CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

New Primary Care Provider Orientation

Welcome to the Alliance!

Who are we?

- Central California Alliance for Health (the Alliance)
- County Organized Health System
- Serve over 350,000 members in Santa Cruz, Monterey, and Merced Counties
- Operate using the Managed Care Model

What programs do we cover?

- Medi-Cal
- Alliance Care IHSS (Monterey)
- California Children's Services (CCS)

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.
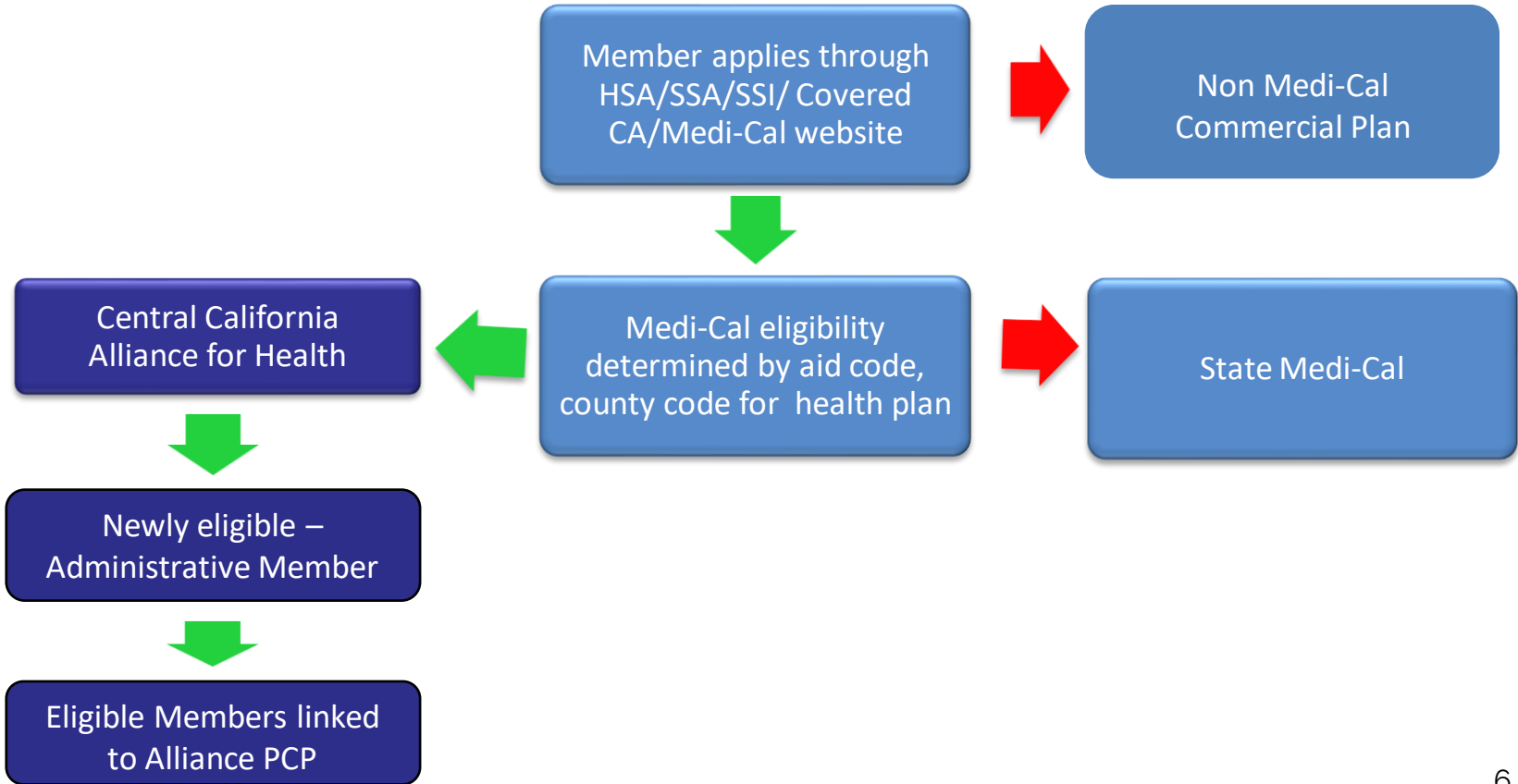
California children's services (CCS)

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with a CCS-eligible medical condition. As of July 1, 2018, the Alliance will assume responsibility for CCS Services rendered to Alliance members with the goal of improving care coordination for the whole child. This approach in known as the "Whole Child Model."

- CCS is changing because of a new state law (SB586) that passed in 2016
- The intent is to improve coordination of primary, specialty, and behavioral health care by centralizing responsibility for services with the health plan.
- Most medical care will be authorized, covered and coordinated by the Alliance. Instead of arranging for care through two different systems, providers and families will work with one system.
- Under this model, the three counties in the Alliance service area will remain responsible for determining eligibility, transferring CCS cases between counties, serving non-Medi-Cal clients and those in FFS Medi-Cal and for the Medical Therapy Program. They will also retain oversight of services provided under the Pediatric Palliative Care Waiver, where it is available.
- The Alliance estimates approximately 6,000 Alliance members are currently receiving CCS services in our service area. This number remains dynamic as children fall on and off of CCS eligibility.
- There are a small number of children in each county who receive CCS services but who are not Alliance members. The county will continue to oversee authorization and case management for those children.

Santa Cruz County CCS	(831) 763-8000
Monterey County CCS	(831) 755-4747
Merced County CCS	(209) 381-1114

How Members Join the Alliance

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Member applies through          →    Non Medi-Cal
HSA/SSA/SSI/ Covered                 Commercial Plan
CA/Medi-Cal website
        ↓

Central California    ←    Medi-Cal eligibility    →    State Medi-Cal
Alliance for Health        determined by aid code,
        ↓                  county code for  health plan

Newly eligible –
Administrative Member
        ↓

Eligible Members linked
to Alliance PCP
```

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Membership Cards

Alliance Cards

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
1-800-700-3874

Member:
Member ID: Birth Date:
Effective: Program:
PCP:

24/7 Nurse Advice Line/ Línea de Consejos de Enfermeras: 1-844-971-8907
Mental health/Salud mental: Beacon Health Strategies 1-855-765-9700
Vision/Visión: Vision Service Plan (VSP) 1-800-438-4560
Dental/Cuidado dental: Denti-Cal 1-800-322-6384
TTY Line/Línea TTY: 1-877-548-0857
www.ccah-alliance.org

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
ALLIANCE CARE IHSS HEALTH PLAN 1-800-700-3874

Member:
Member ID: Birth Date:
Effective:
PCP:

Copayments: Office Visit: $10   Rx Generic: $5   Rx Brand Name: $15   ER: $25
24/7 Nurse Advice Line/ Línea de Consejos de Enfermeras: 1-844-971-8907
Mental health & substance abuse/ Salud mental y abuso de substancias:
OptumHealth 1-800-808-5796
TTY Line/ Línea TTY: 1-877-548-0857
www.ccah-alliance.org

State Medi-Cal Card

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD

ID No. 01234567A96144
JOHN Q RECIPIENT
M 05 20 1991 Issue Date 05 24 16

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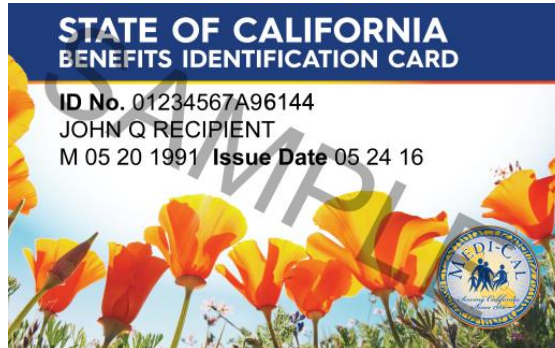
Eligibility

Prior to patient visit:

1. Verify eligibility at every visit

2. Eligible?

3. Is he/she 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	24 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 Beacon Health Options for screening. Mild to moderate levels of care will be referred to a Beacon provider. Severe levels of care referred to county mental health.

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)

- Mental health services

Benefit descriptions can be found in the Member Handbook on the Alliance website.
Also see Get Care - Central California Alliance for Health (thealliance.health).

Care management

A **collaborative** approach that results in better health, lower cost, and quality care.

Facilitates a strong relationship between the PCP and the member

Educates members on how to appropriately navigate the health care system

Care Management

Links members to community resources

Supports member's self-management efforts
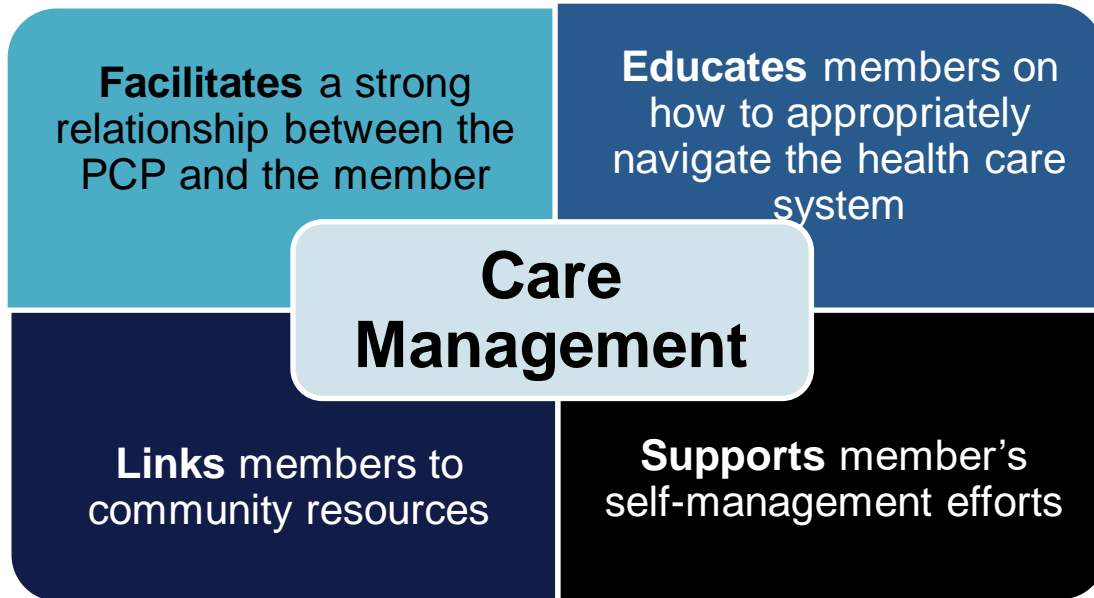
Case management & care coordination

The goal is to partner with the PCP to improve member heath outcomes.
Our multidisciplinary team of RNs, social workers, and care coordinators:

- Assist members in establishing a relationship with their PCP.

- Link members to community resources.

- Link members to mental health services.

Member engagement is done telephonically and in person.

For questions or to refer a member, please complete the fillable Case Management Form on our website under Care Management Services or call the Care Management Line at (800) 700-3874 ext. 5512

Health education & disease management

Alliance health educators implement evidence-based health education & disease management programs such as:

- Childhood obesity prevention

- Asthma management

- Diabetes management

- Prenatal & postpartum care

- Chronic disease self-management

- Language assistance (interpreting)

- Tobacco cessation support

For more information, please call the Alliance's Health Education Line at:
(800) 700-3874 ext. 5580

Subcontracted member benefits

Vision

- Covered through Vision Services Plan (VSP)

Outpatient Mental Health

- Beacon Health Strategies (Beacon) is subcontracted to provide outpatient mental health services for Medi-Cal and IHSS members.

Beacon health options

Provides mental health care services

- Screens, then directs members to local Beacon provider if mild to moderate impairment is determined or to County Mental Health Plan if moderate to severe impairment is determined
- Supports member's transition between levels of care from Beacon to County Mental Health or vise versa

Offers PCPs psychiatric decision support via telephone consultation with a Beacon Psychiatrist

- Medication management and diagnostic clarification

Manages Behavior Health Therapy (BHT) / Applied Behavior Analysis (ABA) services

- For members under age 21 diagnosed with Autism Spectrum Disorder Primary Care Provider (PCP) Referral Form (thealliance.health)

Beacon health options

PCP is responsible for identifying the need for a mental health screening and referring to Beacon for screening and referral to appropriate level of care.

1. **PCP Referral Form & Consent Form**
   - Also used for PCP Decision Support Requests
2. **Member Self-Referral Card**
   - Call Beacon at 855-765-9700

Beacon Health Options/Central California Alliance for Health

Primary Care Provider (PCP) Referral Form

beacon health options

Date: _____ PCP Name: _____ Phone #: _____
Member Name: _____ Member ID #: _____ DOB: _____
Language: _____ Phone #'s: _____ ; _____

PCP Request (one request per referral form)

☐ **PCP Decision Support: Request a telephone consultation** with a Beacon psychiatrist to provide decision support related to member diagnostic and medication clarification or other clinical decision supports.
**Include medication list and last 2 PCP Progress Notes for Psychiatrist review before phone consult with PCP.
Fax: 877.321.1787 OR secure email: medi-calreferral@beaconhs.com

☐ **Referral for Outpatient Behavioral Health Services: Refer** members for therapy or medication management via Beacon's network of providers when their needs are outside the PCP scope of practice. Beacon can coordinate member care with county mental health.
** For exchange of information back to the PCP, include signed member Consent to Release of Information.
Fax: 877.321.1787 OR secure email: medi-calreferral@beaconhs.com

☐ **Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) Services**: Specialty services for youth under 21 years old with established diagnosis of Autism Spectrum Disorder (ASD).
**Include Progress Note with diagnosis of ASD and physician order requesting ABA services.
Fax: 800.596.2712

☐ **Referral for Care Management:** Local behavioral health care coordination services to help link members to mental health providers, support their transition between levels of care, or engage members with history of non-compliance and link them to community support services.
** For exchange of information back to the PCP, include signed member Consent to Release of Information.
Fax: 855.371.8115

Request Reason (check all that apply):

☐ Depression   ☐ Anxiety   ☐ Poor self-care due to mental health
☐ Isolation   ☐ Delusional   ☐ Auditory/Visual hallucinations
☐ Trauma   ☐ Violence/Abuse   ☐ Cognitively Impaired (or cognitive impairment)
☐ Substance use type: _____
☐ Perinatal depression and/or anxiety
☐ Other BH Diagnosis: _____
☐ Other BH symptoms: _____

HEALTHY PEOPLE. HEALTHY COMMUNITIES.
www.thealliance.health

06-2021

Benefits not covered by the alliance

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

Member Scenarios

Patient cases
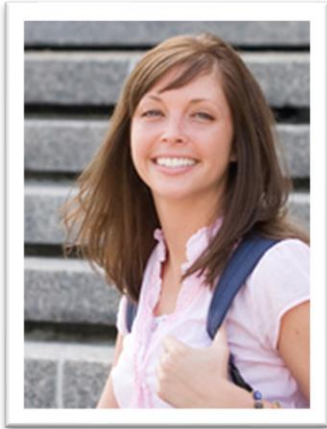
Jenny

This is Jenny's first visit to your office. She needs to establish care. Jenny hasn't seen a doctor in three years.

At the appointment: Because Jenny is a new member, providers will conduct the Initial Health Assessment. Needs to be competed within 120 days of first time enrollment date. Have Jenny fill out SHA form. A Comprehensive Initial Health Assessment includes:

- History & physical exam with an assessment of members' mental status
- Individual health education
- Behavioral assessment
- Identify diagnoses
- Plan of care
- See Staying Healthy Assessment FAQs for more detailed guidelines

Jenny has not had a PAP smear in over three years and she thinks she might need to be tested for an STD. Because these are considered self-referred services, Jenny can see any in area provider.

See FAQ on Self-Referred Services.

Patient cases
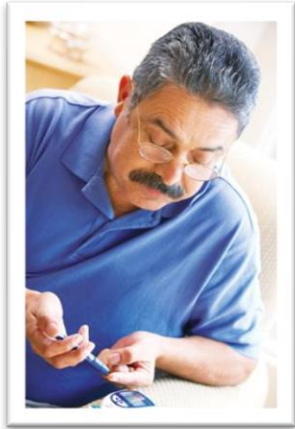
Salvador

Salvador is an established patient at your practice. He has diabetes and is not compliant with treatment due to language barriers.

At the appointment: Access Alliance interpreter services to effectively communicate with Salvador.

Perform Diabetes screenings:

- HBa1c
- Diabetic retinal exam (can be performed by an optometrist or ophthalmologist)

Refer Salvador to Alliance Health Programs for diabetes education (patient can self-refer to the optometrist but needs a referral to see the ophthalmologist). See Benefit Description on provider website.

You would like to refer Salvador to an endocrinologist. You will need to create a referral on the Portal. See Helpful Hints: Referrals for more information

Patient cases

Annabelle

Annabelle is five years old. She has been diagnosed with persistent asthma and has uncontrolled seizures.

Annabelle is coming to see you for a Well Child check up. She has been determined to be California Children's Services (CCS) eligible due to uncontrolled seizures .

At the appointment:

- Check to see if the age-appropriate SHA is in her chart. If not, have Annabelle's guardian complete the SHA.
- Fill out the Asthma Action Plan (AAP) / "Healthy Breathing for Life" completely, for members who are on controller and rescue asthma medications, and fax to the Alliance within 21 days.
- Follow-up for CCS condition needs to be referred and billed to CCS (see CCS handout or Provider Manual, page 42).
- If only Well Child visit only: please refer to CHDP FAQ for more information.

Patient cases

Rick

Rick hurt his back in a skateboarding accident. He has signed a Medication Management Agreement and was also referred to physical therapy.

Rick came in your office to get an early refill for his pain medication without an appointment. You were able to fit him in for an appointment.
At the appointment you discover:

- Rick has not gone to physical therapy.
- He has broken his **Medication Management Agreement (MMA)** by requesting early refills.
- He has missed his last three appointments (which can be documented on the Alliance Provider Portal or by faxing in the **Member Appointment No-Show Notification** form).

You refill Rick's prescription for two weeks and tell him that you will be requesting that he be assigned to another PCP.

- After the visit, you submit a **Request for Member Reassignment Form** to the Alliance.

Helpful hints: IHA & SHA

The California Department of Health Care Services (DHCS) requires primary care providers to administer an Initial Health Assessment (IHA) using the state-mandated tool the [Staying Healthy Assessment (SHA) form](#) on all Medi-Cal managed care members within 120 days of enrollment and again at defined intervals. SHAs are a required element of the 2017 CBI Program and Quality Improvement nurses will audit for the SHAs during their Medical Records Review. During the IHA, the PCP must complete the following:

- History, Physical and Mental Status Exam
- Individual Health Education
- Behavioral Assessment
- Identify Diagnoses
- Plan of Care
- Staying Healthy Assessment (Age Appropriate)

Provider must document three attempts to schedule appointment with member: 2 phone calls and 1 mailing or vice versa. Please see [Health Assessments page](#) on our website for more information.

Helpful hints: referrals

In area "referrals"

- The member's Primary Care Provider (PCP) initiates the referral process.
- The PCP completes the Referral Consultation Request (RCR) form either using a [hard copy](#) or an electronic copy 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 "authorized referrals"

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

Helpful hints: referral forms

In area "referrals"	Out of area "authorized referrals"

These forms are also available to be completed electronically on the Provider Portal.

Helpful hints: authorizations

When a Treatment Authorization Request (TAR) is needed (for all providers):

Common Medical Services:

- Referrals to out of service area provider/facility
- MRIs and unlisted CT
- Non-formulary drug
- DME supplies
- PT, OT and Speech Therapy
- Podiatric treatment
- Outpatient surgery
- Sleep Studies
- Nerve conduction studies

Specialist to Specialist Referrals:

- Specialists can refer directly to other specialists without a PCP referral. Specialists must submit on a State 50-1 TAR Form (currently not available via Provider Portal).
- A TAR is generally issued by the **servicing** provider to request authorization from the Alliance through the Provider Portal.

Authorizations must include:

- Medical Justification
- Documentation of recent history & physical to justify procedure
- Copies of relevant lab & appropriate consultation report

- Authorization requests 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 review time frame: Routine requests - 5 business days. Urgent requests - 3 business days.

Helpful hints: authorization form

Treatment Authorization Form

Fax to the Alliance
Authorizations department at
(831) 430-5850

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

Helpful hints: authorization form

Prescription drug prior auth form

Fax to the Alliance
Pharmacy department at
(831) 430-5851

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

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. The provider portal designates an administrative member's PCP as Central California Alliance for Health. 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, or
- 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. In order to apply payment to a member's share-of-cost: members can take receipts to the Social Services offices in a timely manner; providers can also apply payment through the state's Point of Service (POS) device; or online with the provider's Medi-Cal pin.

Can I request a member be reassigned to another provider?

Providers may request to reassign a member based on established criteria. These criteria and instructions can be found in the [Request for Member Reassignment](#). Requests are reviewed weekly by a Medical Director and providers are notified of the decision. Members are reassigned the first of the following month upon approval.

FAQs

What is the Child Health and Disability Prevention (CHDP) Program?
The Child Health and Disability Prevention Program ensures periodic health assessments and services for low-income children and youth in California. Health assessments are provided by CHDP-enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

What services are covered under CHDP?

- Dental screening
- Developmental assessment
- Health and development history
- Immunizations
- Laboratory tests and procedures (including tests for serum levels of lead)

- Nutritional assessment
- Periodic comprehensive health examinations
- Psychosocial screening
- Speech screening
- Vision screening

If you are interested in becoming a CHDP provider, please contact your county CHDP contact:

Santa Cruz County	Monterey County	Merced County
(831) 763-8932	(831) 755-4960	(209) 381-1125

FAQs

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.

What are the self-referred services?
1. Emergency Services
2. Family Planning Services (birth control, abortion)
3. Sensitive Services (STD testing and treatment, birth control)
4. Routine Well Women Services (annual exams & pap smears)
5. Obstetric services (prenatal care & delivery services*)*
6. Mental Health Services

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. Office Ally). 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 (Section 10) 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. For additional resources, see the ICD-10 section on our website.

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

Does the Alliance offer an incentive program for providers?

The Alliance offers a [Care Based Incentives (CBI) program](#) in order to compensate Primary Care Providers (PCPs) for efforts undertaken to improve access, quality, and efficiency of care provided to eligible Alliance members. It consists of two components: Provider Programmatic Measures and the Fee-For-Service Measures.

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.

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).

FAQs

What is SBIRT?

SBIRT stands for Screening Brief Intervention and Referral to Treatment (SBIRT) for Alcohol Misuse. This benefit was implemented staring January 1, 2014 to be used for members who are 18 and older. Providers are reimbursed for one screening per member per year when they have completed the state required training and use a validated screening tool. Please see the SBIRT memo or the provider webpage for more information.

Does the Alliance offer provider support for seniors and persons with disabilities?

Yes! The Alliance offers an extensive amount of information for our Seniors and Persons with Disabilities (SPD) population through our Cultural Competency and Health Literacy Tools. These resources are available to providers and their staff in order to better communicate and care for our diverse populations.

How do PCPs refer members for mental health services?

Use the PCP Referral form or give the member a Member Referral Card to refer the member to Beacon Health Strategies for level of care screening and connection to appropriate services.

More information and resources

The Alliance Provider Portal

Sign up or log in at:
https://thealliance.health/for-providers/provider-portal/

The alliance provider portal

The Alliance's Provider Portal offers quick and easy online access to the tools and information you need to streamline your administrative processes. All reports can be exported to Excel. The following are examples of helpful information found on your portal account:

Linked Member Inpatient Admissions Report

Inpatient Admission Date: Begin Range: 11/15/2016

Inpatient Admission Date: End Range: 11/17/2016 Find

EXPORT TO EXCEL

Member ID	First Name	Last Name	Date of Birth	Admit Date	Discharge Date	Chief Complaint	Disposition	Facility	Admit Time	Discharge Time

Linked Member ED Visits Report

ED Visit Date: Begin Range: 11/17/2016

ED Visit Date: End Range: 11/17/2016 Find

EXPORT TO EXCEL

Member Id	First Name	Last Name	Date of Birth	Visit Date	Visit Time	Chief Complaint	Facility

Use Calendar Icon to search by date range (Reports will default to the current day)

The alliance provider portal

Open Referrals Report

Received Date: Begin Range: 10/17/2016

Received Date: End Range: 11/15/2016   Find

Referral Type: All

329 Member(s) Found

Search by Date Range and/or Referral Type. Date range may not exceed 31 days inclusive.

Results can be sorted by clicking on the inverted triangle in the column header.

EXPORT TO EXCEL

Utilized	Reason For Consult	Member ID	Member Name	Age	Phone	Member Reside Cnty	Requesting Provider	Servicing Provider

Servicing Prov Addr	Servicing Prov City	Servicing Prov St	Servicing Prov Zip	Services	Referral Number	Referral Type	Approval Period	Received Date	Determination Date

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.

Medi-Cal for Kids & Teens Provider Training

Questions?

Thank you!