Newly Contracted Enhanced Care Management (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

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

Medi-Cal eligibility determined by aid code, county code for health plan → State Medi-Cal

Central California Alliance for Health → Newly eligible – Administrative

Eligible Members linked to Alliance PCP
Membership Cards

Alliance Cards

State Medi-Cal Card

ID No. 01234567A98144
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
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.

Member is linked to a PCP clinic after their first initial month

PCP and member connect for Initial Health Assessment, pending on member needs PCP providers will make referrals to specialist or Allied providers such as Cardiology, Physical Therapy, Sleep providers, Acupuncturist etc.

Referrals are obtained by PCP fax or member phone call. Specialist/Allied providers review referral and outreach is made.

If additional visits are required by specialist the specialist is responsible for submitting an authorization for continued care

PCP office is responsible for ensuring member accesses specialty care
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
CalAIM ECM and Community Supports Background

CalAIM 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.

<table>
<thead>
<tr>
<th>Enhanced Care Management (ECM)</th>
<th>Community Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
<td>• Community Supports are cost-effective, health-supporting and typically non-medical activities that may substitute for State Plan-covered services.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• ECM services will be community-based with high-touch, on-the-ground, face-to-face, and frequent interactions between members and ECM Providers.</td>
<td>• Optional to MCPs - Highly encouraged by DHCS</td>
</tr>
</tbody>
</table>
ECM Core Service Components

Outreach
Comprehensive Assessment and Care Management Plan
Enhanced Coordination of Care
Health Promotion
Comprehensive Transitional Care
Member and Family Supports
Coordination of and Referral to Community and Support Services

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 Definition Criteria

<table>
<thead>
<tr>
<th>Pop of Focus</th>
<th>Definition Criteria</th>
</tr>
</thead>
</table>
| **Individuals and Families Experiencing Homelessness** | • An individual or family who lacks adequate nighttime residence  
• An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation  
• An individual or family living in a shelter  
• An individual exiting an institution to homelessness  
• An individual or family who will imminently lose housing in next 30 days  
• Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes  
• Victims fleeing domestic violence |
| **Individuals at Risk for Avoidable Hospital or ED Utilization (formerly Adult High Utilizers)** | Adults with:  
• (1) five or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;  
AND/OR  
• (2) three or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence. MCPs may also authorize ECM for other individuals with a pattern of very high utilization that could have been avoided with appropriate care or improved treatment adherence |
| **Adults who have SMI/SUD conditions** | (1) meet the eligibility criteria for participation in or obtaining services through:  
• The county Specialty Mental Health (SMH) System AND/OR  
• The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program. AND  
(2) are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of Adverse Childhood Experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors); AND  
(3) meet one or more of the following criteria:  
• are at high risk for institutionalization, overdose and/or suicide;  
• Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care;  
• experienced two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months; or  
• are pregnant or post-partum women (12 months from delivery). |

### ECM Population Of Focus Definition Criteria cont.

<table>
<thead>
<tr>
<th>Pop of Focus</th>
<th>Definition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Living in the Community who Are at Risk for LTC</td>
<td>(1) Adults living in the community who meet the Skilled Nursing Facility (SNF) Level of Care criteria; OR who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury; AND (2) are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring). AND (3) are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).</td>
</tr>
<tr>
<td>Institutionalization</td>
<td></td>
</tr>
<tr>
<td>Nursing Facility Residents Transitioning to the Community</td>
<td>Nursing facility residents who are: • Interested in moving out of the institution; • Are likely candidates to do so successfully; and • Able to reside continuously in the community</td>
</tr>
<tr>
<td>Individuals with Intellectual or Developmental Disabilities (I/DD)</td>
<td>Adults who: (1) Have a diagnosed I/DD; AND (2) qualify for eligibility in any other adult ECM Population of Focus</td>
</tr>
</tbody>
</table>

## Alliance Community Supports Offered

<table>
<thead>
<tr>
<th>Community Supports</th>
<th>Santa Cruz County</th>
<th>Monterey County</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Accessibility Adaptations</td>
<td>January 1, 2023</td>
<td>January 1, 2023</td>
<td>January 1, 2023</td>
</tr>
<tr>
<td>Housing Transition Navigation Services</td>
<td>January 1, 2022</td>
<td>January 1, 2022</td>
<td>July 1, 2022</td>
</tr>
<tr>
<td>Housing Deposits</td>
<td>January 1, 2022</td>
<td>January 1, 2022</td>
<td>July 1, 2022</td>
</tr>
<tr>
<td>Housing Tenancy and Sustaining Services</td>
<td>January 1, 2022</td>
<td>January 1, 2022</td>
<td>July 1, 2022</td>
</tr>
<tr>
<td>Medically Tailored Meals</td>
<td>January 1, 2022</td>
<td>January 1, 2022</td>
<td>January 1, 2022</td>
</tr>
<tr>
<td>Sobering Centers</td>
<td></td>
<td>January 1, 2022</td>
<td>July 1, 2022</td>
</tr>
<tr>
<td>Recuperative Care</td>
<td></td>
<td>July 1, 2022</td>
<td>July 1, 2022</td>
</tr>
<tr>
<td>Short-term Post Hospitalization Housing</td>
<td>July 1, 2022</td>
<td>July 1, 2022</td>
<td>July 1, 2022</td>
</tr>
</tbody>
</table>

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# Community Supports Service Definitions

<table>
<thead>
<tr>
<th>Community Supports</th>
<th>Service Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental Accessibility Adaptsions</strong></td>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Housing Transition Navigation</strong></td>
<td>• Providers assist members with obtaining housing</td>
</tr>
<tr>
<td><strong>Housing Deposits</strong></td>
<td>• Providers assist members with one-time funding/coordination (up to 5k) with up to 6 services based upon member needs assessment.</td>
</tr>
<tr>
<td><strong>Tenancy &amp; Sustaining Services</strong></td>
<td>• Providers assist members with a goal of maintaining safe and stable tenancy once housing is secured.</td>
</tr>
<tr>
<td><strong>Medically Tailored Meals</strong></td>
<td>• Meals delivered to the home immediately following discharge from a hospital or skilled nursing facility when members are most vulnerable to readmission.</td>
</tr>
</tbody>
</table>
| **Sobering Center** *(Monterey Co./Merced Co.)* | • Alternative to incarceration  
• Provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, substance use education and counseling. |
| **Recoverative Care** | • Also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness  
• No more than 90 days duration |
| **Short-Term Post Hospitalization Housing** | • 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  
• Members must be offered Housing Transition Navigation supports during the period of STPHH  
• Once in a lifetime  
• Should not exceed 6 months |

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, including projections for capacity in the upcoming months

• Be prepared to **update your capacities on an ongoing basis** with the Alliance – we want to ensure we serve everyone eligible for ECM-CS services while accommodating your restraints for capacity

**Things to consider:**

- Usual patient capacity
- Plans to expand staff to grow capacity
- Rough caseload estimates provided by the Alliance
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
  – Beacon Health Options (Beacon) 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)
  – Beacon Health Options (Beacon) 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).
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**


Fraud, Waste and Abuse (FWA)

Error
- Mistakes
  - *E.g.* incorrect coding

Waste
- Consumption of resources due to mismanagement, inappropriate actions, inadequate oversight, inefficiency. Typically not a result of criminal actions.
  - *E.g.* Ordering excessive diagnostic tests

Abuse
- Activity inconsistent with sound fiscal, business, or medical practice resulting in unnecessary cost; bending the rules.
  - *E.g.* Improper billing practices

Fraud
- Intentional deception or misrepresentation made with the knowledge that deception could result in unauthorized benefit.
  - *E.g.* Billing for services not provided
## Laws Relating to Fraud Waste and Abuse (FWA)

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

<table>
<thead>
<tr>
<th>Law / Requirement</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal &amp; California False Claims Act</td>
<td>• Prohibits the submission of fraudulent claims</td>
</tr>
<tr>
<td></td>
<td>• Allows whistleblowers to be rewarded with a percentage of the money the government recovers</td>
</tr>
<tr>
<td>Anti-Kickback Statute</td>
<td>• Prohibits asking for / receiving anything of value in exchange for referrals of federal health care business</td>
</tr>
<tr>
<td>Physician Self-Referral Law</td>
<td>• Prohibits a physician from making referrals for certain designated health services to entities that they have a financial interest in</td>
</tr>
<tr>
<td>Medi-Cal Contract Requirements</td>
<td>• Requires health plans to report suspected FWA to the Department of Health Care Services</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Law</th>
<th>Summary</th>
</tr>
</thead>
</table>
| Privacy Rule            | • Ensures individuals’ PHI is protected from unauthorized use/disclosure while allowing information flow needed to promote high quality care.  
                        | • Includes: permitted / required disclosures, authorization to disclose information, patient right of access to records, etc.            |
| Security Rule           | • Establishes security standards for electronic PHI.                                                                                     
                        | • Includes: risk analysis, encryption, administrative / physical / technical safeguards to protect PHI                                    |
| Breach Notification     | • Requires Covered Entities to notify patients if their PHI has been breached; includes standards for determining if a breach occurred   |

[Training materials via the Office of Civil Rights](#)
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
  – 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

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 either using a hard copy or an electronic copy
   - Can call and a member of the ECM team will walk through form

2. The provider completes:
   - A Referral Form either using a hard copy or an electronic copy (fax or email return)
   - 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 enquiries: 831-430-5512
Care Coordination & Closed Loop Referrals

**Care Coordination:**
- **Activate Care**
  - Available to all contracted providers
  - Reporting capability to assist with invoicing
- **Unite Us**
  - Available as a care coordination platform for Santa Cruz/Merced
  - Optional Invoicing Capability
  - Invoice to Claim Submission Process
- **Opting Out**
  - If not utilizing a care coordination platform through the Alliance the provider will need to submit a Data Transmission File monthly

**Closed Loop Referral Networks** *(Requirement for all providers)*
- **Unite Us** (Santa Cruz/Merced)
- **Smart Referral Network** (Monterey)
1. ECM/CS Claims
2. ECM/CS Invoicing
3. APL 21-009 SDOH Codes
4. Payment Structure
5. More Claims Information
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/for-providers/resources/claims/

- View Electronic Data Interchange for information on submitting claims electronically.
ECM/CS Invoicing

- For providers who lack the technical capabilities to submit claims, they may bill for services by invoice.

- Invoices will be entered in an Excel spreadsheet provided by the Alliance and uploaded through a secure site.

- Similar to claims submission, all invoices will be required to contain specific data elements. This includes data related to:
  - Provider Information
  - Member Information
  - Service and Billing Information
  - Administrative Information

Providers have the option to use Unite Us as an invoice platform or receive reports from Activate Care to assist with invoicing.
Department of Healthcare Services (DHCS) provides guidance on reporting social determinants 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.

Providers can find SDOH assessments available in both Unite Us and Activate Care.
## Payment Structure

<table>
<thead>
<tr>
<th>Capitation Payments</th>
<th>Fee For Service Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers receive capitation payments</td>
<td>• ECM Outreach</td>
</tr>
<tr>
<td>• Per member per month</td>
<td>• Housing Deposits</td>
</tr>
<tr>
<td>• These are lump sum payments based on the number of members enrolled in the following services:</td>
<td>• Sobering Center</td>
</tr>
<tr>
<td>• ECM enrolled services per month</td>
<td>• Medically Tailored Meals</td>
</tr>
<tr>
<td>• Housing Transition and Navigation Services</td>
<td>• Recuperative Care</td>
</tr>
<tr>
<td>• Housing Tenancy and Sustaining Services</td>
<td>• Short-Term Post Hospitalization Housing</td>
</tr>
<tr>
<td></td>
<td>• Environmental Accessibility Adaptations</td>
</tr>
</tbody>
</table>

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:
  Includes information about claims submission, payment, turn-around time, and more

Medi-Cal Manual

• http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp

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

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

Link: https://thealliance.health/wp-content/uploads/Transportation_Services_Request_Form.pdf
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

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

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

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

When do I call the Nurse Advice Line?

Call the Nurse Advice Line when:
- 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!

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

Link: https://thealliance.health/for-providers/manage-care/clinical-resources/nurse-advice-line/
## Who to Contact

<table>
<thead>
<tr>
<th>Category</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Customer Service Rep</td>
<td>Kristine Deaton</td>
<td>831-430-5745</td>
<td><a href="mailto:kdeaton@ccah-alliance.org">kdeaton@ccah-alliance.org</a></td>
</tr>
<tr>
<td>Claims Customer Service Rep</td>
<td>Lori Schwartz</td>
<td>831-430-5732</td>
<td><a href="mailto:lschwartz@ccah-alliance.org">lschwartz@ccah-alliance.org</a></td>
</tr>
<tr>
<td>ECM Manager</td>
<td>Jessica Hampton</td>
<td>209-381-7368</td>
<td><a href="mailto:jhampton@ccah-alliance.org">jhampton@ccah-alliance.org</a></td>
</tr>
<tr>
<td>ECM General</td>
<td></td>
<td>831-430-5512</td>
<td><a href="mailto:listecmteam@ccah-alliance.org">listecmteam@ccah-alliance.org</a></td>
</tr>
<tr>
<td>Authorizations</td>
<td>ACD Line</td>
<td>831-430-5506</td>
<td></td>
</tr>
<tr>
<td>Referrals and Member Support</td>
<td>Member Services ACD Line</td>
<td>800-700-3874</td>
<td></td>
</tr>
<tr>
<td>Provider Relations Manager</td>
<td>Jim Lyons</td>
<td>831-430-5774</td>
<td><a href="mailto:jlyons@ccah-alliance.org">jlyons@ccah-alliance.org</a></td>
</tr>
<tr>
<td>Sr. Provider Relations Rep - ECM</td>
<td>Minerva Galvan</td>
<td>831-430-5518</td>
<td><a href="mailto:mglavan@ccah-alliance.org">mglavan@ccah-alliance.org</a></td>
</tr>
<tr>
<td>Provider Services Reps</td>
<td>ACD Line</td>
<td>831-430-5504</td>
<td></td>
</tr>
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</table>
Alliance: Where can I get additional information and resources?

Alliance Webpage Link
www.thealliance.health

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/ECMandILOS.aspx](https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx)
Questions?