



PROVIDER BULLETIN

JUNE 2020

INSIDE

Page 2

HEDIS 2021
Quality Measures
Sneak Peek

Page 6

Member Rewards
Program a Success

Page 7

Child
Immunization
Measure Change

Page 8

New Simplified
Payment Process

MEETINGS

Alliance Board Meetings

Wednesday,
June 24, 2020
3–5 p.m.

Meetings are held via
video conference at the
Alliance offices unless
otherwise stated.

Physicians Advisory Group (PAG) Meeting

Thursday, Sept. 3, 2020
Noon–1:30 p.m.

Whole Child Model Clinical Advisory Committee (WCMCAC) meeting

Thursday,
June 18, 2020
Noon–1 p.m.

EXECUTIVE REPORT

We are all in this together

When last I wrote, I highlighted the work then underway at the Alliance to envision and plan for the future. Since then, our communities have been forever changed by the necessary actions to slow the spread of COVID-19 and to prepare the delivery system to meet the demands of a COVID-19 health care surge. The adaptability, resolve, and collaboration we've seen throughout this response are remarkable. These characteristics will serve us well as we navigate the new normal of coexisting with COVID-19.



The next frontier of response to the pandemic is to navigate the economic downturn it has created. California is projecting significant state budget deficits for FY 2020–2021. The May Revise of the 2020–2021 California State budget proposes significant reductions in Medi-Cal benefits, cuts to revenue for health plans, and withdrawals of key proposals to expand coverage, improve benefits and to transform the Medi-Cal delivery system. These proposals will be discussed and decided upon in the weeks to come by California's leaders.

No doubt, the final result will be significant changes to Medi-Cal and Medi-Cal funding. These are significant challenges to overcome, to be sure. The Alliance has always been in the business of solving problems in collaboration with our provider partners, all toward ensuring people in our communities with Medi-Cal have access to high-quality care.

The problem-solving spirit revealed during this response gives me confidence that, together, we will navigate what will be a challenging few years to come. We are all in this together.

*Stephanie
Sonnenshine*

Stephanie Sonnenshine, CEO



HEDIS 2021 (Measurement Year 2020): Sneak Peek

The Department of Health Care Services (DHCS) has released new quality measures to Medi-Cal Managed Care Health Plans, referred to as the Managed Care Accountability Set (MCAS). The MCAS represents measures from both the National Committee for Quality Assurance and the Centers for Medicare & Medicaid Services.

By June 2021, the Alliance will have measured and reported back to DHCS the results of Measurement Year 2020 outcomes; these outcomes reflect provider adherence to best-in-class patient care. Please review the specifications below for immediate practice adoption. For more advanced technical detail, please contact Britta Vigurs at bvigurs@ccah-alliance.org or at 831-430-2620.

Managed Care Accountability Set (MCAS) Measurement Year 2020 (Reporting Year 2021)

Measure	Brief Description	Measure Type
General Measures		
Adult Body Mass Index (ABA)	Members 18–74 years of age with an outpatient visit and whose BMI was documented in 2019 or 2020.	NCQA
Ambulatory Care: Emergency Department (ED) Visits (AMB)	Utilization of ambulatory care in outpatient visits (including telehealth) and ED visits.	NCQA
Plan All-Cause Readmissions (PCR)	Members 18–64 years of age or older who had an unplanned acute readmission within 30 days of an inpatient stay.	NCQA
Screening for Depression and Follow-Up Plan (CDF)	Members 18 years of age and older who were screened for depression using an age-appropriate standardized screening tool, and if positive, a follow-up plan was documented on the date of service of the screen.	CMS
Chronic Condition Measures		
Antidepressant Medication Management—Acute Phase Treatment (AMM)	Members 18 years of age and older who remained on antidepressant medication for at least 84 days.	NCQA
Antidepressant Medication Management—Continuation Phase Treatment (AMM)	Members 18 years of age and older who remained on an antidepressant for at least 180 days.	NCQA
Asthma Medication Ratio (AMR)	Members 5–64 years of age who have persistent asthma and had a rate of ≥ 0.50 of controller medications for 2020.	NCQA
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) (CDC)	Adults 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) who had hemoglobin A1c control >9.0%.	NCQA
Concurrent Use of Opioids and Benzodiazepines (COB)	Noncancerous members 18 years of age and older with concurrent use of prescription opioids and benzodiazepines.	CMS
Controlling High Blood Pressure (CBP)	Members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) in 2020.	NCQA
New measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test in 2020.	NCQA
Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL)	Members 18 years of age and older with a diagnosis of HIV who had a HIV viral load <200 copies/mL at last HIV viral load test in 2020.	CMS
Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Noncancerous members 18 years of age and older who received prescriptions for opioids with an average daily dosage >90 MME over a period of 90 days or more.	CMS

PROVIDER NEWS



STAY UP-TO-DATE

Visit the HEDIS Measurement Year 2019 web page for current HEDIS measure information at www.ccah-alliance.org/hedis.html.

Managed Care Accountability Set (MCAS) Measurement Year 2020 (Reporting Year 2021)

Measure	Brief Description	Measure Type
Women’s Measures		
Breast Cancer Screening (BCS)	Women 50–74 years of age who had a mammogram to screen for breast cancer in 2019 and 2020.	NCQA
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> • Women 21–64 years of age who had cervical cytology performed within the last three years. • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years. 	NCQA
Chlamydia Screening in Women (CHL)	Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia in 2020.	NCQA
Contraceptive Care—All Women: LARC (CCW-LARC)	Women 15–44 years of age at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC).	CMS
Contraceptive Care—All Women: Most or Moderately Effective Contraception (CCW-MMEC)	Women 15–44 years of age at risk of unintended pregnancy who were provided most effective or moderately effective method of contraception.	CMS
Contraceptive Care—Postpartum Women: LARC—Three Days (CCP-LARC3)	Women 15–44 years of age who had a live birth and were provided a LARC within three days of delivery.	CMS
Contraceptive Care—Postpartum Women: LARC—60 Days (CCP-LARC60)	Women 15–44 years of age who had a live birth and were provided a LARC within 60 days of delivery.	CMS
Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—Three Days (CCP-MMEC3)	Women 15–44 years of age who had a live birth and were provided a most effective or moderately effective method of contraception within three days of delivery.	CMS
Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days (CCP-MMEC60)	Women 15–44 years of age who had a live birth and were provided a most effective or moderately effective method of contraception within 60 days of delivery.	CMS
Prenatal & Postpartum Care—Timeliness of Prenatal Care (PPC)	Women who had a prenatal visit within the first trimester (or within 42 days of enrollment).	NCQA
Prenatal & Postpartum Care—Postpartum Care (PPC)	Women who had a postpartum visit between 7–84 days after delivery.	NCQA

—Continued on page 4

PROVIDER NEWS

—Continued from page 3

Managed Care Accountability Set (MCAS) Measurement Year 2020 (Reporting Year 2021)

Measure	Brief Description	Measure Type
Children & Adolescent Measures		
Adolescent Well-Care Visits (AWC)	Children 12–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN in 2020.	NCQA
Childhood Immunization Status–Combo 10 (CIS)	Children who received the following immunizations before their second birthday: <ul style="list-style-type: none"> • Four DTaP; • Three IPV; • One HepA (new); • Three Hep B; • Three HiB; • Two flu (new); • One VZV; • One MMR; • Two or three RV (new); • Four PCV. 	NCQA
Developmental Screening in the First Three Years of Life	Children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.	CMS
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	Members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.	NCQA
Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	Members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.	NCQA
Immunizations for Adolescents (IMA)	Adolescents who receive the following immunizations by their 13th birthday: <ul style="list-style-type: none"> • One MCV (given at 11–13 years of age); • One Tdap (given at 10–13 years of age); • Two HPV (given at 9–13 years of age). 	NCQA
New measure Metabolic Monitoring for Children and Adolescents (APM)	Members 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: <ul style="list-style-type: none"> • The percentage of children and adolescents on antipsychotics who received blood glucose testing; • The percentage of children and adolescents on antipsychotics who received cholesterol testing; • The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing. 	NCQA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: <ul style="list-style-type: none"> • BMI Assessment; • Nutrition; • Physical Activity. **Now reporting all indicators**	Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of: <ul style="list-style-type: none"> • BMI percentile documentation; • Counseling for nutrition; • Counseling for physical activity. 	NCQA
Well-Child Visit in the First 15 Months of Life–6+ Visits (W15)	Members who turned 15 months old in 2020 and who had six or more visits with a PCP during their first 15 months of life.	NCQA
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Members 3–6 years of age who had one or more well-child visits with a PCP in 2020.	NCQA

EVERYTHING YOU NEED TO KNOW

Visit the HEDIS Measurement Year 2019 web page for current HEDIS measure information at www.ccah-alliance.org/hedis.html.

PROVIDER NEWS

Blue Zones Monterey County Project

The Alliance’s Salinas office staff is participating in the Blue Zones Monterey County Project and became an approved worksite in April 2020. The Blue Zones Project is a community-wide well-being improvement initiative to help make healthy choices easier for everyone in our community. The Blue Zones Project encourages changes in our community that lead to healthier options. When our entire community participates—from our worksites and schools to our restaurants and grocery stores—the small changes contribute to huge benefits for all of us: lowered health care costs, improved productivity and, ultimately, a higher quality of life.

Alliance Drug Formulary Changes Q1 2020

Additions to Formulary

Cefadroxil

Katerzia (added to formulary for children less than 12 years of age)

Cinacalcet (PA required)

Fyavolv

Lopreeza

Estradiol/norethindrone

Solifenacin

Prescriptions for legacy members taking a medication prior to its reclassification as Non-Formulary will be honored.



Congratulations!

Central California Alliance for Health

For leading the way in becoming Blue Zones Project Approved™ Worksite

“Central California Alliance for Health stands out as an employer that prioritizes the well-being of their employees. Their commitment to igniting their employees to live healthier, happier lives is an inspiration for our community.”

Tiffany DiTullio, Executive Director Blue Zones Project Monterey County.

JOIN US

Learn how your Salinas worksite can get involved in this no cost well-being improvement initiative.

Chelsea.Larsen@sharecare.com

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LATEST COVID-19 UPDATES FOR PROVIDERS

What we know about COVID-19 and how it affects what we do is continually changing. For the latest coding updates, guidelines for health care and support services, please visit the Alliance’s Providers page at: www.ccah-alliance.org/providers.html.

Provider Relations Representatives are available to answer your calls Monday through Friday, 8 a.m. to 5 p.m., at **800-700-3874, ext. 5504**.

Member Rewards Program

Rewards Help Keep Kids Healthy

In 2019, the Alliance rolled out a new Immunization Member Incentive as part of the Alliance's Member Rewards Program. Children who were turning 2 years of age and 13 years of age in 2019 and were missing vaccines were sent a letter letting them know they had a chance to be entered into a raffle for a Target gift card for on-time vaccinations. Those members who received the necessary vaccines by their second or 13th birthdays were then entered into the raffle. Two winners were picked every three months in 2019.

PCPs make a difference

We heard positive feedback from our winners and their families, many of whom attributed the success to their primary care physicians (PCPs). Specifically mentioned were PCPs who provided vaccine education during visits and were able to send appointment and vaccine reminders.

Our first winner, Johnny, turned 2 years of age in 2019 and is from Santa Cruz County. Johnny's parents said they benefit from the Alliance's Nurse Advice Line for answers to immunization and other medical questions. Also, it helped having older children in the family who had received all their required vaccines. Another important part of their success was thanks to their doctor at Salud Para



We want to thank providers and their staff who took the time to ensure their patients received their necessary vaccines on time!

La Gente who really helped with reminders and in-person education at the vaccine visit, as well as phone call reminders.

Zoey, one of our winners from Merced County, turned 2 years of age in 2019. Her parents are grateful for the Target gift card, saying that Zoey and her older sister are always up-to-date with their vaccines. Receiving this gift card showed them that they are doing a good job as parents. Zoey's parents are proactive and call the doctor to get help on which vaccines are due, and they are thankful that their doctor gives vaccine education at their visits.

Scarlett, another winner, who turned 12 years of age in 2019, is from Monterey County, and she hopes to attend Stanford University and to be a cardiovascular surgeon

or a jazz musician. In addition to her love of music and school, Scarlett is surrounded by her family—who understand the importance of their children getting the necessary vaccines. To keep their kids on track, the parents use their children's yellow card and always schedule visits ahead of time to make sure they get immunizations in a timely manner. They credit Scarlett's doctor with Stanford Children's Health, who did a great job explaining the vaccines and helping the parents feel comfortable with the advice.

You make it happen

We want to thank providers and their staff who took the time to ensure their patients received their necessary vaccines on time! The goal of the Alliance's Member Rewards Program is to support our providers in helping our members stay healthy. The Alliance is happy to announce that the Immunization Incentives will continue to be available for Alliance members turning 2 years of age and 13 years of age in 2020!

PROVIDER NEWS

Sign Up for a Portal Account Today!

The Alliance’s Provider Portal offers quick and easy online access to the tools and information you need to streamline your processes.

Contracted Alliance providers can use the Provider Portal to:

- Check member eligibility;
- Submit authorization requests;
- View and search remittance advice;
- Search for authorization and referral requests;
- View patient prescription history and medication management agreements;
- Check processed claims, including service line details and payment information.

Contracted Primary Care

Providers can use the Provider Portal to:

- Access quarterly and monthly quality reports;
- Search, view and download linked member lists and reports;
- Submit referrals.

To sign up for an Alliance Provider Portal account, please visit our website at: www.ccah-alliance.org/webaccount.html.



Childhood Immunization Measure Change

Hello, our frontline heroes! With the COVID-19 pandemic, we are witnessing firsthand just how important immunizations are for public health, which is why we want to share an important update to the Childhood Immunization Measure that is a part of both our Care-Based Incentive (CBI) and HEDIS Programs. While previously recommended, it is now required that rotavirus, influenza and hepatitis A vaccines be administered before the child’s second birthday.



Please see the following Childhood Immunization Status–Combo 10 table for an updated list of required immunizations:

Number of Doses	Immunization	Inoculation Ages (months)
3	HepB (hepatitis B)	Birth, 1–2, 4 and 6–18
4	DTaP (diphtheria, tetanus and acellular pertussis)	2, 4, 6 and 15–18
3	IPV (polio)	2, 4 and 6
3	HiB (haemophilus influenza type B)	2, 4 and 6
4	PCV (pneumococcal conjugate)	2, 4, 6 and 12–15
1	VZV (Varicella)	12–15
2 or 3*	RV (rotavirus) (new requirement) *2-dose: Rotarix; 3-dose: RotaTeq	2, 4 and 6
2	Influenza (new requirement)	6 and 12–23
1	MMR (measles, mumps and rubella)	12–15
1	HepA (hepatitis A) (new requirement)	12–23




We understand that it may be especially difficult to maintain well-child visits and immunizations throughout this pandemic. Per the Centers for Disease Control and Prevention (CDC), “If a practice can provide only limited well-child visits, health care providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.” Please visit morehealth.org/coronavirus-providers (link has been shortened for convenience).

We're Simplifying the Payment Process

The Alliance Will Use Change Healthcare and ECHO Health, Inc. for All Fee-For-Service (FFS) and Capitation Payments Beginning Summer 2020

The Alliance is collaborating with third-party vendors Change Healthcare (CHC) and ECHO Health, Inc., to simplify and improve payment processes. Providers will begin receiving payments from ECHO for Fee-For-Service (FFS) and capitation payments beginning summer 2020.

There are three types of payment options available through ECHO:

-  Virtual credit card (VCC);
-  Electronic funds transfer (EFT);
-  Paper checks.

Providers already enrolled to receive EFT from The Alliance or through ECHO's All Payer option will continue to receive EFT as their default method of payment.

Providers that are not "opted out" or signed up for EFT will receive the VCC option as the default payment method. Providers will be able to call ECHO after the transition date and request to opt

out of the VCC payment option, if EFT or paper checks are preferred. For more information about the transition, please contact your Provider Relations Representative at **800-700-3874, ext. 5504**.



Special Billing Instructions for Newborn Inpatient Hospital Stays on UB-04

To satisfy 837 encounter file requirements, claims for newborn infants must be submitted in the following manner:



Admission Type (Box 14)—only admit type 4 (newborn) will be recognized when billing for a newborn infant;

Admission Source (Box 15)—only admission source 5 (born inside hospital) or admission source 6 (born outside the hospital) will be recognized when billing for a newborn infant.

Claims submitted without admit type 4 and admission source 5 or 6 will be denied 8Z—missing/incomplete/invalid admission source.

Effective Communication of Numbers

Health information is often delivered by sharing numbers with patients, such as quantities, time frames and percentages of risk. However, patients, caregivers and the general public often have challenges understanding these concepts. We have included some tips below from Health Literacy Consulting (healthliteracy.com) that can help communicate numbers more effectively with patients:



When Explaining Quantity

Confirm with the patient which measurement system to use, such as ounces, cups or grams;

Utilize hands-on visuals, such as marking how high to fill a drinking cup or using a divided plate, to show food portions;

Use visual aids or pictures;

Use quantity examples that are easier for patients to visualize, such as “four ounces of meat is about the same size as a deck of playing cards.”

When Explaining Time

Schedule medication around a person’s daily habits, such as: “Take one pill after brushing your teeth in the morning and again after brushing your teeth at night;”

Draw hands on an analog clock to show proper dosing time. Better yet, express time as seen on a phone or digital clock. This means saying “5:45” rather than “a quarter to 6;”

Include pictures or icons representing time, such as sunrise and sunset;

Use pillboxes sectioned into day of week and time of day.

When Explaining Risk

Provide context, such as stating what a person’s cholesterol level is this year versus last year or compared to others of the same age and with a comparable health history;

As makes sense, frame results as positive (95% of patients improve) instead of negative (5% of patients do not improve or get worse);

Define important quantitative terms, such as “common,” “rare,” and “often;”

Be flexible about writing rules, for example writing “5” rather than “five.”

Source: healthliteracy.com/2020/03/01/making-numbers-make-sense-2

Communicating with Deaf or Hard of Hearing Members

The Central California Alliance for Health is committed to providing equal access to quality health care to all Alliance members.

Deaf or Hard of Hearing members are more likely to experience barriers when accessing health care, receiving health information, conducting health research and pursuing health-related careers, which limits their ability to achieve optimal health for themselves, their families and their communities. The full effect of these

barriers on chronic disease continues to be mostly unmeasured. According to the Centers for Disease Control and Prevention, adults in the United States who have been deaf since birth or early childhood are less likely to have seen a physician than adults in the general population.

One of the main contributing factors that limit Deaf or Hard of Hearing members from receiving adequate health care services is the lack of trained American Sign Language (ASL) interpreters. In order to address the ASL

interpreter shortage, the Alliance has partnered with various agencies to provide ASL interpreting in our three service areas. To request a trained ASL interpreter, please submit a request to our Cultural and Linguistic Services Team. You can retrieve a copy of the Face-to-Face Interpreter Request Form via the Provider website at www.ccah-alliance.org/cultural_linguistic.html or call the Health Education Line at **800-700-3874, ext. 5580.**

Source: ncbi.nlm.nih.gov/pmc/articles/PMC3073438

Healthy Smiles

Pediatricians' Role in Oral Health

Pediatricians are uniquely positioned to support lifelong oral health habits. Did you know that primary care providers and pediatricians can get reimbursement for the application of topical fluoride varnish? This is a Medi-Cal covered benefit for children 0–5 years of age. Up to three applications are allowed in a 12-month period.

Pediatricians also play an important role in the promotion of oral health when they:

- Assess whether the child has a dental home and perform a risk assessment and referral as needed;
- Recommend brushing with fluoride toothpaste in the appropriate dosage for age: a smear (or an amount about the size of a grain of rice) for children younger than 3 years of age and a pea-size amount for children 3–6 years of age;
- Remind parents to keep sugary drinks (including juice) out of the baby's bottle, avoid sipping from the bottle all day (or falling

asleep with it) and transition to a cup starting at 6 months of age;

- Encourage parents to take their infants to a dentist by their first birthday or whenever a first tooth appears (a recommendation from both the American Academy of Pediatrics and the American Dental Association).

The Alliance is an active member of Oral Health Access Santa Cruz County (OHASCC), a local coalition that promotes the First Tooth First Birthday campaign as well as the best practice of applying fluoride varnish at well-child visits.

Learn more about fluoride varnish application in the medical setting:

- Reimbursement: The Medi-Cal code for the application of topical fluoride varnish by a physician or other qualified health care professional is 99188 or D1206 Topical Fluoride Treatment;
- Oral Health in the Bright Futures/AAP Periodicity Schedule: aap.org/periodicityschedule;
- Rationale and detailed recommendations for oral



health in the primary care setting: Bright Futures Guidelines, 4th Edition, Evidence and Rationale chapter, pages 293–294: morehealth.org/brightfutures (link has been shortened for convenience).

For more information about oral health services covered by Denti-Cal, please call Denti-Cal at **800-322-6384** or visit dental.dhcs.ca.gov.

A Message From Your Local Women, Infants & Children (WIC) Program

The California Department of Public Health/WIC Division (CDPH/WIC) has announced that the program will transition to use of the WIC Card. The WIC Card will replace the current paper food checks that families receive. Each family will receive one WIC Card for all of their

family's food benefits. The WIC Card will provide a more convenient way for families to shop for WIC foods. Additionally, the California WIC program will start using a new computer system that will modernize operations at WIC offices across the state. Roll-out dates for both the WIC Card and the new

computer system in each county will vary.

We recommend that Alliance members in need of WIC services call their local WIC office for additional information. Phone number: **888-WIC-WORKS** or **888-942-9675**.

If you would like additional information on these changes, please visit: morehealth.org/cdph.ca.gov/WICCard (link has been shortened for convenience).

Preventive Health Spotlight

Mandatory Blood Lead Screening for Medi-Cal Children

Pediatric care providers rendering periodic health assessment services are required to test Medi-Cal beneficiaries for the presence of blood lead at 12 and 24 months of age. If there is no documented evidence of testing at the 12- or 24-month intervals, a “catch up” screening is to occur between 24 months to 6 years of age.



The screening must consist of a formal blood test analysis to screen for the presence of lead; point of care (POC) testing (finger stick) or venous lab draw are both acceptable mechanisms to test, though POC is a simple intervention to effectively increase screening. Note that a questionnaire to aid in the detection of risk factors alone is not sufficient and does not meet the State of California mandate.

The table below details the California Department of Public Health’s (CDPH) general guidance regarding blood lead testing for children:¹

Anticipatory Guidance	<p>At each periodic assessment from 6 months–6 years of age. Under California state laws and regulations, all health care providers are required² to inform parents and guardians about:</p> <ul style="list-style-type: none"> • The risks and effects of childhood lead exposure. • The requirement that children enrolled in Medi-Cal receive blood lead tests. • The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead tests.
Blood Lead Test	<ul style="list-style-type: none"> • All children in publicly supported programs, such as Medi-Cal, Women, Infants and Children (WIC), and CDPH at both 12 months and 24 months of age.² • Perform a “catch up” test for children age 24 months–6 years in a publicly supported program who were not tested at 12 and 24 months.²

¹ morehealth.org/cdph.ca.gov/BloodLeadScreening (Link has been shortened for convenience.)

² Health and Safety Code, sections 105285-105286; California Code of Regulations, Title 17, Sections 37000 to 37100

Nurse Advice Line Utilization Increased with COVID-19 Pandemic

The Nurse Advice Line (NAL) is a 24/7 resource for members and provides support to assess and triage symptoms, offer care advice and educate members about their health. Members can access the NAL by calling **844-971-8907**.

The Alliance monitors the NAL data on a regular basis. Since the NAL was transitioned to the new vendor, Carenet, they have received over 9,200 calls within a period of 10 months, or on average, 30 calls per day. The majority of these calls were received on Fridays between the hours of 3 p.m. and 10 p.m. The top three reasons for the calls include:

1. Seeking general information;
2. Abdominal pain;
3. Fever.

Of the total number of calls received, 41% of members were referred back to their PCP, 30% were recommended to perform home care and 19% of members were referred to the ED.

With the COVID-19 pandemic, the daily call volume for the NAL increased by 20% in the first quarter of 2020 in comparison to the last quarter of 2019. Despite the increase in call volume, the overall member satisfaction with the NAL remained at 97%.

For more information regarding the Nurse Advice Line, please contact Sara Forbes, Quality Improvement Coordinator, at **209-381-5389**.

**IMPORTANT
PHONE NUMBERS**

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



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to receive provider
news by email

Three easy steps:

1. Text: CCAH
2. To: 22828
3. Follow the text prompts

New Providers

Santa Cruz County

Primary Care

- Cassy Friedrich, MD, *Family Medicine*
- Dillon Myers, MD, *Family Medicine*
- Linh Nguyen, MD, *Internal Medicine*
- Daniel Temple, MD, *Family Medicine*
- Jenny Sullivan, MD, *Family Practice*

Referral Physician/Specialist

- David Anjelly, MD, *Gastroenterology*
- Eric Hohn, MD, *Orthopedic Surgery*
- Stephen Kahn, MD,
Diagnostic Radiology
- James Louisell, MD, *Pulmonary Disease*
- Farah Salahuddin, MD, *Rheumatology*

Monterey County

Primary Care

- Sa Vanna Baker-Leyva, MD,
Family Medicine
- Shama Jesudason, MD, *Family Medicine*
- Evangelina Martinez, MD,
Family Practice
- Mary McClellan, MD, *Family Medicine*
- Brian Recht, MD, *Family Medicine*
- Nina Yaftali, DO, *Internal Medicine*

Referral Physician/Specialist

- Robert Fry, MD, *Orthopedic Surgery*
- Yousef Hindi, MD,
Cardiovascular Disease
- Mark Morrow, MD, *Neurology*
- Anna Shi, MD, *Ophthalmology*
- Nancy Tray, MD, *Internal Medicine*

Merced County

Primary Care

- Christine Battaglia, DO,
Family Medicine
- Robert Butler, MD, *Internal Medicine*
- Mitchell Cohen, DO, *Family Medicine*
- John English, MD, *Family Medicine*
- Shatha Hajja, MD, *Pediatrics*
- James Kraus, MD, *Family Medicine*
- Susan Kraus, MD, *Family Medicine*
- Gagan Deep Singh, MD,
Family Medicine
- Anne VanGarsse, MD, *Pediatrics*
- Susie Wenstrup, MD, *Family Medicine*

Referral Physician/Specialist

- Vanitha Banajjar Revanasiddappa,
MD, *Obstetrics and Gynecology*
- Kristopher Bedi, MD, *Obstetrics
and Gynecology*
- Kenia Edwards, MD, *Obstetrics
and Gynecology*
- Juan Rodriguez, MD, *Nephrology*
- Mario Telmo, DPM, *Podiatry*

ALLIANCE HOLIDAY CLOSURES

Friday, July 3, 2020 (Independence Day Observed)