



# Provider bulletin

HEALTHY PEOPLE. HEALTHY COMMUNITIES.



## Collaboration is more important than ever

As our communities remain deeply impacted by the COVID-19 pandemic, the collaboration and excellent relationships we enjoy with you give me confidence that we can manage the present circumstances, while creating effective plans for post-pandemic recovery and also preparing for significant Medi-Cal program changes.

Strong collaboration will be needed. The state's FY 2021-22 budget has many ambitious proposals that will require effective partnership. A few key examples include the Jan. 1, 2022, implementation of Medi-Cal Rx, which carves pharmacy services out of the managed care plan administration, and the first phase of implementation of the Enhanced Care Management benefit for members with complex medical and social needs. In May 2022, the state plans to expand Medi-Cal coverage to adults age 50 and older regardless of immigration status. The state has also planned a number of benefit and service expansions for implementation throughout the year.

Each of these initiatives requires the Alliance to partner with our service area counties, providers and community-based organizations to meet our members' needs and support CalAIM's promise of system transformation.

As we look into the Alliance's future, and to the challenges and opportunities that lie ahead, I am confident in our ability to improve the health of our members and our communities. I know that we are better when we work together, and I know that when we show up in collaboration, we are at our best. Our shared value of working together served us well over this past year. We demonstrated that we can rely on each other to solve the problems that are presented to us.

The Alliance is proud to be part of a team with those who show up when they are needed, offer a hand and ask for help to get the job done. We are grateful for the role our providers have played and look forward to the work ahead.

*Stephanie Sonnenshine*

Stephanie Sonnenshine, CEO

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### Alliance Board Meetings

Wednesday, Sept. 22, 2021  
3-5 p.m.

Wednesday, Oct. 27, 2021  
3-5 p.m.

November 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, Dec. 2, 2021  
Noon to 1:30 p.m.

### Whole Child Model Clinical Advisory Committee Meeting

Thursday, Sept. 16, 2021  
Noon to 1 p.m.



# Noticeable improvements in HEDIS Scores

The Alliance has successfully completed the measurement year (MY) 2020 Healthcare Effectiveness Data Information Set (HEDIS) audit. Our providers enabled remote access to electronic health records and also submitted requested medical record information accurately and on time. Because of this collaboration, the Alliance successfully retrieved 100% of the medical records we requested. This allowed the Alliance to accurately report the care delivered to our members in 2020 to the Department of Health Care Services. Data showed noticeable improvements from the year prior.

## Highs and lows

Starting with Santa Cruz and Monterey counties, Alliance provider performance met four high performance levels for Childhood Immunizations, Immunizations for Adolescents, Postpartum Follow-up and Asthma Medication Ratio. With the exception of Controlling Blood Pressure, Breast Cancer Screening and Chlamydia Screening in Women, all measures exceeded the minimum performance benchmarks – a significant indication of care during the COVID-19 pandemic!

In Merced County, we continue to see improvement across most measures, including Cervical Cancer Screening, Immunizations for Adolescents, Prenatal and Postpartum Care, Antidepressant Medication Management and Asthma Medication Ratio. Controlling Blood Pressure, HbA1c Poor Control, Childhood Immunizations, Follow-up for Children Prescribed ADHD Medication, Breast Cancer Screening and Chlamydia Screening in Women fell below the minimum performance level for MY 2020.

During the medical record review for all three counties, there was an overall decrease in members receiving preventive care. The Alliance is aware that preventive care was, in many cases, delayed during the pandemic. Providers indicated that they believed care would resume in early 2021.



## TELEHEALTH

The National Committee for Quality Assurance measure specifications for MY 2021 include the use of telehealth as a continued adjustment due to COVID-19. Some of the measures impacted by telehealth are Prenatal and Postpartum Care, Controlling High Blood Pressure, and Counseling for Nutrition and Physical Activity.

To ensure proper use of coding and medical record documentation, we recommend that providers review measure specifications on our HEDIS webpage at [www.thealliance.health/for-providers/manage-care/quality-of-care/hedis/hedis-resources](http://www.thealliance.health/for-providers/manage-care/quality-of-care/hedis/hedis-resources).

Thank you for your continued collaboration in delivering the best care possible to Alliance members. If you have any questions about HEDIS or HEDIS-related events, please email [QI@ccah-alliance.org](mailto:QI@ccah-alliance.org).



# Help stop medical identity fraud

Medical identity fraud can occur in several ways, and scammers are becoming more sophisticated in their efforts to obtain medical identities, especially in the digital age. Common scams employ email, automated voice messaging and live telephone calls to bilk personal information from unsuspecting victims.

The consequences of medical identity fraud can range in severity. In some cases, it can be life-threatening. Compromised medical records can result in the denial of medically necessary services or in the administration of medically unnecessary services. Less severe implications include financial burdens associated with a stolen identity and challenges



to restoring corrupted medical files.

The Alliance is advising members to practice caution when discussing personal information, even with callers claiming to be Alliance representatives. By educating our members and working with our network, we can reduce the risk of medical identity fraud and better serve our members' needs.

Will you partner with us by engaging your patients in dialogue about safeguarding their medical identity?



If concerns exist, encourage Alliance members to contact an Alliance Member Services Representative for support at **800-700-3874**, Monday through Friday, from 8 a.m. to 5:30 p.m. With your help and the help of our members, we can prevent medical identity fraud.

## Alliance drug formulary changes in Q3 2021

### Additions to formulary

Ozempic (Added to formulary with metformin step therapy requirement)

Victoza (Added to formulary with metformin step therapy requirement)

Byetta (Added to formulary with metformin step therapy requirement)

Bydureon (Added to formulary with metformin step therapy requirement)

Adlyxin (Added to formulary with metformin step therapy requirement)

Rybelsus (Added to formulary with metformin step therapy requirement)

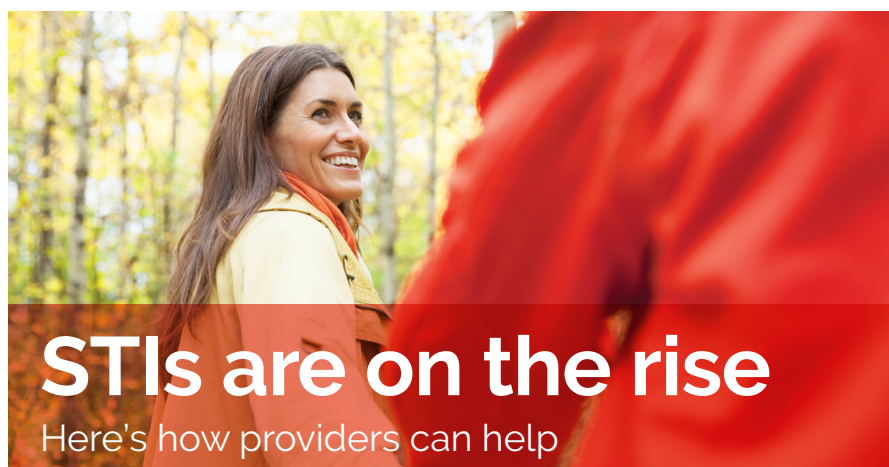
Phentermine

Alli

### Removed from formulary

Cortisporin-TC

*Prescriptions for legacy members taking a medication prior to its reclassification as non-formulary will be honored.*



# STIs are on the rise

Here's how providers can help

For the sixth consecutive year, the U.S. hit an all-time high in rates of sexually transmitted infections (STIs). By the end of 2019, the Centers for Disease Control and Prevention (CDC) confirms there were 2.5 million cases of chlamydia, gonorrhea and syphilis reported in the United States. Chlamydia cases were highest (1.8 million cases), increasing by 19% since 2015, with 61% of cases involving persons aged 15-24 years.

Trends in our counties show similarly concerning patterns, as well as decreased screening rates. Chlamydia screening rates declined across Merced, Monterey and Santa Cruz counties during the most recent HEDIS measurement year.

Social inequity often leads to health inequity and, ultimately, manifests as health disparities. These disparities are reflected in recent STI data. Racial and ethnic minority groups, youth aged 15-24, pregnant people, and men who have sex with men (MSM) are disproportionately impacted. The CDC emphasizes that in order to slow and reverse escalating STI rates, it is critical to focus on hard-hit populations while

addressing stigma, discrimination and social determinants of health.

## Best practices and steps

- Routinely take a confidential, client-centered sexual history on *all* patients beginning at age 11. Begin at the initial visit, and then continue annually at each well-visit (including STI and contraception visits).
  - Try the Five P's approach (Sexual Health History: Techniques and Tips): [www.aafp.org/dam/AAFP/documents/journals/aafp/Savoy.pdf](http://www.aafp.org/dam/AAFP/documents/journals/aafp/Savoy.pdf).
  - Educate adolescent patients about their minor consent and confidentiality rights using the California Minor Consent and Confidentiality Laws as a reference: [www.teenhealthlaw.org/wp-content/uploads/2019/08/2019CaMinorConsentConfChartFull.pdf](http://www.teenhealthlaw.org/wp-content/uploads/2019/08/2019CaMinorConsentConfChartFull.pdf).
- Provide prevention counseling and encourage risk reduction in a nonjudgmental and empathetic manner appropriate to the patient's culture, language, gender, gender identity, sexual orientation,

age and developmental level. For tips on culturally appropriate communication with members, see page 9 of this bulletin.

- Screen per California's recommended guidelines (remember, people with chlamydia do not always experience symptoms):
  - Females younger than 25 years: at least annually (if ever sexually active). Females age 25 and older: if at risk.
  - All pregnant people, regardless of age.
  - MSM: at least annually (at all exposed sites: genital, rectal, pharyngeal).
- Follow-up is critical. Re-screen any person who tests positive for chlamydia three months after treatment.
- Ensure any recent sexual partners are also treated (Expedited Partner Therapy) to avoid re-infection and prevent further spread of disease.

## Additional resources

- CDC STI Treatment Guidelines: [www.cdc.gov/std/products/success/320120-A\\_REVISED\\_7\\_15\\_2021.pdf](http://www.cdc.gov/std/products/success/320120-A_REVISED_7_15_2021.pdf).
- California Department of Public Health (CDPH) Provider Detailing for STD Prevention: [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Provider-Detailing-for-STD-Prevention.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Provider-Detailing-for-STD-Prevention.aspx).
- Reproductive Health National Training Center (RHNTC) Chlamydia Screening Toolkit: [www.rhntc.org/resources/chlamydia-screening-toolkit](http://www.rhntc.org/resources/chlamydia-screening-toolkit).

# September is National Childhood Obesity Awareness Month

One in five children in the United States is obese. Childhood obesity puts kids at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure 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 patients how to make healthy changes as a family.

The Alliance works with contracted providers to identify and refer members aged 2-18 whose body mass index is at or above the 85<sup>th</sup> percentile to the **Alliance Healthy Weight for Life (HWL) program**. In an effort to educate members and reduce childhood obesity, the HWL program is designed to help young, high-risk members achieve a healthy lifestyle. For more information on the HWL program, visit [www.thealliance.health/for-providers/manage-care/health-education-and-disease-management/health-education-programs](http://www.thealliance.health/for-providers/manage-care/health-education-and-disease-management/health-education-programs).

In addition, to optimize member health outcomes, reduce morbidity, and improve disease prevention and management, the Alliance has enhanced the HWL program by implementing the Positive Parenting Program (Triple P) ([www.triplep.net/glo-en/home](http://www.triplep.net/glo-en/home)).

The Triple P program was designed as a specific strategy of intensive family intervention for families with an overweight or obese child. It is a comprehensive, evidence-based parenting program designed to strengthen families by helping parents promote healthy social-emotional development in their children. The program teaches simple, effective strategies for parents to handle everyday parenting challenges.



The HWL program will continue to provide the 5210+ campaign's evidence-based program ([www.cruzmed.org/foundation/let-s-go-5210/about-5210.aspx](http://www.cruzmed.org/foundation/let-s-go-5210/about-5210.aspx)), along with our 10-week workshop sessions. Raffles for gift cards are available to members who participate in the HWL program workshop.

Providers can refer Alliance members to the HWL program by submitting a Health Education and Disease Management referral form on our website at [www.thealliance.health/for-providers/manage-care/health-education-and-disease-management](http://www.thealliance.health/for-providers/manage-care/health-education-and-disease-management). Providers can also call the Alliance Health Education Line at **800-700-3874, ext. 5580** for additional information.

Source: [www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html](http://www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html)





Flu season is back, and it is important that patients receive a strong flu vaccine recommendation from their provider. The CDC suggests using the **SHARE** method when discussing vaccines with your patients:



**SHARE** why the flu vaccine is right for the patient. For example, consider their age, lifestyle, occupation and other risk factors, such as health status.



**ADDRESS** vaccine hesitancy by answering patient questions or concerns about the flu vaccine in plain language that is culturally and linguistically appropriate.



**REMIN**d patients that flu vaccines can help protect them and their loved ones from experiencing a serious flu illness and subsequent complications.



**HIGHLIGHT** any positive experiences with flu vaccines to reinforce and strengthen the benefits of and confidence in flu vaccination.



**EXPLAIN** the potential costs of getting sick from the flu, such as time lost (having to miss work or family obligations), financial costs and serious health effects (including death).

**For patients who are 6 months to 8 years old and receiving their first flu vaccine, it is important to schedule them to come back in four weeks to receive their second dose.**

Coding and billing guidelines for flu vaccinations will be provided as soon as they are available. You can find additional resources on flu vaccine recommendations on the CDC's website: [www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm](http://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm).

# Leverage the Nurse Advice Line



The Nurse Advice Line (NAL) is a free, 24/7 resource for members. Members are connected to a registered nurse who can assess and triage symptoms, offer care advice, and educate members about their health. Members can discuss appropriate treatment options like pursuing home care, following up with their primary care provider or being referred to the emergency room.

This service helps decrease avoidable urgent care and emergency department visits. Members can access the NAL by calling **844-971-8907**. There are Alliance members who are not familiar with the NAL.

One of the best practices to leverage this service is for providers to share information about the Alliance's NAL with members. The Alliance has created print-ready NAL flyers in English, Spanish and Hmong for this purpose. Please contact the Provider Relations department to request the flyers at **831-430-5504**.

Some Alliance providers have successfully encouraged their members to call the NAL by:

- Providing the NAL phone number on their office voicemail message.
- Including the NAL as an option on their phone tree for members to select and be directed to.



# Our website has a new look!

The Alliance has launched a new and improved online experience! Our website now features streamlined navigation and a fresh new look. The new, easy-to-remember web address is **www.thealliance.health**.

After listening to feedback from providers, members and the community, we've made some upgrades to better support care for Medi-Cal members and to advance our mission to provide accessible, quality health care guided by local innovation.

**Note that the Provider Portal has the same login, features and functionality you've been using, but it's now easier to access on our website.**

## Find and view information more easily

With updates to our website's content and navigation, **www.thealliance.health** provides easy access to key information and resources to help you do business more efficiently with the Alliance.

Visit our revamped website to:

- Get user-friendly site access on your computer, tablet or phone.
- Find what you need fast with our website search function.
- Connect with Provider Services – reference contact information for claims, authorizations, pharmacy support and other provider-related inquiries.
- Browse our one-stop repository for frequently used forms, including the Treatment Authorization Request (TAR)

and Staying Healthy Assessment Fax-In Order Form.

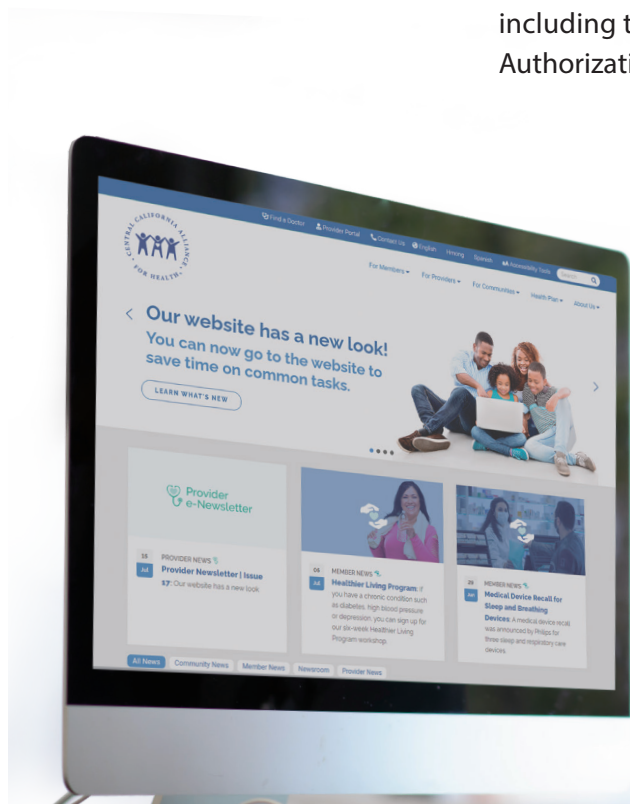
- Review current information on Care-Based Incentives, Facility Site Reviews, referrals and authorizations, prescriptions, and more.

## Better experience for Alliance members

The site is designed with member experience in mind and gives you tools to improve quality of care for Alliance members.

On the new site, you can easily:

- Review and share member-facing information for accessing our Nurse Advice Line, transportation services, language assistance, telehealth and other key member services.
- Find details on Alliance health and wellness programs, including eligibility, referral processes and member rewards.







## Providing culturally competent care

Enhanced communication between providers, staff and patients helps practices work effectively and provide quality care in cross-cultural situations. An important part of this is the ability to communicate across cultures. With cross-cultural communication skills, you can better understand the needs, values and preferences of your patients.

Here are some approaches that can help you build cross-cultural communication skills:

- **Improve cultural and linguistic appropriateness.** Become knowledgeable about the backgrounds of your patients.
- **Gain awareness of language differences.** Become aware of the different expressions/idioms used or when the same word holds more than one meaning.
- **Consider how you communicate in writing.** If you provide written instructions to a patient, the standard words used on the forms and in-patient handouts may be seen as too formal, not welcoming or too complex to understand.
- **Do not make assumptions.** What you may perceive as your patient's communication style or health literacy may be incorrect. Ask your patients questions and encourage them to ask you follow-up questions.
- **Avoid jargon.** Do not use jargon or technical health and medical terms. Instead explain terms and concepts using plain language.
- **Understand and recognize differences in communication styles, both verbal and nonverbal.** Pay attention to your tone, volume and body language, such as posture, gesture, eye contact and facial expressions.



To learn more, visit "Think Cultural Health" at [www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov).



## October is Health Literacy Month

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions.

Low health literacy is more prevalent among:

- Older adults.
- Minority populations.
- Those who have low socioeconomic status.
- Medically underserved people.

As health care providers and organizations, you can use this time to expand your knowledge with the following resources:

### 1. Health literacy how-to tips:

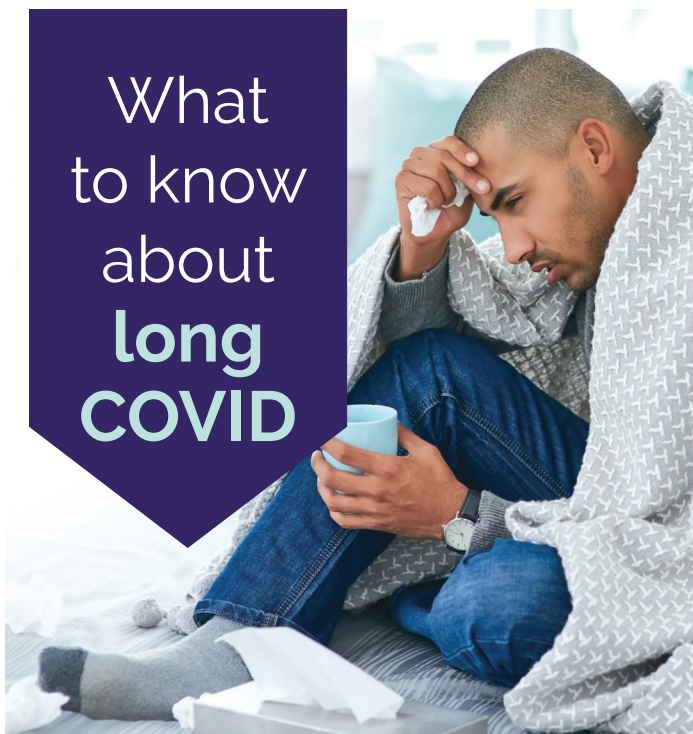
Learn ways to talk with members to find out if they understand the information you are providing them. Read "Communicating Bad and Sad News" at [www.healthliteracy.com/2005/05/01/bad-sad-news](http://www.healthliteracy.com/2005/05/01/bad-sad-news).

**2. Podcasts:** Listen to Helen Osborne, founder of Health Literacy Month, as she interviews key stakeholders about health literacy. Listen here: [www.healthliteracyoutloud.com](http://www.healthliteracyoutloud.com).

### 3. Health literacy discussion list:

Join this forum to share ideas and ask questions about programs to improve the public's health literacy. Sign up at [www.ih4health.org/our-services/health-literacy-discussion-list](http://www.ih4health.org/our-services/health-literacy-discussion-list).

## What to know about long COVID



“Post-COVID conditions” or “long COVID” is an umbrella term for a wide spectrum of physical, social and psychological consequences presenting or persisting in varying degrees in patients four or more weeks after SARS-CoV-2 infection (including those reporting mild or asymptomatic acute infection). Post-COVID conditions occur in children and adolescents as well as adults, and they can present substantial challenges to patient wellness and quality of life.

Racial and ethnic minority populations have experienced a higher burden of COVID-19, led in part by long-standing disparities in social determinants of health, as well as structural racism. Prioritizing resources to these communities can help ensure those who are disproportionately affected are aware of post-COVID conditions and have access to needed services.

### Among more than 100 clinical findings and persisting symptoms reported, the most common include:

- ✓ Fatigue.
- ✓ Muscular weakness.
- ✓ Difficulty thinking or concentrating (“brain fog”).
- ✓ Dyspnea (with or without abnormal imaging or pulmonary function testing).
- ✓ Sleep difficulties.
- ✓ Post-exertional malaise following even minor physical or mental exertion, lasting days or weeks.
- ✓ Mood changes, depression or anxiety.
- ✓ Fever.
- ✓ Palpitations or tachycardia.
- ✓ Loss of smell or taste.
- ✓ Myalgia.
- ✓ Headache.
- ✓ Cough.
- ✓ Chest pain.
- ✓ Dizziness upon standing.
- ✓ Diarrhea.

The CDC has advised that most post-COVID conditions can be diagnosed and managed by primary care providers. A patient-centered medical home could be helpful in conjunction with coordinated comprehensive care and open communication among a core group of specialty care providers and support services to optimize quality of life and function in affected patients.

It is important to note that some patients with post-COVID conditions may not have had positive tests for SARS-CoV-2 (either due to a lack of, or inaccurate, testing). Objective diagnostic, laboratory or imaging findings should not be used as the only measure of a patient’s well-being, as they may be within normal

ranges even for patients whose symptoms and conditions negatively impact their quality of life, daily functioning, and ability to return to school or work. Sensitivity to and awareness of stigma, along with an attitude of empathy and understanding, are essential components of a full clinical evaluation.

Per interim guidance from the CDC:

- Begin with an assessment of presenting symptoms, as well as underlying medical and psychiatric conditions, obtained using standardized, trauma-informed approaches.
- Upon this base, develop a comprehensive, holistic management plan in partnership with patients

**CONTINUED ON NEXT PAGE**

while identifying achievable health goals to improve patients' quality of life and function.

- Reinforce the message that outcomes from post-COVID conditions are largely variable. Some patients experience symptom improvement within the first three months, while others may continue to experience prolonged symptoms.
- Post-COVID conditions are not yet well understood. Reassure patients that support will continue to be provided as new information emerges.
- Consider follow-up visits every two to three months over the course of illness, adjusting in response to the patient's condition and illness progression.
- Openly discuss progress and challenges, and reassess goals as needed.
- Symptoms not explained by, or out of proportion to, objective findings are not uncommon and should not be dismissed, even if there is not yet

a full understanding of their etiology or expected duration.

- Comprehensive rehabilitation may include partnerships with both physical and mental health specialists as well as social services (e.g., to identify resources related to disability services, work and school accommodations, and patient support groups – or to address other financial or caregiving hardships).

## Resources

- CDC interim guidance for evaluating and caring for patients with post-COVID conditions: [www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html).
- Long-COVID Alliance: [www.longcovidalliance.org](https://www.longcovidalliance.org).
- Long-COVID Kids: [www.longcovidkids.org](https://www.longcovidkids.org).
- Survivor Corps: [www.survivorcorps.com](https://www.survivorcorps.com).

## Become ACEs Aware

ACEs Aware seeks to change and save lives by helping Medi-Cal providers and organizations that serve Medi-Cal beneficiaries understand the importance of screening for Adverse Childhood Experiences (ACEs). ACEs Aware offers training in trauma-informed care and promotes coordination and collaboration to build networks of care. Routine and universal screening of ACEs helps providers offer effective and more equitable health care.

The ACEs initiative is led by the Office of the California Surgeon General and the Department of Health Care Services. California's Surgeon General, Dr. Nadine Burke Harris, set a bold goal to cut ACEs in half in one generation. Each of the three Alliance counties – Merced, Monterey and Santa



Cruz – are grantees of California ACEs Aware. ACEs screening and interventions is an area of priority identified by Beacon and the Alliance.

## Free training and incentives

California is leading the nation in training and providing payment to Medi-Cal providers for conducting ACEs and toxic stress screenings. Medi-Cal providers must attest to completing a certified ACEs training to receive payment for ACEs screenings.



“Becoming ACEs Aware in California” is a free, two-hour online training. Get trained now at [training.ACEsAware.org](https://training.ACEsAware.org) and stay tuned for an exploratory Care-Based Incentive related to ACEs screenings in 2022. Learn more about the overall ACEs Aware initiative at [www.ACEsAware.org](https://www.ACEsAware.org).



## Important phone numbers

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



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## Sign up

to receive provider news by email

Two easy steps:

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

# New providers

## Santa Cruz County

### Primary Care

- Minoo Sarkarati, MD, Internal Medicine

### Referral Physician/Specialist

- Sarah Brant, MD, Surgery
- Janie Gleghorn, MD, Family Medicine
- Ryan Nolan, MD, Surgery
- Jack Watson, MD, Family Medicine
- Andrew Zhou, MD, Ophthalmology

## Monterey County

### Primary Care

- Erin Bulleit, MD, Family Medicine
- Joshua Deutch, MD, Family Medicine
- Amy Winter, MD, Pediatrics

### Referral Physician/Specialist

- Jesse Bernstein, MD, Physical Medicine and Rehabilitation
- Celia Chao, DO, Ophthalmology
- Kathryn Gunnison, MD, Obstetrics and Gynecology
- Carlos Hernandez, MD, Pediatrics
- David Roy, MD, Orthopaedic Surgery
- Andreas Sakopoulos, MD, Thoracic Surgery (Cardiothoracic Vascular Surgery)

## Merced County

### Referral Physician/Specialist

- Johann Christian Abordo, DPM, Podiatry
- Allison Arquero, MD, Pediatrics
- Sonali Bajaj, MD, Pediatrics
- Justin Krogue, MD, Orthopaedic Surgery
- Alfred Patino, DPM, Podiatric Surgery



## ALLIANCE HOLIDAY CLOSURES

- Thursday, Nov. 11, 2021 (Veterans Day)
- Thursday, Nov. 25 and Friday, Nov. 26, 2021 (Thanksgiving)