County Primary Care

- Jiwu Sun, MD, Internal Medicine

San Benito County Referral Physician/ Specialist

- Hoang Nguyen, MD, Cardiovascular Disease

Mariposa County Primary Care

- Mimi Carter, MD, Family Medicine
- Joanna Eveland, MD, Family Medicine