

March 2023



# Provider Bulletin

A **quarterly** publication for providers.



## Alliance Board Meetings

**Wednesday**, March 22, 2023  
3 p.m. to 5 p.m.

**Wednesday**, April 26, 2023  
(Merced County), 10 a.m. to 2:30 p.m.

**Wednesday**, May 24, 2023  
3 p.m. to 5 p.m.

## Physicians Advisory Group Meetings

**Thursday**, June 1, 2023  
Noon to 1:30 p.m.

## Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting

**Thursday**, June 15, 2023  
Noon to 1 p.m.

## The Alliance's next chapter

When I joined the Alliance in 1999 (then known as Santa Cruz County Health Options), I did not foresee that this organization would provide me with deeply satisfying work for the better part of the last 23 years. Expanding access to care in partnership with you all has been a privilege – one for which I will remain grateful. As I prepare for my departure from the Alliance in May, I feel a deep and abiding respect for this provider community and your commitment to care for your fellow community members. Your commitment inspires my confidence in the Alliance's future.

I am also confident in the Alliance's next chapter because the Alliance's board has selected a capable, skilled, tested and committed CEO in Michael Schrader. Michael will join the Alliance on April 17, 2023, as its next CEO.

Michael comes to the Alliance having led managed care organizations operating both the Medi-Cal and Medicare programs and in both urban and rural communities. Michael is intelligent, thoughtful and collaborative. Please join me in welcoming Michael to the Alliance, and thank you for your partnership these many years.



*Stephanie Sonnenshine*

Stephanie Sonnenshine, CEO

## What members said about their health care in 2022

The results of the Alliance's 2022 CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey are in! Surveys were fielded between March 29 and June 23, 2022.

Although we stand above our state benchmarks for all composite areas and measures, there is continued work to do for us to reach NCQA national benchmarks and the 90<sup>th</sup> percentile or higher for all measures. Priority areas for improvement include:

- **Timeliness of care.** There was a significant decrease for our adult Medi-Cal sample, from 84.5% (2021) to 73.4%.
- **Getting needed care.** This area – which encompasses questions around tests, treatment and specialist appointments – falls below the 25<sup>th</sup> percentile, nationally.

Overall, we've made positive gains in the following areas:

- **How well doctors communicate** (Adults 91.5%, Child 93.1%).
- **Health plan customer service** (Adults 91.1%, Child 92.0%).
- **Rating of personal doctor** (Adults 83.1%, Child 93.4%).
- **Rating of specialist** (Adults 85.7%, Child 93.4%).

In 2023, we look forward to continuing to work with practices on improvements to process and care coordination for our shared goal of improving care for all members.

## Pre-visit planning for more effective patient visits

Pre-visit planning is a team-based approach to patient care and an essential step that can enhance teamwork and efficiency. Pre-visit planning can save a practice time and money, reduce staff stress and promote high-quality patient care.



A 5- to 15-minute pre-clinic huddle allows teams to review schedules together and share knowledge about the patients and the day ahead. Huddles help teams to identify if any pre-orders can be initiated, discuss any patient or team member needs and announce last-minute schedule changes.

The huddle can help drive appropriate use of pre-appointment questionnaires and assemble relevant handouts, screenings and vaccine information sheets so the team is ready for the patient's visit. These tools support gathering patient information – such as medical history, current medication list, vaccine registry review findings and reason for visit – that staff can enter into the chart before or during the appointment.

Scheduling follow-up scans, lab work and appointments before the patient leaves the office ensures that the next appointment will have the necessary results to effectively assist the patient and reduce calls or messages to the clinic.

Interested in implementing pre-visit planning into your practice? View this STEPS Forward® slide deck for resources and tools: [www.morehealth.org/stepsforward](http://www.morehealth.org/stepsforward).



Check out the latest provider news and resources at [www.thealliance.health/provider-news](http://www.thealliance.health/provider-news).



## Provider Satisfaction Survey results

Every year, the Alliance contracts with SPH Analytics to conduct a Provider Satisfaction Survey. In addition to assessing overall satisfaction with the Alliance, the survey measures provider satisfaction with access to urgent and routine care, Cultural and Linguistic Services and the Provider Portal. Key findings and trends are closely tracked. We use your feedback to inform short-term and long-term initiatives.

- **87% of providers** who responded indicated that they **are overall satisfied with the Alliance**.
- **95% of providers** indicated they would **recommend the Alliance to other physicians**.

In areas of core health plan operations, **providers rated the Alliance at or above the 92<sup>nd</sup> percentile compared to other health plans** surveyed by SPH Analytics.

The Alliance is grateful to provider offices that made time to complete the survey. We are committed to using your candid feedback to advance a shared vision of Healthy People, Healthy Communities. Looking ahead, we will continue to support provider offices as they navigate the continued challenges of the pandemic.

We invite you to participate in the 2023 survey, which launches this summer.



## De-escalation and early mental health referral

Members are navigating many challenges on any given day and may display emotional escalation during interactions with providers. Most members are doing their best in a difficult situation to get what they need, perhaps after being told “no” many times before.

Offering empathetic active listening is a powerful tool that goes a long way. Even if the problem doesn't have an immediate solution, hearing members out often helps them de-escalate and then be more open to feedback. Empathetic active listening upholds the safe space and compassionate care members are looking for in their health care.

This type of interaction is an opportune time to remind members that we all need help sometimes and invite them to contact Caredon Behavioral Health, formerly Beacon Health Options, to connect with a therapist or the Alliance to ask for help navigating care.

For behavioral health services, including therapy, Caredon can be contacted 24/7 at **855-765-9700**. For the Alliance's care management intake, call **800-700-3874, ext. 5512**.

## Is Lyme disease the cause for vague symptoms in patients?

In California, Lyme disease is caused by exposure to the *Ixodes pacificus* (western blacklegged) tick that is known to carry the bacterium *Borrelia burgdorferi*. The tick has three life stages: larva, nymph and adult. In some areas of the state, a higher percentage of nymphs (average 5%-15%, range = 0%-41%) carry the spirochete that causes Lyme, compared to adult ticks (average 1%-2%, range = 0%-10%). While ticks are active year-round in California, the risk of Lyme disease transmission is higher in spring and early summer, when nymphs are most active.

### Be alert to the symptoms of Lyme disease

Early symptoms of Lyme disease may appear 3-30 days after a tick bite as an erythema migrans (EM) rash or as flu-like symptoms. If untreated, Lyme disease can produce a wide range of symptoms that can take up to several months or years to present and affect many different organ systems. Symptoms may include:

- Severe headache and neck stiffness.
- Facial palsy.
- Severe joint pain and swelling, particularly in the knees and other large joints.
- Heart palpitations or arrhythmias.
- Episodes of dizziness or shortness of breath.
- Nerve pain or numbness, shooting pains or tingling in hands or feet.
- Intermittent pain in tendons, muscles, joints and bones.

If patients frequent areas where ticks are likely prevalent, remind them of precautionary measures – applying repellent, checking for ticks and showering after being outdoors – and stress the importance of early tick removal.

The CDC has information on Lyme disease for health care providers, as well as educational materials for patients. Visit [www.cdc.gov/lyme/index.html](http://www.cdc.gov/lyme/index.html).

Sources: CDC, Lyme Disease in California



## Help prevent pregnancy-related mortality

Although two out of three pregnancy-related deaths are preventable, nearly 700 people in the United States die each year as a result of pregnancy or delivery complications. Another 50,000 people each year have unexpected outcomes of labor and delivery, with serious short-term or long-term health consequences.

Social determinants of health (SDOH) can prevent people from having opportunities for economic, physical and emotional health. Recognizing urgent maternal warning signs and providing timely treatment and quality care can prevent many pregnancy-related deaths.

Here are some things providers can do to help reduce factors that contribute to pregnancy-related complications and death:

- **Talk to patients about urgent maternal warning**

**signs** and when to seek immediate medical attention. During the postpartum period, patients may not consider that their health concern could be related to their recent pregnancy.

- **Help patients manage chronic conditions or conditions that may start during pregnancy**, such as hypertension, diabetes or depression. Telehealth may be a useful tool for monitoring, especially for pregnant persons who live in rural and underserved areas.
- **Ask questions about and document SDOH** that may affect a patient's health and use of health care. Maximize referrals to social services to help improve patients' abilities to fulfill these needs.
- **Access the Alliance's interpreter services** for patient interactions where

the patient's language is not the clinician's language.

- **Allow time for patients to bring up any questions or concerns** they may have during and after pregnancy.

The Alliance offers a Healthy Moms and Healthy Babies program to help connect women with prenatal and postpartum care and education. Learn more at [www.thealliance.health/members/healthy-moms-healthy-babies](http://www.thealliance.health/members/healthy-moms-healthy-babies).

Patient-centered, equitable and culturally appropriate health care contributes to improved outcomes in patient safety and quality of health. For more information on the Alliance's Cultural and Linguistic Services, call our Health Education Line at **800-700-3874, ext. 5580**, or email us at [listcl@ccah-alliance.org](mailto:listcl@ccah-alliance.org).



## New additions launched for ECM and Community Supports

Enhanced Care Management (ECM) services continue for previous populations of focus, including adults and families experiencing homelessness, adults with serious mental illness and substance use disorder, and adults with avoidable emergency department visits.

As of Jan. 1, 2023, these new additions have launched:

- Two new populations of focus: adults living in the community and at risk for long-term care and institutionalization; and nursing facility residents transitioning to the community across all three counties.
- One new Community Supports (CS) service: Environmental Accessibility Adaptations (EAA) across all three counties. EAA is a benefit that supports implementation of physical adaptations made to a home to ensure a member's health, welfare and safety or to give the member greater independence at home. Examples: installation of ramps and grab-bars, widening of doorways for wheelchair access and installation of stair lifts.
- Expansion of the Medically Tailored Meal Program, which now includes members with chronic conditions, extensive care coordination needs and members recently discharged from a hospital/skilled nursing facility or at risk for admission.



To learn more about ECM/CS programs in Merced, Monterey and Santa Cruz counties, including how to refer Alliance members, visit our ECM/CS provider page: [www.thealliance.health/ecm-cs](http://www.thealliance.health/ecm-cs).



## Using language assistance for high-quality care

Using an untrained interpreter may result in miscommunication of medical information, compromising quality of care. For this reason, the Alliance discourages providers from using family members or any untrained interpreters.

The Alliance is committed to ensuring that our members have access to culturally and linguistically appropriate care. We offer a variety of language assistance services that our provider network can utilize.

### Telephonic interpreting services

Providers may directly access a qualified telephonic interpreter 24 hours a day, 7 days a week. For directions on how to access this service, please see our quick reference guide: [www.thealliance.health/interpreter-services-quick-reference-guide](http://www.thealliance.health/interpreter-services-quick-reference-guide).

### Face-to-face interpreting services

Providers may request a face-to-face interpreter for a member's appointment by submitting a request form via fax to **831-430-5850**. The request form is available on our website at [www.thealliance.health/interpreter-request-form](http://www.thealliance.health/interpreter-request-form). Prior approval is required.

### Interpreter services for hearing impaired members

Providers may also use the Hearing or Speech Assistance Line at **800-735-2922** (English) or **800-855-3000** (Spanish) to communicate with a hearing-impaired member via phone.

For more information, please visit our website at [www.thealliance.health/cultural-and-linguistic-services](http://www.thealliance.health/cultural-and-linguistic-services) or call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

## New CBI Adverse Childhood Experiences (ACEs) incentives

Important reminder for providers to complete their ACEs Screening Training and Attestation form on the ACEs Aware website (<https://training.acesaware.org/aa>) to qualify for the new 2023 Care-Based Incentive (CBI) measures:

- Fee-for-Service: ACEs Training and Attestation.** CBI sites will receive \$200 for each primary care provider, including mid-levels and residents who complete the ACEs Aware Core Training and DHCS Training Attestation. Sites will be paid retroactively for attestations completed prior to 2023.
- ACEs Screening in Children and Adolescents.** Percentage of linked members ages 1-20 who were screened for ACEs in the prior 12 months, using a standardized screening tool. Payment for performance is annual.

Providers also qualify for \$29 per screening via Prop 56 funding, using the billing codes below:

HCPSC Code	Description
G9919	Score 4 or greater (high risk), results are positive.
G9920	Score between 0 and 3 (lower risk), results are negative.

FQHCs are eligible for the payment in addition to their existing Prospective Payment System payment but will need to bill using the appropriate code on a **separate claim**. For more information, go to [www.acesaware.org](http://www.acesaware.org).





# Refer members to health education and disease management programs

The Alliance offers health education and disease management programs to help members achieve healthier outcomes. In these programs, Alliance health educators utilize motivational interviewing and trauma-informed care techniques to help members identify measurable goals that support a healthier lifestyle.



## Diabetes and prediabetes

**Live Better with Diabetes and Diabetes Prevention Program:** Members can learn tools to keep diabetes under control, like how to eat the right foods, be more active and lower stress.



## Living with chronic conditions

**Healthier Living Program** (offered in person, virtually via online meetings or over the phone): Members learn skills to better manage chronic condition(s) like diabetes, high blood pressure or depression.



## Quitting tobacco

**Tobacco Cessation Support Program (TCSP):** Can include in-person or over-the-phone counseling for members who want to stop smoking and/or using tobacco products.



## Weight management

**Wellness that Works (formerly Weight Watchers):** Members 18 years and older can learn about healthy eating, staying active and creating health and wellness goals.

**Healthy Weight for Life:** For parents with children ages 2 to 18. Parents can learn how to help their child reach a healthy weight (offered in person or virtually via online meetings).



## Prenatal and postpartum

### Healthy Moms, Healthy Babies:

Provides member education on prenatal and postpartum health, breastfeeding, pediatric care and parenting.



## Asthma

**Healthy Breathing for Life:** Members can learn new ways to manage asthma.

Find more details about these programs on our website at [www.thealliance.health/providers/health-education-and-disease-management](http://www.thealliance.health/providers/health-education-and-disease-management).

To refer a member to any of these programs, please use the referral form on our website: [www.thealliance.health/health-programs-referral-form](http://www.thealliance.health/health-programs-referral-form).

Questions? Call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

## Check the Medi-Cal website for latest claims guidelines

Looking for the latest guidance on submitting claims? The Medi-Cal website is a valuable resource for keeping up to date.

- **Browse previously published bulletins and news** on the Medi-Cal Providers Publications page: <https://files.medi-cal.ca.gov/pubsdoco/Publications.aspx>.
- **Sign up for the Medi-Cal Subscription Service** to receive urgent announcements and other updates posted to the Medi-Cal website: <https://camcss.powerappsportals.com>.
- **Consult claims guidance for specific areas of care** in the Provider Manuals library: <https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>.

Monthly bulletins are typically published around the 15<sup>th</sup> of the month.

*The Alliance Claims Department would like to thank providers for their partnership with us and welcome our newly contracted Enhanced Care Management and Community Supports providers!*



### Sign up

to receive provider news and updates  
by email in one easy step!

Visit [www.thealliance.health/provider-signup](http://www.thealliance.health/provider-signup).



## Understanding the risk of concurrent opioids and antipsychotics utilization

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requires that states have a review process to monitor patients concurrently prescribed opioids and antipsychotics. This is due to the possibility of additive central nervous system (CNS) depression, which can result in excessive drowsiness, respiratory depression, overdose and death.

Per the updated CDC Clinical Practice Guideline for Prescribing Opioids for Pain, clinicians should use particular caution when prescribing opioids and other CNS depressants. Opioid therapy should only be initiated if expected benefits for pain and function are anticipated to outweigh risks to the patient ([www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm](http://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm)).

## Monitoring and working with your patients

Per CDC, when combined use of opioid and CNS depressant medication is warranted, please consider the following:

- Talk with your patient about the realistic benefits and known risks of opioid therapy prior to initiating it.
- Work with your patient to establish treatment goals for pain and function.
- Consider utilizing the lowest effective opioid dose and minimum treatment duration.
- Monitor your patient for adverse effects.
- Regularly reevaluate benefits and risks of continued opioid therapy with your patient. If the benefits do not outweigh the risks, consider optimizing other therapies and working to gradually taper to lower dosages or, if warranted based on the individual circumstances of the patient, appropriately tapering and discontinuing an opioid medication.
- Warn patients and caregivers about the risk of slowed breathing and/or sedation.
- Consider co-prescribing naloxone.

## Important phone numbers

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



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# Welcome, new providers

## Merced County

- Gerald Austin, DPM, Podiatric Medicine
- Scott Bourns, DO, Family Medicine
- Lillian Choi, MD, Gastroenterology
- Stefan Elazier, MD, Family Medicine
- Kiren Jain, MD, Diagnostic Radiology
- Amitpal Kohli, MD, Endocrinology, Diabetes and Metabolism
- Linda Lazar, DO, Rheumatology
- Tyler Nickle, DO, Public Health and General Preventive Medicine
- Leonard Oestreicher, MD, Family Medicine
- Sheetal Madhuri Sumbet, PT, Physical Therapist
- Crestley Wong, OD, Optometrist

## Monterey County

- Oluwafunmilola Adekanmbi, MD, Neurology
- Yalda Ataie, MD, Internal Medicine
- Bhavishya Clark, MD, Otolaryngology
- Marcus De Ranieri, DO, Family Medicine
- Lucie Gamboa, MD, Pediatrics
- Erika Gant, PT, Physical Therapist
- Vivian Garcia, MD, Family Medicine
- Nicholas Gularte, DO, Physical Medicine and Rehabilitation
- Mark Howard, MD, Orthopaedic Surgery
- Prabhjot Kaur, DC, Chiropractor
- Joel Lardizabal, MD, Cardiovascular Disease
- Minh Le, MD, Pulmonary Disease
- Patricia Mayer, MD, Family Medicine



- Christine Nguyen, MD, Family Medicine
- Edinrin Obasare, MD, Cardiovascular Disease
- Anthony Razzak, MD, Gastroenterology
- Arvinderpaul Sarai, MD, Radiologist

## Santa Cruz County

- Rachael Henrichsen, LAC, Acupuncture
- Ruby Lo, MD, Vascular Surgery
- Aaron Pardini, MD, Endocrinology, Diabetes and Metabolism
- Nathan Rheault, DO, Family Medicine
- Jason Wasche, DO, Family Medicine
- Brent Wentworth, DO, Family Medicine

## Holiday office closures

- Monday, May 29, Memorial Day