



# Newly Contracted Enhanced Care Management (ECM) & Community Supports Orientation

Updated 12/11/23



# NEWLY CONTRACTED ECM & COMMUNITY SUPPORTS ORIENTATION

## AGENDA:

1. Introduction
2. Alliance Mission, Vision and Values
3. The Managed Care Model
4. How Members join the Alliance
5. Member Eligibility
  - ECM-Community Supports  
Member Eligibility
6. CalAIM ECM and Community Supports  
Background
7. Training

# 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)



# Alliance Mission, Vision and Values

## Our Mission

Accessible, quality health care guided by local innovation.

## Our Vision

Healthy people. Healthy communities. (English)



## Our Values



### EQUITY

Eliminating disparity through inclusion and justice.



### INTEGRITY

Telling the truth and doing what we say we will do.



### IMPROVEMENT

Continuous pursuit of quality through learning and growth.



### COLLABORATION

Working together toward solutions and results.

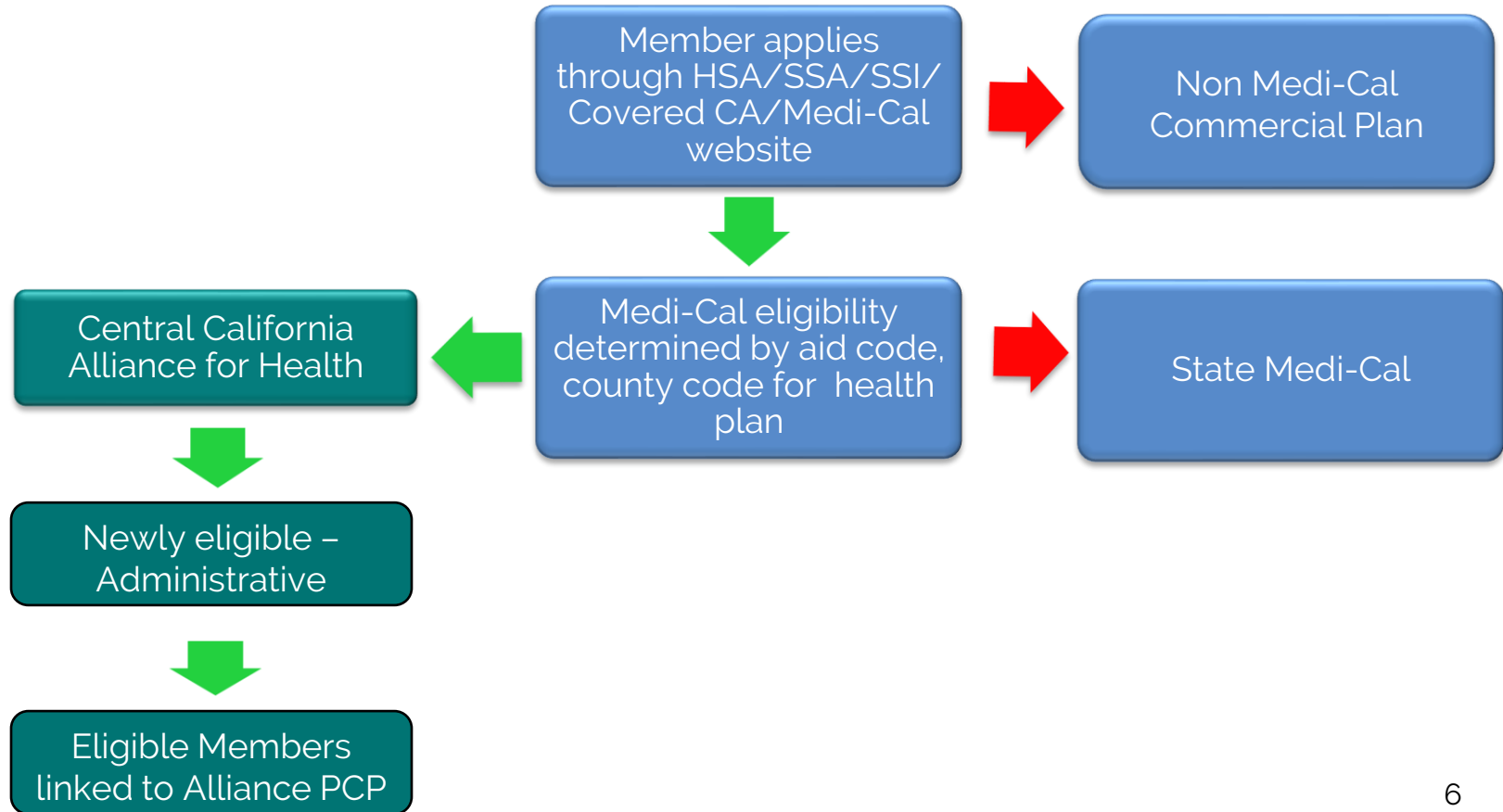


# The Managed Care Model

- 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

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
800-700-3874

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: Beacon Health Options 855-765-9700  
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)

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

Member:

Member ID:

Birth Date:

PCP:

Effective Date:



Copayments: Office Visit: \$10 Rx Generic: \$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:  
Beacon Health Options 800-808-5796  
TTY Line/Línea TTY: 877-548-0857  
[www.thealliance.health](http://www.thealliance.health)

## 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



# Member Eligibility

Prior to patient visit:

1. Verify **eligibility** at every visit
2. Eligible?
3. Is member **linked** to your organizations ECM or CS Services?
4. If yes, go ahead and see the patient

## *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

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

- Share of cost (members would become FFS)
- Moved out of Alliance service area
- Lost eligibility


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


- State Medi-Cal
- Administrative member



# ECM-Community Supports Member Eligibility

- 
- Check **eligibility** upon receipt of approved authorization before services are rendered

- 
- Then **monthly**, a member's eligibility is month to month

- 
- If member is **ineligible**, will need to reach out to the County to assist with reinstating member's Medi-Cal eligibility

## DHCS Links

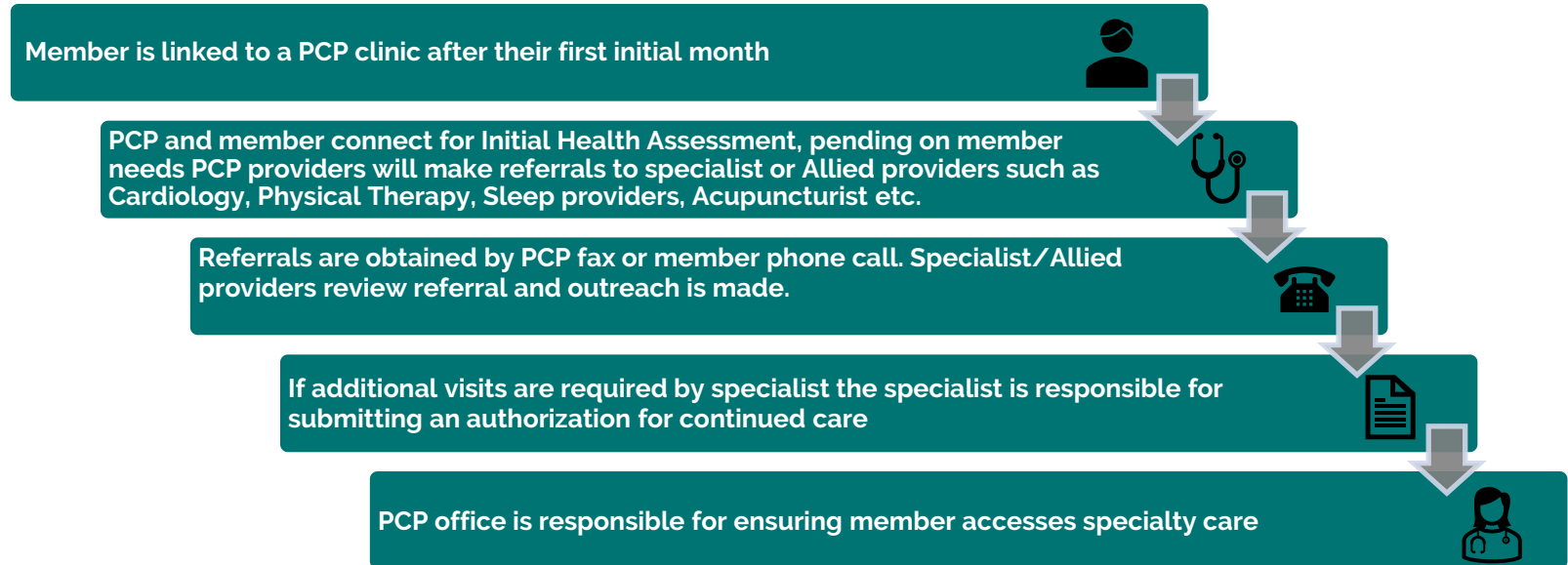
<https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf>

<https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>



# How A Health Plan Works

The Alliance is a health plan that was developed to improve access to health care for lower income residents who often lacked a primary care “medical home” and so relied on emergency rooms for basic services. The Alliance has pursued this mission by linking members to primary care physicians (PCPs) and clinics that deliver timely services and preventive care and arrange referrals to specialty care.







# CALAIM ECM & COMMUNITY SUPPORTS BACKGROUND

1. CalAIM ECM and Community Supports Background
2. ECM Core Services Components
3. ECM Populations of Focus
  - Timeline
  - Eligibility Criteria
  - Definition Criteria
4. Alliance Community Supports Offered
  - Community Supports Service Definitions

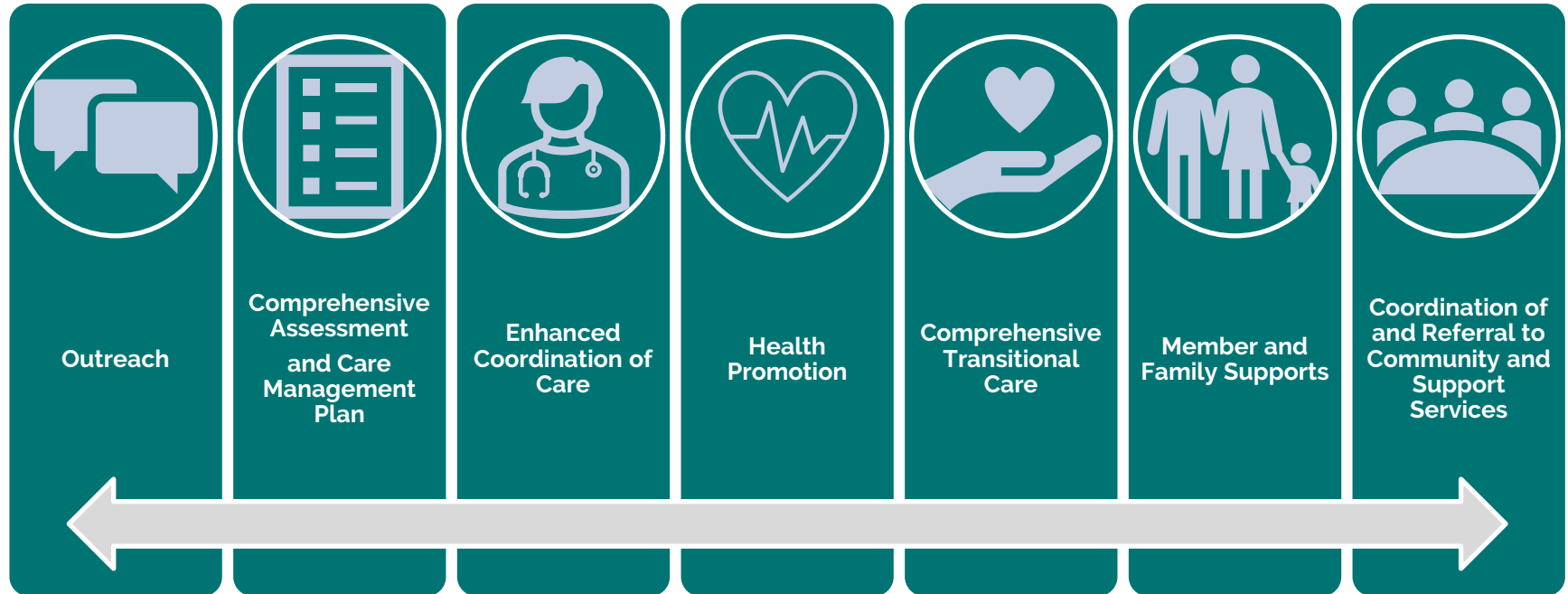
# CaAIM ECM and Community Supports Background

CaAIM is a multi-year DHCS initiative to improve the quality of life and health outcomes for Medi-Cal beneficiaries by implementing broad delivery system, program, and payment reforms.

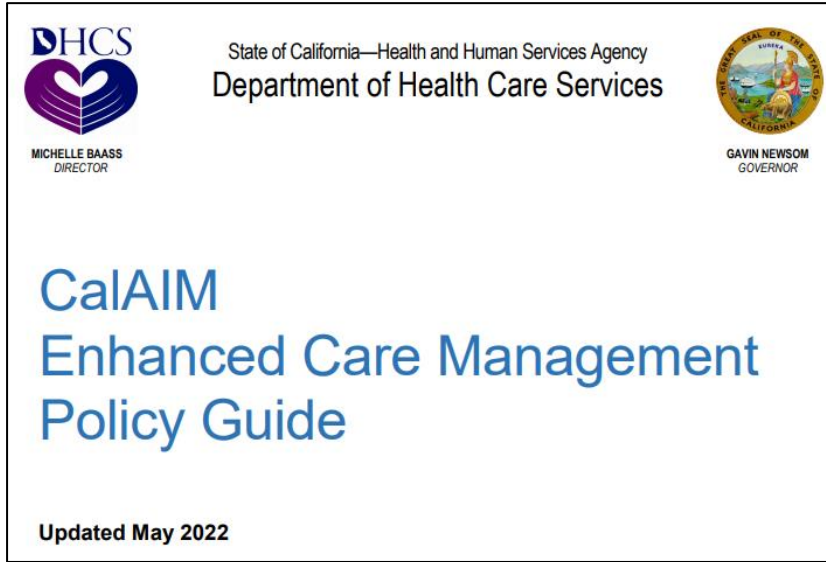
 Enhanced Care Management (ECM)	 Community Supports
<ul style="list-style-type: none"><li>• The ECM benefit will provide intensive whole-person care management and coordination to help address the clinical and nonclinical needs of Medi-Cal MCP's highest risk members.</li><li>• MCPs will and oversee ECM benefits, identify target populations and assign them to ECM Providers who will be responsible for conducting outreach and coordinating and managing care across physical, behavioral and social service providers.</li><li>• ECM services will be community-based with high-touch, on-the ground, face-to-face, and frequent interactions between members and ECM Providers.</li></ul>	<ul style="list-style-type: none"><li>• Community Supports are cost-effective, health-supporting and typically non-medical activities that may substitute for State Plan-covered services.</li><li>• DHCS plans to authorize 14 Community Supports categories, including housing transition and navigation services, respite care, day habilitation programs, and nursing facility transition support to Assisted Living Facilities or a home.</li><li>• Optional to MCPs - Highly encouraged by DHCS</li></ul>



# ECM Core Service Components



# ECM Populations of Focus: Eligibility Criteria



To be eligible for ECM, Members must be enrolled in **Medi-Cal Managed Care** and meet the criteria provided in each of the Populations of Focus definitions. DHCS has created distinct Populations of Focus definitions for adults and children/youth.

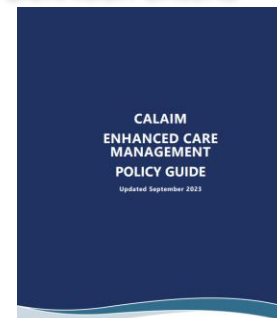
Please reference **Appendix B** in the **ECM Policy Guide** for additional information.



# ECM Population Of Focus Offered

#	ECM Populations of Focus	Adult	Children/ Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Individuals with I/DD	✓	✓
10	Pregnant and Postpartum Individuals	✓	✓
11	Birth Equity	✓	✓

Reference the [DHCS ECM Policy Guide](#) for detailed Population of Focus Definition Criteria



# Alliance Community Supports Offered

Community Supports	Santa Cruz County	Monterey County	Merced County	Mariposa County	San Benito County
Environmental Accessibility Adaptations	January 1, 2023	January 1, 2023	January 1, 2023	January 1, 2024	January 1, 2024
Housing Transition Navigation Services	January 1, 2022	January 1, 2022	July 1, 2022	January 1, 2024	January 1, 2024
Housing Deposits	January 1, 2022	January 1, 2022	July 1, 2022	January 1, 2024	January 1, 2024
Housing Tenancy and Sustaining Services	January 1, 2022	January 1, 2022	July 1, 2022	January 1, 2024	January 1, 2024
Medically Tailored Meals	January 1, 2022	January 1, 2022	January 1, 2022	January 1, 2024	January 1, 2024
Sobering Centers	January 1, 2024	January 1, 2022	July 1, 2022	January 1, 2024	January 1, 2024
Recuperative Care	July 1, 2022	July 1, 2022	July 1, 2022	January 1, 2024	
Short-term Post Hospitalization Housing	July 1, 2022	July 1, 2022	July 1, 2022	January 1, 2024	
Respite Services for Caregivers	January 1, 2023	January 1, 2023	January 1, 2023	January 1, 2024	January 1, 2024
Personal Care & Homemaker Services	January 1, 2023	January 1, 2023	January 1, 2023	January 1, 2024	January 1, 2024



# Community Supports Service Definitions

Community Supports	Service Definitions
<b>Environmental Accessibility Adaptations</b>	<ul style="list-style-type: none"> <li>Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the Member would require institutionalization.</li> </ul>
<b>Housing Transition Navigation</b>	<ul style="list-style-type: none"> <li>Members experiencing homelessness or at risk of experiencing homelessness receive help to find, apply for, and secure housing</li> </ul>
<b>Housing Deposits</b>	<ul style="list-style-type: none"> <li>Members receive assistance with one-time funding/coordination (up to 5k) with up to 6 services based upon member needs assessment.</li> </ul>
<b>Tenancy &amp; Sustaining Services</b>	<ul style="list-style-type: none"> <li>Members receive support to maintain safe and stable tenancy once housing is secured.</li> </ul>
<b>Medically Tailored Meals</b>	<ul style="list-style-type: none"> <li>Meals delivered to the home immediately following discharge from a hospital or skilled nursing facility when members are most vulnerable to readmission.</li> </ul>
<b>Sobering Center</b>	<ul style="list-style-type: none"> <li>Alternative to incarceration. Provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, substance use education and counseling.</li> </ul>
<b>Recuperative Care (Medical Respite)</b>	<ul style="list-style-type: none"> <li>Members with unstable housing who no longer require hospitalization, but still need to heal from an injury or illness, receive short-term residential care. .No more than 90 days duration</li> </ul>
<b>Short-Term Post Hospitalization Housing</b>	<ul style="list-style-type: none"> <li>Provides members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital</li> <li>Members must be offered Housing Transition Navigation supports during the period of STPHH</li> <li>Once in a lifetime. Should not exceed 6 months</li> </ul>
<b>Respite Services for Caregivers</b>	<ul style="list-style-type: none"> <li>Short-term relief for caregivers of members. Members may receive caregiver services in their home or in an approved facility on an hourly, daily, or nightly basis as needed.</li> </ul>
<b>Personal Care &amp; Homemaker Services</b>	<ul style="list-style-type: none"> <li>Members who require assistance with Activities of Daily Living or Instrumental Activities of Daily Living receive in-home support such as bathing or feeding, meal preparation, grocery shopping, and accompaniment to medical appointments</li> </ul>



# Provider Capacity Reporting

Determining and continually updating provider capacities is crucial to ECM-CS implementation

- Establish **baseline capacity** for Go-Live and inform the Alliance
  - This should be the specific number of members you expect to be able to serve upon contracting, not future-state
- Be prepared to **update your capacities on a monthly basis** with the Alliance
  - You will receive a monthly email requesting an update on the number of members you are able to serve
  - We want to ensure we serve everyone eligible for ECM-CS services while accommodating your restraints for capacity

## Things to consider:

- ✓ Usual patient capacity
- ✓ When to expand staff to grow capacity
- ✓ Rough caseload estimates provided by the Alliance or current caseload



# TRAINING AGENDA

- Member Benefits
- Provider Portal
- Referrals & Authorizations
- Claims
- APL 21-009 Social Determinants of Health (SDOH) Codes
- Requesting Transportation
- Language Assistance Services
- Nurse Advice Line (NAL)
- Who to Contact

# Member Benefits

- Enhanced Care Management (ECM)
- Primary care
- Specialty care
- Allied services
- Durable Medical Equipment
- Self-referred services
- Prescription Drugs
- Emergency & Urgent visits
- Community Supports
- 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)
- Toll-free access line Monday through Friday from 6:00 am to 7:00 pm Phone: 800-877-7195

- **Medi-Cal Mental Health**

- Carelon Behavioral Health is subcontracted to provide outpatient mental health services for Alliance members
- Toll-free access line 24 hours a day, 7 days a week | Phone: 855-765-9700

- **IHSS Mental Health (Monterey)**

- Carelon Behavioral Health manages outpatient and inpatient mental health. There is no referral to county
- Toll-free access line 24 hours a day, 7 days a week | Phone: 855-765-9700



## Benefits Not Covered by the Alliance

- Dental Services (Denti-Cal)
- Inpatient Mental Health Services (State Medi-Cal)
- Substance Use Disorder Treatment Services (Co. BH and State Medi-Cal)
- Local Education Authority Services (Regional Centers)
- Outpatient prescription drugs
- Serious Mental Illness Health Services (County BH Dept)
- Institutional long-term care (for stays longer than the month of entry).

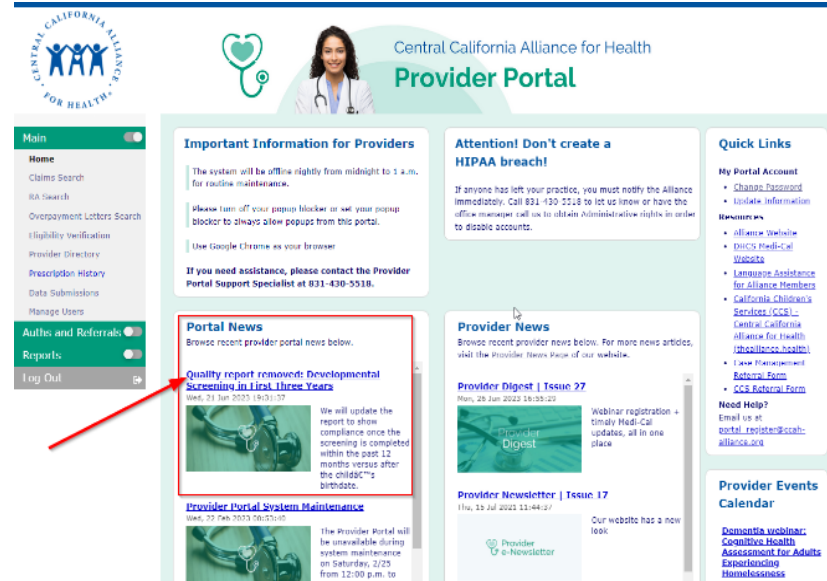


# Provider Portal

The **Provider Portal** is an online resource that has many valuable functions. It's a secure way to transfer information between the Alliance and the providers.

Some of the functions include:

- Member Eligibility
- Search and Submit Requests
- Claims information
- Reports
- Additional Resources



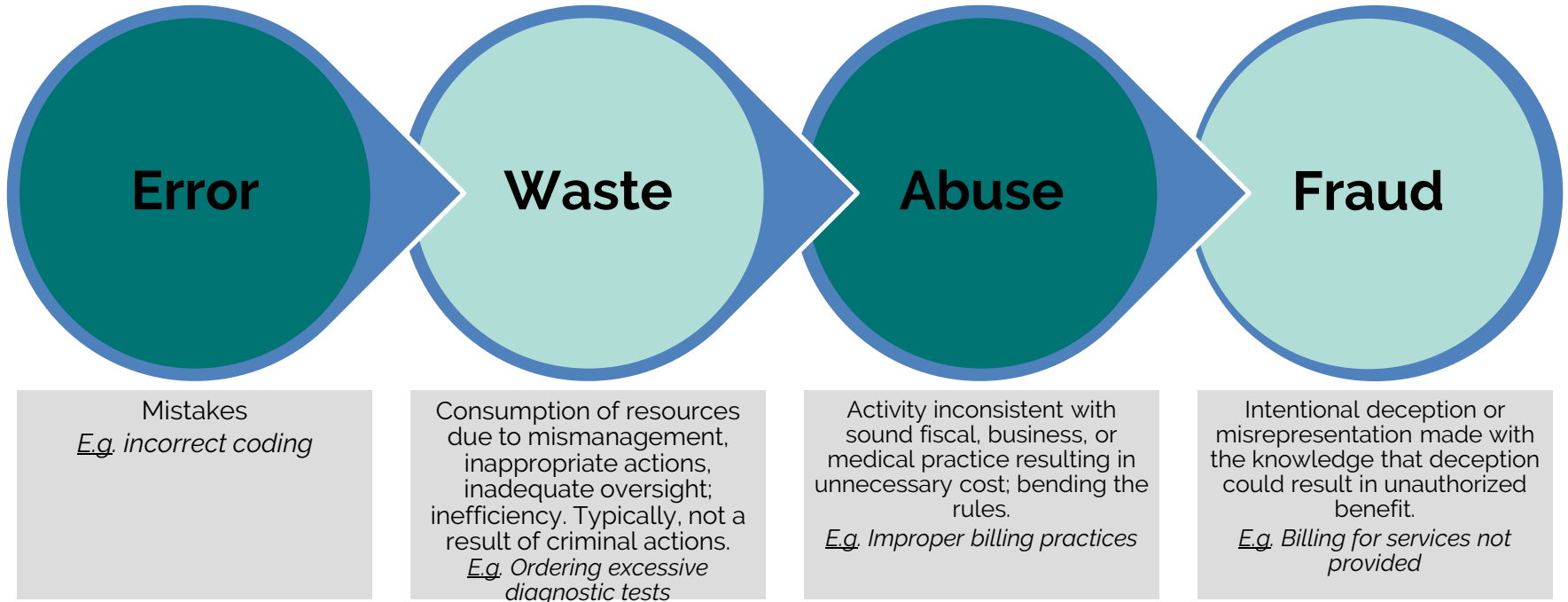
Supplemental Training/Key documentation on the Alliance Website

<https://thealliance.health/trainings/enhanced-care-management-ecm-community-supports-provider-portal-training/>

<https://thealliance.health/for-providers/provider-portal/using-the-provider-portal/provider-portal-frequently-asked-questions/>



# Fraud, Waste and Abuse (FWA)



# Laws Relating to Fraud Waste and Abuse (FWA)

Laws to prevent engaging in fraudulent behavior and encouraging the reporting of FWA

Law / Requirement	Summary
Federal & California False Claims Act	<ul style="list-style-type: none"><li>Prohibits the submission of fraudulent claims</li><li>Allows whistleblowers to be rewarded with a percentage of the money the government recovers</li></ul>
Anti-Kickback Statute	<ul style="list-style-type: none"><li>Prohibits asking for / receiving anything of value in exchange for referrals of federal health care business</li></ul>
Physician Self-Referral Law	<ul style="list-style-type: none"><li>Prohibits a physician from making referrals for certain designated health services to entities that they have a financial interest in</li></ul>
Medi-Cal Contract Requirements	<ul style="list-style-type: none"><li>Requires health plans to report suspected FWA to the Department of Health Care Services</li></ul>

[Training materials available via Office of Inspector General Health Care Fraud Prevention & Enforcement Action Team](#)



# HIPAA Compliance

Providers are responsible for maintaining the confidentiality of Alliance member protected health information (PHI).

Law	Summary
Privacy Rule	<ul style="list-style-type: none"><li>• Ensures individuals' PHI is protected from unauthorized use/disclosure while allowing information flow needed to promote high quality care.</li><li>• Includes: permitted / required disclosures, authorization to disclose information, patient right of access to records, etc.</li></ul>
Security Rule	<ul style="list-style-type: none"><li>• Establishes security standards for electronic PHI.</li><li>• Includes: risk analysis, encryption, administrative / physical / technical safeguards to protect PHI</li></ul>
Breach Notification	<ul style="list-style-type: none"><li>• Requires Covered Entities to notify patients if their PHI has been breached; includes standards for determining if a breach occurred</li></ul>



# REPORTING COMPLIANCE CONCERNS

- Providers are our partners in ensuring compliance
  - Report HIPAA breaches, security incidents within 24 hours
  - Report suspected FWA within 5 days
- Reporting mechanism:
  - Contact your Provider Services Representative
  - Email the Compliance Department: [HIPAA@ccah-alliance.org](mailto:HIPAA@ccah-alliance.org)
  - Complete form on [Alliance Website](#)





# AUTHORIZATIONS AND REFERRALS

1. Referrals for ECM/CS
2. Referral Process
3. Care Coordination and Closed Loop Referrals

# Referrals for ECM/ CS

**No wrong  
door  
approach**

## **The Alliance will accept requests for ECM/ CS from:**

- Members interested in receiving ECM/ CS or their family members, guardian, authorized representative, caregiver, and/or authorized support person(s);
- Behavioral Health Providers;
- Social Service Providers;
- ECM Providers;
- Other Providers in the Alliance's contracted network;
- Community-based entities, including those contracted to provide Community Supports; and
- Other Providers not listed above.



# Referral Process

1. The member or representative:
  - **Can complete a Referral Form** available online (web-based)
  - **Can call** and a member of the ECM team will walk through form
2. The provider completes:
  - **A Referral Form** available online (web-based)
  - **A TAR Form** (fax or email return)
  - **Authorization through the provider portal**
  - **Can call** and a member of the ECM team will review above processes
3. The Alliance will **fax authorization correspondence** to both the servicing and requesting provider.
  - Approval
  - Denial
  - Void
  - Status Change



Please call the Alliance ECM line for any Authorizations and Referral inquiries: 831-430-5512 or send an email to [listeclteam@ccah.alliance.org](mailto:listeclteam@ccah.alliance.org)



# Care Coordination & Closed Loop Referrals

## Care Coordination:

- **Activate Care**
  - Available to all contracted providers
  - Reports of outreach encounters can be provided to assist with invoicing
- **Unite Us**
  - Available as a care coordination platform for Santa Cruz/Merced
- **Data Transmission Files**
  - Providers will need to submit a **Data Transmission File** monthly based on DHCS guidelines

## Closed Loop Referral Networks *(Requirement for all providers)*

- **Unite Us** (Santa Cruz/Merced)
- **Smart Referral Network** (Monterey)



# CLAIMS

1. ECM/CS Claims
2. ECM/CS Invoicing
3. APL 21-009 SDOH Codes
4. Payment Structure
5. More Claims Information

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
**OUT, LUKE**


**DIAGNOSIS OR NATURE OF ILLNESS OR INJURY**

- **What is a claim?**

A claim is basically an itemized statement of services and costs from a provider or facility that gets submitted for payment. All claims must contain specific data including, but not limited to: identifying information for the member, the billing provider, and the services rendered.

- **For more claim information and submission guidelines, visit:**

<https://thealliance.health/providers/resources/claims/>

- View Electronic Data Interchange for information on submitting claims electronically

Claims  
Customer  
Service and  
the Provider  
Services  
staff are here  
to help you  
onboard, get  
set up to bill  
for services,  
train you on  
claims  
submission,  
and receive  
payment



# ECM/CS Invoice Template Billing

- Providers have the choice of billing on a CMS 1500 claim form or via the Invoice Template process. The CMS 1500 claim form is preferred submission method.
- The invoice template is an Excel spreadsheet provided by the Alliance and providers must upload the spreadsheet to a secure site (SFTP).

A	B	C	D	E	F	G			
MemberNumber	MemberLastName	MemberFirstName	MemberDateofBirth	PatientAccountNumber	ProviderNPI	OfficeNumber			
12345678A	Smith	Robert	1/1/2000	SMITHR001	12345678900	12345			
12345678A	Smith	Robert	1/1/2000	SMITHR001	12345678900	67890			
H			I	J	K	L			
OfficeAddress			VendorNPI	VendorTaxID	AuthorizationNumber	ExternalReferralNumber			
1600 Green Hills Road Suite 101, Scotts Valley, CA 95066			98765432100	987123456	T100000000				
1600 Green Hills Road Suite 101, Scotts Valley, CA 95066			98765432100	987123456	T100000000				
M	N	O	P	Q	R	S	T	U	V
ServiceDateFrom	ServiceDateTo	PlaceOfService	ProcedureCode	Modifier	Modifier2	Modifier3	Modifier4	ServiceUnits	AmtCharged
1/1/2021	1/1/2021	99	A0120	U4				1	65
1/1/2021	1/1/2021	99	A0390	U4				30	35

- Like the CMS 1500 claim form, all invoices will be required to contain specific data elements related to:
  - Provider Information
  - Member Information
  - Service and Billing Information
  - Administrative Information



# APL 21-009 Social Determinants of Health (SDOH) Codes

SDOH CODES	DESCRIPTION
Z55.0	Illiteracy and low-level literacy
Z55.6	Problems related to health literacy
Z55.8	Other problems related to education and literacy
Z56.0	Unemployment, unspecified
Z58.81	Basic services unavailable in physical environment
Z58.89	Other problems related to physical environment
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.10	Inadequate housing, unspecified
Z59.11	Inadequate housing environmental temperature
Z59.12	Inadequate housing utilities
Z59.19	Other inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related To living in residential institution
Z59.41	Food insecurity
Z59.5	Extreme poverty
Z59.6	Low income
Z59.811	Housing instability, housed, with rise of homelessness
Z59.812	Housing instability, housed, with rise of homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.82	Transportation insecurity
Z59.86	Financial insecurity
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z63.9	Problem related to primary support group, unspecified
Z65.2	Problems related to release from prison
Z65.3	Problems related to other legal circumstances
Z65.8	Other specified problems related to psychosocial circumstances

Department of Healthcare Services (DHCS) provides guidance on reporting social determinates of health (SDOH) with the use of ICD-10 or diagnosis codes

[APL 21-009 Collecting Social Determinants of Health](#)

Providers can find additional information on implementing SDOH tools to screen members at the CDC: [Social Determinants of Health | CDC](#)

And the national association of community health centers, PRAPARE [PRAPARE – NACHC](#)

The use of these codes are being monitored through the Initial Health Assessment Audits performed by the Alliance



# Payment Structure

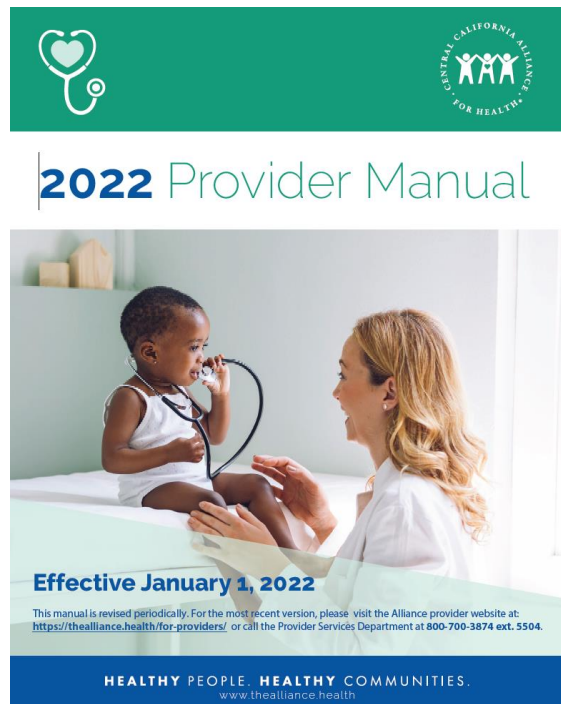
Capitation Payments	Fee For Service Payments
<p><b>Providers receive capitation payments</b></p> <ul style="list-style-type: none"><li>• Per member per month</li><li>• These are lump sum payments based on the number of members enrolled in the following services:<ul style="list-style-type: none"><li>○ <b>ECM enrolled services per month</b></li><li>○ <b>Housing Transition and Navigation Services</b></li><li>○ <b>Housing Tenancy and Sustaining Services</b></li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>ECM Outreach</b></li><li>• <b>Housing Deposits</b></li><li>• <b>Sobering Center</b></li><li>• <b>Medically Tailored Meals</b></li><li>• <b>Recuperative Care</b></li><li>• <b>Short-Term Post Hospitalization Housing</b></li><li>• <b>Environmental Accessibility Adaptations</b></li></ul>

## The capitation invoice process is actually a zero-paid claim

- You will get paid the same amount regardless of what is listed on the invoice
- The invoice is to justify the payments
- The Alliance uses this to confirm services are being provided as they are being paid



# Claims Resources



## Provider Manual

- **For more claim information, view Section 10 of the Provider Manual:**  
[https://thealliance.health/wp-content/uploads/Provider\\_Manual\\_2022.pdf](https://thealliance.health/wp-content/uploads/Provider_Manual_2022.pdf)  
Includes information about claims submission, payment, turn-around time, and more

## Medi-Cal Manual

- [http://files.medi-cal.ca.gov/pubsdoco/Manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp)



**Note:** The Alliance pays providers through a third-party vendor





## MANAGE CARE

1. Requesting Transportation
2. Language Assistance Services
3. Nurse Advice Line (NAL)
4. Who to Contact
5. Where can I get additional information and resources?
  - Alliance
  - DHCS
6. Confirm Review

# Requesting Transportation

**Alliance Transportation  
Quick Reference Guide**

**NMT - Non-Medical Transportation**  
*No Special Medical Assistance Needed*



Ambulance, wheelchair accessible vehicle or litter van.

NMT is for Alliance members who can enter and disembark from a vehicle independently. Physician certification statement (PCS) form not valid for this service. Alliance assessment and approval is required.

Fax requests not accepted. Members must call the Alliance 5-7 days prior to make arrangements.

For assistance call: **800-700-3874, ext. 5577**

**vs.**

**NEMT - Non-Emergency Medical Transportation**  
*Special Medical Assistance Needed*



Public bus system (bus pass), ride share or private vehicle.

NEMT is for Alliance members who need special medical equipment while traveling to/from an approved appointment. Submission of a Physician certification statement (PCS) form is required for eligibility. Form available at: [https://www.ccah-alliance.org/Form%20Library/PCS\\_NEMT\\_Form.pdf](https://www.ccah-alliance.org/Form%20Library/PCS_NEMT_Form.pdf)

For assistance call: **800-700-3874, ext. 5640**

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**  
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06-2021

**Alliance Transportation  
Quick Reference Guide**

Providers can use this form to request non-emergency medical transportation (NEMT) for Alliance members.

**Transportation Services  
Request Form**

**Notice of 5-7 business days is required.**

First Name  Last Name   
Alliance ID#  Date of Birth   
Pick Up Address   
City  State   
Member's Phone #   
Provider/Facility Making Request   
Request Completed By   
Fax # (if confirmation is requested)

**Appointment Information**

Name of Physician/Facility:   
Address:   
Physician/Facility Phone #:   
Appointment Date:   
Appointment Time:   
Type of Appointment:   
Estimated Length of Appointment (hours/minutes):   
Round Trip? ☐Yes ☐No Attendant? ☐Yes ☐No Mobility (check one) ☐Wheelchair ☐Gurney ☐Ambulatory  
If you have any questions, please contact the Alliance Transportation department at 831-430-5577 or toll free at 800-700-3874 ext. 5577.  
In the event that a member does not attend their appointment, please contact both the Alliance and the transportation vendor to make the appropriate changes. Thank you!  
**Please fax this completed form to 831-430-5850.**

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[www.thealliance.health](http://www.thealliance.health)  
06-2021

Link: [https://thealliance.health/wp-content/uploads/Transportation\\_Services\\_Request\\_Form.pdf](https://thealliance.health/wp-content/uploads/Transportation_Services_Request_Form.pdf)

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# Language Assistance Services

## Telephonic Interpreting

- Available 24/7 to support members at all points of contact
- No prior approval needed
- Over 200 foreign languages



## Face-to-Face Interpreting

- Only when the following situations are present:
  - Members who are deaf or hearing-impaired.
  - End-of-life issues.
  - Abuse or sexual assault issues.
  - Complex procedures or courses of therapy.
- Prior approval is required to access all face-to-face interpreter services.
- American Sign Language (ASL) is available to deaf or hard-of-hearing members for all Alliance covered services.



# Nurse Advice Line (NAL)

## Member NAL Flyer



The flyer features a blue background with a white heart icon and the text "Nurse Advice Line" in white. Below this, a speech bubble contains the text: "Feeling sick and have questions? Call 844-971-8907 (TTY: Dial 711) to talk to a nurse." To the right, a circular logo for the Central California Alliance for Health is shown. The text continues: "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



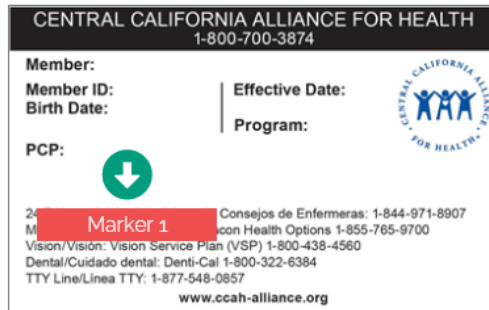
Nurse Advice Line

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

24 hours a day, 7 days a week.

The Alliance's Nurse Advice Line provides members with answers to health care questions 24 hours a day, seven days a week.

Please ensure that our members know that they can use the Nurse Advice Line for non-emergency questions when your office is closed, or if they are unable to reach you.



The card is titled "CENTRAL CALIFORNIA ALLIANCE FOR HEALTH" with the phone number "1-800-700-3874". It includes fields for "Member:", "Member ID:", "Birth Date:", "Effective Date:", and "Program:". Below these is a "PCP:" field with a green arrow pointing down. At the bottom, it lists "24-hour Nurse Advice Line: 1-844-971-8907", "Vision/Vision: Vision Service Plan (VSP) 1-800-438-4560", "Dental/Cuidado dental: Denti-Cal 1-800-322-6384", "TTY Line/Linea TTY: 1-877-548-0857", and the website "www.ccah-alliance.org". A red box labeled "Marker 1" is placed over the "Member ID:" field.

The phone number for the Nurse Advice Line is printed on the Alliance Member ID card.



# Who to Contact



ECM-CS SUPPORT CONTACT LIST			
Claims Customer Service Rep	Kristine Deaton	831-430-5745	<a href="mailto:kdeaton@ccah-alliance.org">kdeaton@ccah-alliance.org</a>
Claims Customer Service Rep	Lori Schwartz	831-430-5732	<a href="mailto:lschwartz@ccah-alliance.org">lschwartz@ccah-alliance.org</a>
ECM Manager	Jessica Hampton	209-381-7368	<a href="mailto:jhampton@ccah-alliance.org">jhampton@ccah-alliance.org</a>
ECM	General	831-430-5512	<a href="mailto:listecmteam@ccah-alliance.org">listecmteam@ccah-alliance.org</a>
Authorizations	ACD Line	831-430-5506	
Referrals and Member Support	Member Services ACD Line	800-700-3874	
Provider Relations Manager	Jim Lyons	831- 430-5774	<a href="mailto:jlyons@ccah-alliance.org">jlyons@ccah-alliance.org</a>
Sr. Provider Relations Rep - ECM	Minerva Galvan	831-430-5518	<a href="mailto:mgalvan@ccah-alliance.org">mgalvan@ccah-alliance.org</a>
Provider Services Reps	ACD Line	831-430-5504	



# Alliance: Where can I get additional information and resources?

The screenshot shows the homepage of the Central California Alliance for Health. The header includes navigation links: Find a Doctor, Provider Portal, Contact Us, English, Hmong, Spanish, Accessibility Tools, and a search bar. Below the header is a large banner image of a healthcare professional. The main content area is titled 'For Providers' and includes a sidebar with links: Join our Network, Manage Care, Resources, and Provider Portal. The main text area provides information about the provider portal and lists various services available, such as Nurse Advice Line, Transportation Services, Language Assistance, and more. There is also a section for 'Contact Provider Services' with phone numbers for different departments.

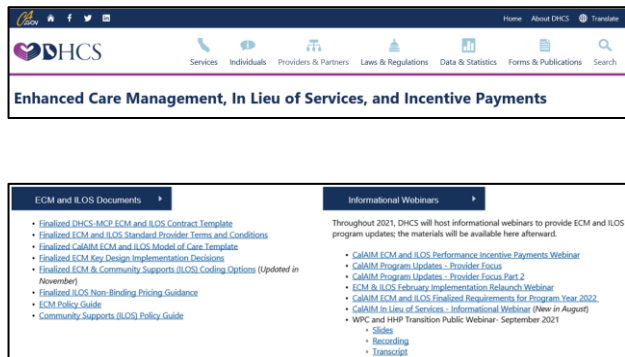
**Alliance Webpage Link**  
[www.thealliance.health](http://www.thealliance.health)

The screenshot shows the 'Provider Portal' page. The header includes the Alliance logo and the text 'Central California Alliance for Health Provider Portal'. The main content area is divided into several sections: 'Important Information for Providers' (including system maintenance notices), 'Attention! Don't create a HIPAA breach!', 'Quick Links' (with links to My Portal Account, Resources, and Need Help?), 'Provider News' (with a red box highlighting a 'Quality report removed: Developmental Screening in First Three Years' article), 'Provider Digest' (with a link to the latest issue), 'Provider Newsletter' (with a link to the latest issue), and 'Provider Events Calendar' (with a link to a webinar on Cognitive Health Assessment for Adults).

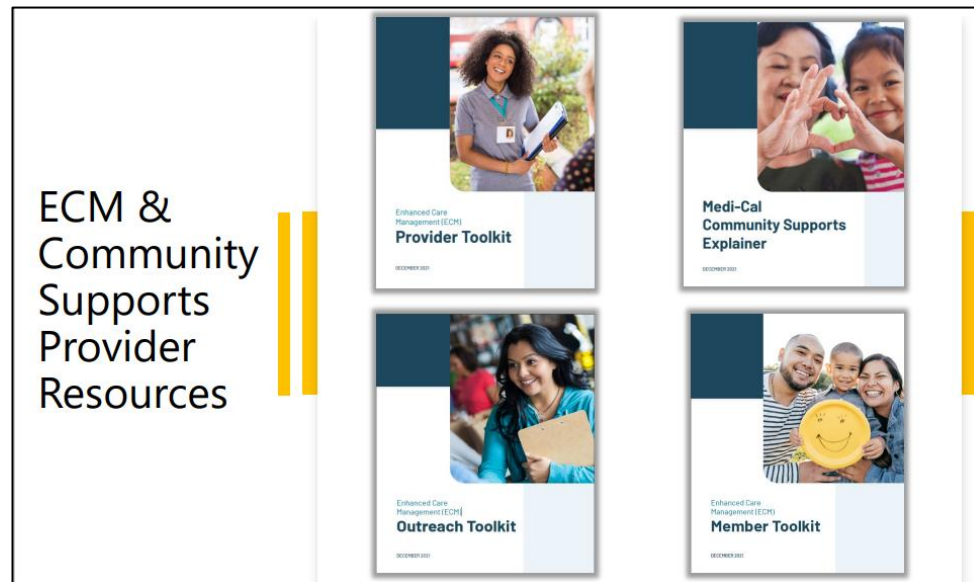
**Provider Portal link:**  
<https://thealliance.health/for-providers/provider-portal/>



# DHCS: Where can I get additional information and resources?



Please visit the **DHCS ECM & Community Supports Website** for more information and access to the ECM & Community Supports Provider Resources and supporting documents



DHCS ECM-Community Supports Website link: <https://www.dhcs.ca.gov/Pages/ECMandILCS.aspx>



# Questions?

