Provider bulletin
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

Transforming the Medi-Cal delivery system

This year, the Alliance began offering Enhanced Care Management (ECM) and a suite of Community Supports (CS). These benefits and services are key components of California's CalAIM initiative. The Department of Health Care Services has initiated CalAIM to transform the Medi-Cal delivery system to identify and manage member risk; to be more consistent, seamless and flexible for members; and to improve quality outcomes.

ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Alliance members through systematic coordination of services and comprehensive, community-based care management. ECM supports the most vulnerable members who fall into specific DHCS-defined populations of focus, including individuals experiencing homelessness, adult high utilizers and adults with serious mental illness (SMI)/substance use disorder (SUD). ECM populations of focus will expand in 2023 to include adults and children/youth transitioning from incarceration, adults at risk for institutionalization, and nursing facility residents who want to transition to the community.

Community Supports are medically appropriate and cost-effective alternative services designed to help avert or substitute for hospital or nursing facility admissions, discharge delays, and emergency department use. As of July 1, 2022, the Alliance offers Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Medically Tailored Meals, Recuperative Care, and Short Term Post Hospitalization Housing and Sobering Centers (Monterey County only). The Alliance plans to expand its offering of Community Supports in 2023.

It is important that our provider community knows how to connect members to the services they need. Referrals for ECM/CS may be made by a physician, the member or their caregiver, community service agency, hospital or health care provider, or an ECM or Community Supports provider.

For more information about ECM/CS and how to refer members, visit **morehealth.org/ECM**.

Stephanie Sonnenshine

Stephanie Sonnenshine, CEO

Alliance Board Meetings

Wednesday, Sept. 28, 2022
3-5 p.m.

Wednesday, Oct. 26, 2022
3-5 p.m.

November: No board meeting

Based on the circumstances of the pandemic, meetings may be held via videoconference or teleconference. Check the Alliance website for meeting details: ***www.thealliance.health/category/meetings-and-events****.*

Physicians Advisory Group Meeting

Thursday, Dec. 1, 2022
Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting

Thursday, Sept. 15, 2022
Noon to 1 p.m.

HEDIS measurement year 2021 results

The Alliance's Quality Improvement and Population Health (QI/PH) team has successfully completed the measurement year (MY) 2021 Healthcare Effectiveness Data and Information Set (HEDIS) audit. The Alliance successfully retrieved 100% of the medical records from remote electronic health records (EHRs) and 99.6% via fax/mail campaign. The success of this audit demonstrates our provider network's continued collaboration in providing remote access to EHRs and promptly submitting requested medical record information. This enabled the Alliance to provide the Department of Health Care Services with an accurate report on member care.

MY 2021 HEDIS audit results demonstrated that members are starting to resume care but are still somewhat hesitant. Additionally, the Alliance provider network is still struggling with clinics being short-staffed.

In Santa Cruz and Monterey counties, Alliance providers improved in completing well-child visits (3-21 years of age), weight assessment and counseling for nutrition and physical activity, postpartum care, controlling blood pressure, and diabetes A1c poor control measures. The Alliance saw performance decreases in well-child visits for children 15 to 30 months old, follow-up care for children prescribed ADHD medication and Plan all-cause readmissions.

In Merced County, we continue to see improvement across measures, including in controlling blood pressure, A1c poor control, prenatal and postpartum care, and antidepressant medication management. However, measure performance dropped in childhood immunizations, counseling for nutrition and physical activity, child and adolescent well-care visits (3-21 years of age), follow-up for children prescribed ADHD medication, breast cancer screening, and chlamydia screening in women.

The QI/PH team would like to remind providers to use telehealth visits. Measure specifications for MY 2022 (reporting year 2023) from the National Committee for Quality Assurance (NCQA) include telehealth as a continued adjustment for the COVID-19 pandemic. Some of these measures include prenatal and postpartum care, controlling high blood pressure, counseling for nutrition and physical activity, and well-child visits. We recommend that providers review the measure specifications on our HEDIS webpage at **morehealth.org/hedis-results**. You can help ensure the appropriate use of telehealth services, coding and medical record documentation to bridge the gap in care for members that are not ready for in-person visits.

Thank you for your continued collaboration in ensuring that Alliance members receive accessible, quality health care guided by local innovation. If you have any questions about HEDIS, please email **QI@ccah-alliance.org**.

DHCS monitoring ACEs screenings across California Medi-Cal providers

Adverse childhood experiences (ACEs) and toxic stress are linked to serious and costly health conditions. The California Department of Health Care Services (DHCS) has a goal to reduce ACEs and toxic stress by 50% in one generation. As a result, DHCS has implemented a statewide effort to train providers, provide clinical protocols and share resources for establishing a trauma-informed care network via the ACEs Aware website at **acesaware.org**.

DHCS encourages all primary care providers (PCPs) to be trained on ACEs and complete ACEs screenings. By doing so, providers will be better prepared to identify increased health risks that patients have due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care.

DHCS is monitoring the number of PCPs who have completed ACEs training and administered screenings. In April, ACEs Aware released a progress report on ACEs screenings and provider trainings for all California Medi-Cal health plans. Findings indicated that Alliance PCPs are not completing ACEs screenings at a comparable rate to other California Medi-Cal providers. In fact, the rate of Alliance ACEs screenings averages 0%-1% across all three counties. The ACEs risk scores for Santa Cruz County average to be low risk, Monterey County average scores are medium risk and Merced County ACEs scores are in the high risk category.[1]

The ACEs Aware website provides step-by-step instructions for implementing ACEs screenings.[2] The implementation how-to guide includes four stages. Each stage is accompanied with a workbook, tip sheets and resources to prepare clinics.

It is best practice to select an ACEs champion to engage staff and create a small group for making key decisions on the implementation process. These champions should represent different departments of work in and outside of your clinic. For example, the champions could include clinical staff (PCPs, medical assistants, nurses), clinic administration (office manager, senior leadership) and community-based organizations (schools, early intervention services, referral sources to provide the "patient voice").

The Alliance monitors ACEs screening rates and supports the provider network in completing these screenings. This year, the Alliance added a new Care-Based Incentive (CBI) measure for ACEs Screening in Children and Adolescents. It is a non-paid measure with consideration to be a paid measure for 2023. This measure was added to encourage clinics to start implementing and tracking screenings. The measure looks at members 1-21 years old who were screened for ACEs annually. Providers can monitor their clinics' screening rates via the CBI reports in the Alliance's Provider Portal.

The Quality and Population Health practice coaching team is also available to assist in the implementation of ACEs screenings. If you are interested in practice coaching, email **PC@ccah-alliance.org**. If you have questions about the ACEs CBI measure, email **CBI@ccah-alliance.org**.

[1] *www.acesaware.org/wp-content/uploads/2022/04/April-2022-Quarterly-Progress-Report.pdf*

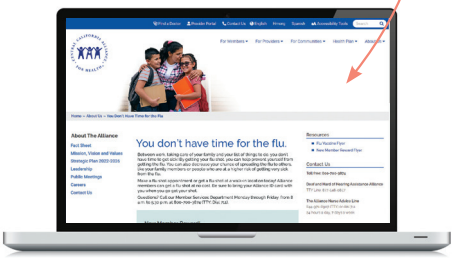
[2] *www.acesaware.org/implement-screening*

2022-23 Alliance flu shot campaign

Flu season is September through May, and our 2022-23 flu campaign is underway! This year, the theme of our campaign is "You don't have time for the flu." By getting their flu shot, members can help prevent themselves from getting sick and help protect those at higher risk of getting seriously ill from the flu.

The Alliance is using multiple channels to encourage members to get their flu shot, including:

- Flyers in English, Spanish and Hmong: **morehealth.org/Alliance-flushots**.
- Bus ads.
- Our flu campaign landing page: **www.thealliance.health/flu**.
- Mobile ads and digital ads in local news publications.
- Social media posts on our Facebook page.



Everyone ages 6 months and older should get their annual flu shot by the end of October. The Centers for Disease Control and Prevention (CDC) recommends that children ages 6 months to 8 years old who are getting the flu vaccine for the first time should receive two doses four weeks apart. Alliance members ages 7 to 24 months who get their two flu shot doses between September 2022 and May 2023 will be entered into a monthly raffle for a chance to win a $100 Target gift card!

Additionally, the Alliance would like to remind clinics to enter all vaccinations into their immunization registry:

- Merced and Santa Cruz counties, use the California Immunization Registry: **cairweb.org**.
- Merced County, use the RIDE/ Healthy Futures registry: **myhealthyfutures.org**.

CDC recommends second COVID-19 vaccine booster dose

Health care professionals have a central role in discussing COVID-19 vaccines with their patients. In May 2022, CDC updated its guidelines for COVID-19 vaccine boosters. There is evidence that the COVID-19 vaccine booster can further enhance or restore protection that might have decreased after a primary-series vaccination. Data shows that people with booster doses were 21 times less likely to die from COVID-19 when compared to those who were unvaccinated and seven times less likely to be hospitalized.

Everyone 5 years and older should get a booster after completing their COVID-19 vaccine primary series. Adults 50 years and older and people 12 years and older who are moderately or severely immunocompromised should receive a second booster dose at least four months after the first booster dose was given. For more information regarding clinical considerations, please visit the CDC website at **cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html**.

Members resuming care: Well-child visits and vaccines

Alliance pediatric members should be seen for well-child visits as recommended by the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and as required by Medi-Cal[1]:

- Newborn
- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months

During these well-child visits, members should receive state-required early and periodic screening, diagnostic and treatment (EPSDT) services and appropriate vaccines.[2] The Alliance encourages clinics to utilize telehealth services when appointment availability does not align with the periodicity schedule, making up any missed vaccinations when able. The Alliance Provider Portal well-child and immunization reports are a valuable resource for creating recall lists for those members who may be overdue for a visit or vaccination. To access these reports, please log in to the Provider Portal at **www.thealliance.health/for-providers/provider-portal**.

To increase child vaccination rates, the Alliance has implemented member incentives encouraging parents to bring their children in for well-visits and required vaccinations by the child's second birthday.[3] The Alliance's Care-Based Incentive (CBI) program also offers provider incentives for well-child visits for 0-15 months and immunizations for children turning 2 years old.[4]

[1] *https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf*

[2] *https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html*

[3] *https://thealliance.health/for-members/health-and-wellness/health-and-wellness-rewards/*

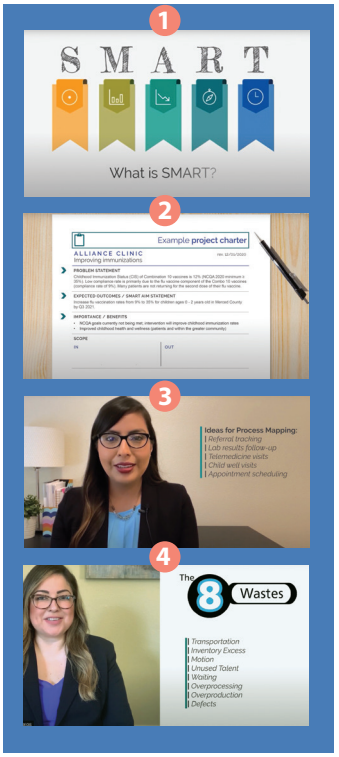
[4] *https://thealliance.health/for-providers/manage-care/quality-of-care/care-based-incentive/care-based-incentive-resources/*

Meet the newest member of our Provider Relations staff

"I am humbled and elated to be a part of Central California Alliance for Health. As the new supervisor for Merced County Provider Relations, my vision is to construct lasting partnerships with local providers and vendors with the efforts of my entire team. The goal for our Merced team is to strengthen the advocacy between our providers and members. Together, we can continue to embody the mission and values of the Alliance."

Cynthia Balli – Provider Relations Supervisor, Merced County

Cynthia joined the Alliance in June 2022 as the newest Provider Relations Supervisor serving the Merced service area. Prior to the Alliance, Cynthia held several leadership roles at prominent provider offices in the Merced and Modesto areas. Cynthia is a highly motivated self-starter with over 12 years of intensive health administration, operations and project management experience.



The Practice Transformation Academy: New video learning series

The Practice Transformation Academy is excited to introduce a video learning series on the Basics of Quality Improvement. Each video covers key concepts and tools that are integral to an improvement project.

The videos can be accessed on the Alliance provider website at **morehealth.org/qualityimprovement**. The first four videos cover the following topics:

1. SMART Aim Statements.
2. Project Charters.
3. Process Maps.
4. Lean Wastes.

? If you have any questions about the material or need help starting an improvement project, please email the Practice Coaching team at **pc@ccah-alliance.org**. We are here to help!

Medi-Cal eligibility redetermination

During the pandemic, those who had Medi-Cal were able to keep their health care coverage without going through the usual process of reapplying each year to determine eligibility. However, now that the declared COVID-19 public health emergency (PHE) is coming to an end, the California Department of Health Care Services (DHCS) is resuming the annual redetermination process. This applies to all Alliance members in Merced, Monterey and Santa Cruz counties.

How do Medi-Cal members keep their health care?

For most members, Medi-Cal is automatically renewed. If the member's county cannot confirm all of their information to automate the renewal, a packet will be mailed to the member. All forms inside this packet must be filled out and returned. The requested information can be returned to the county via phone, mail, fax or in person.

If a member does not receive a renewal packet, they can reach out to their county office to ensure that their information is up to date. This is especially critical if anything has changed, such as:

- Contact information, including address changes.
- Disability status.
- If someone moves into the member's household.
- If someone in the member's household becomes pregnant.

Communicating with members

The Alliance is partnering with county offices to ensure that member information is up to date and to ensure that members are informed of the eligibility redetermination requirements. However, we also need your help! Please let your Alliance patients know of the upcoming changes and that they will need to take action to keep their health care coverage.

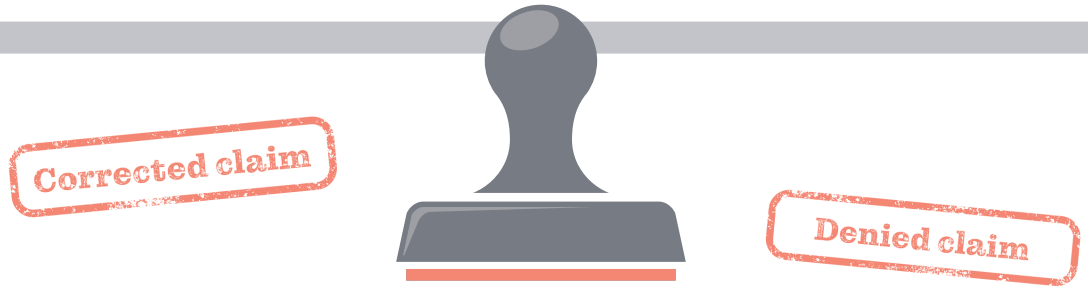
Additionally, please take a look at the following resources we have for Alliance members to ensure that they retain coverage:

- Information on our Medi-Cal health plan page: **www.thealliance.health/health-plan/medi-cal**.
- An article in our June member newsletter: **morehealth.org/Junemember**.
- A flyer in English, Spanish and Hmong: **morehealth.org/coverage-flyers**.
- Posts on our Facebook page.

You can also find more information on the DHCS website via its PHE Outreach Toolkit page at **www.dhcs.ca.gov/toolkits/Pages/PHE-Outreach-Toolkit.aspx**.

Eligibility redetermination timeline

Alliance members have 90 days to reapply for Medi-Cal benefits following the end of the PHE. DHCS expects that the end of the PHE may get delayed until at least October. We will continue to keep you updated on any developments in the eligibility redetermination process.



Corrected claims submissions versus denied claims

Q: What is a corrected claim?

A: A corrected claim is a correction to a previously paid claim. A corrected claim is used when updating an original paid claim with new or additional information. Some examples of data elements that may need to be corrected are:

- CPT/HCPCS/ Revenue/NDC.
- Billed charges.
- Modifier(s).
- Diagnosis.
- Number of units.
- Place of service.
- Date(s) of service.
- Member or provider information.
- Updated EOB from other health insurance carrier.

Q: How should corrected claims be submitted?

A: Corrected claims can be submitted electronically (via EDI) or via hard copy. Hard copy claims must be submitted with a copy of the Corrected Claim Submission Form attached to the claim. The original claim control number must be referenced with the corrected claim. For additional information on how to complete a corrected claim, refer to Policy 600-1009 - Corrected Claims Submissions in the Alliance Provider Manual, Section 10, page 113.

- Alliance Provider Manual: **morehealth.org/Alliance-Provider-Manual**.
- Corrected Claim Submission Form: **www.thealliance.health/for-providers/resources/claims/corrected-claim-form**.

Q: Is a denied claim considered a corrected claim?

A: No, a denied claim does not constitute a corrected claim. To avoid claims processing delays, a denied claim should not be stamped or marked "Corrected Claim." The use of the phrase "Corrected Claim" should only be used with previously **paid** claims.

Q: How should a denied claim be resubmitted?

A: Review the remittance advice details. If the claim has been denied for missing or incorrect information, correct the error(s) and resubmit the claim. Some examples of common claim denials are:

- Service not authorized/Referral missing.
- Service is non-covered.
- Supervising MD's NPI missing.
- Duplicate.

For billing questions, claims status and general claims information, please call the Claims Customer Service Line at **831-430-5503**.

2022 Population Needs Assessment

The Alliance conducts an annual member Population Needs Assessment (PNA) to improve the health outcomes of our members and ensure that we are meeting member needs. One component of the PNA is conducting a telephonic survey with our Alliance Medi-Cal members. This survey gives us a chance to hear members' opinions on the care and services they receive.

In 2022, the Alliance administered a telephonic survey to members using standardized questions. The surveys were conducted in English, Spanish, Hmong and other languages. Of the 625 members called, a total of 158 completed the survey, generating a response rate of 25%. To generate interest and increase the likelihood of responses, members who completed the survey received a $25 gift card.

Below is a summary of what we heard. Our members said that they:

- Really like that their primary care provider's advice does not go against their health beliefs.
- Appreciate the Alliance and the service they receive from us.

Although we love hearing where we succeed, we also like to hear where we can improve. Our members have shared that they would be most interested in receiving information or help from the Alliance on the following topics:

- How to choose a doctor.
- Transportation to get to doctor visits, the pharmacy and other services.
- Getting an appointment with a specialist.
- How to handle a chronic condition.
- Who to call at night when sick.

You can find the 2022 PNA on the Cultural and Linguistic Services page of our provider website: **morehealth.org/2022-PNA**. If you have questions about the Alliance 2022 PNA, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

We will continue to collaborate with our providers to create the best health care experience for our members. As a follow-up, we will share our action plan and strategies to address member needs around health education, cultural and linguistic services, and quality improvement programs.

September is National Childhood Obesity Awareness Month

One in five children in the United States is obese. Childhood obesity puts kids at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure and heart disease.

The good news is that childhood obesity can be prevented. In honor of National Childhood Obesity Awareness Month, the Alliance encourages providers to talk with families about how to make healthy changes together.

The Alliance also works with contracted providers to identify members ages 2-18 whose body mass index (BMI) is at or above the 85th percentile and refer them to the Alliance *Healthy Weight for Life* (HWL) program. In an effort to educate members and reduce childhood obesity, the HWL program is designed to help young high-risk members achieve a healthy lifestyle.

Program goals

- Educate young high-risk members and their parents/guardians about healthy food choices and portion sizes.
- Educate young high-risk members and their parents/guardians about the importance of regular physical activity.
- Incentivize and support members to help them make healthy lifestyle changes to maintain a healthy weight.

The Alliance has enhanced the HWL program by offering HWL workshops utilizing the Positive Parenting Program (Triple P) curriculum. The curriculum is a comprehensive, evidence-based, multi-level parenting program designed to:

- Strengthen families by promoting positive relationships.
- Help parents promote healthy social-emotional development in their children.
- Teach parents simple and effective strategies for handling everyday parenting challenges.

The curriculum has an additional focus on promoting children's physical health and managing childhood obesity.

The Alliance offers HWL workshops as a 10-session program that meets weekly. It is currently available in both virtual and in-person group formats. Additionally, the program is available in English and Spanish. Alliance members who attend the 10-week HWL workshop series can receive a Target gift card of up to $100 and will be entered into a raffle for a chance to win a bike.

Providers can refer Alliance members by submitting a Health Programs Referral Form, which you can download on our provider website at **morehealth.org/alliance-referral**. Providers can also call the Alliance Health Education Line at **800-700-3874, ext. 5580** for additional information.

Source: www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html

Colorectal cancer screening

In the United States, colorectal cancer (CRC) is the second leading cause of cancer mortality and the third most common cancer found in men and women.[1] Most commonly diagnosed in adults age 65 to 74, cancer incidence in adults 40 to 49 years old increased by more than 15% from 2000-2002 to 2014-2016, while CRC incidence among individuals 50 years and older has been decreasing.[2]

Risk factors

Certain races/ethnicities, including Black, Native American/Alaskan Native, Native Hawaiian and other Pacific Islander adults, have higher CRC incidence and cancer mortality rates. However, such disparities are not found in health systems with equal access to screening, diagnosis and treatment of CRC.[2]

The United States Preventive Services Task Force (USPSTF) recommends that average-risk adults ages 45-49 years (Grade B) and adults ages 50-75 years (Grade A) be screened for CRC. Risk for CRC increases with age and includes higher levels of risks from:

- Inflammatory bowel disease, such as ulcerative colitis or Crohn's disease.
- Personal or family history of colorectal cancer or colorectal polyps.
- Genetic syndromes like Lynch syndrome or familial adenomatous polyposis.

- Lifestyle factors like lack of physical activity, obesity, excessive alcohol consumption, long-term tobacco use and diet.

CRC screening efforts are designed for detection and removal of adenomas, sessile serrated lesions (SSLs) and detection of early-stage CRC.[3] Stool-based screenings offer the privacy of completing the test at home as a quick, non-invasive process without the added burden of bowel preparation.

In contrast, direct observation tests for CT colonoscopy, flexible sigmoidoscopy and colonoscopy must be performed in the clinical setting, require bowel preparation prior to the screening, and can require transportation to and from the screening due to sedation or anesthesia used during colonoscopy. Any positive screening result for CRC other than colonoscopy itself will require a colonoscopy to evaluate colon polyps and CRC.

USPSTF-recommended screening intervals are as follows:

- High-sensitivity gFOBT or FIT every year.
- sDNA-FIT every 1 to 3 years.
- CT colonoscopy every 5 years.
- Flexible sigmoidoscopy every 5 years.
- Flexible sigmoidoscopy every 10 years plus FIT every year.
- Colonoscopy every 10 years.

Organized CRC screening programs have been shown to be a successful method for boosting screening adherence in clinics, such as:

- The VA health care system's 80% CRC screening rates from provider alerts, electronic health care reminders and processes inviting individuals due for screening.
- Northern California Kaiser Permanente's increased CRC screening rates from 38% to 82%, resulting from an organized CRC screening program based primarily on FIT outreach.[3]

[1] *de Kanter C., Dhaliwal S., Hawks M. Colorectal Cancer Screening: Updated Guidelines From the American College of Gastroenterology. Am Fam Physician. 2022 Mar 1;105(3):327-329. PMID: 35289558.*

[2] *U.S. Preventive Services Task Force. Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965–1977. doi:10.1001/jama.2021.6238.*

[3] *Doubeni, Chyke MD, FRCS, MPH. Screening for colorectal cancer: Strategies in patients at average risk. UpToDate: May 2022. Retrieved from https://www.uptodate.com/contents/screening-for-colorectal-cancer-strategies-in-patients-at-average-risk.*

For more information, visit Colorectal Cancer Screening (PDQ®): **www.cancer.gov/types/colorectal/hp/colorectal-screening-pdq**.

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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New providers

Merced County

Primary Care

- Donald Kettyls, MD, *Family Medicine*
- Priti Modi, MD, *Internal Medicine*
- Preetinder Singh, *MD, Internal Medicine*

Referral Physician/Specialist

- Sidney Crain, MD, *Medical Oncology*
- Raja Sinha, MD, *Nephrology*

Monterey County

Primary Care

- Deborah Stewart, MD, *Pediatrics*

Referral Physician/Specialist

- Bruce Bornfleth, MD, *Internal Medicine*
- Margaret Curry, MD, *Dermatology*
- Ian McDaniels, MD, *Family Medicine*

Santa Cruz County

Primary Care

- Claire Hartung, MD, *Family Medicine*

Referral Physician/Specialist

- Janet Nagamine, MD, *Internal Medicine*
- Jumnah Thanapathy, MD, *Obstetrics and Gynecology*
- Hong-Nhung Tran, MD, *Pediatrics*
- Raelene Walker, MD, *Pediatrics*

Sign up

to receive provider news by email

Two easy steps:

1. *Text: "CCAH" to 22828.*
2. *Follow the text prompts.*

ALLIANCE HOLIDAY CLOSURES

- Friday, Nov. 11, 2022 (Veteran's Day)
- Thursday, Nov. 24, and Friday, Nov. 25, 2022 (Thanksgiving)