



## 2024 Quarter 1 Provider Packet In-Person Visits by Provider Services have Resumed!

The Alliance is pleased to report that we have resumed in-person visits. Provider Relations Representatives are available to meet with you in person, by phone, and by virtual meetings.

Here are ways that you can access Alliance updates and reach out to us for assistance:

- Contact your Provider Relations Representative directly by email or phone.
  - Errin Poston: [eposton@alamedaalliance.org](mailto:eposton@alamedaalliance.org), 1.510.747.6291
  - Rosa Sanchez: [rsanchez@alamedaalliance.org](mailto:rsanchez@alamedaalliance.org), 1.510.373.5664
  - Shawanna Emmerson: [semerson@alamedaalliance.org](mailto:semerson@alamedaalliance.org), 1.510.995.1202
  - Maria Rivera: [mrivera@alamedaalliance.org](mailto:mrivera@alamedaalliance.org), 1.510.747.6094
  - Loren Mariscal (Delegated Groups/Hospitals): [lmariscal@alamedaalliance.org](mailto:lmарiscal@alamedaalliance.org), 1.510.995.1055
- Email us at [providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)
- Call our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at [www.alamedaalliance.org/providers](http://www.alamedaalliance.org/providers)

### THIS PACKET INCLUDES:

- |  |   |
|--|---|
| 1. Provider Ownership and Disclosure Form Reminder Notice  | 6. Manifest MedEx Health Information Exchange (HIE)   |
| 2. Provider Demographic Attestation Form   | 7. California Health and Human Services (CalHHS) Data Exchange Framework (DxF) Notice                   |
| 3. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Townhall Flyer – Primary Care Providers (PCPs) Register Today!  | 8. Authorization Submission Notice  |
| 4. New Mandatory Provider Training for Pediatric and Family Medicine Providers – Medi-Cal for Kids & Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services Notice | 9. Timely Access Standards  |
| 5. HEDIS MY 2023 – Provider Outreach Letter  | 10. 2024 Cultural Sensitivity Training Notice   |
|  | 11. Member Rights and Responsibilities  |
|  | 12. The Alliance is Expanding Enhance Care Management (ECM) and Community Supports (CS) Services Notice |

Accepting New Patients     Accepting Existing Patients     Not Accepting Patients

Comments: \_\_\_\_\_

Provider/Office Staff Print: \_\_\_\_\_

Provider/Office Staff Signature: \_\_\_\_\_



## Ownership and Disclosure Form Reminder Notice

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important reminder we would like to share with you.

Each year, the Alliance requests that providers complete and return the Ownership and Disclosure forms to the Alliance. **Please review and submit one (1) completed Ownership and Disclosure Form for each contract that you have with the Alliance.** Attached to this notice is a copy of the form.

The forms may be returned to your Provider Relations Representative directly by email or fax.

Provider Relations Representative Contact Information:

- Errin Poston-McDaniels  
Email: [eposton-mcdaniels@alamedaalliance.org](mailto:eposton-mcdaniels@alamedaalliance.org)  
Fax: **1.510.747.4291**
- Stacey Woody  
Email: [swoody@alamedaalliance.org](mailto:swoody@alamedaalliance.org)  
Fax: **1.510.747.4148**
- Tom Garrahan  
Email: [tgarrahan@alamedaalliance.org](mailto:tgarrahan@alamedaalliance.org)  
Fax: **1.510.747.4137**
- Leticia Alejo (Delegated Groups/Hospitals)  
Email: [lalejo@alamedaalliance.org](mailto:lalejo@alamedaalliance.org)  
Fax: **1.510.373.5906**

You can also email your completed forms to us at [providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org).

For questions, please call the Alliance Provider Service Call Center at **1.510.747.4510**.

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



# Vendor Disclosure of Ownership Form

## I. Instructions

This form must be completed and submitted to Alameda Alliance for Health (Alliance) by all providers and subcontractors. A new Disclosure Form is required and must be submitted in the event of renewal or extension of the contract or within 35 days after any information in your original form has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with the Alliance and the Alliance's administrative requirements.

**The disclosure, reporting, and exclusion requirements apply to partnerships on both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III, and VI of the Disclosure Form. The definitions are based on law, regulation, and instructions from regulatory authorities.**

**Important Note:** For the purposes of this Disclosure Form, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (I) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (II) Partners of a partnership, including without limitation limited liability partnerships.

See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definition of other key terms such as "Managing Employee," "Provider," and "Agent."

Please complete this Disclosure Form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this Disclosure Form, please reference the Definitions provided under Section VII.

## II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS		DBA (Doing Business As), if applicable	
ADDRESS			NPI/UMPI
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER
FEDERAL EMPLOYER ID (FEIN)		TAX ID	



**III. Structure**

**Check the entity type that describes your structure:**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Partnership (i.e., LP, LLP, LLLP)	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Incorporated County	<input type="checkbox"/> Unincorporated County (You may advance to Section VI for Certification)		<input type="checkbox"/> Other

**IV. Ownership, Control and Management Information**

A. Please provide the following information for each **Managing Employee** and **Person or Entity with an Ownership or Control Interest** in your business, and any Sub-Subcontractor in which you have direct or indirect ownership of 5% or more. All applicable fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided. A non-profit entity must disclose all required information applicable to the entity. Please review the definitions in Section VII.

No.	Full Legal Name and Title	Address Individuals – list home address Entities – list primary business address, every business location and P.O. Box	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1.					
2.					
3.					

B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in subsection IV (A) as a spouse, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	SSN	Name of Person Related To	Related Person's SSN	Relationship
1.					
2.					
3.					

C. For each Person with an Ownership or Control Interest listed in subsection IV (A) who also has an ownership or control interest in a disclosing entity other than that indicated in subsection IV (A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	Address	Date of Birth	SSN or FEIN	% Ownership Interest
1.					
2.					
3.					



**V. Excluded Individuals or Entities**

A. Are there any of your employees, Persons or Entities with an Ownership or Control Interest in your business, or any of your Managing Employees, Affiliates, or Agents who are or have ever:

- Been excluded from participation in Medicare, any of the State health care programs, or Federal health care program under sections 1128 and 1128A of the Social Security Act?

Yes  No

- Been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or any other state or jurisdiction since the inception of these programs?

Yes  No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

Yes  No

- Entered into a settlement in lieu of conviction involving fraud or abuse of any government program?

Yes  No

- Been debarred, suspended, or otherwise excluded for participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

Yes  No

B. Do you have any agreements for the provision of items or services related to the Alliance’s obligations under its contracts with the State or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

Yes  No

If you answered “Yes” to any of the above questions, list the name and the social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering “Yes” (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1.			
2.			
3.			
4.			



## VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify the Alliance of any changes to this information as outlined in Section I.

NAME (print)	TITLE	
SIGNATURE		DATE
EMAIL ADDRESS		

Return a completed, signed Disclosure Form to the Alliance as follows:

Please print single-sided and fax the completed form to the Alliance Provider Services Department:  
Fax: **1.855.891.7257**

You may also mail the form to:

**Alameda Alliance for Health**  
**ATTN: Provider Services Department**  
**1240 South Loop Road**  
**Alameda, CA 94502**

If you have any questions, please contact the Alliance Provider Services Department:

Phone Number: **1.510.747.4510**  
Email: **deptproviderrelations@alamedaalliance.org**

## VII. Definitions

For the purpose of this disclosure, the following definitions apply:

1. **Act** means the Social Security Act.
2. **Affiliate** means associated business concerns or individuals if, directly or indirectly:
  - A) Either one controls or can control the other; or
  - B) A third party controls or can control both.
3. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider or Subcontractor.
4. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. For purposes of this Disclosure Form, Disclosing Entity shall also include Provider, Other Disclosing Entity, Subcontractor, and Sub-Subcontractor.
5. **Other Disclosing Entity means** any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
  - A) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
  - B) Any Medicare intermediary or carrier; and



- C) Any entity (other than an individual practitioner or group of practitioners) that furnishes or arranges, for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
6. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider or Subcontractor, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider or Subcontractor, or part thereof.
7. **Person or Entity with an Ownership or Control Interest** means a person or corporation that:
- A) Has an ownership interest, directly or indirectly, totaling 5% or more in the Provider or Subcontractor;
  - B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider or Subcontractor;
  - C) Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider or Subcontractor, if that interest equals at least 5% of the value of the property or assets of the Provider or Subcontractor;
  - D) Is an officer or director of Subcontractor or a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
  - E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
8. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with the Alliance to provide health care services to Alliance members, including members enrolled through the Alliance's contracts with the State. For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with the Alliance to members enrolled through the Alliances' government program contracts with the State, provided those services are significant and material to the Alliance's obligations under the respective government program contract.
9. **State** means the California Department of Health Care Services (DHCS).
10. **Subcontractor** means an individual, agency, or organization that has a contract with the Alliance that relates directly or indirectly to the performance of the Alliance's obligations under its contract with the State. A network provider is not a subcontractor by virtue of the network provider agreement with the Alliance.
11. **Sub-subcontractor** means:
- A) An individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
  - B) An individual, agency, or organization with which a fiscal agent or Disclosing Entity has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.



## Provider Demographic Attestation Form

The Alameda Alliance for Health (Alliance) Provider Demographic Attestation Form is confidential. Filling out this form will help us better serve you. Please only complete the form if there are any changes.

**INSTRUCTIONS:**

1. Please type or print clearly.
2. Please complete the form and return by fax to the Alliance at **1.855.891.7257**.

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

PROVIDER INFORMATION		
Provider/Clinic Name:		Provider Tax ID:
Site Address:		
City:	State:	Zip Code:
Main Phone Number:		Fax Number:
Hours of Operation:		
Clinic Email Address:		
Languages Spoken:		Accepting Patients <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Existing

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Date Update Completed (MM/DD/YYYY):</b>
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**Notes:**

**Questions?** Please call the Alliance Provider Services Department  
 Monday – Friday, 7:30 am – 5 pm  
 Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

# REGISTER TO ATTEND OUR TOWNHALL



## Medi-Cal for Kids and Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services

**YOU CAN REGISTER TO JOIN ON ANY AVAILABLE DATE!**

### WHAT

The Alliance is pleased to offer a Town Hall for our dedicated pediatric and family medicine providers on the new Medi-Cal for Kids & Teen Training developed by the California Department of Health Care Services (DHCS). The Town Hall is an option to complete the mandatory provider training, that our provider partners must complete every two (2) years.

### WHERE

Virtual meeting only. Please join through Microsoft Teams. The meeting series invite will be sent to all who register. Providers can join any available date and time.

### WHEN

Select from four (4) available dates: **March 12, March 14, May 21, or May 23**  
12 pm - 1 pm

### RSVP

To RSVP online, please visit [bit.ly/3vWI5CV](https://bit.ly/3vWI5CV)

ALAMEDA  
**Alliance**  
FOR HEALTH

QL\_PRVDR\_EPSDT TOWNHALL TRAINING 01/2024

**For questions, please contact:**  
Alliance Provider Services Call Center  
Email: [pdept@alamedaalliance.org](mailto:pdept@alamedaalliance.org)  
Phone Number: **1.510.747.4510**



## New Mandatory Provider Training for Pediatric and Family Medicine Providers – Medi-Cal for Kids & Teens: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important update we want to share with you.

### OVERVIEW

Alliance contracted pediatric and family medicine providers must complete the new Medi-Cal for Kids & Teens Provider Training developed by the California Department of Healthcare Services (DHCS). The self-paced training outlines the requirements for the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit for Medi-Cal members under age 21.

### FREQUENCY

Starting **Monday, January 1, 2024**, providers must complete the training no less than once every two (2) years. This also includes any contracted primary care providers (PCPs) such as medical doctors (MD), doctors of osteopathic medicine (DO), physician assistants (PA), and nurse practitioners (NP) levels.

### HOW TO COMPLETE

Alliance contracted providers can access the training by visiting the Alliance website at [www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities](http://www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities).

Alliance contracted providers can complete and submit the online attestation via the SurveyMonkey tool to receive credit for the training at <https://bit.ly/47UFAzb>.

### TOPICS OF TRAINING DISCUSSION

**Module 1:** What is Medi-Cal for Kids & Teens and How Does it Work?

**Module 2:** Deep Dive into Behavioral Health Services, California Children’s Services Program, and Skilled Nursing Services

Providers who have not completed the training will receive reminders to complete it until the attestation is complete.

Thank you for your patience and partnership in the Alliance provider network. Together, we are creating a healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



March 6, 2024

Dear Provider Partner and Staff,

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are sending you this notice to remind you that the annual Healthcare Effectiveness Data and Information Set® (HEDIS®) medical record data retrieval season started in January 2024.

As a reminder, Alliance staff may contact your office to verify HEDIS® contact information, arrange a time to collect medical records, or request that medical records be faxed or mailed. We recognize that this request can be burdensome, but this information is critical to accurately reflect the high-quality care that you provide. We appreciate your assistance with this process. We will work to provide you with your member patient list and give you as much advance notice as possible. We also understand these are challenging times and will do everything we can to help make the process as smooth as possible.

HEDIS® data collection and reporting is required by the California Department of Health Care Services (DHCS). All Alliance contracted providers must provide the Alliance access to member medical records and health information to complete the annual HEDIS® audit. The Health Insurance Portability and Accountability Act (HIPAA) authorizes the Alliance to collect this information without patient-authorized information release forms.

As always, we thank you for the excellent care you provide to our members and for being a part of our network. We value your partnership and support in achieving a shared mission.

Sincerely,

A handwritten signature in black ink that reads "Steve O'Brien MD".

Steve O'Brien, M.D.  
Chief Medical Officer  
Alameda Alliance for Health

PS\_HEDIS MY 2023 PRVDR OUTREACH 01/2024

# MANIFEST MEDEx HEALTH INFORMATION EXCHANGE (HIE) PARTICIPATION BENEFITS

Alameda Alliance for Health (Alliance) has contracted with Manifest MedEx, a Health Information Exchange (HIE), to improve our members' health and wellbeing through the sharing and exchange of data in a secure environment. Participation in the HIE creates new connections, efficiencies, and enables providers to work together to improve health outcomes. The Alliance is encouraging our provider network to participate in Manifest MedEx's HIE to improve care across the continuum and take advantage of participation benefits.



## BENEFITS OF PARTICIPATING WITH MANIFEST

- Entities that participate can receive utilization data for their eligible/assigned members from all entities that participate in the HIE.
- Providers can receive real-time ADT notifications and access to medical records that include discharge summaries, clinical notes, and lab reports from hospitals that participate in the HIE.
- Participation with Manifest will meet the California Data Exchange Framework (DxF requirements under AB133).
- No cost for ambulatory providers.
- Eliminates the need for providers to submit custom electronic medical record (EMR) extracts to the Alliance for Healthcare Effectiveness Data and Information Set (HEDIS®).
- Fewer individual medical record requests from the Alliance for HEDIS®.
- Manifest MedEx has experience working with over 90 Electronic EMR systems including OCHIN Epic, Epic, eClinicalWorks, NextGen, etc.
- Providers can identify high-risk patients, reduce readmissions, and proactively monitor and support their patients by using Manifest MedEx's MX Notify and MX Access tools:
  - Receive real-time hospital event notifications and immediate follow-up without spending time on faxes and calls
  - Optimize care with easy access to comprehensive patient history drawn from claims and clinical data
  - Streamline HCC/RAF follow-up with a complete list of diagnoses and accurate data
  - Identify and close gaps in care
- Manifest MedEx is only focused on the California market and is based in Alameda County.
- Manifest MedEx participates in eHealth Exchange and is connected to the Carequality Framework.
- Manifest MedEx is the only data aggregator in California with NCQA-validated data, providing health plans access to standard supplemental data for HEDIS®.
- Manifest MedEx is HiTrust certified.

# MANIFEST MEDEX HEALTH INFORMATION EXCHANGE (HIE) PARTICIPATION BENEFITS

## OVERVIEW OF MANIFEST MEDEx

As the largest nonprofit health data network in California, Manifest MedEx is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 36 million Californians across every county throughout the state. Manifest MedEx has been designated as a Qualified Health Information Organization (QHIO) under the California Health and Human Services (CalHHS) Data Exchange Framework (DxF).

Current participants in the Manifest MedEx HIE:

- Over 2500 California healthcare organizations
- Over 1500 ambulatory providers
- 1.5 million admissions, discharge, and transfer (ADT) feeds shared per month
- 130 hospitals
- 14 California health plans including, Anthem Blue Cross, Blue Shield of California, Health Net, and Aetna

The Alliance is working with Manifest MedEx to onboard additional providers in the Alliance provider network.

## NEXT STEPS

If you want to participate or learn more about Manifest MedEx, please email the Alliance Performance and Analytics Department at [hedis@alamedaalliance.org](mailto:hedis@alamedaalliance.org).

### If you have any questions, please call:

Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



ANALYTICS\_PRVDR\_P4P MY 2024\_MANIFEST  
MEDEX HIE 01/2024



## Important Notice: California Health and Human Services (CalHHS) Data Exchange Framework (DxF)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update to share with you about the California Health and Human Services (CalHHS) Data Exchange Framework (DxF).

The CalHHS DxF is a statewide data-sharing agreement (DSA) working to accelerate and expand health information exchanges between health care entities, government agencies, and social service programs beginning in January 2024. The goal of the CalHHS DxF DSA is to help ensure that every Californian, no matter where they live, can walk into a doctor's office, pharmacy, county social service agency, or emergency room to receive care and services from health and human services providers who can access the information they need to provide safe, effective, whole-person care while keeping patients' data private and secure.

The Alliance wants to encourage our provider partners to join this data-sharing framework to serve Alliance members and all Californians better. Also, as a part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, Enhanced Care Management (ECM) providers are encouraged to participate in the DxF and obtain a signed statewide CalHHS Data Sharing Agreement (DSA).

Below is a reminder of a few key dates to note for DxF:

- **January 1, 2023:** All providers must sign a DxF DSA
- **January 31, 2024:** Provider types below must implement DxF:
  - General acute care hospitals, as defined by HSC section 1250
  - Physician organizations (e.g., Independent Practice Associations that exchange health information) and medical groups
  - Skilled nursing facilities, as defined in HSC section 1250
  - Clinical laboratories, as defined in Business and Professions Code section 1265 and licensed by the California Department of Public Health
  - Acute psychiatric hospitals, as defined in HSC section 1250
- **January 31, 2026:** Provider types below must implement DxF:
  - Physician practices of fewer than 25 physicians
  - Rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds
  - State-run acute psychiatric hospitals
  - Nonprofit clinics with fewer than ten (10) health care providers

Please see below for more topics and resources on the CalHHS website to learn more about data-sharing opportunities to increase the safety and effectiveness of member care:

- The DxF explained: [www.chhs.ca.gov/data-exchange-framework](http://www.chhs.ca.gov/data-exchange-framework)
- Executive Summary CalHHS DxF: [www.chhs.ca.gov/wp-content/uploads/2022/07/Executive-Summary\\_DxF\\_7.1.22.pdf](http://www.chhs.ca.gov/wp-content/uploads/2022/07/Executive-Summary_DxF_7.1.22.pdf)
- CalHHS DSA Signing Portal: <https://signdxf.powerappsportals.com>

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Important Reminder: Authorization Submission

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are sharing important reminders as they relate to requests for authorizations.

On **Monday, January 1, 2024**, you may have noticed an increase in Alliance membership due to several transitions that occurred:

- Medi-Cal Adult Expansion – Medi-Cal members who were previously not eligible for full-scope Medi-Cal became eligible. Over 6,000 Medi-Cal Adult Expansion members transitioned to the Alliance.
- Anthem Medi-Cal Transition – Anthem is no longer a Medi-Cal plan option in Alameda County. Over 70,000 members transitioned to the Alliance from Anthem.
- Long-Term Care (Phase II) – Medi-Cal members in Intermediate Care and Subacute Facilities transitioned to Managed Care Plans. Approximately 200 members transitioned to the Alliance.
- Other general changes in eligibility that did not include transitions and allowed Medi-Cal members to choose the Alliance on Monday, January 1, 2024.

As a result, we want to share general reminders to check eligibility and submit authorization requests to the appropriate entity (Alliance or delegated group) determined by the member’s PCP assignment.

Service Type	Health Plan/Medical Group	Authorization Department
Medical Services	Alameda Alliance for Health (Alliance)	Phone: <b>1.510.747.4540</b> Fax: <b>1.877.747.4507</b> Main Number: <b>1.510.747.4500</b> <b>Submit electronically via Provider Portal at <a href="http://www.alamedaalliance.org">www.alamedaalliance.org</a></b>
	Children First Medical Group (CFMG)	Phone: <b>1.510.428.3489</b> Fax: <b>1.510.450.5868</b> Main Number: <b>1.510.428.3154</b>
	Community Health Center Network (CHCN)	Phone: <b>1.510.297.0220</b> Fax: <b>1.510.297.0222</b> Main Number: <b>1.510.297.0200</b>
Applied Behavior Analysis	Alameda Alliance for Health (Alliance)	Phone: <b>1.510.747.4510</b> Main Number: <b>1.510.747.4500</b> <b>Submit electronically via Provider Portal at <a href="http://www.alamedaalliance.org">www.alamedaalliance.org</a></b>

Eligibility can be checked by using any of the following methods:

- Alliance Provider Portal (the best way) - Visit the Alliance website at [www.alamedaalliance.org](http://www.alamedaalliance.org), then click Provider Portal in the top right corner.
- Alliance automated eligibility verification – Please call **1.510.747.4505**.
- Alliance Provider Relations – Please call **1.510.747.4510** and select the eligibility prompt.

We appreciate and thank you for the high-quality care you give your patients and your continued partnership in making a difference in our community.

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Timely Access Standards\*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards\* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent <b>Primary Care</b> Appointment	10 Business Days of the Request
<b>First Prenatal</b> Visit	2 Weeks of the Request
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of the Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of the Request
Non-Urgent Appointment with an <b>Ancillary Services</b> Provider for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

\*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

**PA** – Prior authorization

**Urgent Care** – Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

**Non-urgent Care** – Routine appointments for non-urgent conditions.

**Triage or Screening** – The assessment of a member’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member’s need for care.

**Shortening or Extending Appointment Timeframes** – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member’s medical record that a longer waiting time will not have a detrimental impact on the health of the member.

**Questions?** Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

**www.alamedaalliance.org**



## Updated Alliance Cultural Sensitivity Training Now Available

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update that we would like to share with you.

Ongoing cultural sensitivity training helps meet the diverse needs of your patients. To assist with these efforts, we created a Cultural Sensitivity training that is updated yearly and available to our provider network.

The Alliance Cultural Sensitivity Training includes the following topics:

- Overview of Alliance Diversity, Equity, Inclusion, and Belonging (DEIB) Committee
- Availability of Alliance language assistance services
- Types of bias
- State and federal laws and regulations regarding cultural and linguistic services
- Overview of the current Alliance membership demographics
- Why culture is important to health care
- Health equity and disparities
- Accessible communications: interpreters, translation, and alternative formats
- Communication practices for diverse populations, such as:
  - Refugee and immigrant members
  - Limited English Proficient (LEP) members
  - LGBTQIA+ members
  - Seniors and Persons with Disabilities

To access the most recent training, please visit the Alliance provider website at [www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities](http://www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities).

To view more cultural resources or for more information, please visit the Alliance website or call Alliance Health Programs at **1.510.747.4577**.

Thank you for your continued partnership and for providing high-quality care to our members and the community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

# *Alameda Alliance for Health* **Member Rights and Responsibilities**



**We are a part of your health care family and we each have a role to play.**

## **Alliance members have these rights:**

1. To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
2. To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
3. To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
4. To make recommendations about the Alliance's member rights and responsibilities policy.
5. To be able to choose a primary care provider within the Alliance's network.
6. To have timely access to network providers.
7. To participate in decision-making with providers regarding your own health care, including the right to refuse treatment.
8. To voice grievances, either verbally or in writing, about the organization or the care you got.
9. To know the medical reason for the Alliance's decision to deny, delay, terminate, or change a request for medical care.
10. To get care coordination.
11. To ask for an appeal of decisions to deny, defer, or limit services or benefits.
12. To get no-cost interpreting services for your language.
13. To get free legal help at your local legal aid office or other groups.
14. To formulate advance directives.
15. To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
16. To disenroll (drop) from the Alliance and change to another health plan in the county upon request.
17. To access minor consent services.
18. To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions (W&I) Code Section 14182 (b)(12).
19. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
20. To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.

# Alliance Member Rights and Responsibilities

## Alliance members have these rights (cont.):

21. To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) §164.524 and 164.526.
22. Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the state.
23. To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside the Alliance's network pursuant to federal law.
24. To access the Advice Nurse Line, anytime, 24 hours a day, 7 days a week. Advice Nurse Line Toll-Free: **1.888.433.1876**.
25. To access your medical records. You have the right to share the records of any telehealth services provided with your primary care doctor. These records will be shared with your primary care doctor, unless you object.

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## Alliance members have these responsibilities:

1. To treat all the Alliance staff and health care staff with respect and courtesy.
2. To give your doctors and the Alliance correct information.
3. To work with your doctor. Learn about your health, and help to set goals for your health. Follow care plans and advice for care that you have agreed to with your doctors.
4. To always present your Alliance member identification (ID) card to receive services.
5. To ask questions about any medical condition, and make sure you understand your doctor's reasons and instructions.
6. To help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
7. To make and keep medical appointments and inform your doctor at least **24 hours** in advance when you need to cancel an appointment.
8. To use the emergency room only in the case of an emergency or as directed by your doctor.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話：**1.510.747.4567**

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch vụ Hội viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.

إذا كنت بحاجة إلى مساعدة في قراءة هذه الوثيقة أو تود الحصول على تنسيق آخر لها، يرجى الاتصال بقسم خدمات أعضاء

Alliance على الرقم **1.510.747.4567**

# Timely Access to Care

**As an Alliance member, you also have the right to receive timely access to care.**

California Law requires the Alliance to provide timely access to care. This means there are limits on how long our members have to wait to receive health care appointments and telephone advice. The Alliance will do our best to ensure that you are best cared for and treated in a timely manner.

## APPOINTMENT WAIT TIMES

APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Urgent appointment that <i>does not</i> require PA	<b>48 hours</b> of the request
Urgent appointment that <i>requires</i> PA	<b>96 hours</b> of the request
Non-urgent <b>primary care</b> appointment	<b>10 business days</b> of the request
<b>First prenatal</b> visit	<b>2 weeks</b> of the request
Non-urgent appointment with a <b>specialist</b> physician	<b>15 business days</b> of the request
Non-urgent appointment with a <b>behavioral health</b> provider	<b>10 business days</b> of the request
Non-urgent appointment with an <b>ancillary services provider</b> for the diagnosis or treatment of injury, illness, or other health conditions	<b>15 business days</b> of the request

## ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE SERVICES/TRAVEL TIME

TYPE:	WITHIN:
In-office wait time	<b>60 minutes</b>
Call return time	<b>1 business day</b>
Time to answer call	<b>10 minutes</b>
Telephone access – Provide coverage <b>24 hours a day, 7 days a week.</b>	
Telephone triage and screening – Wait time not to exceed <b>30 minutes.</b>	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services <b>24 hours a day, 7 days a week.</b>	
Distance – A primary care provider/hospital within <b>15 miles</b> or <b>30 minutes</b> from where members live or work.	

### PA = Prior Authorization

*\*Required by the Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

**If you are not able to get an appointment** within the timely access standard, please contact the Alliance Member Services Department for help. You can also call the California Department of Managed Health Care (DMHC) Help Center toll-free at **1.888.466.2219** (TDD: **1.877.688.9891**) or **www.HealthHelp.ca.gov**. The Alliance and DMHC Help Center can work with you to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

**Questions?** Please call the Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567** • Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

**www.alamedaalliance.org**



C&O\_MBR\_R&R /TAS 02/2024

# Words to Know

**Ancillary Services** – The diagnosis or treatment of injury, illness, or other health conditions.

**Advice Nurse Line** – The Advice Nurse Line can give you free medical information and advice 24 hours a day, every day of the year.

Call the Advice Nurse Line toll-free at **1.888.433.1876** or **711** to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

**Behavioral Health Provider/Mental Health Services Provider:** Licensed persons who provide mental health and behavioral health services to patients.

**Durable Medical Equipment (DME)** – Equipment that is medically necessary and ordered by your doctor or other provider. The Alliance decides whether to rent or buy DME. Rental costs must not be more than the cost to buy.

**Emergency Care** – An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

**Emergency Medical Condition** – A medical or mental condition with such severe symptoms, such as active labor or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right

**Grievance** – A member's verbal or written expression of dissatisfaction about the Alliance, a provider, the quality of care, or the services provided. A complaint filed with the Alliance about a network provider is an example of a grievance.

**Medically Necessary (or medical necessity)** – Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

**Primary Care/Routine Care** – Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

**Shortening or Extending Appointment Timeframes** – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

**Specialist (or specialty doctor):** A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

**Triage (or screening)** – The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

**Urgent Care (or urgent services)** – Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if in-network providers are temporarily not available or accessible.



## The Alliance is Expanding Enhanced Care Management (ECM) and Community Support (CS) Services

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. As part of the state's CalAIM initiative, we have an exciting update about the Alliance's expansion of Enhanced Care Management (ECM) and Community Supports (CS) that we want to share with you.

On Saturday, July 1, 2023, the Alliance expanded its population of focus (PoF) to include members of all ages for ECM and now offers three (3) added CS services noted below with an asterisk (\*).

Please help us find members who may qualify for ECM and CS. Below is a complete list of services offered and information about how you can help refer members for these great benefits.

### Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a benefit that provides extra care coordination services to members of all ages now with highly complex needs.

Members who qualify for ECM will have their own care team, including care coordinators, doctors, specialists, pharmacists, case managers, social service workers, and others to make sure everyone works together.

ECM also includes:

- Comprehensive assessment and care management
- Comprehensive transitional care
- Coordination and referral to community and social supports
- Enhanced coordination of care
- Health promotion
- Member and family support services
- Outreach and engagement

### Community Supports (CS)

Community Supports (CS) are medically appropriate cost-effective alternatives to services covered under the state Medi-Cal program. These services are optional and may help members live more independently. These services do not replace any benefits that members receive through Medi-Cal.

The Alliance is currently offering the following CS services:

- Asthma Remediation
- (Caregiver) Respite Services\*
- Environmental Accessibility Adaptations (Home Modifications)\*
- Homeless-related CS (housing transition navigation, housing deposits, and housing tenancy & sustaining services)
- Medically Tailored/Supportive Meals
- Personal Care & Homemaker Services\*
- Recuperative Care (Medical Respite)

Alliance members may be referred for these services by contacting:

Alliance Case Management Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4512**  
Toll-Free: **1.877.251.9612**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Thank you for the high-quality care you continuously provide to your patients and our community.

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**