September 2024

Provider **Bulletin**

A **quarterly** publication for providers.

Raising the bar to increase access

As a mission-driven organization, a top priority is ensuring our members maintain access to quality care. We achieve this by maintaining a robust network of providers who share in this mission. I am pleased to report that, on average, we partner with over 99% of primary care providers (PCPs), 98% of specialty care providers, and all hospitals in our five-county service area.

Despite these figures, we recognize that provider shortages remain a reality. Affected PCPs may limit their panel sizes, and affected specialists may limit the referrals that they will accept. As a result, members may have difficulty scheduling timely appointments with their doctors or must drive longer distances to reach their provider for necessary care.

We're making significant efforts to improve our members' access to the care they need. For starters, we continue to offer more than $8 million in annual grants for providers to recruit a wide variety of medical professionals. We continue to offer competitive reimbursement with rates that are closer to Medicare than Medi-Cal.

A primary focus of our incentives and value-based programs is to close gaps in care, especially for children. The Alliance is making concerted efforts to expand our network of enhanced care management providers to take some of the load off PCPs.

Alliance Board Meetings

Wednesday, Sept. 25, 2024
Board Retreat, 10 a.m. to 3:30 p.m.

Wednesday, Nov. 6, 2024
3 p.m. to 5 p.m.

Wednesday, Dec. 4, 2024
3 p.m. to 5 p.m.

Physicians Advisory Group (PAG) Meeting

Thursday, Dec. 5, 2024
Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Thursday, Sept. 19, 2024
Noon to 1 p.m.

Thursday, Dec. 19, 2024
Noon to 1 p.m.

We understand that by taking care of our providers, our providers can better care for our members. Thank you for partnering with us in continuing to serve our community.

Michael Schrader

Michael Schrader, CEO

HEDIS report

Key highlights and improvements

The Alliance's Quality Improvement and Population Health team completed the Healthcare Effectiveness Data Information Set (HEDIS) audit for measurement year 2023 (MY2023) under the Managed Care Accountability Set (MCAS). Below are highlights of county Plan-level results.

Merced County

- Achieved high performance in Timeliness of Prenatal Visits, Postpartum Follow-Up, and Lead Screening in Children.
- Sustained gains in 10 MCAS measures.
- Significant improvements in Well-Child Visits, Adolescent Well-Care Visits, Childhood Immunizations, HbA1c Poor Control, and Breast Cancer Screening, with a combined 33% improvement.

Monterey and Santa Cruz counties

- Demonstrated strong HEDIS performance in MY2023.
- Achieved 11 high performance levels out of 18 measures.
- Over 5% improvement in Child & Adolescent Well-Care Visits and Well-Child Visits in the First 15 Months – 6+ Visits.

MY2024 MCAS* measures released

Here is the list of measures held to minimum performance level (MPL) for MY2024.

#	Measure required of MCP	Measure steward	Measure type methodology
Behavioral health			
1	Follow-up after ED visit for mental illness – 30 days	NCQA	Administrative
2	Follow-up after ED visit for substance abuse – 30 days	NCQA	Administrative
Children's health			
3	Child and Adolescent Well-Care Visits	NCQA	Administrative
4	Childhood immunization status – Combination 10	NCQA	Hybrid/Admin
5	Developmental screening in the first 3 years of life	CMS	Administrative
6	Immunization for adolescents – Combination 2	NCQA	Hybrid/Admin
7	Lead screening in children	NCQA	Hybrid/Admin
8	Topical fluoride for children	DQA	Administrative
9	Well-Child Visits in the first 30 months of life – 0 to 15 months – six or more Well-Child Visits	NCQA	Administrative
10	Well-Child visits in the first 30 months of life – 15 to 30 months – two or more Well-Child Visits	NCQA	Administrative
Chronic disease management			
11	Asthma medication ratio	NCQA	Administrative
12	Controlling high blood pressure	NCQA	Hybrid/Admin
13	Glycemic status assessment for patients with diabetes (>9%)	NCQA	Hybrid/Admin

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

Reproductive health			
14	Chlamydia screening - women	NCQA	Administrative
15	Prenatal and postpartum care: Postpartum care	NCQA	Hybrid/Admin
16	Prenatal and postpartum care: Timeliness of prenatal care	NCQA	Hybrid/Admin
Cancer prevention			
17	Breast cancer screening	NCQA	Administrative
18	Cervical cancer screening	NCQA	Hybrid/Admin

*MCAS measures are selected by the Department of Health Care Services (DHCS) and include multiple rate calculation stewards, presently limited to NCQA, DQA and CMS for held to MPL measures.

The Alliance's Capital Program

The Alliance's **Medi-Cal Capacity Grant Program** (MCGP) invests in health care and community organizations in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. Funding opportunities are available to health care providers and community organizations who serve Medi-Cal members in our five counties.

Launched in June 2024, the Capital Program provides funding to 501(c)(3) nonprofits and government entities to support the construction, renovation and acquisition of medical facilities, mobile medical clinics, and community-based and school-based wellness centers that will serve a significant volume of Medi-Cal members in the Alliance service areas. Funding is also available for fixed-asset equipment projects for medical facilities.

The Capital Program belongs to a diverse portfolio of funding opportunities available through the MCGP, which makes community investments to increase the availability, quality and access of health care and supportive resources for Medi-Cal members and address social drivers that influence health and wellness in our communities.

The next application deadline for Workforce Recruitment Programs is October 15, 2024.

Beginning in 2025, all grant programs will be on the same application cycles three times per year, starting with the first application deadline of the year on Jan. 21, 2025.

Visit **www.thealliance.health/mcgp** for more information about our funding priorities, current opportunities and how to apply.

Statewide data sharing requirements for providers

Has your organization completed the necessary steps to meet statewide data sharing requirements?

California providers are required to meet California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) requirements. This means that providers must be able to respond to requests from other health care entities in real time via Health Information Exchange (HIE).

The DxF addresses areas including but not limited to:

- Health information creation, including the use of national standards in clinical documentation, health plan records and social services data.
- Translation, mapping, controlled vocabularies, coding and data classification.
- Storage, maintenance and management of health information.
- Linking, sharing, exchanging and providing access to health information.

DxF participants must send health and social services information to other participants in a timely manner, or risk violation of the California Information Blocking Prohibitions Policy and Procedure (**www.thealliance.health/realtimeexchange**).

For more information, see APL 23-013: Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework.

What Alliance providers will need to do

Sign the CalHHS Data Sharing Agreement. California providers are required to sign this agreement to share patient information safely.

If your organization has not signed this agreement yet, please do so at **www.thealliance.health/signthedsa**. Please check the DSA Signatory List to ensure that your organization has signed: **www.thealliance.health/dsa-list**.

Participate with a Qualified Health Information Organization (QHIO). Providers must exchange information via an intermediary QHIO, a nationwide network or framework, or a point-to-point connection. You can find out more about these requirements at **www.thealliance.health/dxf-tech-requirements**.

Explore Alliance incentive/funding opportunities for data sharing. The Alliance is providing financial assistance to our provider network to help them participate in active data sharing via our QHIO partner, Serving Communities Health Information Organization (SCHIO). Funding of up to $40,000 per organization is available through our Data Sharing Incentive (DSI) program.

To learn more, visit **www.thealliance.health/dsi**.

Not ready for data sharing?

Funding for capacity is also available through the Data Sharing Support Program, which is part of our Medi-Cal Capacity Grant Program. Data Sharing Support provides funding to eligible Medi-Cal provider types for infrastructure, operational solutions and technical assistance to build capacity to meet Medi-Cal requirements by sharing real-time health care data and connecting to a health information exchange (HIE).

More information is available at **www.thealliance.health/data-sharing-support**.

Healthy Moms and Healthy Babies program

The Alliance's *Healthy Moms and Healthy Babies* (HMHB) program helps pregnant women get early prenatal and postpartum care. HMHB also provides education to support members in having a healthy pregnancy.

Members enrolled in the HMHB program are contacted by Alliance health educators. Health educators provide information on various topics, including prenatal and postpartum health, breastfeeding, pediatric care, and parenting.

Health rewards

The Alliance provides members with health rewards for seeing a doctor for prenatal and postpartum care. Alliance members who visit their doctor within the first 13 weeks of being pregnant are entered into a raffle for a chance to win a $50 Target gift card. Members who see their doctor 1 - 12 weeks after having a baby will receive a $25 Target gift card.

Once the baby is born, the Alliance also offers health rewards for members who take their baby to the doctor for regular checkups.

Referrals

Providers can refer members to any of the Alliance's Health Education and Disease Management programs using the referral form found on our website at **www.thealliance.health/health-programs-referral**. Once the referral form is received, the Health Education team will conduct telephonic outreach to offer education services to members. For more information, providers can call the Health Education Line at **800-700-3874, ext. 5580**.

Community resources

The Alliance also provides pregnant and postpartum members with information about community resources, including the Women, Infants, and Children Program (WIC). WIC is a nutrition education program that helps individuals who are pregnant or just had a baby, as well as children up to age 5. For additional information about the WIC program and how the services can help members, visit **www.myfamily.wic.ca.gov** or call **888 WIC-WORKS** (**888-942-9675**).

Live Better with Diabetes program

The Alliance offers the *Live Better with Diabetes* program for Alliance members diagnosed with diabetes or prediabetes. The program provides workshops in group settings for members to learn self-management skills and understand ways to cope with diabetes symptoms. Program topics include weekly action planning, healthy eating, exercise, and how to work effectively with health care providers with a diabetes or prediabetes diagnosis. Workshops are available in English and Spanish throughout the year.

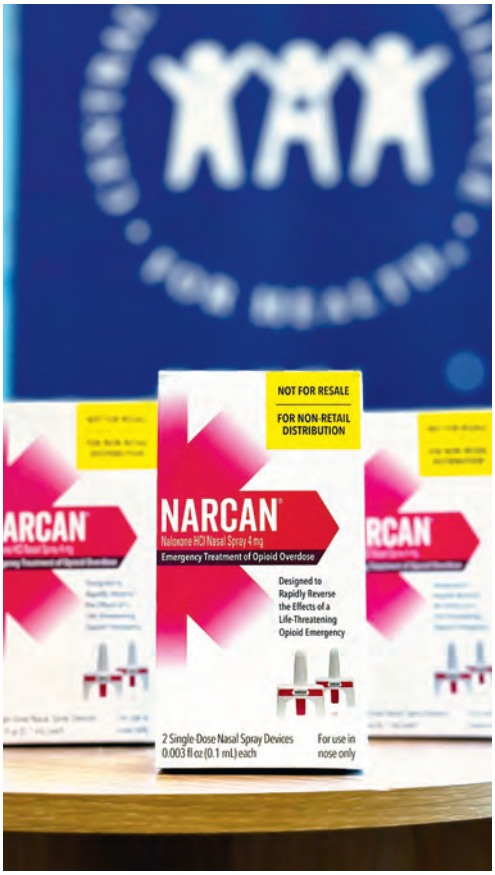
Workshops are offered in three different modalities:

- Over the phone.
- Virtually with online meetings.
- In person.

Providers can refer members to the *Live Better with Diabetes* program by completing the Health Programs Referral Form found on the Alliance website: **www.thealliance.health/health-programs-referral-form**.

Providers can also call the Alliance Health Education Line at **800-700-3874, ext. 5580,** if assistance is needed for referring members.

Are you registered for the Naloxone Distribution Project?



DHCS has a program called Naloxone Distribution Project (NDP) to increase access to no-cost naloxone. The eligible entities include schools, universities, tribal entities, substance-use recovery facilities, FQHCs, community clinics and many other organizations.

Educational resources and videos for naloxone use may be accessed at **www.narcan.com**.

DHCS recently announced the distribution of free, all-in-one fentanyl test strip kits through the NDP. These free fentanyl test strip kits aim to protect California communities that are at risk of fentanyl exposure and to prevent overdoses. These all-in-one kits help simplify the process of testing drugs for the presence of fentanyl.

Organizations eligible to receive naloxone through the NDP can apply to receive free fentanyl test strip kits through the same application form via the NDP at **www.thealliance.health/NDP-application**.

If your organization has not yet registered to receive free naloxone through NDP or is interested in free fentanyl test strip kits through NDP, please visit their website at **www.thealliance.health/NDP** to determine if your organization qualifies and what documentation your organization will be required to submit with the application.

Reference:

www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

Pharmacist-Led Academic Detailing (PLAD) Program:

Alliance pharmacists offer an interactive, nonbiased, evidence-based, and individualized educational program. Our goal is to promote evidence-based practices, provide support, build relationships with health care teams, and ultimately improve patient health outcomes.

The following topics are currently available:

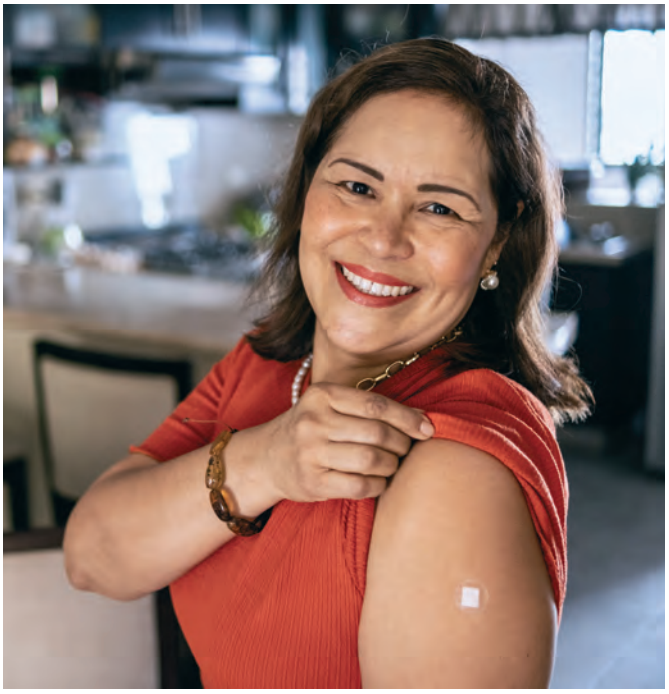
Diabetes | **Asthma** | **Hypertension**

To learn more about the program and to enroll, please email **pharmacy@ccah-alliance.org** and include the phrase "Pharmacist-Led Academic Detailing" in the subject line.

Alliance's Physician-Administered Drug List and Procedures

Alliance's Physician-Administered Drug List, restrictions, prior authorization criteria, policies, and their updates are available on the Pharmacy page: **www.thealliance.health/pharmacy-services**. If you would like to request physical copies, please contact the Pharmacy Department at **831 430-5507**.

Vaccine hesitancy: Bridging the gap



The wealth of information on vaccines has heightened structural barriers to vaccine uptake, especially in under-resourced communities and historically marginalized groups. Overcoming these challenges requires a nuanced approach and may not be swift.

Health care professionals must understand vaccine hesitancy's nuances, possess tools to address concerns, overcome mistrust and provide accurate information to help individuals make informed vaccine decisions.

Provide community education through trusted messengers

Building trust between health care providers and patients is crucial in addressing vaccine hesitancy. Community education by trusted messengers can significantly increase vaccinations. Meeting people where they live, work, learn and play is vital. Door-to-door canvassing or partnering with trusted community locations, such as churches or barber shops, can foster deeper relationships and acceptance of vaccines.

Trusted messengers are effective because they are part of the community. They understand the daily challenges and realities people face.

Address basic needs and meet patients where they are

Social needs, like unemployment, food insecurity, transportation and unstable housing, can hinder individuals from prioritizing health and immunizations. Shifting from vaccine hesitancy to acceptance requires meeting individuals where they are and making vaccine access convenient.

Recognize the conversation type

The book *Supercommunicators* highlights aligning with others to make them feel heard and validated, which is crucial when dealing with vaccine hesitancy. Physicians can use these strategies to enhance their communication with hesitant patients:

1. **Identify the conversation type:** Assess whether the patient's concerns are based on data and statistics or on personal experiences and emotional fears. Tailor your educational approach accordingly, using studies and supportive data for those focused on facts or sharing examples of family and community members who have benefited from vaccines for those influenced by personal stories.
2. **Recognize the patient's emotional state:** If a patient expresses anger or fear about vaccines, acknowledge their emotions before presenting facts. This can diffuse tension and open the door to a more productive dialogue.
3. **Active listening:** Listen to the patient's concerns without judgment. Reflect what you've heard to show understanding and build trust.
4. **Storytelling:** Share stories of positive vaccine outcomes. Personal narratives can be more persuasive than statistics alone.
5. **Empathy and intuition:** Use empathy to connect with the patient on a human level and intuition to sense and address unspoken concerns proactively.

Physicians can transform vaccine discussions into opportunities for connection and education. It's about empowering patients with the confidence to make informed health decisions, not just convincing them to vaccinate.

Reference:

www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html

The state of Enhanced Care Management (ECM)

ECM holds the promise of transforming health care for our most vulnerable members. The concept makes perfect sense – treating each member like family, understanding their unique needs and advocating for them across complex systems.

But after 2.5 years, it's clear there's still confusion about ECM's purpose and implementation.

What is ECM?

Simply put, ECM is the care you'd want for your loved ones. It involves understanding each member's needs, advocating for them, and coordinating care across health care, social services and other systems. It's designed for members facing difficult circumstances like homelessness, justice involvement, severe mental illness, substance use disorder, medical complexity, long-term care risk, foster care or pregnancy.

How are we doing with ECM?

With approximately 7,600 members currently served, we're thrilled to announce that we've climbed into the top 10 for all health plans in the last 12 months. While we're seeing the incredible value this approach offers, ECM hasn't reached its full potential for several reasons:

1. **The COVID-19 pandemic** caused delays and disruptions to the rollout and implementation of ECM, hindering the engagement and focus needed from health care providers, the Alliance and members to fully realize its potential.
2. **Unclear guidance** from DHCS on ECM implementation as a standard benefit led to confusion and the creation of unnecessary processes.
3. **Inclusion of new nontraditional providers** in the ECM program has presented challenges, as these providers have had to adapt to new billing procedures, navigate the complex health care system and learn how to effectively reach hospitalized patients.

4. **Not enough providers,** despite efforts to contract all willing CBOs and increase reimbursement rates. There continues to be a shortage of ECM providers due to hiring challenges faced by county partners.

How do we achieve ECM's vision?

To increase enrollment, we are:

1. Educating staff, providers, CBOs and members about ECM.
2. Identifying vulnerable members and referring them to ECM services.
3. Supporting local partners to increase capacity.
4. Bringing in new partners with a local presence.

To ensure high-quality care, we are:

1. Standardizing ECM processes as we would with any other benefit.
2. Focusing on quality assurance, improvement and technical assistance for providers through case reviews, interdisciplinary rounds, audits, training and relationship building.

Through these strategies, we hope to increase ECM utilization and ensure that every member receives the high-quality, compassionate care they need and deserve.

For more information and resources, please visit **www.thealliance.health/ecm**.

The Alliance offers language assistance services

The Alliance offers a variety of language assistance services that our provider network can utilize to communicate with our members, including:

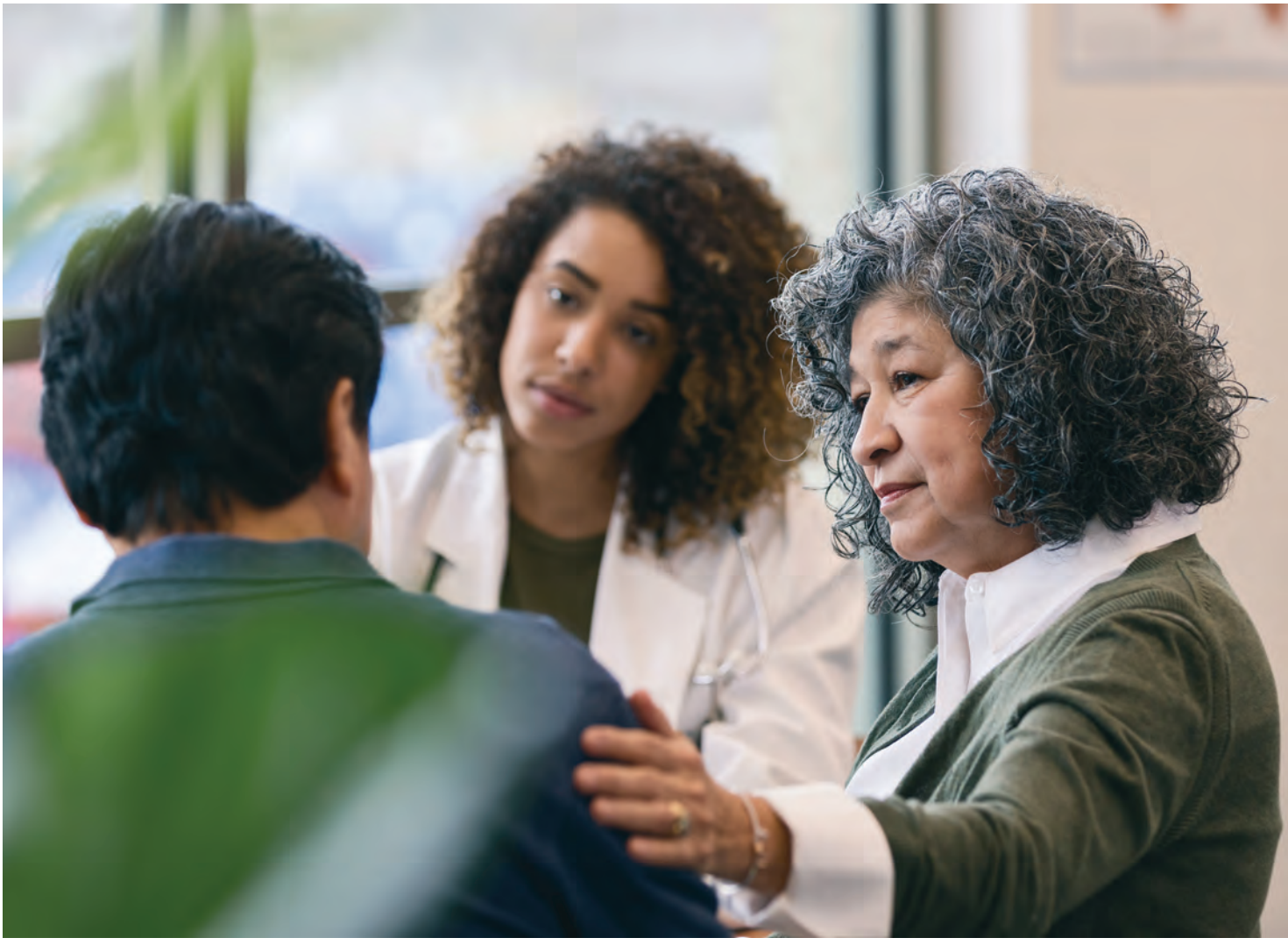
- Telephonic interpreting services.
- Face-to-face interpreting services.

The Alliance's Cultural and Linguistics team can provide training and support for our provider network to ensure providers and staff are aware of how to use the interpretation services available for Alliance members.

The Alliance can also provide resources such as language assistance flyers and materials for office staff to utilize when working with members.

For additional information on the Alliance language assistance services, please visit our website at **www.thealliance.health/cultural-and-linguistic-services** or call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

Providers can also reach out to their Alliance Provider Relations Representative for any language assistance training needs.



Top 3 denials for long-term care crossover billing

Effective Feb. 1, 2024, long-term care (LTC) claims must be submitted on a UB-04 claim form. Local accommodation codes are obsolete. Claims must be submitted using national uniform billing revenue codes, value codes and value amount codes.

As a reminder:

- Box 44 is not a required field and should be left blank. Claims submitted with procedure codes or HCPCs will be denied with explain reason code: 87-procedure code/HCPCS code/rev code invalid, bill with correct LTC revenue codes.
- Box 39-41 value codes and value code amounts are required fields. Claims submitted with missing value codes and value amounts will be denied with explain reason code: 4N6-value code is not valid or missing for LTC pricing.
- Box 50 is a required field, and OHC payers must be listed. When OHC is Medicare, Type A or Type B must be listed. Claims submitted with missing information will be denied with explain reason code: 5Q-the submitted documentation was not adequate.

Please refer to "LTC Code and Claim Conversion: Forthcoming Crossover Claims Changes" at **www.thealliance.health/crossover-changes** for more information.

Inquiries and disputes for post-service authorization requests

The Alliance would like to remind providers that post-service (retrospective) authorization requests can be obtained by submitting the request directly to Health Services. For questions related to authorizations, please contact Health Services at **831-430-5506**.

Any provider of service may submit inquiries and disputes regarding the authorization or denial of a service, the processing of a payment or non-payment of a claim, the timeliness of the reimbursement on an uncontested clean claim, and any interest required to pay on claims.

Urinalysis unbundling

The Alliance has identified a recent pattern of unbundling of CPT code 81003 *(urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy)* when billed with HCPCS codes Z1032 *(initial antepartum office visit)* or Z1034 *(antepartum follow-up office visit)*.

The Alliance would like to remind providers that reimbursement for individual antepartum visits and global obstetric service includes reimbursement for routine urinalysis. According to the Medi-Cal manual, claims for routine urinalysis tests will be denied if they are submitted with a diagnosis related to pregnancy. Providers are encouraged to review the DHCS Medi-Cal manual: "Pregnancy Early Care and Diagnostic Services" as a guide when billing antepartum services with urinalysis.

Welcome, new providers

New ECM/CS Providers

- Livingston Community Health. ECM Services. Merced County.
- Front Street. ECM Services. Santa Cruz and Monterey.
- Step Up on Second Street. ECM and CS Housing Services. Santa Cruz and Monterey.
- 18 reasons: CS Nutritional Assessments, Grocery/Produce Delivery. All counties.
- Imperium Care Home Aid: ECM/CS Respite Services, PC & HS. Santa Cruz and Monterey.
- Merced County Food Bank: CS Nutritional Assessments, Produce/Grocery Delivery. Merced and Mariposa.
- Stepping Up Santa Cruz: ECM/CS Housing Services. Respite Services, PC & HS. Santa Cruz and Monterey.
- Universal Health Net: ECM/CS Recuperative Care, Short-term post-hospitalization, Respite Services, PC & HS. Santa Cruz, Monterey and San Benito.
- Cope Health Solutions: ECM Services. Monterey County.
- Dragonfly Forward: ECM Services. Monterey County.
- Everyone's Harvest: CS Nutritional Assessments, Grocery/Produce Delivery. Monterey County.
- Salud Para La Gente: CS Housing Services. Santa Cruz County.
- Umoja Supply Chain Solutions: CS Medically Tailored Meals, Nutritional Assessments, Grocery/Produce Delivery. All counties.

Santa Cruz County

Primary Care

- Timothy Brennan, MD, Family Medicine
- Jessica Wall, MD, Family Medicine

Referral Physician/Specialist

- Joshua Babad, MD, Ophthalmology
- Misty Eleryan, MD, Dermatology
- Agustina Garzon-Lopez, MD, Family Medicine
- Yuxi Guan, MD, Podiatric Medicine
- Reema Syed, MD, Ophthalmology

Monterey County

Primary Care

- Inga Bates, MD, Family Medicine
- Elizabeth Beal, DO, Family Medicine
- Maura Becerra, MD, Family Medicine
- Kawajleet Bhatia, MD, Pediatrics
- Forrest Mealey, DO, Internal Medicine
- Jose Pauda, MD, Family Medicine
- Doloras Pena, MD, Family Medicine

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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.

Standard
U.S. Postage
PAID
Walla Walla, WA
Permit No. 44

Welcome, new providers

– *Continued from page 11*

- Francis Rangel Ventura, MD, Family Medicine

Referral Physician/Specialist

- Christopher Bird, MD, Neurology
- Lauren Farac, MD, Anesthesiology
- Ronald Friedman, MD, Ophthalmology
- Noah Hawthorne, MD, Emergency Medicine
- Gurvinder Kaur, MD, Neurological Surgery
- Yang Liu, MD, Hematology
- Mario Roldan, DO, Surgery
- John Shumway, MD, Radiology
- Sky Vanderburg, MD, Pulmonary Disease
- Christopher Way, DO, Neurology

Merced County

Primary Care

- Shruti Agarwal, MD, Internal Medicine
- Tejaswini Bandaru, MD, Pediatrics
- Preethi Conjeevaram Selvakumar, MD, Pediatrics
- Vijay Devireddy, MD, Internal Medicine
- Simrit Dyal, MD, Family Medicine
- Ladan Modallel, MD, Pediatrics
- Karen Ann Rayos, MD, Family Medicine

- Ramanjeet Singh, MD, Internal Medicine
- Elaine Joy Soriano, MD, Internal Medicine
- Chaithra Sreenath, MD, Pediatrics
- Dheera Tamvada, MD, Internal Medicine

Referral Physician/Specialist

- Kwame Adjepong, MD, Neurology
- Sai Santosh Kumar Bhuvanagiri, MD, Endocrinology, Diabetes and Metabolism
- Zachary Brewer, MD, Thoracic Surgery (Cardiothoracic Vascular Surgery)
- Dipal Chatterjee-Berfroid, MD, Orthopaedic Surgery
- Michael Flannery, DO, Neurology
- Mihoko Fujita, MD, Radiation Oncology
- Carrie Grouse, MD, Neurology
- Drew Lewis, DO, Pain Medicine
- Lauren Patrick, MD, Neurology
- Pritikanta Paul, MD, Neurology
- Homayoon Shahidi, MD, Hematology

San Benito County

Referral Physician/Specialist

- Joseph Fabry, DO, Surgery

Mariposa County

Primary Care

- Felix Conte, MD, Pediatrics (Tuolumne)
- Shayna Murdock, MD, Family Medicine (Tuolumne/Sonora)

Referral Physician/Specialist

- Michael Flannery, DO, Neurology
- Carrie Grouse, MD, Neurology
- Steve Jensen, DPM, Podiatric Medicine
- Lauren Patrick, MD, Neurology
- Surinder Sandhu, MD, Cardiovascular Disease