



CHILDREN FIRST MEDICAL GROUP,
INC.

NEWSFLASH



~Newsflash~

December 30, 2025

Effective January 1, 2026: Claims for HEDIS MY 2025

Please submit all claims for 2025 dates of service by January 23, 2026. Alameda Alliance needs to capture all the 2025 HEDIS data.

Alameda Alliance IHA Audit: DHCS Audit for Initial Health Appointment

The Department of Health Care Services (DHCS) will conduct random outreach phone calls to interview primary care physician offices about the Initial Health Appointment (IHA) process from **Monday, January 26, 2026, through Friday, February 27, 2026**. If you are contacted by the DHCS it will be a phone interview with a nurse evaluator who will ask questions on the IHA process. **Please see the attached announcement and the IHA guide as a reference.**

Alameda Alliance 2026 Quality Improvement Webinars (HEDIS)

Please see the attached for the Alliance webinars related to HEDIS. The first one is February 6, 2026, on Well-Child Visits. You can pre-register for all you would like to attend.

Alameda Alliance Enhanced Care Management (ECM) and Community Support Services (CS) Update

Please refer to the attached update on ECM and CS. The three latest programs with an asterisk are (Caregiver) Respite Services, Environmental Accessibility Adaptations (Home Modifications), and Personal Care & Homemaker Services.

Best wishes to you all for a Happy and Healthy 2026! Thank you for taking care of the children and for all you do!



Important Update: Upcoming California Department of Health Care Services (DHCS) Provider Audit Interviews

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

As part of the California Department of Health Care Services (DHCS) medical audit of the Alliance, DHCS will also conduct random outreach phone calls to interview Alliance contracted providers about the **Initial Health Appointment (IHA) process**. Outreach phone calls from DHCS to providers in our network will take place between **Monday, January 26, 2026, through Friday, February 27, 2026**. Impacted Alliance providers may include anyone who can administer an IHA, such as primary care, OB/GYN, and behavioral health providers.

These phone interviews will be conducted by a nurse evaluator from DHCS who will ask questions about the IHA process. To help prepare for these interviews, we are enclosing the Initial Health Appointment (IHA) Provider Guide to share detailed information and reminders about IHAs.

We appreciate and thank you for your cooperation during this process and the tireless, high quality care you provide for our members. Together, we are creating a healthier community for all.

If you have any questions, please email the Alliance Quality Improvement (QI) Department at DeptQITeam@alamedaalliance.org.

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

Initial Health Appointment (IHA) Provider Guide

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are here for you. We are sharing our Alliance Initial Health Appointment Provider Guide to give an overview of the requirements and share best practices.

For more information, please email the Alliance Quality Improvement (QI) Department at deptQIteam@alamedaalliance.org.

An Initial Health Appointment (IHA) is a comprehensive assessment completed during a patient's initial encounter(s) with their primary care provider (PCP). The IHA is part of the Alliance's Population Needs Assessment and meets California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid requirements ensuring that we determine and address the health needs of our members by providing access to preventive health care, timely screenings, and referrals.

IHA Requirements

- The IHA consists of a complete health exam that includes the following elements (see page 2 for a detailed outline):
 1. History of present illness
 2. Physical and mental health exam
 3. Identification of risks per PCP assessment
 4. Age-appropriate preventive screens or services
 5. Health education
 6. Diagnoses and plan of treatment for any disease.
- The IHA should be completed within 120 days of the member's enrollment with the Alliance or provider assignment.
 - For members under 18 months of age, the IHA should be completed within 120 days following the date of enrollment or within the periodicity timeline established by the American Academy of Pediatrics (AAP) for ages two (2) and younger, whichever is less.
- The effective date of enrollment is defined as the first of the month following the notification from the DHCS that the member is an eligible Alliance member. For infants born to Alliance members, the effective date of enrollment is the infant's date of birth.

Tips:

- Each element does not need to be addressed in a single visit.
- Elements do not need to be included in the visit note if there is evidence of a service elsewhere in the medical record.
- If all elements of an IHA were completed in the 12 months prior to the member's enrollment, evidence may be gathered and count toward completion.

Medical Record Documentation Requirements for Preventive Services

- Document the status of preventive services recommended by the U.S. Preventive Services Task Force's Guide (USPSTF) to Clinical Preventive Services for adults, or the American Academy of Pediatrics' (AAP) Bright Futures age-specific guidelines for children. Offer any preventive services that are due based on age and periodicity.

Practitioners who can administer the IHA:

- PCP: General practice, internal medicine, pediatrics, obstetrics/gynecology, family practice.
- Non-physician mid-level providers: Nurse practitioner, certified nurse midwife, physician assistant, clinical nurse specialist, PCPs in training.

Outreach and Scheduling

- Document at least two (2) attempts to schedule/reschedule an appointment in the medical record.
- Use the following codes as a pair to track attempts to schedule an appointment:
 - **CPT 99080:** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
 - **ICD-10 Z76.89:** Persons encountering health services in other specified circumstances.
- For a missed and/or canceled scheduled appointment, documentation must include the following:
 - Two (2) attempts to contact the member by phone, mail, text message, or email. Any combination of these methods will meet the requirements.
 - Good faith effort to update the member's contact information.
 - Attempts to perform the IHA at subsequent member office visit(s).
- IHA refusals must be signed and documented in the medical record.

CPT and Z Codes That Qualify for IHA

Provider	Codes	Description
Behavioral Health	96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).
OB/Gyn	59400, 59425, 59426, 59430, 59510, 59610, 59618 Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038	Under vaginal delivery, antepartum and postpartum care procedures, under cesarean delivery procedures, under delivery procedures after previous cesarean delivery, and under delivery procedures after previous cesarean delivery.
PCP (new patient)	99202-99205, 99461 Z1016	Office or other outpatient visit for the evaluation and management of new patient.
	99381-99387	Comprehensive preventive visit and management of a new patient.
PCP (established patient)	99211-99215 Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5	Office or other outpatient visit for the evaluation and management of an established patient with PCP but new to the Alliance.
	99391-99397	Comprehensive preventive visit and management of an established patient with PCP but new to the Alliance.

Best Practices

- Provide appointments according to Alliance timely access standards:
 - Non-urgent primary care visit within 10 business days of request.
 - First Prenatal Visit within two (2) weeks of request.
- If an IHA is not present in the medical record, the member's refusal, missed appointments or other reason(s) must be documented in the medical record.
- Utilize gap-in-care reports for an updated list of assigned members who require an IHA.
 - The Alliance identifies all members with no record of completing an IHA monthly. The reports are available to providers through the provider portal or Secure File Transfer Protocol (SFTP).
- When responding to an IHA audit, submit documentation for all visits that pertain to IHA completion.
- Use CPT codes in the chart on the page above to code visits where the IHA was completed.
- Include procedures for follow-up on missed appointments, no-shows, and referrals within 60 days based on risk factors.
- Members without a valid phone number should be contacted by mail.
- Develop a procedure to track outreach attempts. A template is available from the Alliance upon request.
- Members who are new to your practice but **not** to the Alliance do not need a new IHA if able to verify it was completed within the last 12 months.

Detailed Outline: IHA Components

- Comprehensive Physical and Mental Status Exam: This exam is conducted to assess and diagnose both acute and chronic conditions.
 - History of present illness
 - Social history: Marital status and living arrangement, current employment, occupational history, use of alcohol, drugs, and tobacco, education, sexual history, and any other relevant social factors.
- Past Medical History: Prior major illness and injuries, current medications, allergies.
- Identification of Risks: Risk assessments related to health and social needs of members, including cultural, linguistic, and health education needs, health disparities and inequities, lack of coverage/access to care, and social drivers of health. This may also include family history contributing to member disease, lifestyle that contributes to disease, and/or primary medical disease that may contribute to worsening secondary disease.
 - An assessment of at least one (1) of the above risk factors within 120 days of the standard.
 - Examples of tools to identify risk: Social Needs Screening tool, Adverse Childhood Experiences (ACEs), and General Practitioner Assessment of Cognition (ages 65 and older).
- Preventive Services
 - Asymptomatic healthy adults: Document the status of current USPSTF Grade A and B recommended services.
 - Members under 21 years of age: Document the status of current AAP Bright Futures age-specific assessments and recommended services.
- Health education
- Diagnoses and plan of care

SAVE THE DATE AND RSVP TODAY

Alliance 2026 Quality Improvement Webinars

WHAT

Alameda Alliance for Health (Alliance) invites you to join us for a series of webinars on Healthcare Effectiveness Data and Information Set (HEDIS®) measures and the fundamentals of Quality Improvement (QI).

WHERE

Virtual webinar only – Please register by clicking on the RSVP link provided. Invites will be sent to all who register prior to the meeting dates.

WHO SHOULD ATTEND

Clinic leaders, physicians, managers and administrative staff involved in performance based initiative are encouraged to attend.

Measure Highlight Webinars | Trainings to improve quality performance rates

Well-Child Visits

Ages 0-30 Months (W30)
Friday, February 6, 2026
12 pm – 1 pm
bit.ly/4iPtVrT

Child and Adolescent Well-Care Visits (WCV)

3-21 Years of Age
Wednesday, February 25, 2026
1 pm – 2 pm
bit.ly/4iSrEfu

Behavioral Health

Thursday, April 2, 2026
12 pm – 1 pm
bit.ly/48MDvqB

Chronic Disease

Friday, April 24, 2026
12 pm – 1 pm
bit.ly/4iS9zOr

Cancer Prevention

Wednesday, May 6, 2026
1 pm – 2 pm
bit.ly/44Ye04v

Reproductive Health

Thursday, May 28, 2026
1 pm – 2 pm
bit.ly/4q3G66v

ABCs of Quality Improvement (QI) Training | Three-part training series on the fundamentals of QI

Session 1: Introduction to QI Methods and Tools and Understanding Data Over Time and how to use Data for QI

Friday, March 13, 2026
11 am – 12 pm
bit.ly/44IVK4W

Session 2: Developing and Refining Change Ideas

Friday, March 20, 2026
11 am – 12 pm
bit.ly/48SRafX

Session 3: Moving From Change Ideas to Building a Plan-Do-Study-Act (PDSA) for Testing and Implementation

Friday, March 27, 2026
11 am – 12 pm
bit.ly/4pB6FAq

Continuing Education Contact Hours are available for nurses who register and complete the webinar.

Provider approved by the California Board of Registered Nursing, Provider Number 17956, for one (1) contact hour.

For questions, please email:

Alliance QI Department

Email: DeptQITeam@alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

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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.

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