

Looking ahead

As I draft this article in late May 2021, there are many positive signals emerging for the future health of our communities. After such a long haul, COVID-19 case rates are slowing, and vaccines are widely available. Certainly, we must stay the course to tackle vaccine hesitancy and keep our communities at ever-decreasing risk. That said, it appears we are headed in the right direction. We have been proud to work with you and our county partners in the fight against COVID-19 and remain committed to acting in partnership to support the health of our communities.

Through the pandemic, our national focus on the need to identify and eliminate health disparities was renewed. The Alliance has begun its work on a diversity, equity and inclusion initiative that seeks to strengthen our organizational capacity to yield health equity and to support the state's goals for reduction of health disparities in the Medi-Cal program.

In addition, the state of California's financial forecast for fiscal year 2021-2022 is positive, including a projected \$75 billion surplus. This financial outlook supports a California May Revise budget proposal by the governor that puts significant resources in key areas, including behavioral health; prenatal and maternal health; expanded coverage for undocumented older adults; continuing Proposition 56 supplemental payments to Medi-Cal providers; and the Medi-Cal delivery system transformation initiative, CalAIM. There is tremendous opportunity presented by this budget proposal.

As we enter the second half of 2021, we are looking toward the future with a deep commitment to our members, appreciation for your partnership and enthusiasm to take on system transformation to support the health of our members and our communities.

*Stephanie
Sonnenshine*

Stephanie Sonnenshine, CEO

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Alliance Board Meetings

Wednesday, June 23, 2021
3-5 p.m.

July 2021
(No board meeting)

August 2021
(No board meeting)

Due to the pandemic, all meetings are being held via teleconference. Please check the Alliance website for meeting details.

Physicians Advisory Group Meeting

Thursday, Sept. 2, 2021
Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee Meeting

Thursday, June 17, 2021
Noon to 1 p.m.



Adverse childhood events (ACEs) education

An adverse childhood events (ACEs) screening evaluates children and adults for trauma that occurred during the first 18 years of life. The ACEs Aware Initiative, led by the Office of the California Surgeon General and the California Department of Health Care Services, offers training and implementation resources for Medi-Cal providers. Visit the website for webinars, blog articles and other resources to help providers understand how to screen, treat and heal their patients: acesaware.org.

Provider participation is voluntary, but interested providers must self-attest to their completion of the state-sponsored trauma-informed training before they can receive payment. Medi-Cal payment began Jan. 1, 2020, for the following codes:

HCPSC CODE	DESCRIPTION	DIRECTED PAYMENT	NOTES
G9919	Screening performed – results positive and provision of recommendations provided.	\$29	Providers must bill this HCPSC code when the patient's ACE score is 4 or greater (high risk).
G9920	Screening performed – results negative.	\$29	Providers must bill this HCPSC code when the patient's ACE score is between 0 and 3 (lower risk).

Acceptable screening tools are listed below. The ACEs Questionnaire and the PEARLS assessments for children and teens are available on the ACEs Aware website at acesaware.org/screening-tools. They can be downloaded in multiple languages.

SCREENING TOOL	EFFECTIVE AGE FOR TOOL	PAYMENT FREQUENCY	SCREENING FREQUENCY
Pediatric ACEs and related life-events screener (PEARLS)	<ul style="list-style-type: none"> Ages 0-11: PEARLS child tool, to be completed by a caregiver. Ages 12-19: PEARLS adolescent tool, to be completed by a caregiver or PEARLS for adolescent self-report tool, to be completed by the adolescent. 	For child members, providers can bill once per year.	Providers may screen members as often as deemed appropriate and medically necessary.
ACEs questionnaire	<ul style="list-style-type: none"> Ages 18 years and older. 	Once per lifetime.	

Resources

- ACEs Aware Provider Directory:** The directory includes providers who have self-attested to completing their training and are eligible to receive payment for providing ACE screenings. Visit acesaware.org/provider-directory.
- ACEs Aware Provider Toolkit:** The toolkit includes the complete guide to screening and responding to the impact of ACEs and toxic stress. View the PDF: acesaware.org/wp-content/uploads/2020/05/ACEs-Aware-Provider-Toolkit-5.21.20.pdf.
- ACEs Aware Trauma-Informed Network of Care Roadmap:** The roadmap offers practical steps for providers, clinics, community-based organizations and social service agencies to:
 - Establish system-level milestones for effective response to ACE screenings.
 - Mitigate the toxic stress response in patients.
 View the PDF: acesaware.org/wp-content/uploads/2020/12/Draft-Network-of-Care-Roadmap-Final-12-14-20-For-Public-Comment.pdf.
- Certification and Payment:** Federally qualified health centers (FQHCs) are eligible for the \$29 payment in addition to their existing prospective payment system payment. It is recommended that FQHCs bill for the patient's visit and bill separately for the qualified ACE screening. An ACE screening may be completed during a telehealth visit if the provider believes it can be administered in a clinically appropriate manner. Find more information at acesaware.org/learn-about-screening/billing-payment.

Improvements in access to oral health care in Santa Cruz County

Good oral health is an important aspect of being a healthy, happy, and thriving individual and community. Since 2016, the Oral Health Access (OHA) Santa Cruz County Steering Committee has been working to improve access to affordable and convenient dental care for children, adults and seniors. The multi-agency coalition hosted a virtual Oral Health Summit on Feb. 4 to celebrate notable achievements in oral health care access in Santa Cruz County.

The 2021 Oral Health Report Card was presented at the summit. Some key achievements highlighted in the summit and report card are included below.

- Between 2014 and 2018, there was a 228% increase in the number of children 0-2 years old who went to the dentist.
- Due to the collaboration of Santa Cruz County schools, Salud Para La Gente and Dientes Community Dental Care (Dientes), there was a 79% increase in kindergartners and first graders who went to the dentist for dental checkups.
- The number of fluoride varnish applications by pediatricians and family doctors during well-child visits increased by 229% from 2014 to 2018.
- In 2018, Dientes and Salud Para La Gente were able to see many more



patients than in 2014 because they committed to adding clinical space and hiring more staff.

To continue building on these positive trends, here are some suggestions for how you can promote good oral health:

- Establish workflows to incorporate fluoride varnish applications into well-child visits for children 6 months to 5 years old (take advantage of the Alliance's fluoride varnish Care-Based Incentive).
- Encourage patients of all ages to visit the dentist and

practice good oral health habits at home.

- Promote First Tooth First Birthday dental visits to establish a dental home at an early age.
- Recommend dental checkups and cleanings to your pregnant patients. It is safe and important to receive dental care during pregnancy. Poor oral health has been shown to affect birth outcomes.
- Join the OHA Santa Cruz County Steering Committee to help strategize how to promote local oral health access.



To access the 2021 Oral Health Summit recording and the 2021 Oral Health Report Card (in Spanish and English), please visit oralhealthscc.org.



The Alliance values your feedback

Every year, the Alliance contracts with SPH Analytics to conduct a Provider Satisfaction Survey. SPH Analytics collects confidential feedback from our providers by phone, email and mail regarding the following core health plan operational composites:

- Overall satisfaction.
- Comparative rating to other plans.
- Utilization management.
- Network and coordination of care.
- Pharmacy.
- Health plan call center service staff.

In addition to these standard categories, the survey also measures provider satisfaction with access to urgent and routine care, Cultural and Linguistic Services, and the Provider Portal. Key findings and trends are closely tracked, and we use your feedback to inform short-term and long-term initiatives.

The 2020 survey results show that the Alliance's strengths are:

- Call center staff helpfulness.
- Ease of reaching health plan staff by phone.
- Provider process for obtaining key member information.
- Quality of the provider orientation process.

Each of these measures, when ranked against data from 141 Medicaid plans, met or exceeded the 96th percentile.

The Alliance is grateful for provider offices that made time to complete the Provider Satisfaction Survey, despite unprecedented challenges in the health care system in 2020. We invite you to participate in the 2021 survey, which launches this summer. The Alliance is committed to using your candid feedback to advance our shared goal of healthy people and healthy communities.

Facility Site Review (FSR) provider education resources



The Alliance wants to bring your attention to new Facility Site Review (FSR) and Medical Records Review (MRR) criteria, recently updated by the Department of Health Care Services (DHCS). Both have been updated to align with:

- Current state and federal regulations.
- Preventive services recommendations by the American Academy of Pediatrics, U.S. Preventive Services Task Force, and the American College of Obstetricians and Gynecologists.

MRR criteria have increased from 77 to 150 items, with additional criteria in the FSR audit. Most of the additions will assess preventive care

for pediatric and adult members, including maternal care when applicable. The updated surveying tools and guidelines are on the Alliance website at www.ccah-alliance.org/facilityreview.html.

DHCS and the Alliance recognize that implementation of the new criteria will impact providers. Medi-Cal managed care plans across the state have created educational resources to help providers understand the new criteria and implement necessary changes. You can expect to receive educational resources and additional information from the FSR team via email, along with an attestation of receipt, as required by DHCS.

As a result of the 2019 FSR needs assessment, the Alliance's

FSR team has also created a "Preparing for a Facility Site Review" training video. This video is designed for providers, managers and office staff who are new to the review process or require assistance to improve site review results.

The video and other resources are available on our website on the following pages:

- FSR: www.ccah-alliance.org/facilityreview.html.
- Provider webinars, workshops and trainings: www.ccah-alliance.org/workshops.html.

If you have questions, please contact the Quality Improvement and Population Health Department at **831-430-2622**.



Alliance drug formulary changes Q2 2021

Additions to Formulary

Xarelto 2.5 mg

Prescriptions for legacy members taking a medication prior to its reclassification as Non-Formulary will be honored.

Best practices for responding to medical records requests

It's common for health care payors to request medical records from providers for various reasons. Alliance provider agreements stipulate that contracted providers allow reasonable access to their records. The significance of these requests, and the impact of a complete and timely response, should not be underestimated. A provider's failure to respond or to submit a complete response can result in a corrective action plan and/or an overpayment demand.

The Alliance encourages providers to implement formal policies and procedures for responding to medical records requests. A few helpful tips to ensure timely and complete responses include:

- Identifying one or two staff members to be responsible for acknowledging and responding to requests.

- Educating staff on all aspects of the clinic's records systems.
- Encouraging staff to seek clarification from the requesting payor, as needed.

By implementing a standardized process now, you can save time and effort in responding to future medical record requests.



Reporting unauthorized disclosures of member PHI

The Alliance is required to immediately report any unauthorized access, use or disclosure of Alliance members' protected health information (PHI) on behalf of our providers to the appropriate health oversight agencies.

Unauthorized disclosures occur when:

- An Alliance member's information is shared in error to another covered entity, such as the wrong provider or biller.
- An Alliance member's information is shared in

error to an external party (a non-covered entity), such as another patient or private business.

Providers must notify the Alliance immediately upon the discovery of any unauthorized access, use or disclosure of Alliance member PHI. Contact the Alliance Compliance Department at **ListHIPAAEvent@ccah-alliance.org** or fax **831-430-5680** with the following information:

- Provider office name, contact name and phone number.

- Date the disclosure occurred.
- Name, date of birth and Alliance ID number for any Alliance member(s) affected.
- Description of what occurred and how the disclosure was remedied.

Providers may also contact the Provider Services Department and/or any other Alliance staff with whom they interact to report a suspected event. The event will be reported to Compliance Department staff for investigation and follow-up.

Basics of quality improvement learning series

The Practice Transformation Academy (PTA) was developed to provide instruction in quality improvement methodology to primary health care clinics and staff. Our goal is to teach a problem-solving framework that will guide clinics in improving the patient experience, population health, care team satisfaction, clinical workflows and overall performance. The PTA team is focused on meeting clinic and staff needs through ongoing training offerings, including in-person workshops, webinars and an eLearning series.

The pandemic has brought about significant changes in primary care, and the need to implement meaningful and effective improvement projects has never been greater. To support clinics during this time, we created the Quality Improvement Video Learning Series. Each video introduces key concepts and tools that are integral to an improvement project. The first three videos cover the following topics:

- SMART Aim Statements: creating effective clinic goals using the SMART criteria.
- Project Charters: a document that defines the project and provides direction for improvement.
- Process Maps: a tool for understanding clinic workflows and uncovering process inefficiencies.



The tools we cover in detail are also available for download. Access the tools and videos on the Alliance provider website at www.ccah-alliance.org/pta.html and stay tuned for upcoming videos on run charts, data and measurement, and brainstorming.



If you have any questions about the material covered, or if you need help starting an improvement project, please email the Alliance practice coaching team at pc@ccah-alliance.org for assistance.

Childhood lead poisoning prevention materials

The California Department of Public Health Childhood Lead Poisoning Prevention Branch (CLPPB) provides presentations for health care providers about childhood lead poisoning prevention and management. These presentations cover the sources and effects of lead, lead screening, management of lead-exposed children, and state mandates for health care providers regarding childhood lead poisoning.

Since the onset of COVID-19 restrictions, these presentations are being shared via free live webinar by a CLPPB public health medical officer. To schedule a webinar, email CLPPB_Provider_Outreach@cdph.ca.gov or call **510-620-5600**.

CLPPB also provides free educational materials for providers to give to patients and families and free informative guidelines and fact sheets for providers and staff.

View patient materials at morehealth.org/patientmaterials.

View provider materials at morehealth.org/providermaterials.

To order materials, contact the Childhood Lead Poisoning Prevention Branch at pdss@cdph.ca.gov or your local lead poisoning prevention program: morehealth.org/ordermaterials.

Sign up for a portal account today!

The Alliance's Provider Portal offers quick and easy online access to the tools and information you need to streamline your administrative processes. All contracted Alliance providers can use the Provider Portal to:

- Check member eligibility.
- Submit authorization requests.
- View and search remittance advice.
- Search for authorization and referral requests.
- View patient prescription history and medication management agreements.
- Check processed claims, including service line details and payment information.

Contracted primary care providers can use the Provider Portal to:

- Access quarterly and monthly quality reports.
- Search, view and download linked member lists and reports.
- Submit referrals.

To sign up for an Alliance Provider Portal account, please visit our website at **www.ccah-alliance.org/webaccount.html**.



*New Alliance website coming **soon!***

We are excited to announce that we will launch our new website later this summer. Now it will be easier than ever to locate Alliance resources and find information online. Stay tuned for more updates coming your way soon.

Alliance language assistance services

The Alliance is committed to delivering culturally and linguistically appropriate health care services to our diverse membership. We ensure that all limited English proficiency (LEP) Alliance members can access language assistance at no cost for covered health care services. In addition, we offer communication assistance for persons who are deaf or hard of hearing at no cost, as required by the Americans with Disabilities Act.

In an effort to reduce health disparities and bridge language barriers, the Alliance covers interpreting services and written information in other formats for all LEP, deaf or hard of hearing members, and for members with disabilities. Additionally, the Alliance ensures that all members have access to health care providers and services in their language of choice when accessing Alliance-covered services.

Under federal and state regulations, as well as Alliance requirements, contracted medical providers must adhere to the following standards.

DO	DO NOT
Offer qualified interpreters, at no cost.	Require patients to bring their own interpreters.
Document every patient's language in their medical record.	Suggest that patients use a friend or family member to interpret.
Document in the medical record if the patient refuses an interpreter and prefers to use a family member or friend.	Use untrained interpreters (avoid).

The Alliance offers the following services to our providers, eligible members and Alliance staff at no cost:

- **Written information in other languages:** available to people whose primary language is not English.
- **Written information in other formats:** services include braille, large-print font no smaller than 18-point, and accessible electronic formats and other formats (through auxiliary aids) upon member request.
- **Telephonic interpreter services:** available in both foreign languages (over 200 languages) and indigenous languages (from Mexico and Central America). No prior approval needed.
- **Face-to-face interpreter services** are only available if the following factors are present (prior approval required):
 - Members who are deaf or hard of hearing.
 - End-of-life issues.
 - Abuse or sexual assault issues.
 - Complex procedures or courses of therapy.

Providers can submit a request for face-to-face interpreting services by faxing a completed copy of the Alliance Face-to-Face Interpreter Request Form to **831-430-5850**. View the form at www.ccah-alliance.org/pdfs/405-F-CM-InterpreterRequest_V3_Fillable.pdf.

Please allow 5-7 business days for all American Sign Language (ASL) requests and 7-10 business days for all non-ASL (foreign language) requests to process prior to the appointment date. **All non-ASL requests will require supporting medical documentation in order to establish eligibility.**

If you have any questions about how to access the Alliance's Language Assistance Services, please call the Health Education Line at **800-700-3874, ext. 5580**. For information about how to access our interpreter services, providers may download a copy of our Interpreter Services Provider Quick Reference Guide at www.ccah-alliance.org/pdfs/Interpreter-Services-PROVIDER-QR-Guide-v3.pdf.



Nurse Advice Line



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

If you are having a medical emergency, call 911 or go to the nearest emergency room.

What is the Nurse Advice Line?

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

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

When do I call the Nurse Advice Line?

Call the Nurse Advice Line when:

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

When you call:

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

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

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

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.ccah-alliance.org

Reaching our most vulnerable

Closing COVID-19 vaccination gaps

Santa Cruz, Monterey and Merced counties and providers continue to vaccinate our members against COVID-19. While we support thousands of influenza vaccinations each year, what we're trying to achieve now is nothing short of monumental. Despite a multitude of challenges, we have successfully vaccinated over 20,000 members within just three months of the release of the first COVID-19 vaccine.

However, we still have many milestones left ahead.

Communities of color and underserved, high-risk populations have been hit hardest by the pandemic. We have been focusing our efforts on closing vaccine equity gaps by:

- Closely monitoring member vaccination rates by county, gender, age and ethnicity.
- Collaborating with our data teams to identify members in jeopardy of severe disease and conducting outreach to those who are not fully vaccinated.
- Communicating closely with public health partners to obtain up-to-date information and connect our members with current vaccination sites.
- Maximizing opportunities to reach our members through a variety of media, including our website, Facebook page, newsletters, newspaper op-eds and informational YouTube videos.

Alliance strategies to reduce vaccination disparities concentrate on addressing and incorporating:

- Cultural considerations.
- Tailored messaging to specific audiences.
- Family beliefs that could support or impede vaccine completion.
- Misinformation, confusion, fear, a lack of trust and other barriers to vaccine confidence.
- Challenges with low health literacy.
- Vaccine access.
- Engagement with community partners, trusted influencers and vaccine champions.



Data indicates that our efforts have been effective and critical messaging is being received. Of the 20,000-plus members who received at least one COVID-19 vaccine dose by the end of March, over 75% were Black, indigenous or people of color, and 50% identified as Hispanic. Of the members 65 and older who received targeted calls in early spring, almost 65% reported they had already received at least one dose of a COVID-19 vaccine or had an appointment scheduled. Only 8% reported either feeling uncertain about being vaccinated or certain that they did not want to be vaccinated.

The Alliance will continue to monitor vaccination data, listen to our provider partners, respond to the needs of our communities and adapt as circumstances inevitably evolve. Vaccinating hundreds of thousands of people is an unparalleled undertaking for our counties. But with a shared vision of healthy people and healthy communities, we can build trust and work toward equity in vaccine access for those who have been historically underserved.

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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New providers

Santa Cruz County

Primary Care

- Patricia Christie, MD, *Family Medicine*
- Kevin Coldwater, MD, *Family Medicine*
- Patrick Cudahy, MD, *Family Medicine*
- Praseeda Moleyar Narayana, MD, *Family Medicine*
- Gary Zane, DO, *Family Medicine*

Referral Physician/Specialist

- Taurino Avelar, MD, *Nephrology*
- Alan Nirady, DO, *Anesthesiology*
- Karl Segnitz, MD, *Family Medicine*

Monterey County

Primary Care

- Kathleen Chase, DO, *Family Medicine*
- Nathan Rheault, DO, *Family Medicine*

Referral Physician/Specialist

- Ajanta De, MD, *Cardiovascular Disease*
- Andrea Henkel, MD, *Obstetrics and Gynecology*
- Nesreen Khraisha, MD, *Internal Medicine*

Merced County

Primary Care

- Than Aw, MD, *Internal Medicine*
- Marie David, MD, *Family Medicine*
- Neha Mahajan, DO, *Pediatrics*

Referral Physician/Specialist

- Niren Angle, MD, *Vascular Surgery*
- Maria Pachon Romero, MD, *Obstetrics and Gynecology*
- Arnaldo Trabucco, MD, *Urology*
- Ramesh Veeragandham, MD, *Thoracic Surgery (Cardiothoracic Vascular Surgery)*



Sign up

to receive provider
news by email

Three easy steps:

1. Text: CCAH
2. To: 22828
3. Follow the text prompts



**ALLIANCE
HOLIDAY
CLOSURES**

- Monday, July 5, 2021
(Independence Day)