

September 2023



Provider Bulletin

A **quarterly** publication for providers.



Health literacy and culturally appropriate care

Did you know that Alliance members speak more than 29 languages and represent many cultures from around the globe? This fact underscores the need to ensure that members have the support necessary to understand basic health information and the services needed to make decisions about their health. When people have difficulty understanding their medical provider or how to manage their health conditions, they are more likely to miss medical appointments and therefore not receive the appropriate care to manage their health.

This knowledge is a driving force behind our commitment to health equity and our strategic goal of increasing member access to culturally and linguistically appropriate care. We do this by partnering with you to make sure members receive high-quality

health care that is culturally competent and guided by cultural humility. We further support these efforts by working to strengthen the cultural competency of the provider network and seeking to include more providers who reflect the diversity of our membership.

In honor of Health Literacy Month, I invite you to learn more about this topic to better serve our members' needs. Our webpage is a great place to start: www.thealliance.health/cultural-and-linguistic-services.

DHCS also added Community Health Worker (CHW) services as a compensable Medi-Cal benefit, which includes health education and health navigation. Learn more at www.thealliance.health/chwbenefit. The Alliance is supporting recruitment for the Medi-Cal workforce, including CHWs, through our Medi-Cal

Alliance Board Meetings

Wednesday, Sept. 27, 2023

3 p.m. to 5 p.m.

Wednesday, Oct. 25, 2023

10:30 a.m. to 2 p.m.

Wednesday, Dec. 6, 2023

3 p.m. to 5 p.m.

Physicians Advisory Group Meetings

Thursday, Dec. 7, 2023

Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting

Monday, Nov. 6, 2023

1:30 p.m. to 3 p.m.



Capacity Grant Program. Information is available at www.thealliance.health/chwrecruitmentprogram.

Thank you for your continued commitment to serve our members.

Michael Schrader
Michael Schrader, CEO

HEDIS results are now available

The Alliance completed the Healthcare Effectiveness Data and Information Set (HEDIS) audit for Measurement Year 2022 (MY2022).

Merced County

Merced County increased eight measures compared to last year, with over a 5% improvement in the Well-Child Visits in the First 15 Months. Eight measures were below the 50th percentile for the Minimum Performance Level (MPL), and one sustained the

High Performance Level (HPL) at 90th percentile for Timeliness of Prenatal Care. The Alliance recognizes the socioeconomic differences in Merced County and is partnering to improve rates.

Monterey and Santa Cruz counties

Results in Monterey and Santa Cruz counties demonstrated improvements in all measures held to the MPL compared to the year prior. No MPLs were observed,

showing sustained care to Alliance members, with five HPLs for HbA1C Poor Control>9%, Childhood Immunizations, Immunizations for Adolescents, Postpartum Follow-Up, and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.

MY2023 HEDIS measures

For a listing of NCQA HEDIS measures for MY2023, please see below.

Measure Required of Managed Care Health Plan	Measure Acronym	Measure Steward	Measure Type Methodology
1 Follow-up after ED visit for mental illness – 30 days	FUM	NCQA	Administrative
2 Follow-up after ED visit for substance abuse – 30 days	FUA	NCQA	Administrative
3 Child and adolescent well-care visits	WCV	NCQA	Administrative
4 Childhood immunization status – Combination 10	CIS-10	NCQA	Hybrid/Admin
5 Developmental screening in the first three years of life	DEV	CMS	Administrative
6 Immunizations for adolescents – Combination 2	IMA-2	NCQA	Hybrid/Admin
7 Lead screening in children	LSC	NCQA	Hybrid/Admin
8 Topical fluoride for children	TFL-CH	DQA	Administrative
9 Well-child visits in the first 30 months of life – 0 to 15 months – six or more well-child visits	W30-6+	NCQA	Administrative
10 Well-child visits in the first 30 months of life – 15 to 30 months – two or more well-child visits	W30-2+	NCQA	Administrative
11 Asthma medication ratio	AMR	NCQA	Administrative
12 Controlling high blood pressure	CBP	NCQA	Hybrid/Admin
13 Hemoglobin A1C control for patients with diabetes – HbA1C poor control (> 9%)	HBD	NCQA	Hybrid/Admin
14 Chlamydia screening in women	CHL	NCQA	Administrative
15 Prenatal and postpartum care: postpartum care	PPC-Pst	NCQA	Hybrid/Admin
16 Prenatal and postpartum care: timeliness of prenatal care	PPC-Pre	NCQA	Hybrid/Admin
17 Breast cancer screening	BCS-E	NCQA	Administrative
18 Cervical cancer screening	CCS	NCQA	Hybrid/Admin

To get a copy of your site's performance, please email QI@ccah-alliance.org with the subject line "HEDIS Report."



Flu season recommendations

Flu season is September through May, and everyone ages 6 months and older should get their annual flu shot by the end of October. The Centers for Disease Control and Prevention (CDC) recommends that children ages 6 months-8 years who are receiving the flu vaccine for the first time should receive two doses, four weeks apart.

It's important that patients receive a flu vaccine recommendation from their provider. The CDC suggests using the SHARE method when discussing vaccines with patients: www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm.

The Alliance is reminding members to get their flu shot via the Alliance website, social media and its media campaign, *You don't have time for the flu!* Alliance members ages 7-24 months who get their two flu shot doses between September 2023 and May 2024 will be entered into a monthly raffle for a chance to win a \$100 Target gift card. Promotional flyers are available in English, Hmong and Spanish for you to share with Alliance members: www.thealliance.health/babyfluraffle.

Additional flu resources:

- CDC – Flu Information for Health Professionals: www.cdc.gov/flu/professionals.
- The Alliance – Immunization Resources: www.thealliance.health/providerresources.



Fraud, waste and abuse within telemedicine

During the COVID-19 pandemic, providers had the opportunity to improve patients' health access through expanded use of telemedicine. The increased use of telemedicine also increased the risk of telemedicine fraud and abuse within health care. Although the federal public health emergency (PHE) ended on May 11, 2023, DHCS will continue many of the PHE policies that allow Medi-Cal covered benefits and services to be provided via telemedicine when clinically appropriate.

All providers rendering services to Medi-Cal members must maintain appropriate documentation to substantiate the corresponding billed service. Documentation requirements for services delivered via telehealth align with those for services delivered in person.

The Alliance conducts periodic reviews of medical records related to the verification of

billed services, medical necessity, coding compliance, quality of care and more. Further, regulation and enforcement agencies, such as the California Department of Justice (DOJ), have also monitored telemedicine services to ensure they are delivered, documented and billed in accordance with laws and guidelines. In 2021, the DOJ charged 86 defendants in 19 judicial districts with \$4.5 billion in fraud loss related to alleged nationwide kickback schemes involving telemedicine. The Alliance's requests for medical records and subsequent reviews of claims data have identified common billing issues related to telemedicine, including:

- Billed claims do not contain the appropriate telehealth modifier.
- Billed claims do not note the appropriate place of service.
- Documentation does not support the date of service billed.

- No documentation in the medical record to substantiate the telehealth service billed.

Other common telemedicine fraud schemes identified by the DOJ include:

- Up-coding time and complexity.
- Misrepresenting the virtual service provided.
- Billing for services not rendered.
- Kickback schemes.

Failure to appropriately document a service in the medical record or on a claim form may result in claim denials; recovery of claim payments; a corrective action plan; or even suspected fraud, waste or abuse-related inquiries. The Alliance encourages providers to promote accuracy in documentation practices and to have procedures for responding to medical records requests.

Take the survey on timely access

The Alliance administers the Provider Appointment Availability Survey (PAAS) annually to assess our network’s ability to provide care within timely access standards.

Some providers will receive a survey by email. If there is no response within five business days, providers will receive a survey call. Please encourage reception staff to participate in survey calls. You may receive survey requests from multiple health plans.

Timely access standards monitored through the PAAS include:



Urgent Care Appointments	Wait Times
Services that do not require prior authorization (PA)	48 hours
Specialty services that require PA	96 hours
Non-Urgent Care Appointments	Wait Times
Non-physician mental health providers and primary care (including first prenatal and preventive visits)	10 business days
Specialist and ancillary appointments	15 business days
Physical therapy or mammography appointment for the diagnosis or treatment of injury, illness or other health condition	15 business days

Telehealth appointments demonstrate the means to provide timely access and should be included in your responses.

Find more information at www.thealliance.health/timelyaccess.

Thank you for your participation! If you have questions, please contact Alliance Provider Relations at **800-700-3874, ext. 5504**.

Dialysis billing

The Alliance will accept a date range for dialysis treatment days. The date range must be listed in the Description field (Box 43) of the UB-04 claim. For example, consecutive days of treatment for dates of service 01/01, 01/02, 01/03, 01/04, 01/05 can be listed as 01/01-01/05.

As a reminder, CPT codes 90999 and 90945 must be billed in the same manner as Z6004, Z6006, Z6012 and Z6014.

- Line 1 – rev code and start date must be listed.
- Line 2 – end date, HCPCS/CPT code, quantity, total charges, date range or individual treatment dates must be listed.
- Remarks filed (Box 80) or attachment for additional information.



Billing tips for paper claims

- Submit claims without staples or tape, as these delay processing time.
- Use mailing envelopes that do not require claims to be folded.
- Bundle multiple claims into one envelope.
- Avoid using a highlighter.

New additions for ECM and Community Supports

Enhanced Care Management (ECM) services continue for previous populations of focus, including expanding all active populations of focus to children and youth.

New additions launched as of July 1, 2023

Two new populations of focus

- Children and youth enrolled in California Children's Services (CCS) or California Children's Services Whole Child Model with additional needs beyond the CCS condition.
- Children and youth involved in child welfare across all three counties.

Two new Community Supports (CS)

These services will be provided in all three counties:

- Respite Services for Caregivers, a service for caregivers of members who require intermittent temporary supervision.
- Personal Care and Homemaker Services, a service for individuals who need assistance with activities of daily living (ADLs), such as bathing, dressing, toileting, ambulation or feeding.

To learn more about ECM/CS programs in Merced, Monterey and Santa Cruz counties, including how to refer Alliance members to ECM and CS, visit our ECM/CS provider page: www.thealliance.health/ecm-cs.

Enhanced Care Management Providers/Community Supports Services

ECM	CS	ECM/CS
Community Bridges Elderday (Santa Cruz)	24-Hour Home Care (Merced, Monterey, Santa Cruz)	Day Break Adult Day Care Center (Merced)
Community Bridges WIC (Santa Cruz)	Abode (Santa Cruz)	Dorothy's Place (Monterey)
County of SC Health Services (Santa Cruz)	Central Coast Center for Independent Living (Monterey)	Encompass (Santa Cruz)
DayOut Merced (Merced)	Community Homeless Solutions (Monterey)	Independent Living Systems (Monterey, Santa Cruz)
Health Projects Center (Monterey, Santa Cruz)	Front St. (Santa Cruz)	Jacob's Heart (Monterey, Santa Cruz)
Janus of Santa Cruz (Santa Cruz)	Home Safety Services (Merced, Monterey, Santa Cruz)	La Casa Adult Day Health Center (Monterey)
Kings View (Merced)	Housing Matters (Santa Cruz)	Merced County Community Action Agency (Merced)
Libertana Home Health (Merced)	Interim Inc. (Monterey)	Mission Merced (Merced)
Monterey County (Monterey)	Lifespan (Santa Cruz)	Senior Network Services (Monterey, Santa Cruz)
Pair Team (Merced, Monterey, Santa Cruz)	MidPen (Monterey)	
Salinas Valley Memorial Healthcare Systems (Monterey, Santa Cruz)	ModifyHealth (Merced, Monterey, Santa Cruz)	
Salud Para La Gente (Santa Cruz)	Mom's Meals (Monterey)	
Santa Cruz Community Health Centers (Santa Cruz)	Sierra Saving Grace (Merced)	
Santa Cruz County (Santa Cruz)	Sun Street (Monterey)	
Seneca (Monterey)	Teen Kitchen (Santa Cruz)	
Titanium Healthcare (Merced, Monterey, Santa Cruz)		

A heartfelt "thank you" to our ECM/CS providers across our service areas – the care you give our members makes a difference in their lives!

Support for diabetic members

The Alliance offers education, support and case management services to members diagnosed with diabetes.

Complex Case Management and care coordination services are available for members with chronic illnesses, including diabetes. The Complex Case Management team can support members experiencing poorly controlled diabetes and/or new or worsening complications from diabetes.

How to refer members to Complex Case Management or care coordination:

Use the Case Management referral form (www.thealliance.health/cmreferral) and fax it to **831-430-5852**, ATTN: Case Management.

For more information, visit www.thealliance.health/providercaremanagement.

The Alliance's health education and disease management programs are for members with diabetes and/or other chronic illnesses. These programs offer members information and education on diabetes management, healthier living and wellness resources.

How to refer members to health education and disease management:

Use the Health Programs referral form (www.thealliance.health/hp-referral) and fax it to **831-430-5852**, ATTN: Health Programs. Do not include visit notes or lab results.

For more information, visit www.thealliance.health/provider-he-dm.



Help prevent childhood obesity

One in five children in the United States is obese. Childhood obesity increases the risk for health issues, including type 2 diabetes and heart disease. The good news is that childhood obesity can be prevented. In honor of National Childhood Obesity Awareness Month, the Alliance encourages providers to discuss with families how to make healthy changes together.

The Alliance supports providers in this effort by offering the Healthy Weight for Life (HWL) program. The HWL program offers workshops using the National Lifestyle Positive Parenting Program curriculum.

HWL program goals:

- Educate parents/guardians about healthy food choices and portion sizes.
- Educate parents/guardians about the importance of regular physical activity.
- Incentivize and support members to help them make healthy lifestyle changes to maintain a healthy weight.

The HWL program consists of 10 weekly meeting sessions, available in English and Spanish. Members who attend a 10-week Healthier Living Program workshop series will receive a Target gift card for up to \$100 and will be entered into a raffle for a chance to win a bike.

Providers can refer Alliance members by submitting a Health Education and Disease Management Referral Form found on our provider website at www.thealliance.health/hp-referral or by calling the Alliance Health Education Line at **800-700-3874, ext. 5580**.

Source: www.cdc.gov/nccphp/dnpao/features/childhood-obesity/index.html

Congenital syphilis on the rise

The California Department of Public Health (CDPH) has reported rising cases of congenital syphilis and syphilis among females in the Central Coast region of California.

CDPH has noted a concerning 31% increase in cases of congenital syphilis (CS) and a 49% increase in syphilis among females in the Central Coast region of California. Central Coast region cases and increases were noted among people who could become pregnant from 2020 through 2021. These trends continued into 2022, and many CS cases occurred in infants whose birthing parents received late or no prenatal care, used methamphetamine and/or injection drugs, experienced homelessness, or had been recently incarcerated.

Recommendations have been updated to include screening twice during pregnancy, screening all patients other than low risk at delivery, screening all who present to the emergency department (ED)

and/or enter a corrections facility, and screening all sexually active people who could become pregnant. CDPH also supports efforts to expand screening through opt-out strategies, incorporating syphilis screening for all at time of pregnancy diagnosis or ED presentation, screening at locations frequented by injection drug users, and providing street medicine and homeless outreach. CDPH also encourages empiric treatment for a preliminary positive test while awaiting confirmatory testing.

Resources

- Screening guidelines for pregnant patients: www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf.
- Detailed recommendations for providers treating patients with syphilis: www.cdc.gov/std/treatment-guidelines/syphilis.htm.



Support for adolescents with depression

In the United States, approximately 2.7 million children have been diagnosed with depression in the last five years, and about 15% of adolescents aged 12-17 reported having a major depressive episode. Unfortunately, symptoms of depression during the teenage years may easily be disregarded because symptoms may look like part of the typical stress of school or of being a teen.

Teens with depression may:

- Feel tired.
- Get into trouble at school.
- Feel sad or negative, become upset easily, or have anxiety.
- Lose interest in things they used to enjoy.
- Have physical symptoms like headaches or stomachaches.
- Have trouble concentrating, remembering or making decisions.

Depression is associated with an increased risk of suicide, which is among the leading causes of death among youth aged 10-24 and the second-leading cause of death for those aged 10-14. Providers can play a key role in recognizing depression and connecting patients with additional support.

Resources

- Patient Health Questionnaire (PHQ) screening tools, including the Patient Health Questionnaire Modified for Teens (PHQ-9M)[®], are among the most commonly recommended by organizations such as the American Psychological Association (APA).
- A list of tools for depression



screening, including Instruments for Adolescents, is on our website at www.thealliance.health/wp-content/uploads/Depression_Toolkit.pdf.

- 988 Lifeline is available 24/7 for anyone struggling or in crisis. Patients can call or text **988** to be connected with a crisis counselor.
- Contact Carelon for a behavioral health assessment and Alliance member referral. Carelon's toll-free access line, available

24/7/365, is **855-765-9700**.

Once care is established, physicians are encouraged to initiate an authorization to exchange confidential information, available at www.thealliance.health/for-providers/manage-care/behavioral-health/#bh-7.

Reference source: Centers for Disease Control and Prevention: Children's Mental Health – Anxiety and depression in children: Get the facts (accessed May 2023): www.cdc.gov/childrensmentalhealth/depression.html

Managing statin-related muscle pain

In general, statins are very well tolerated, and about 85% to 90% of patients report no side effects. The most common complaints with statin use are muscle-related pains, with reported rates that range from 0.3% to 33% (though statin-related rhabdomyolysis is not common). In patients presenting with suspected rhabdomyolysis, statin therapy should be promptly discontinued.¹

The American Diabetes Association recommends initiation of statins of moderate dosage in individuals aged 40-75 years for primary prevention and high-intensity dosage in patients with atherosclerotic risk factors and for secondary prevention of cardiovascular disease.²

The 2019 American Heart Association (AHA) and American College of Cardiology (ACC) Guideline on the Management of Blood Cholesterol recommends initiation of high-intensity statin treatment without risk assessment in patients aged 20-75 years with an LDL-C greater than or equal to 190 mg/dL.

The AHA/ACC guidelines recommend a comprehensive approach to patients who



experience statin-associated symptoms, with the clinician reassessing, rediscussing and encouraging rechallenge as the initial approach unless side effects are severe.³

Some ways to reassess and rechallenge could be achieved by:

- Modified dosing: Statin dose could be reduced, or it could be taken three times weekly instead of daily.
- Switch to an alternate statin: If a patient has myalgia with a lipophilic statin (e.g., atorvastatin, simvastatin), it may be reasonable to switch to a less lipophilic statin (e.g., pravastatin, rosuvastatin).

- Combination of an alternate statin with non-statin therapy, such as ezetimibe.

In addition to routine monitoring to check for adherence, adequacy of response, new related symptoms and reaffirmation of therapeutic benefits, ongoing communication is essential to patient care.

References:

¹Assessing Severity of Statin Side Effects: Fact Versus Fiction (2018, April 9).

American College of Cardiology. www.acc.org/latest-in-cardiology/articles/2018/04/09/13/25/assessing-severity-of-statin-side-effects

²Cardiovascular disease and risk management: Standards of Care in Diabetes – 2023. *Diabetes Care* 2023;46(Suppl. 1):S158–S190. www.diabetesjournals.org/care/article/46/4/898/148368/Erratum-10-Cardiovascular-disease-and-risk

³2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APHA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Originally published 10 Nov 2018 | <https://doi.org/10.1161/CIR.0000000000000625> | *Circulation*. 2019;139:e1082–e1143

Apply for no-cost naloxone

DHCS has created a Naloxone Distribution Project (NDP) to increase access for no-cost naloxone. The eligible entities include schools, universities, tribal entities, substance use recovery facilities, a Federally

Qualified Health Center, community clinics and many other organizations. Please visit the DHCS website to determine if your organization qualifies, what documentation is required for the application and

how to apply: www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx.

Questions? Contact the NDP team at: Naloxone@dhcs.ca.gov.



New pharmacist-led academic detailing diabetes program

The Alliance's Pharmacy Department piloted a program in 2020-2021 that helped clinics see a decrease in participating patients' A1C test results. The program's objectives included educating health care professionals on the latest pharmacologic guidelines for treating diabetes, supporting patients in meeting their glycemic goals, decreasing health care costs, preventing avoidable hospitalizations and improving the general health of our local community.

Each engagement lasted approximately six months. During the pilot program period, the pharmacists collaborated with three clinics that oversaw the diabetes care of 63 participants. Pharmacists reviewed the physicians' most complicated cases of members with poorly controlled diabetes, advising them based on current American Diabetes Association care guidelines and offering pharmaceutical recommendations.

Seventy-one percent (or 31 patients) who returned for routine lab work and follow-up assessment observed improvement in their A1C lab values. Thirty-two percent (or nine patients) reached the program goal of an A1C less than or equal to 9%. In one clinic, the pharmacists were able to improve their A1C poor-control metric ranking from the 25th percentile to above the 75th percentile! The number of patients with their diabetes under control increased as a result of this pilot program.

The program's success is largely due to the strong relationships formed between the pharmacists and their primary care provider partners over several working sessions. The pharmacists are excited to support our network of providers in applying the new pharmacologic guidelines to improve diabetes care. To learn more about the program and to sign up, please email Pharmacy@ccah-alliance.org.

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



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Welcome, new providers



Merced County

Primary Care

- Jose Alberto, MD, Family Medicine
- Herbert Estiu Sanchez, MD, Family Medicine

Referral Physician/Specialist

- Eileen Hou, MD, Obstetrics and Gynecology

Monterey County

Primary Care

- Guadalupe Arreola, MD, Family Medicine
- Brittany Chamberlain, MD, Family Medicine
- Jessita Singh Natasha Albert Messiah Dhas, MD, Internal Medicine
- David Kurtmen, MD, Family Medicine
- Marja-Liisa Magnuson, DO, Family Medicine
- Brooke Todd, MD, Family Medicine

Referral Physician/Specialist

- Somayah Azimi, DO, Endocrinology, Diabetes and Metabolism
- Derrick Barnes, MD, Obstetrics and Gynecology
- Christian Breburda, MD, Internal Medicine
- Gregory Cannon, MD, Internal Medicine
- Robert Chalmers, MD, Obstetrics and Gynecology
- Natalie Chung, MD, Ophthalmology
- Michael Cline, MD, Neurology
- Grant Conner, MD, Otolaryngology
- David Crandall, DO, Orthopedic Surgery
- Ahmad Edris, MD, Cardiovascular Disease

- Robert Isom, MD, Nephrology
- Helen Jeong, DO, Family Medicine
- Wilhelm Kienast, MD, Plastic and Reconstructive Surgery
- Cici Liu, MD, Gynecologic Oncology
- Daphne Papatomas, MD, Obstetrics and Gynecology
- Vikram Patel, MD, Gastroenterology
- Evan Rosen, MD, Urology
- John Michel Ruddy, MD, Surgery
- Yosuf Subat, MD, Internal Medicine
- Majia Swanson, MD, Family Medicine
- Kyla Velaer, MD, Urology

Santa Cruz County

Referral Physician/Specialist

- Dimitri Bacos, MD, Psychiatry
- Luke Bi, MD, Gastroenterology
- Chelsea Hendow, MD, Orthopedic Surgery
- Robert Pollard, MD, Emergency Medicine

Holiday office closures

- Nov. 10, 2023 (Veterans Day observed)
- Nov. 23-24, 2023 (Thanksgiving)
- Dec. 22, 2023 (Christmas Eve observed)
- Dec. 25, 2023 (Christmas Day)