



# Newly Contracted Non-PCP Orientation



# NEWLY CONTRACTED NON-PCP ORIENTATION

## AGENDA:

1. Introduction
2. Member Benefits
3. Referrals & Authorizations
4. FAQs

# Welcome to the Alliance!

## Who are we?

- Central California Alliance for Health (the Alliance)
- County Organized Health System
- Serve over 440,000 members in Mariposa, Monterey, Merced, San Benito and Santa Cruz Counties
- Operate using the Managed Care Model

## What programs do we cover?

- Medi-Cal
- Alliance Care IHSS (Monterey)



# Alliance Mission

- Ensure appropriate access to care.
- Improve medical outcomes, minimizing unnecessary suffering and cost.
- Promote self-care and wellness among health plan members.
- Increase health care providers' satisfaction and participation with the plan.

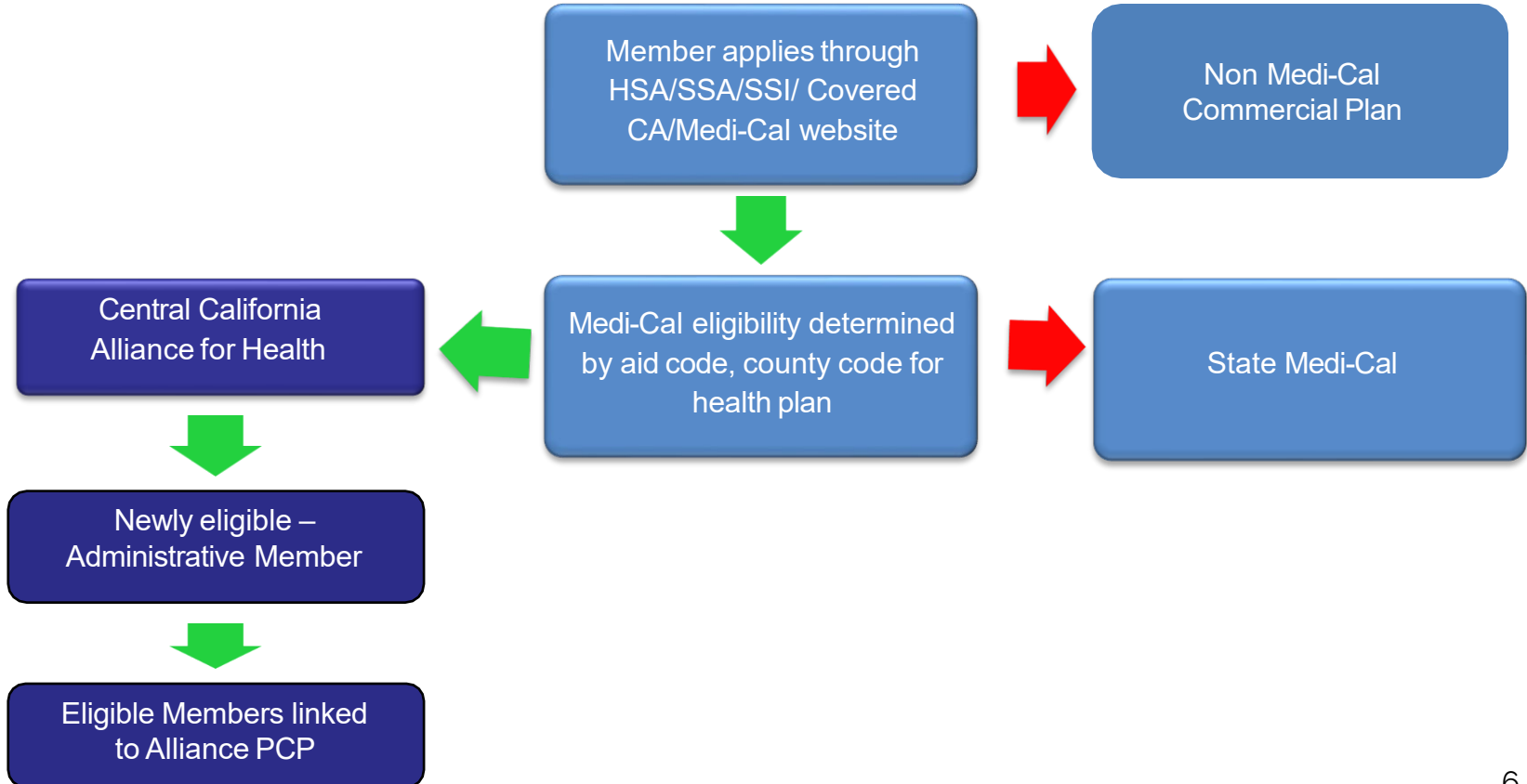


# The Managed Care Model

- Members select a Primary Care Provider (PCP) who provides a patient-centered medical home.
- PCP is responsible for members' primary and preventive care, and arranging and coordinating all other aspects of their health care.
- PCPs are family practice, internal medicine, pediatrics or OB/GYNs.
- Eligible members assigned ("linked") to a PCP or clinic may only see a specialist (e.g., cardiologist, dermatologist, rheumatologist) if referred by their PCP.

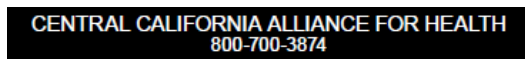


# How Members Join the Alliance



# Membership Cards

## Alliance Cards



Member:

Member ID:

Birth Date:

PCP:

Effective Date:

Program:



24/7 Nurse Advice Line/Línea de Consejos de Enfermeras: 844-971-8907  
Dental/Cuidado dental: Medi-Cal Dental Program 800-322-6384  
Mental health/Salud mental: Caredon Behavioral Health 855-785-9700  
Prescription drugs/Medicamentos recetados: Medi-Cal Rx 800-977-2273  
Vision/Visión: Vision Service Plan (VSP) 800-877-7195  
TTY Line/Línea TTY: 877-548-0857

[www.thealliance.health](http://www.thealliance.health)



Member:

Member ID:

Birth Date:

PCP:

Effective Date:



Copayments: Office Visit: \$10 Rx Generico: \$5 Rx Brand Name: \$15 ER: \$25  
24/7 Nurse Advice Line/Línea de Consejos de Enfermeras: 844-971-8907  
Mental health & substance abuse/Salud mental y abuso de sustancias:  
Caredon Behavioral Health 800-808-5798  
TTY Line/Línea TTY: 877-548-0857

[www.thealliance.health](http://www.thealliance.health)

## State Medi-Cal Card



# Eligibility

## Prior to patient visit:

1. Verify eligibility at every visit.
2. Eligible?
3. Are they linked to the PCP who referred to your practice?
4. If yes, go ahead and see the patient.

### Reasons why a member may not be eligible:

Share of cost

Lost eligibility

### Reasons why a member may not be linked to a practice:

Administrative member

State Medi-Cal

### *How to verify eligibility?*

Provider Portal: Available  
24 hours a day. 7 days a week

Member Services :  
800-700-3874

English: ext. 5505  
Spanish: ext. 5508

Alliance automated system:  
800-700-3874, ext. 5501





# Accessibility

Category	Timely Access Standard
Urgent care appointment for which no prior authorization is required	48 hours
Urgent care appointment for services that do require prior authorization	96 hours from request
Non-urgent, primary care – including first pre-natal visit No authorization required	10 business days
Non-urgent, non-physicians mental health provider *	10 business days
Non-urgent, Specialist care	15 business days
Non-urgent, Ancillary services	15 business days
Mental Health Care	Refer to Caredon Behavioral Health for screening. Mild to moderate levels of care will be referred to a Caredon provider. Severe levels of care referred to county mental health.



# Training Agenda

- .....> Member Benefits
- .....> Referrals & Authorizations
- .....> Frequently Asked Questions (FAQs)



# Member Benefits

- Primary care
- Specialty care
- Allied services
- Durable Medical Equipment
- Self-referred services
- Pharmacy
- Emergency care
- Inpatient and outpatient hospital care
- Diagnostic services (lab, x-ray, imaging)

[Benefit descriptions can be found in the Member Handbook on the Alliance website.](#)



## Subcontracted Member Benefits

- Vision
  - Covered through Vision Services Plan (VSP).
- Medi-Cal Mental Health
  - Carelon Behavioral Health is subcontracted to provide outpatient mental health services for Alliance members.
- IHSS Mental Health (Monterey)
  - Carelon Behavioral Health manages outpatient and inpatient mental health. There is no referral to county.



## Benefits Not Covered by the Alliance

- Dental Services (Denti-Cal)
- Inpatient Mental Health Services (State Medi-Cal)
- Substance Abuse Treatment Services (State Medi-Cal)
- Local Education Authority Services (Regional Centers)



# Referrals

## Specialists should render services when:

- Referral is on file for the member.
- Member is eligible on the date of service.

### In-Area Referrals

- The member's Primary Care Provider (PCP) initiates the referral process.
- The PCP completes the Referral Consultation Request (RCR) form via the [Provider Portal](#).
- The number of visits, services and/or period of service to be rendered must appear on the (RCR) form.
- The PCP sends the (RCR) to the Alliance. Copies are sent to the specialist.
- The PCP files his/her copy and the respective reports in the patient's medical record.

### Out-of-Area Referrals

- Made to providers outside of Mariposa, Merced, Monterey, San Benito and Santa Cruz Counties and non-contracted, in-network providers for all other lines of business.
- The member's (PCP) initiates the referral process.
- The (PCP) completes **and signs** the out-of-area referral either by using a State 50-1 TAR form or via the [Provider Portal](#).
- Include: explanation of medical necessity, failed treatment attempts prior to referral, supporting medical documentation, reasons why care can not be accessed locally.



# Referral Forms

**NOTE TO SERVICING PROVIDER:** Please send your findings and report to the PCP as soon as possible.

**REFERRAL CONSULTATION REQUEST**  
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
P.O. Box 660015  
Scotts Valley, CA 95067-0015 • 1-800-700-3874  
(No re-order forms, contact Provider Services)

REFERRAL NUMBER: **R** [REDACTED]  
This number is used for claims processing. Do not duplicate this form.

**THIS FORM IS TO BE COMPLETED BY THE PRIMARY CARE PHYSICIAN ONLY**

- Please print clearly.
- Mail or Fax the original to the Alliance.
- Send a copy to the servicing provider with applicable supporting documentation.
- PCP to keep a copy for their records.
- Do not use this form if the referral is to a servicing provider outside of the Alliance service area. Prior authorization is required instead.
- Ensure that this member is on your "Linked Members" list.

**MEMBER INFORMATION**

MEMBER ID (REQUIRED): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ SEX: ☐ MALE ☐ FEMALE

If this member is a child with a CCS medically eligible condition, please be sure that your referral is to a CCS painted provider and that your local CCS office is notified.

**REASON FOR REFERRAL:** \_\_\_\_\_

**CHIEF COMPLAINT:** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**DIAGNOSIS CODE:** \_\_\_\_\_ **DESCRIPTION:** \_\_\_\_\_

(CHECK ONE ONLY) ☐ CONSULTATION ☐ (ONE VISIT) ☐ CONSULTATION WITH \_\_\_\_\_ FOLLOW-UP VISITS

**PROCEDURE (IF APPLICABLE):** \_\_\_\_\_

THIS REFERRAL IS VALID FROM \_\_\_\_\_ (DATE) TO \_\_\_\_\_ (DATE) NOT TO EXCEED 1 YEAR.  
If not indicated otherwise, Referral valid for 90 (ninety) days from date of signature.

**PRIMARY CARE PHYSICIAN INFORMATION**

NPI: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PCP - Mail or Fax top copy to:  
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
P.O. BOX 660015  
SCOTTS VALLEY, CA 95067-0015  
FAX: 831-430-5515

PCP - SEND THIS COPY TO THE ALLIANCE ASAP

## In Area Referral

**Helpful Hints for Completing "Out-of-Area" referral authorizations**

**CONFIDENTIAL - PATIENT INFORMATION**  
FOR F.I. USE ONLY

**TREATMENT AUTHORIZATION REQUEST**  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**FOR PROVIDER USE**

VERBAL CONTROL NO. \_\_\_\_\_

PROVIDER NAME AND ADDRESS: \_\_\_\_\_

**Where can we reach you?**  
I PROVIDER NUMBER: \_\_\_\_\_

**NAME AND ADDRESS OF PATIENT**  
PATIENT NAME (LAST, FIRST, MI): \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

PATIENT STATUS: ☐ NEW ☐ HOME ☐ BOARD & CARE ☐ ACUTE HOSPITAL ☐ SNF / ICF

**DIAGNOSIS DESCRIPTION:** \_\_\_\_\_

**Medical Justification:**  
Authorization of referrals are based on Milliman guidelines

- Explain medical necessity for out-of-area care, particularly if services are available in-network.
- State failed treatment attempts prior to referral
- Date of last PCP visit
- Attach consultation reports/pertinent documentation

**DO NOT USE SS#**

**FOR STATE USE**

APPROVED: ☐ REQUESTED: ☐ DENIED: ☐ SIGNED: ☐ JACOBSON VS RANK PARADIGM CODE: \_\_\_\_\_

**ADDED REMINDERS:**  
Do not make copies of blank forms  
Do not send the same request twice  
When checking Auth status, provide the TAR Control #

**RETROACTIVE AUTHORIZATION (GRANTED IN ACCORDANCE WITH SECTION 5102 (b))**

1 2 3 4 5 6

**PLEASE DEFINE YOUR REQUEST FOR SERVICES (ie; consultation)**

**No need for CPTs for an out-of-area request**

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.**

**AUTHORIZATION MUST BE SIGNED & DATED BY MD.**

SIGNATURE OF PHYSICIAN OR PROVIDER: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE. SEND TO FIELD SERVICES (F.I. COPY)

## Out of Area Referral

These forms are also available to be completed electronically on the Provider Portal at <https://thealliance.health/f-or-providers/provider-portal/>



# Authorizations

- A Treatment Authorization Request / “authorization” or “TAR” is issued by the **servicing** provider to request authorization from the Alliance.
  - Ensures elective procedures, hospital admissions, services & supplies are medically necessary and covered as required by state law.
  - Must be completed on the State 50-1 TAR form or submitted through the Provider Portal.
- Authorization must include:
- Medical Justification.
  - Documentation of recent history & physical to justify procedure.
  - Copies of relevant lab & appropriate consultation report.
  - Must be signed and dated by MD.

The Treatment Authorization Request must be submitted prior to a provision of a service unless emergent. Otherwise, it must be received within 30 calendar days of initiation of services with an explanation as to why it could not be submitted prior to service being rendered.





# Authorizations

## Treatment Authorization Form

This form is also available to be completed electronically on the Provider Portal at

<https://thealliance.health/providers/provider-portal/>

**CONFIDENTIAL PATIENT INFORMATION**  
FOR F.T. USE ONLY

**TREATMENT AUTHORIZATION REQUEST**  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**HELPFUL HINTS FOR COMPLETING TREATMENT AUTHORIZATIONS**

**FOR PROVIDER USE**

**FOR STATE USE**

**ADDED REMINDERS:**

- Incomplete TARs take much longer to process
- Do not make copies of blank TARs
- Do not send same TAR twice
- If checking on TAR status, we need the TAR #
- Please note if member is HK, HF, or IHSS

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.**

**AUTHORIZATION MUST BE SIGNED & DATED**

**NOTE:** AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE. SEND TO FIELD SERVICES (F.T. COPY)

**SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM.**



# FAQs

**How do I find out if a CPT code requires a Treatment Authorization Request?** If you have questions about which procedures require a TAR, please have the CPT code ready.

Check the Treatment Authorization Request User Guide:

[eTAR User Guide Basics 2022 \(etar\\_basics\\_2024\)](#)

Call your Provider Services Representative at: 831-430-5514.

Fax an “[Treatment Authorization Request Form](#)” to the Health Services Department at 831-430-5859.

**How do I submit a Treatment Authorization Request to the Alliance?**

You can submit a Treatment Authorization Request to the Alliance the following ways:

**Submit through the Provider Portal**

Fax to: 831-430-5850

Mail to: Central California Alliance for Health

ATTN: Authorizations

PO Box 660012

Scotts Valley, CA 95067



# FAQs

## How do I know which medication is covered by the Alliance?

Please refer to the Alliance formulary online at <https://thealliance.health/for-providers/manage-care/pharmacy-services/pharmacy-formulary/> to find out if a particular medication is listed. If a patient requires a non-formulary medication, or the prescription exceeds the limit of days or quantity allowed per the formulary, a TAR may be submitted by FAX 831-430-5851 to the Alliance or can be mailed to the attention of the Pharmacy Department. Once the prescribing physician or filling pharmacist fills out and submits a TAR for a prescription, the Alliance will issue the pharmacy a Pre-Authorization number. You will need this number to process prescriptions that require a TAR.

For Healthy Kids, IHSS and Medi-Cal Access Program members, prior authorization requests for medications must be submitted on the “[Prescription Drug Prior Authorization Request Form](#)” If you need to speak to Alliance pharmacy personnel, please contact the Alliance Pharmacy at: 831-430-5500, ext. 5577.

**Does the Alliance offer support for seniors and persons with disabilities?** Yes! The Alliance offers an extensive amount of information on our [Seniors and Disabilities \(SPD\)](#) page. These resources are available to providers and their staff in order to better communicate and care for our diverse populations.



# FAQs

## What is an administrative member?

Some Alliance Medi-Cal patients are not assigned to a PCP. They are “administrative members” and can access care from any willing Medi-Cal provider without a referral. Administrative patients include those who:

- Are in an out of area placement situation
- Reside in a Skilled Nursing Facility
- Are in Hospice Care
- Have primary insurance including Medicare Part B
- Have Medi-Cal with a Share of Cost

## How does share of cost apply to an Alliance member?

A share of cost is the amount that the individual or family is required to pay out of pocket for medical expenses before becoming eligible for Medi-Cal during that month.

## Where can I find Alliance forms?

Alliance forms can be found in the [Forms](#) repository on the Provider website.

How do I find other providers who will see Alliance members?

You can look in our online [Provider Directory](#) to find providers who are contracted with the Alliance.



# FAQs

## How do I submit claims to the Alliance?

The Alliance accepts three types of claim forms: PM 160; CMS1500 and UB04. Providers may submit hard copy claims by mail or claims may be submitted electronically through a clearing hours (i.e. OfficeAlly). Medi-Medi claims are sent to Medicare and can be crossed-over to the Alliance or you can elect to have the cross-over claims turned off in order to submit Medi-Medi claims via hard copy. Please see the [Provider Manual](#) (page 107) for more information.

## What coding reference should I use to bill the Alliance?

The Alliance uses the current year AMA CPT, ICD-10, the Healthcare Common Procedure Coding System (HCPCS) and the Medi-Cal Manual found at: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

## What is the fastest way to get payments from the Alliance?

With electronic funds transfer (EFT) you will receive payments up to seven days faster than paper checks. Replacing checks with EFTs is also the single best way to combat fraud. To sign up to [receive funds from the Alliance electronically, please go to Claims - Central California Alliance for Health \(thealliance.health\).](#)



# FAQs

## What happens when a member does not show for an appointment?

Providers can submit a “Member No Show” form to document missed appointments. The forms are located on the Provider page of the Alliance Website under “Department Forms”.

## How can I file a dispute?

Providers may file disputes regarding administrative, contract, and payment issues. Provider Disputes must be filed with the Alliance within 365 days of the action or decision being disputed or, in a case where the dispute addresses the Alliance’s inaction, within 365 days of the expiration our time to act. Providers must exhaust this dispute resolution process before pursuing other available legal remedies. The Provider Dispute Form is located on the Provider page of the Alliance Website under “Department Forms”.

## Can a member file a complaint about me or my practice?

Alliance members have the right to file complaints about their experiences with us or with our providers. While most providers have their own internal mechanisms for resolving patient complaints, we provide Grievance forms (in English, Spanish and Hmong).



# Where can I get additional information and resources?

The screenshot shows the 'For Providers' section of the Central California Alliance for Health website. The header includes navigation links: Find a Doctor, Provider Portal, Contact Us, English, Hmong, Spanish, Accessibility Tools, and a search bar. The main navigation bar has links for Members, Providers (active), Communities, Health Plan, and About Us. The page content is divided into several sections:

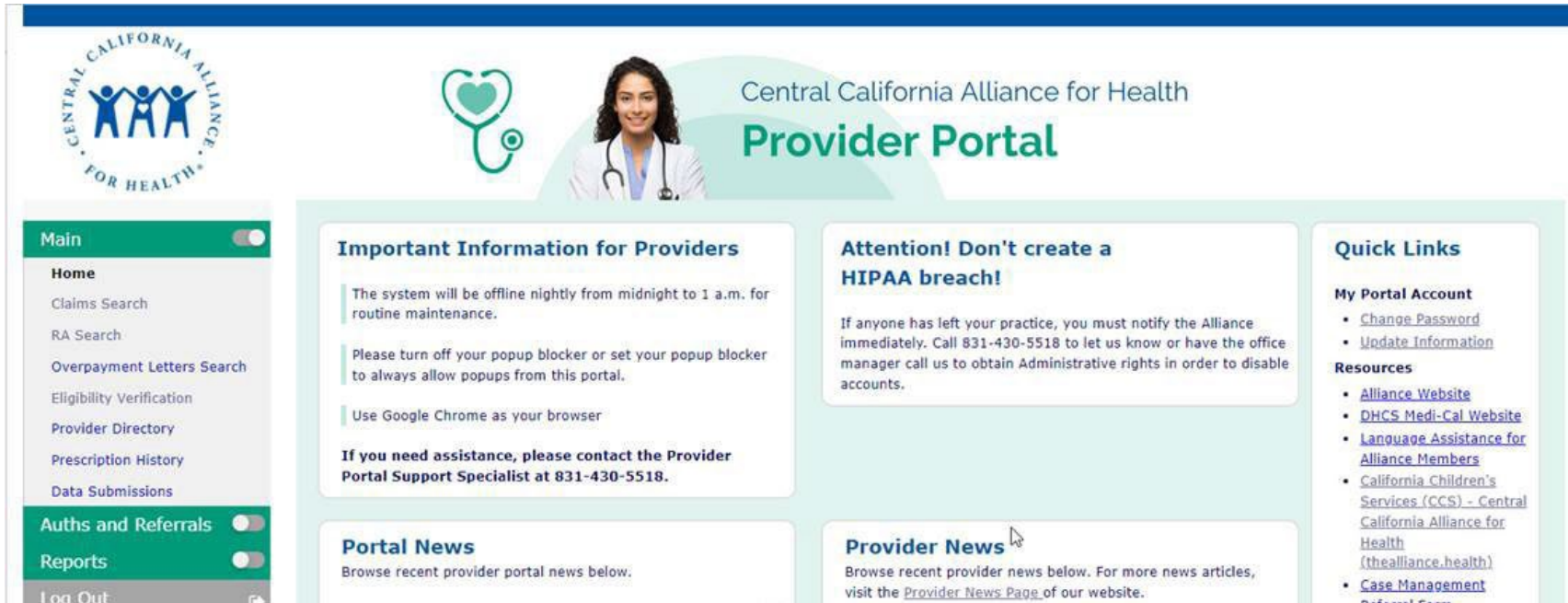
- For Providers**: A sidebar menu with links to Join our Network, Manage Care, Resources, and Provider Portal.
- For Providers**: A main heading with a heart icon, followed by a paragraph stating the section provides resources for providers and a list of four key services: reviewing member-facing information, finding details on health and wellness programs, browsing a one-stop repository for forms, and easily reviewing current information on Care-Based Incentives.
- Contact Provider Services**: A table listing various services and their contact numbers.

General	831-430-5504
<b>Claims</b> Billing questions, claims status, general claims information	831-430-5503
<b>Authorizations</b> General authorization information or questions	831-430-5506
<b>Authorization Status</b> Checking the status of submitted authorizations	831-430-5511
<b>Pharmacy</b> Authorizations, general pharmacy information or questions	831-430-5507
- Provider Resources**: A list of links to the Provider Portal, Provider Directory, and Provider Manual.
- Latest Provider News**: A section titled 'Alliance Provider Updates' dated June 14, 2021.

[www.thealliance.health](http://www.thealliance.health)



# Where can I get additional information and resources?



The screenshot displays the Central California Alliance for Health Provider Portal. At the top left is the logo for the Central California Alliance for Health, featuring three stylized figures holding hands. To the right of the logo is a green heart icon with a stethoscope. Further right is a photo of a female healthcare provider. The main heading reads "Central California Alliance for Health Provider Portal".

**Main** (toggle on)

- Home
- Claims Search
- RA Search
- Overpayment Letters Search
- Eligibility Verification
- Provider Directory
- Prescription History
- Data Submissions

**Auths and Referrals** (toggle on)

**Reports** (toggle on)

**Log Out**

**Important Information for Providers**

- The system will be offline nightly from midnight to 1 a.m. for routine maintenance.
- Please turn off your popup blocker or set your popup blocker to always allow popups from this portal.
- Use Google Chrome as your browser

**If you need assistance, please contact the Provider Portal Support Specialist at 831-430-5518.**

**Attention! Don't create a HIPAA breach!**

If anyone has left your practice, you must notify the Alliance immediately. Call 831-430-5518 to let us know or have the office manager call us to obtain Administrative rights in order to disable accounts.

**Quick Links**

**My Portal Account**

- [Change Password](#)
- [Update Information](#)

**Resources**

- [Alliance Website](#)
- [DHCS Medi-Cal Website](#)
- [Language Assistance for Alliance Members](#)
- [California Children's Services \(CCS\) - Central California Alliance for Health](#)
- [Case Management Referral Form](#)

**Portal News**

Browse recent provider portal news below.

**Provider News**

Browse recent provider news below. For more news articles, visit the [Provider News Page](#) of our website.

Sign up or log in at the following link:

<https://thealliance.health/for-providers/provider-portal/>





# Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (EPSDT)

- On a biannual basis, all Network Providers must complete the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Training.
- Network Providers can access the training on the Alliance Provider Training webpage by clicking [Medi-Cal for Kids & Teens](#) under Resources.



# Gender Affirming Care

## Senate Bill 923

Compliance with [Senate Bill 923-Gender-Affirming Care](#)

APL [APL24-018](#)

This APL formally adopts the [Transgender, Gender Divers, or Intersex \(TGI\) Working Group recommendations](#) regarding the topics in the training curriculum for health care service plan staff.

This APL requires a plan to ensure all health care service staff complete evidence-based cultural competence training when providing trans-inclusive health care for individuals who identify as TGI. For more information refer to pages 7-10 of the APL

The Alliance is required to include which in-network providers offer gender-affirming services in provider directories and call centers no later than Feb 14, 2025.

[Please fill out this form](#) to let us know if you offer gender-affirming services.

For more information, please refer to DMHC APL 24-018.



# Confirm Review

After reviewing the information in this file, please click the link below to acknowledge that you have completed the training. Please note that the review must be completed prior to the 10th business day of the month.

[Provider Attestation Form](#)

# Questions?

