

Working Together Toward Solutions and Results

Staff at the Alliance are grateful to our provider partners for your perseverance in ensuring access to high-quality care for Alliance members throughout 2020. Alliance staff recently identified *Collaboration: working together toward solutions and results* as a core Alliance value. We have been talking about what it means to behave in accordance with our values—how do we show up? Our provider partners show up and demonstrate collaboration every day to improve the health of Alliance members.

In 2020, we worked together to improve access for Alliance members. We worked together to adjust the way care is delivered in a pandemic environment. We worked together to ensure that Alliance members got the information they needed to remain safe and healthy.

In 2021, we are committed to collaboration with you to adapt to our ever-evolving environment to ensure that Alliance members have access to quality health care. As of the drafting of this article, we are seeing a slow transition of power from the Trump to the Biden administration, we are waiting on the outcome of the challenge to the Affordable Care Act in the Supreme Court and we remain in a pandemic. In the midst of these uncertainties, staff at the Alliance remain steadfast in our commitment to our members and to working together with you.

I wish you and your families a peaceful and healthy holiday season and look forward to our work together in 2021.

In collaboration,

*Stephanie
Sonnenshine*

Stephanie Sonnenshine, CEO

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Alliance Board Meetings

January 2021

No meeting scheduled

Wednesday,

Feb. 24, 2021

3–5 p.m.

Due to the pandemic, all meetings are being held via teleconference. Please check the Alliance website for meeting details.

Physicians Advisory Group Meeting

Thursday, March 4, 2021

Noon–1:30 p.m.

Whole Child Model Clinical Advisory Committee meeting

Thursday, Dec. 17, 2020

Noon–1 p.m.



2021 Care-Based Incentive (CBI) Program

The Alliance's Care-Based Incentives (CBI) Program is designed in collaboration with our providers. The CBI Program consists of a set of measures to encourage preventive health services and connect members with their primary care physicians (PCPs). The program offers financial incentives as well as technical assistance to PCPs to support providers in assisting members to self-manage their care and reduce proximal health care costs.

The incentive program is categorized based on method of calculation and interval of payment:

1. Programmatic incentives are paid annually, based on the rate of success in each measure.
2. Fee-for-service (FFS) incentives are paid quarterly.

Telehealth

Telehealth services have been included in the following measures. In addition, the exclusion of telehealth services for well-visit measures has been removed.

Measure additions: telephone visit, e-visits, virtual check-in to event diagnosis.

- Antidepressant Medication Management;
- Asthma Medication Ratio;
- Diabetic HbA1c Poor Control;
- Maternity Care: Prenatal;
- Breast Cancer Screening;
- Controlling Blood Pressure.

New programmatic measures

Care Coordination—Access

Application of Dental Fluoride Varnish:

This measure has moved from Exploratory to a paid measure. Payment is based on members 6 months to 5 years of age (up to or before their 6th birthday) who received at least one topical fluoride application.



Unhealthy Alcohol Use in Adolescents & Adults:

This measure now includes adolescents (11 years of age and older) and adults screened for unhealthy alcohol use and provides members 18 years of age and older engaged in risky or hazardous drinking with a brief behavioral counseling intervention.

Care Coordination—Hospital and Outpatient

Plan All-Cause Readmissions: Payment is based on the number of members 18 years of age and older with acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. This measure replaces the 30-Day Readmission measure.

Quality of Care Measures

Child and Adolescent Well-Care Visits: Payment is based on members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB-GYN practitioner during the measurement year. This measure combines the previous Well-Child Visit 3–6 Years and Well-Adolescent Visit 12–21 Years measures.

Measure changes

- **Preventable Emergency Visits:** Urgent visits count as half the value as ED visits.



For more information and resources on the 2021 Care-Based Incentive Program, please visit the Alliance's provider website at www.ccah-alliance.org/providerincentives.html.

New exploratory measures

These measures will not qualify for payment in 2021. They are being considered to be added as a paid measure in the 2022 CBI Program.

- Lead Screening in Children: Performance is based on children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.
- Tuberculosis (TB) Risk Assessment: Performance is based on the percentage of members 12 months to 21 years of age (up to or before their 21st birthday) who have been screened for TB risk factors by staff at the PCP office during the measurement year.

Retired measures

- BMI Assessment: Adult;
- Member Satisfaction.

Payment adjustment

A payment adjustment has been added to the 2021 CBI Program to align with state performance expectations for the Quality of Care measures. Payment will be adjusted for qualifying Quality of Care measures where a provider's performance for CBI falls below the 50th percentile and the provider has a total of thirty (30) eligible members who qualify for the measure. For Quality of Care measures below the 50th percentile, payment will be adjusted as follows:

Tier	Performance <50 th Percentile	CBI Programmatic Payment Adjustment
1	1–3 metrics >25 th and <50 th and no metrics <25 th	CBI Programmatic Incentive Payment reduction of 25%
2	>4 metrics >25 th and <50 th and no metrics <25 th	CBI Programmatic Incentive Payment reduction of 50%
3	1–3 metrics <25 th	CBI Programmatic Incentive Payment reduction of 75%
4	4 or more metrics <25 th	No CBI Programmatic Incentive Payment

Fluoride Varnish Application



Early in the pandemic, COVID-19 had disrupted routine care such as well-child visits, dental appointments and school-based oral health programs. Populations vulnerable to COVID-19, including those in low socioeconomic groups, minority groups and low-literacy individuals, are also at an increased risk for oral disease. For children, dental caries is one of the most common chronic childhood diseases that is largely preventable and, when left untreated, can lead to extensive treatment under general anesthesia.¹ Early stages of dental caries can be reversed or slowed with appropriate oral hygiene, including fluoride varnish application.

The Bright Futures/AAP Periodicity schedule recommends that all children receive an oral health risk assessment at their 6- and 9-month appointments. For the 12-, 18-, 24- and 30-month and the 3- and 6-year visits, the oral risk assessment should continue if a dental home has not been established.

From 6 months, or when the child's first tooth erupts through 5 years of age, fluoride varnish may be applied every 3–6 months in the primary care or dental office.²

Resources:

1 Brian Z. Weintraub JA. Oral Health and COVID-19: Increasing the Need for Prevention and Access. [Erratum appears in *Prev Chronic Dis* 2020;17. http://www.cdc.gov/pcd/issues/2020/20_0266e.htm.] *Prev Chronic Dis* 2020;17:200266. DOI: <http://dx.doi.org/10.5888/pcd17.200266>

2 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

HEDIS 2020 Awards of Excellence Announced!

The Alliance has successfully completed the Healthcare Effectiveness Data and Information Set (HEDIS) for Measurement Year (MY) 2019. A year slipped swiftly by since our last award recognition, but not without several providers making significant shifts in care, achieving new benchmarks along the way and delivering outstanding care to our members. In reflection of 2019’s claim and medical record HEDIS retrospective, the many achievements across our network of providers saw many gains.

Improvements in all counties

Starting with Merced, children and adolescent access to care improved dramatically across all age bands from 12 months to 19 years of age. Immunizations in adolescents increased, showing a statistically significant improvement of 9.98% across all providers. Women’s health measures, prenatal and postpartum care leapt to new highs and with statistical significance, while breast cancer screening rates continued to move forward. In all, every single HEDIS hybrid measure in Merced County improved from the year prior—extraordinary work!

Santa Cruz County and Monterey County providers demonstrated stability in their aggregated HEDIS results. Year after year, such stability has provided consistency in care while delivering award-winning performance, as recognized by the Department of Health Care Services (DHCS). Despite stability and consistency in Santa Cruz and Monterey provider outcomes, further gains were still made, and there were sizable improvements noted in women’s health measures, children and adolescents’ access and immunization measures.

Overall and without question, MY 2019 saw

extraordinary accomplishments for our tri-county service area. From a health plan’s perspective, this signifies that providers are effectively managing member care and exceeding nationally recognized benchmarks, where annual improvement is realized through exceptional HEDIS results. It’s a proud moment at the Alliance, as it should be for all our providers who made this happen!

It is our pleasure to announce the HEDIS 2020 (MY 2019) Award of Excellence recipients for their remarkable efforts in providing extraordinary services to our members. The exceptional standout providers for HEDIS 2020 (MY 2019) are as follows:



HEDIS 2020 (MY 2019) Award of Excellence

Santa Cruz	
Provider	Award Band
Josefa Simkin	100–1,000
Salud Para la Gente	1,000+

Monterey	
Provider	Award Band
Valle Verde Medical Group	100–1,000
Clinica de Salud del Valle de Salinas–Sandborn	1,000+

Merced	
Provider	Award Band
Newman Medical Clinic	100–1,000
Long Thao MD Inc.	1,000+

Pediatric	
Provider	Award Band
St. Junipero Children’s Clinic	Peds 1
Madhu Raghavan	Peds 2
Pediatric Medical Group of Watsonville	Peds 3

Pharmacy Carve Out: Upcoming Transition to Medi-Cal Rx

In January 2019, California Gov. Gavin Newsom signed an executive order that would transition pharmacy services from Medi-Cal managed care health plans into the fee-for-service delivery system. The California Department of Health Care Services (DHCS) anticipates that such a transition will standardize the Medi-Cal pharmacy benefit statewide, improve access to pharmacy services and strengthen California’s ability to negotiate state supplemental drug rebates with drug manufacturers.

Important points for providers

1. Beginning **April 1, 2021**, Medi-Cal pharmacy benefits will be provided through the new delivery system, called Medi-Cal Rx, administered by Magellan Medicaid Administration, Inc. **This means that all prescriptions billed via pharmacy claims will become the responsibility of Medi-Cal Rx and will be directly paid for and administered by the state.**
2. Magellan Medicaid Administration, Inc., will be responsible for:
 - Claims management;
 - Prior authorization;
 - Provider and beneficiary support services and others.

Magellan will ensure that Medi-Cal providers receive a notification within 24 hours of prior authorization submission.

3. Medi-Cal Rx will use a single, statewide and DHCS-approved Medi-Cal **Contract Drug List (CDL)** as its preferred drug list. As a general rule, with some exceptions, drugs listed on CDL would not require prior authorization. Alternatively, drugs not listed on CDL would require an approved prior authorization for coverage.

To ensure continuity of care and facilitate a smooth transition from the Alliance formulary to drugs on the CDL, DHCS will provide a **180-day pharmacy transitional period**, which will allow members to continue their current medication without prior authorization.

4. Providers and members may contact Magellan Customer Service Center at **800-977-2273** for any questions, complaints and grievances concerning pharmacy benefits starting **April 1, 2021**.

Please note that there are currently no changes planned to

Alliance Drug Formulary Changes Q3 2020

Additions to Formulary

Depo-SubQ Provera 104 104MG/0.65

Truvada (Added to the formulary for IHSS only)

Descovy (Added to the formulary for IHSS only)

Prezista (Added to the formulary for IHSS only)

Tivicay (Added to the formulary for IHSS only)

Isentress (Added to the formulary for IHSS only)

Norvir (Added to the formulary for IHSS only)

Ritonavir (Added to the formulary for IHSS only)

Azelastine

Olopatadine (Patanol)

Olopatadine (Pataday)

Omeprazole ODT

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

pharmacy services that are billed as medical claims, and those will continue to be the Alliance’s responsibility. Pharmacy services will remain the responsibility of the Alliance for In-Home Supportive Services (IHSS) members.



For more information, contact your provider services representative or refer to: [Medi-CalRx.dhcs.ca.gov](https://www.Medi-CalRx.dhcs.ca.gov).

Provider Satisfaction Survey

The Alliance Provider Satisfaction Survey gives providers an opportunity to share input on their experiences with the Alliance. The input received is a critical component that assists us in achieving our mission and meeting the needs of our members through our provider partnerships.

The results of the 2019 survey indicate that 96% of Alliance providers would recommend the Alliance to other physicians' practices and 87% were satisfied with the Alliance overall.

Providers reported that the Alliance's strengths are communication, customer service and training.

The highest-performing areas included the ease of reaching Alliance staff, the process of obtaining member



information and helpfulness in obtaining referrals.

The Alliance thanks all providers who took the time to participate in this year's Provider

Satisfaction Survey, and we look forward to reviewing your valued comments and feedback as we plan future initiatives and operations.



If you would like more information, please reach out to a Provider Relations Representative at **800-700-3874, ext. 5504.**

Staffing News

Please Join Us in Welcoming New Provider Relations Staff to the Alliance



Luisana Bautista,
Provider Relations
Representative,
Merced County

Luisana transitioned into the role of Provider Relations Representative for Merced County in September 2020. She first joined the Alliance in July 2016 as a Member Services Representative. Before joining the Alliance, Luisana worked at a local, federally qualified health center, where she gained 12 years of extensive health care experience. She is excited to continue her career with the Alliance and to continue to serve her community.

She says, "I am looking forward to providing support to our provider network while promoting member wellness and making a positive impact in my community."



Quality CAP Process

The Alliance has a Quality and Performance Improvement Program (QPIP) to assure and improve the quality of care for Alliance members. The QPIP serves to monitor, evaluate and take effective action to address needed improvements in quality of care and services delivered by the Alliance through providers rendering services on its behalf.

The QPIP uses a variety of mechanisms to identify potential quality of service issues, ensure patient safety and ensure compliance with standards of care across the care continuum. The Alliance provides ongoing technical support for providers to comply with the QPIP; however, if there are significant quality of care issues identified, this can lead to a Corrective Action Plan (CAP). The areas that may lead to a CAP are Facility Site Review,

which includes the Medical Record Review process; Potential Quality Issues; Care-Based Incentive; and Healthcare Effectiveness Data and Information Set metrics.

CAPs are intended to give providers the opportunity to remedy identified quality issues. CAPs outline actions to be taken with clearly stated goals and time frames for completion. A quality issue is a confirmed deviation from expected provider performance, clinical care or outcome of care that has been determined to be

inconsistent with professionally recognized standards of care. The Alliance identifies providers and/or facilities to be issued CAPs, and the Medical Director, along with Quality Improvement (QI) staff, will review and collaborate on the development of the CAP, including timelines and expected outcomes. CAPs will be communicated to the facilities and/or providers involved. Failure to comply with the CAP may result in provider contract changes, modification, suspension, restriction or termination.



To learn more about the Alliance QPIP and Policy 401-1306 Corrective Action Plan for quality issues, please reference the Provider Manual: www.ccah-alliance.org/provider-manual-toc.html.



Alliance's Data Submission Tool Update

Accepting New Measures and Codes

The Alliance's Data Submission Tool (DST) allows Alliance providers to upload data files via the Provider Portal to achieve compliance in the Care-Based Incentive (CBI) Program, Healthcare Effectiveness Data and Information Set (HEDIS) audit and quality improvement projects. Submitting data is optional, but it is recommended to ensure a complete data set is reported for CBI and HEDIS. The Alliance is accepting data for the following measures:

- Alcohol Misuse Screening and Counseling. **New codes!** (Measure name will change to Unhealthy Alcohol Use in Adolescents and Adults in CBI 2021.)
- Bilateral Mastectomy Codes. **New!**

- Body Mass Index (BMI).
- Cervical Cancer Screenings. (Includes Hysterectomy codes to remove members from the measure.)
- Chlamydia Screening. **New!**
- Controlling Blood Pressure.
- HbA1c Lab Values.
- Fluoride Varnish. **New!**
- Immunizations: Children, Adolescents and Adults.
- Initial Health Assessments (IHA).
- Well-Child Visits First 15 Months of Life (W15). **New!**

The DST Guide is available on the Provider Portal, which includes a list of accepted codes, step-by-step instructions, required information and how to upload.



Deadlines to Submit Data

HEDIS measurement year 2020	Dec. 31, 2020
Care-Based Incentive 2020 Program	Feb. 28, 2021



If you do not have access to the Provider Portal DST or if you have any questions regarding the tool, please contact your Provider Relations Representative or email portalhelp@ccah-alliance.org.

Payment Options Offered by Change Healthcare and ECHO Health, Inc.

The Alliance has partnered with third-party vendors Change Healthcare and ECHO Health, Inc. (ECHO) to administer payment to Alliance providers. By the end of the year, providers will start to receive fee-for-service and capitation payments

from ECHO. ECHO offers three different payment options: virtual credit card (VCC), electronic funds transfer (EFT) and paper checks. Providers who were previously enrolled to receive EFT from the Alliance or through ECHO's All Payer

option will continue to receive EFT as the default method of payment. Providers who did not sign up for EFT will receive payment by VCC. If you wish to change your payment method, please call ECHO at **888-983-5574**. Please contact your Provider Relations Representative if you have any questions.



Language Assistance Services

The Alliance is committed to providing equal access to quality health care to all Alliance members. As part of this work, when accessing Alliance-covered services, we offer Language Assistance Services at no cost to eligible Limited English Proficiency (LEP) members or members who are deaf and/or hard of hearing. The Alliance offers two types of interpreter services for our providers, eligible members and staff: telephonic (no prior approval required) and face-to-face (prior approval required). Please visit the Alliance Cultural and Linguistic Services page of the Alliance provider website at www.ccah-alliance.org/cultural_linguistic.html to learn how to access these services for your patients.



For more information about Alliance Language Assistance Services, please call the Alliance Health Education Line at **800-700-3874, ext. 5580** or email ListC&L@ccah-alliance.org.



The Alliance Is Committed to Serving Our Members

This year, the Alliance completed our first **Population Needs Assessment** (PNA), a new yearly requirement with the Department of Health Care Services (DHCS). You may recall that the Alliance worked on a similar assessment called the Group Needs Assessment (GNA), which was completed every five years. With the new DHCS requirement, the PNA will now replace the GNA.

The goal of the PNA is to improve the health outcomes of our members and ensure that we are meeting the needs of our members by:

1. Evaluating member health risks.
2. Identifying member health needs.
3. Identifying health disparities.

In planning for the 2020 PNA report, we looked at 2019 member data provided by DHCS and worked with some of our internal and external stakeholders, through our workgroups, to solicit feedback.

Based on your feedback and our findings from the 2020 PNA report, the Alliance is developing action plan activities to address member cultural and linguistic needs around health education, quality improvement programs and plan services. In addition, the action plan will include specific tactics of the Alliance's 2021 Operating Plan of addressing health disparities, member needs and working toward improving health outcomes for Alliance members.

The Alliance is committed to serving our members and improving programs and services. To show our commitment, we will share our 2020 PNA findings and action plan activities with you throughout the next year.

If you have questions about the Alliance 2020 PNA report, please call the **Alliance Health**



Education Line at **800-700-3874, ext. 5580**.

Programs that were previously offered in-person, such as workshops and support meetings, are now offered telephonically or virtually to continue supporting members.



Alliance Health Education and Disease Management Programs during COVID-19

The Alliance is committed to offering innovative programs to help members achieve healthier outcomes. This commitment has continued throughout the challenges posed by COVID-19 and shelter-in-place orders in our tri-county service areas. The Quality and Health Programs (QHP) team has worked diligently to ensure members are able to engage and participate in health promotion activities through this difficult time. Programs that were previously offered in-person, such as workshops and support meetings, are now offered telephonically or virtually to continue supporting members.

The Alliance Health Educators can assist members in the following modalities available per program:

- **Diabetes Prevention Program (DPP):** Telephonic education and referrals to an Alliance-approved DPP education provider.*

- **Live Better with Diabetes:** Telephonic education and referrals to an Alliance-approved diabetes self-management education provider.*
- **Healthier Living Program:** Telephonic education and support.
- **Healthy Breathing for Life:** Telephonic education and referrals to an Alliance-approved asthma education provider.*
- **Tobacco Cessation Support:** Telephonic education and referrals to an Alliance-approved tobacco cessation education provider.*
- **Wellness that Works (formerly Weight Watchers):** Telephonic

and virtual education available via enrollment with the Wellness that Works program.

- **Healthy Moms and Healthy Babies:** Telephonic education and support.
- **Healthy Weight for Life:** Telephonic education and support.

****A few of the Alliance-approved providers may have virtual education options available for members.***

Providers can refer members to any of these programs utilizing the **new Health Education and Disease Management Referral Form** located on our website at www.ccah-alliance.org/healthed_dm.html.



Please note

Each referral is assessed for program eligibility and requirements. For additional information, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

MDLive

The Nurse Advice Line (NAL) provides Alliance members 24/7/365 telephone access to speak with a registered nurse to answer their health care questions and help decide what to do next. Members have the opportunity to speak with a board-certified and state-licensed physician after they've been triaged by the nurse and the nurse has recommended that the member will benefit from speaking to a physician. MDLive is the virtual medical office platform through which Alliance members can securely get advice from a physician via voice, video, email or mobile device.

MDLive physicians, upon receipt of referral from the NAL, will then provide consultation to the member. A consult may provide appropriate provider diagnoses that include the member's ailment; recommendations to therapy treatments; and, when necessary, provide non-DEA-controlled prescriptions based on the member's needs. MDLive can provide refills for up to one month for chronic medications. These consults are free to all Alliance members.

The NAL nurses follow a standard of care protocol on when it is and is not appropriate to transfer a member to MDLive. If the nurse determines that the member's condition is stable, they may advise self-care and/or have the member follow up with their



Symptoms for which an MDLive Physician referral may be considered include:

- Allergies;
- Bronchitis;
- Cold and influenza (the flu);
- Constipation;
- Ear problems;
- Fever;
- Gastrointestinal issues, such as nausea, vomiting and diarrhea;
- Gout;
- Headache;
- Infections;
- Joint aches and pains;
- Pink eye;
- Sinus infection;
- Skin issues, such as acne, rashes and insect bites;
- Sore throat;
- Sunburn;
- Urinary tract infections (UTIs).

PCP. The nurses will only transfer calls to MDLive if they recommend that the member needs to be seen by a physician **within the next four hours**. If the nurses deem the call to be more urgent, they will then advise the member to call 911.

When members are transferred to MDLive, they will be asked to

complete the registration process that includes medical history. Once completed, the member will be directed to a consult with the physician. After the MDLive consultation, the member will be asked for their permission to send an after-visit summary report to their linked PCP.


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

- David Ansel, MD, *Pediatrics*
- Elisa Breton, MD, *Family Medicine*
- Diana Kraushaar, MD, *Family Medicine*
- Rashmi Mathew, MD, *Internal Medicine*

Referral Physician/Specialist

- Li Kuo Kong, MD, *Infectious Disease*
- Karuna Sharma, MD, *Internal Medicine*

Monterey County

Primary Care

- Mathew Corvo, MD, *Internal Medicine*
- Osmani Faraaz, MD, *Internal Medicine*
- Jorge Feria, MD, *Pediatrics*

Referral Physician/Specialist


- Tony Liu, DO, *Physical Medicine and Rehabilitation*
- Denice Starley, DO, *Physical Medicine and Rehabilitation*
- Jayme-Rock Willoughby, MD, *Cardiovascular Disease*

Merced County

Primary Care

- Maher Gao, MD, *Pediatrics*
- Andrea Heyn, MD, *Family Medicine*
- Jaspreet Nanra, MD, *Family Medicine*
- Ghassan Saeb, MD, *Pediatrics*



 **ALLIANCE HOLIDAY CLOSURES**

- Thursday, Dec. 24, 2020
- Friday, Dec. 25, 2020
- Friday, Jan. 1, 2021
- Monday, Jan. 18, 2021
- Monday, Feb. 15, 2021