Provider bulletin
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

Changing for the better

As we head into the summer of 2022, there are a number of profound changes underway in the Medi-Cal delivery system. On May 1, 2022, California expanded Medi-Cal coverage to adults ages 50 and older, regardless of immigration status. In the Alliance's region, this means that 5,000 adults over age 50 gained coverage, which ensures their access to care. In the fiscal year 2022–2023 budget and legislative cycle, the state is contemplating a further expansion to adults ages 20 through 49 in future budget years, which would make California the first state in the nation to offer coverage to every state resident.

On July 1, 2022, the Alliance will continue the implementation of Enhanced Care Management and select Community Supports by expanding services into Merced County, ensuring that members with complex medical and social conditions get the support they need to achieve and maintain health. In addition, on July 1, Medi-Cal will begin recognizing community health workers as a key part of the Medi-Cal delivery system. Staff are diligently preparing to implement additional CalAIM-related changes in January 2023, including expanding ECM to additional populations and implementing a population health strategy, as well as including doula services in the Medi-Cal benefit.

As I draft this article, the proposal for direct contracts between the state and alternative health care service plans persists. It will likely be resolved at the state level by July. The operational implications of the proposal are not yet defined, as few details are available. The Alliance's board has taken a position of opposition and remains committed to serving people in our communities through a locally governed public plan model.

As partners in the publicly assisted health care delivery system, we know that change is a constant. Whether the change is exciting and enhances the Alliance's mission or is challenging and potentially inhibits the mission, we remain committed to our members and to working in partnership with you. Together, we ensure accessible, quality health care guided by local innovation. We look forward to the exciting, transformational time to come.

Stephanie Sonnenshine

Stephanie Sonnenshine, CEO

Alliance Board Meetings

Wednesday, June 22, 2022
3-5 p.m.

July: No board meeting

Wednesday, Aug. 24, 2022
3-5 p.m.

Based on the circumstances of the pandemic, meetings may be held via videoconference or teleconference. Check the Alliance website for meeting details: ***www.thealliance.health/category/meetings-and-events****.*

Physicians Advisory Group Meeting

Thursday, Sept. 1, 2022
Noon to 1:30 p.m.

HEDIS measurement year 2022

The Department of Health Care Services has released new and updated quality measures for Medi-Cal managed care health plans, referred to as the Managed Care Accountability Set (MCAS). The MCAS represents measures from both the National Committee for Quality Assurance and the Centers for Medicare & Medicaid Services. For measurement year (MY) 2022, 15 measures will be held to minimum performance level (MPL) benchmarks, including the following new measures:

Chlamydia Screening in Women (CHL). Measures women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in 2022.

CHL QUICK TIP:
Incorporate universal screening of all women in this age range. Screening should occur with or without symptoms and should also occur at any visit where oral contraceptives, sexually transmitted infections or urinary symptoms are discussed.

Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM) – 30 days. Measures follow-up visits for mental illness after an ED visit for a diagnosis of mental illness in members 6 years or older within 30 days of the ED visit (31 total days).

FUM QUICK TIP:
Schedule follow-up appointments as soon as possible, particularly with patients recently discharged from the ED. Reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.

Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA) – 30 days. Measures follow-up visits for alcohol or other drug (AOD) abuse or dependence in members 13 years and older after a principal diagnosis of AOD abuse or dependence during an ED visit. Follow-up must occur within 31 days after ED discharge.

FUA QUICK TIP:
Follow-up visits that occur on the same day as the ED visit do count to close the care gap. Engage parents, guardians, family, support systems and/or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.

Hemoglobin A1c Control for Patients with Diabetes (HDB). Measures members 18-75 years of age with diabetes whose hemoglobin A1c (HbA1c) was at the following levels in 2022: HbA1c control (<8%) or HbA1c poor control (>9%).

HDB QUICK TIP:
Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. For point-of-care HbA1c testing, document the date of the in-office test with the result; the office must submit the CPT (Current Procedural Terminology) code for the test performed in addition to CPT Category II codes to report the A1c result value.

Lead Screening in Children (LSC). Measures members who are 2 years of age and have had one or more capillary or venous lead blood tests for lead poisoning on or before their second birthday.

LSC QUICK TIP:
Schedule lead screening prior to the child's second birthday, and document all progress notes indicating the date of lead screening and result in 2022.

For the most current and complete information, please visit the Alliance's HEDIS webpage at **www.thealliance.health/for-providers/manage-care/quality-of-care/hedis**.

New in 2022	Measure Abbreviation	Performance Measure	Measure Type Methodology	Held to MPL
	BCS	Breast Cancer Screening	Administrative	Yes
	CCS	Cervical Cancer Screening	Hybrid/Administrative	Yes
	WCV	Child and Adolescent Well-Care Visits	Administrative	Yes
	CIS–10	Childhood Immunization Status – Combination 10	Hybrid/Administrative	Yes
X	CHL	Chlamydia Screening in Women	Administrative	Yes
X	FUM 30-Day	Follow-up After ED Visit for Mental Illness – 30 days	Administrative	Yes
X	FUA 30-Day	Follow-up After ED Visit for Substance Abuse – 30 days	Administrative	Yes
X	HDB	Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (>9%)	Hybrid/Administrative	Yes
	CBP	Controlling High Blood Pressure	Hybrid/Administrative	Yes
	IMA–2	Immunizations for Adolescents – Combination 2	Hybrid/Administrative	Yes
X	LSC	Lead Screening in Children	Hybrid/Administrative	Yes
	PPC–Post	Postpartum Care	Hybrid/Administrative	Yes
	PPC–Pre	Timeliness of Prenatal Care	Hybrid/Administrative	Yes
	W30–6+	Well-Child Visits in the First 30 Months of Life – 0-15 Months, Six or More Well-Child Visits	Administrative	Yes
	W30–2+	Well-Child Visits for Ages 15-30 Months – Two or More Well-Child Visits	Administrative	Yes

Reimbursement for adverse childhood events (ACEs) screenings

Providers can complete their ACEs Screening Training and Attestation on the ACEs Aware website: **www.acesaware.org/learn-about-screening/training**. CME credits are available. Once providers complete the training and attestation and have completed the ACEs screening with the member, the Alliance will reimburse $29 per screening using the billing codes listed below:

HCPCS Code	Description
G9919	Score 4 or greater (high risk), results are positive.
G9920	Score between 0 and 3 (lower risk), results are negative.

Federally Qualified Health Centers are eligible for the payment in addition to their existing Prospective Payment System payment, but they will need to bill on a **separate claim**. ACE screenings completed via telehealth visits also qualify for payment.

Pharmacy carve-out

Medi-Cal Rx transition update and helpful information for providers

As of Jan. 1, 2022, the Medi-Cal pharmacy benefit has been transitioned from Medi-Cal managed care plans to Medi-Cal Rx. To ensure a smooth transition and continuity of care, a 180-day transition policy was implemented.

180-day transition period (originally until June 30, 2022) has been extended

During this transitional period, members' existing prescriptions (prior to pharmacy carve-out) are "grandfathered" and do not require prior authorization (PA). The Department of Health Care Services (DHCS) is evaluating the appropriate time to terminate, and the stakeholders will receive notice 90 days prior to the retirement of the 180-day transition policy.

PLEASE NOTE: DHCS policy requires an approved PA for all off-label use of drugs approved by the U.S. Food and Drug Administration.

Drug lookup tool

DHCS has provided a drug lookup tool to check whether medication is covered or requires a PA. Search by drug name or National Drug Code to obtain coverage information, PA requirements, quantity limitations and generic/brand indications. You can find the drug lookup tool online at **www.medi-calrx.dhcs.ca.gov/member/drug-lookup**.

Medi-Cal Contract Drugs List (CDL)

The Medi-Cal CDL is the Medi-Cal Rx preferred drug list. It's categorized by drug class and contains dose and strength information, along with coverage restrictions. Search the list by using the generic drug name. If the generic drug name is not on the CDL, that means it is not covered and a PA must be submitted. Find the Medi-Cal CDL at **www.medi-calrx.dhcs.ca.gov/home/cdl**.

Physician-administered drugs (PADs)

PADs are typically non-self-administered medications dispensed by a health care professional outside of a pharmacy setting. PADs are a medical benefit that should be submitted on a medical claim to either the fee-for-service fiscal intermediary or a managed care plan as applicable.

Medi-Cal Rx Customer Service Center

The Medi-Cal Rx Customer Service Center is available 7 days a week, 24 hours a day and 365 days a year via:

- Toll-free telephone: **800-977-2273** (for prescribers, press **option 3**).
- Live chat channel.
- Email (inquiries responded to within 48-72 hours).

Find out more at **www.medi-calrx.dhcs.ca.gov/home/contact**.

Additional helpful resources

- Medi-Cal Rx Bulletins & News: **www.medi-calrx.dhcs.ca.gov/provider/pharmacy-news**.
- Medi-Cal Rx Provider Manual: **www.medi-calrx.dhcs.ca.gov/home/provider-manual**.
- Medi-Cal Education & Outreach Team email: **medicalrxeducationoutreach@magellanhealth.com**.

2022 immunization updates

The 2022 schedules are available from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) for children and adults at **www.cdc.gov/vaccines/schedules/index.html**. The adult schedule has become considerably more complex, and CDC recommends that clinicians follow the four-step process that includes assessment by:

1. Age.

2. Medical conditions.

3. Special situations.

4. Contraindications and precautions.

When reviewing immunization schedules, ACIP strongly recommends that all clinicians use the tables, notes and appendix together to determine which vaccines are indicated for their patients.

Zoster vaccine

Changes in 2022 include the recommendation for the zoster vaccine, which was expanded to include persons 19 years and older who are or will be immunosuppressed due to disease or treatment.

Hepatitis B vaccine

Also, the hepatitis B vaccine is now routinely recommended for all adults 19-59 years old except for pregnant women. In some cases, adults ages 60 years and older are also recommended to get the hepatitis B vaccine.

Pneumococcal vaccines

In 2021, two new pneumococcal conjugate vaccines were approved (PCV15 and PCV20) with a simplified recommendation for adults. A useful timing guide is available from the California Department of Public Health at **www.eziz.org/assets/docs/IMM-1152.pdf**. This can help guide next steps for patients with no prior doses, as well as those with a history of vaccination with other types of pneumococcal vaccines.

HPV vaccine

The 2022 immunization update noted that routine vaccination with HPV vaccine can start at 9 years of age. There is a new combination vaccine available called Vaxelis (DTaP-Hib-HepB-Polio). Vaxelis is recommended as a three-dose series for infants at 2, 4 and 6 months of age, which impacts the recommendations for the Hib catch-up schedule.

COVID-19 vaccines

ACIP updated the interim recommendations for COVID-19 vaccinations. Notably, ACIP made a preferential recommendation for the use of mRNA COVID-19 vaccines over the Janssen COVID-19 vaccine in all persons ages 18 years and older.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT services are an expanded Medicaid benefit that was created to ensure that all individuals under the age of 21 receive early detection, treatment and routine preventive care. EPSDT can avert health problems by encouraging diagnosis and treatment as early as possible. The services included in EPSDT are:

- **Screening services.** Comprehensive health and behavioral/developmental assessment (including depression screenings and unhealthy alcohol use); physical exam; immunizations; laboratory tests (including lead, sexually transmitted infections, hemoglobin and tuberculosis); health education; and anticipatory guidance.
- **Vision services.** Exam and treatment for vision-related defects, including glasses.
- **Dental services.** Oral exam, fluoride varnish and referral to a dentist.
- **Hearing services.** Hearing exam and treatment for hearing-related defects, including hearing aids.

The primary care provider's role is to ensure that these services are being provided at age-appropriate intervals and as medically necessary, in addition to providing follow-up on health conditions and referrals within 60 days. The best way to ensure that EPSDT services are being provided to members is to make sure members are up to date on well-care visits.

For guidance on age-appropriate intervals, please refer to the Bright Futures periodicity table at **downloads.aap.org/AAP/PDF/periodicity_schedule.pdf**.

References:

Medi-Cal Provider Manual, EPSDT: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/epsdt.pdf

All Plan Letter 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf

New Provider Relations staff: June 2022

"I look forward to offering stellar customer service to our providers, strengthening our provider and community partnerships throughout Merced, and carrying the Alliance's vision and mission in all that I do."

Jacqueline Morales, Provider Relations Representative, Merced County

Jacqueline joined the Alliance in January 2022 as the newest Provider Relations Representative serving Merced County. Prior to her role at the Alliance, Jacqueline was the office manager at one of Merced's prominent provider offices.

A lifelong resident of Merced County, Jacqueline brings over 15 years of health care experience and involvement in her community, including the Merced County Office of Education EMPOWER Program and Merced County Toastmasters.

COVID-19 treatments

COVID-19 treatments must be started as soon as possible and within the specified time range after symptom onset:

- Nirmatrelvir with ritonavir (Paxlovid) and molnupiravir must be started **within five days of symptom onset**.
- Remdesivir (Veklury) and bebtelovimab must be started **within seven days of symptom onset**.

Please consider educating your patients about the importance of early testing and treatment for COVID-19.

Visit the following websites to locate government-supplied COVID-19 therapeutics and to order these therapies.

- COVID-19 Therapeutics Locator: **www.covid-19-therapeutics-locator-dhhs.hub.arcgis.com**.
- Distribution and Ordering of Anti-SARS-CoV-2 Therapeutics: **www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Treatments-Distribution-and-Ordering.aspx**.

As of March 21, 2022, Paxlovid, molnupiravir and bebtelovimab are being supplied free to providers by the federal government. Reimbursement requests for remdesivir may be submitted to the Alliance.

Dosing information:

- Paxlovid: two 150 mg nirmatrelvir tablets (300 mg total) together with one 100 mg ritonavir tablet, twice daily for five days. 30 tablets per prescription.
- Molnupiravir: four 200 mg capsules (800 mg total) taken every 12 hours for five days. 40 capsules per prescription.

Supplemental payments offered by Change Healthcare and ECHO Health, Inc.

In 2020 the Alliance partnered with third-party vendors Change Healthcare and ECHO Health, Inc. (ECHO) to administer payment to Alliance providers for fee-for-service and capitation payments.

In spring 2022, ECHO providers that are eligible to receive Proposition 56 and GEMT (Ground Emergency Medical Transportation) funds will receive payment through ECHO based on current preferred method of payment. Providers that are eligible for CBI (Care-Based Incentive) payments will continue to receive funds via paper check issued directly from the Alliance by mail or in-person delivery.

As a reminder, ECHO offers three different payment options: virtual credit card, electronic funds transfer and paper checks. If you wish to change your payment method, please call ECHO at **888-983-5574**. Please contact your Provider Relations Representative if you have any questions.

What is modifier 25?

Modifier 25 signifies a "significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of a procedure or other service."

This modifier may be used only with evaluation and management (E/M) visit codes within the following code ranges. The procedure must meet the definition of a "significant, separately identifiable E/M service": 92002-92014, 99202-99285.

When can modifier 25 be used?

It may be necessary to indicate that on the day a procedure or service (identified by a CPT code) was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the criteria for the separate E/M service to be reported. Follow the coding guidelines located in the American Medical Association-certified Current Procedural Terminology (CPT) coding books for selecting the level of E/M services.

Circumstances that meet the appropriate criteria may be reported by adding modifier 25 to the appropriate level of E/M service.

Can modifier 25 be used during a preventive exam?

Yes, but it is uncommon.

Preventive exams are comprehensive visits that involve age, gender, history, examination, counseling, anticipatory guidance, risk factor reduction interventions, lab ordering, vaccines and diagnostic procedures.

Addressing insignificant or trivial problems or abnormalities that come up during the preventive exam should not be reported with an E/M service code (e.g., a regular office visit).

Addressing extensive abnormalities or preexisting conditions during a preventive exam may warrant the use of modifier 25 if the problem or abnormality is significant enough to require additional work to perform key components of a problem-oriented E/M service.

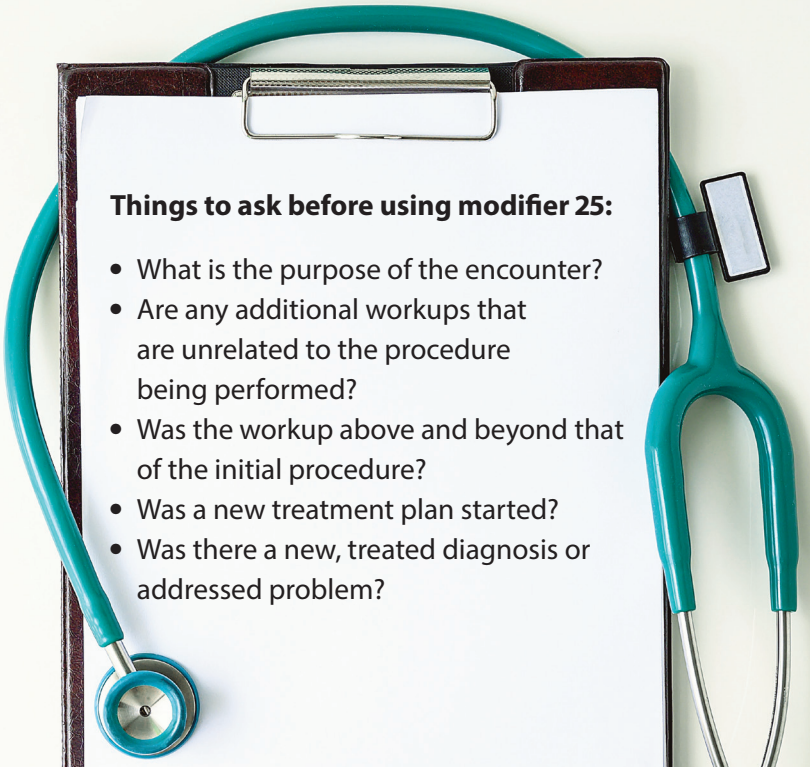
Definitions:

- **Problem:** a disease, condition, illness, injury, symptom, complaint or finding.
- **Addressed problem:** a problem that is addressed or managed by evaluation and/or treatment during the encounter.

Key takeaways

When reporting a separate E/M service with modifier 25, you will need to include thorough documentation using the following documentation guidelines:

- Medically appropriate history and examination.
- Medical decision-making or time.
  - → **Medical decision-making:** number and complexity of problems addressed; amount of data reviewed and analyzed; and risk of complications.
  - → **Time:** total time on the date of the encounter (includes face-to-face and non-face-to-face time personally spent by the physician).



Things to ask before using modifier 25:

- What is the purpose of the encounter?
- Are any additional workups that are unrelated to the procedure being performed?
- Was the workup above and beyond that of the initial procedure?
- Was a new treatment plan started?
- Was there a new, treated diagnosis or addressed problem?

Communicating with members who are deaf or hard of hearing

The Alliance is committed to providing equal access to quality health care for all our members.

Members who are deaf or hard of hearing are more likely to experience barriers when accessing health care, receiving health information, conducting health research and pursuing health-related careers. This limits their ability to achieve optimal health for themselves, their families and their communities.

The full effect of these barriers on chronic disease continues to be mostly unmeasured. According to the Centers for Disease Control and Prevention, adults in the United States who have been deaf since birth or early childhood are less likely to have seen a physician than adults in the general population.

One of the main contributing factors that prevents members who are deaf or hard of hearing from receiving adequate health care services is the lack of trained American Sign Language (ASL) interpreters. In order to address the ASL interpreter shortage, the Alliance has partnered with agencies to provide ASL interpreting in our Service Area.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073438/

To request a trained ASL interpreter, please submit a request to our Cultural and Linguistic Services team. You can download a copy of the Face-to-Face Interpreter Request Form on our provider website at ***www.thealliance.health/for-providers/manage-care/face-to-face-interpreter-request-form*** *or call the Health Education Line at* ***800-700-3874, ext. 5580****.*

The Alliance's Healthy Breathing for Life program

As the weather warms up in the spring and summer months, your patients might start seeking help with asthma and/or allergy symptoms. The Alliance offers the Healthy Breathing for Life program for members 5-64 years old who have been diagnosed with asthma. The program assesses members' asthma management skills and connects them with an Alliance-approved asthma self-management education provider.

Alliance-approved asthma self-management education providers and Alliance Health Programs staff work with eligible Alliance members to ensure that members:

- Develop self-management skills.
- Have regular visits with their primary care provider.
- Are provided with appropriate treatment.

To refer a member to the Healthy Breathing for Life program, please use the Alliance referral form located on the Alliance Provider website: **www.thealliance.health/for-providers/manage-care/health-education-and-disease-management/health-programs-referral-form**.

If you have questions, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

STDs during COVID-19

In the U.S., one of the key roles of public health is the control of sexually transmitted infections (STIs). In March 2020, the U.S. was impacted by the COVID-19 virus. As the public health system declared "all hands on deck" in the battle against this novel disease, public health STD control staff shifted from STD screening and treatment duties to COVID-19 control efforts.

Centers for Disease Control and Prevention (CDC) data from mid-2020 reported a significant drop in cases of three STDs: chlamydia, gonorrhea and syphilis. This likely reflected a combination of decreased spread due to stay-at-home orders and decreased testing by public health. During the latter half of 2020, the number of cases started to increase and then surpassed the number of cases seen in 2019. It should be noted that these increases in STD cases were reported despite an overall decrease in testing rates, as public health departments continued to struggle with the COVID-19 pandemic.

This increased STD burden threatens to outpace the ability of public health agencies to keep up. As a result, there is a greater need for our community providers to be vigilant in screening their patients.

Chlamydia and gonorrhea

Chlamydia infection is often asymptomatic, yet it can lead to devastating outcomes, such as infertility and ectopic pregnancy. Pregnant women can pass the infection to the baby during delivery. Gonorrhea infection can also lead to devastating outcomes, such as pelvic inflammatory disease, infertility and ectopic pregnancy. Pregnant women can pass the infection to the fetus, sometimes with tragic consequences.

Young, sexually active persons are at a higher risk for infection with chlamydia and gonorrhea. Sexually active persons and pregnant women should be screened yearly. Screening involves taking a sexual history and testing for chlamydia.

Both chlamydia and gonorrhea can be cured with appropriate antibiotic therapy. Positive results should be communicated with the local health department to assist with partner notification and outbreak identification.

For more information, visit the California Department of Public Health (CDPH) website:

- Chlamydia: **www.cdph.ca.gov/Programs/CID/DCDC/Pages/Chlamydia.aspx**.
- Gonorrhea: **www.cdph.ca.gov/Programs/CID/DCDC/Pages/Gonorrhea.aspx**.

Syphilis

Syphilis infection develops in stages (primary, secondary, latent and tertiary), and each stage can have different signs and symptoms. Syphilis can cause serious health problems if left untreated. Pregnant women can pass the infection to the fetus, leading to congenital syphilis.

Sexually active persons are at risk for syphilis infection. Sexually active persons who are gay/bisexual male, have HIV, are taking pre-exposure prophylaxis for HIV prevention or have partner(s) who have tested positive for syphilis should be tested regularly. Pregnant women should be tested at the first prenatal visit, third trimester (28 weeks) and at delivery. Although syphilis, including congenital syphilis, can be cured with appropriate antibiotic therapy, treatment is most effective during the early stages of the infection. Positive results should be communicated with the local health department to assist with partner notification and outbreak identification.

For more information about the risk for syphilis infection, visit the CDPH website at **www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis.aspx**.

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**

New providers

Merced County

Primary Care

- Arvindselvan Mohanaselvan, MD, *Internal Medicine*
- Erum Kazim, MD, *Pediatrics*

Referral Physician/Specialist

- Pedro Ramirez, MD, *Surgery*
- Edythe Stewart, MD, *Surgery*
- Tyson Landeza, MD, *Physical Medicine and Rehabilitation*

Monterey County

Referral Physician/Specialist

- Adam Holleran, MD, *Orthopaedic Surgery*

Santa Cruz County

Primary Care

- Karla Panameño, MD, *Family Medicine*
- Ryan Cudahy, MD, *Family Medicine*

Referral Physician/Specialist

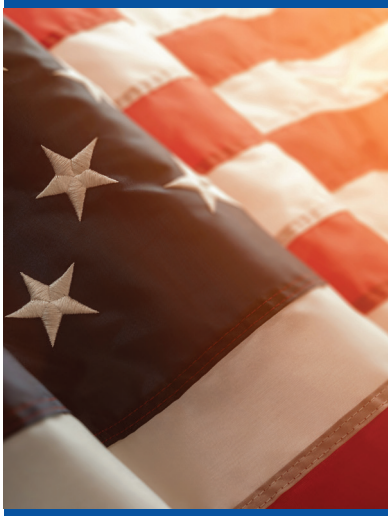
- Joseph Albright, MD, *Podiatric Medicine*
- Michael Amster, MD, *Pain Medicine*
- Katherine Kenny, MD, *Internal Medicine*
- Punit Patel, DO, *Physical Medicine and Rehabilitation*
- Arya Khosravi, MD, *Infectious Disease*

Sign up

to receive provider news by email

Two easy steps:

1. *Text: "CCAH" to 22828.*
2. *Follow the text prompts.*



ALLIANCE HOLIDAY CLOSURES

- Monday, July 4, 2022 (Independence Day)