



CHILDREN FIRST MEDICAL GROUP,
INC.

NEWSFLASH



~Newsflash~

December 4, 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.

[Effective January 1, 2026: Upcoming Changes in Claims Processing](#)

The California Department of Managed (DMHC) All Plan Letter (APL) 25-007 Office of Financial Review (OFR) -Assembly Bill 3275 Guidance (Claim Reimbursement), requires all delegated medical groups to reimburse complete claims within thirty (30) calendar days for claims received on or after Thursday, January 1, 2026.

Claims Reimbursement Requirements

For claims received on or after Thursday, January 1, 2026, Sections 1371 and 1371.35 of the California Health and Safety Code require a delegated medical group to reimburse a complete claim, or portion thereof, as soon as practicable but no later than thirty (30) calendar days after receipt of a claim.

For claims received on or after Thursday, January 1, 2026, if a complete claim is not reimbursed within 30 calendar days after receipt, interest accrues at a rate of fifteen percent (15%) per year beginning with the first calendar day after the 30-calendar-day period. Additionally, plans must continue to automatically include all accrued interest when making payment on a claim beyond the 30-calendar day requirement.

For claims received on or after Thursday, January 1, 2026, plans who fail to meet the above interest requirements will also pay the claimant the greater of either an additional fifteen dollars (\$15) or ten percent (10%) of the accrued interest on the claim. The requirements for interest and penalty apply to all claims, including claims for emergency services and care. ***Please see the attached bulletin from Alameda Alliance.***



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Effective January 1, 2026: New Vision Care Provider for Alameda Alliance Members

Starting Thursday, January 1, 2026, The Alliance will use **Vision Service Plan (VSP)** to provide routine eye care for members.

Please see the attached bulletin from Alameda Alliance.

March Vision will provide services up to December 31, 2025, and then it will transition to Vision Service Plan.

Reminder: Children First Medical Group: Provider Office Survey

Please complete the provider office satisfaction survey by December 18, 2025. The survey is through Survey Monkey. You will be sent a reminder email.

Survey Diversity, Equity, and Inclusion (DEI) Training

You have received a separate email and link for Diversity, Equity, and Inclusion training. All provider offices must complete this training as required by the California Department of Health Care Services (DHCS) All Plan Letter 24-016 titled Diversity, Equity, and Inclusion Training Program Requirements by the end of 2025.

Reminder: Alameda Alliance Transportation Benefit

Please see the attached transportation benefit. This is also on the CFMG Provider website: [https://childrenfirstmedicalgroup.com/wp-content/uploads/AAH Medi-Cal Transport Eng.pdf](https://childrenfirstmedicalgroup.com/wp-content/uploads/AAH_Medi-Cal_Transport_Eng.pdf)

Reminder: Alameda Alliance Interpreter Benefit

Please see the attached Interpreter benefit. This is also on the CFMG Provider website: [https://childrenfirstmedicalgroup.com/wp-content/uploads/AAH InterpreterProvGuide 202305.pdf](https://childrenfirstmedicalgroup.com/wp-content/uploads/AAH_InterpreterProvGuide_202305.pdf)

Thank you for taking care of the children!



Important Announcement: Claims Processing Updates

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are committed to reviewing our processes to improve and better serve our provider network. We have an important update we want to share with you.

Upcoming Changes to our Claims Processing Procedure

The California Department of Managed (DMHC) All Plan Letter (APL) 25-007 Office of Financial Review (OFR) - Assembly Bill 3275 Guidance (Claim Reimbursement), requires all health plans to reimburse complete claims within thirty (30) calendar days for claims received on or after Thursday, January 1, 2026.

Claims Reimbursement Requirements

For claims received on or after Thursday, January 1, 2026, Sections 1371 and 1371.35 of the California Health and Safety Code require a health plan to reimburse a complete claim, or portion thereof, as soon as practicable but no later than thirty (30) calendar days after receipt of a claim. If a claim, or portion thereof, is contested or denied, the health plan must notify the claimant in writing as soon as practicable, but no later than thirty (30) calendar days after receipt of the claim by the health plan.

For claims received on or after Thursday, January 1, 2026, if a complete claim is not reimbursed within 30 calendar days after receipt, interest accrues at a rate of fifteen percent (15%) per year beginning with the first calendar day after the 30-calendar-day period. Additionally, plans must continue to automatically include all accrued interest when making payment on a claim beyond the 30-calendar day requirement.

For claims received on or after Thursday, January 1, 2026, plans who fail to meet the above interest requirements will also pay the claimant the greater of either an additional fifteen dollars (\$15) or ten percent (10%) of the accrued interest on the claim. The requirements for interest and penalty apply to all claims, including claims for emergency services and care.

Reminders for Providers

- Please continue to submit claims accurately and timely, following standard procedures.
- Ensure that claims are billed in alignment with clean claims requirements.
- Disputes regarding a processed and finalized claim can be submitted using the Alliance Provider Dispute Resolution (PDR) Form and submitted electronically through our Provider Portal or by mail. A copy of the form is available on our website at www.alamedaalliance.org/providers/billing/claims.

For more billing information, please visit www.alamedaalliance.org/providers/billing.

Thank you for your continued partnership. We appreciate your patience as we implement these updates and continue to provide the highest levels of provider satisfaction. We thank you for the high quality care you continue to provide for your patients and our members. Together, we are creating a 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



Important Update: New Vision Care Services Provider for Alliance Members

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

Starting **Thursday, January 1, 2026**, the Alliance will contract with Vision Service Plan (VSP) to provide routine eye care services to Alliance Medi-Cal and Alameda Alliance Wellness members.

For Alliance Medi-Cal members, coverage includes:

- Routine eye exam once every **24 months**
- Eyeglasses (frames and lens) once every **24 months**; contact lens when required for medical conditions such as aphakia, aniridia, and keratoconus

Prior authorization is not needed for appointments.

Alliance Medi-Cal members may access VSP Services at:

Telephone number: **1.800.877.7195**

Medi-Cal Provider Directory: **www.vsp.com/medicaid**

Until Wednesday, December 31, 2025, MARCH Vision Care will continue to provide the Alliance Medi-Cal vision services listed above.

For questions or to request a provider directory, please contact:

MARCH Vision Care

Toll-Free: **1.844.336.2724**

To request online: **www.marchvisioncare.com**

For Alameda Alliance Wellness members, VSP coverage includes:

- One (1) pair of eyeglasses with standard frames (or one (1) set of contact lenses) after each cataract surgery that implants an intraocular lens as a Medicare-covered benefit

Alameda Alliance Wellness members also have supplemental benefit coverage that includes:

- One (1) routine eye exam **every 12 months**
- Allowance of up to \$150 for one pair of routine eyeglasses (frames) or contact lenses **every 24 months**. Standard lenses (single vision, lined bifocals, or lined trifocals) are covered in full.

Alameda Alliance Wellness members may access VSP services at:

Phone Number: **1.855.492.9028**

Alameda Alliance Wellness Provider Directory: **www.vsp.com/advantageonly**

Alliance Group Care members will continue to have access to vision care services through the Alameda County Public Authority for In-Home Supportive Services (IHSS).

For questions or to request a provider directory, please contact:

Alameda County Public Authority for IHSS

Phone Number: **1.510.577.3552**

www.ac-pa4ihss.org

Thank you for your continued partnership. We appreciate and thank you for the high quality care you provide your patients and our members. Together, we are creating a healthier community for all.

Alameda Alliance for Health Medi-Cal Transportation Benefit



Get transportation to medical appointments and services at no cost.



At Alameda Alliance for Health (Alliance), we are here to help our members stay healthy and active. Alliance Medi-Cal members can get a ride to their medical appointments and services at no cost.

The Alliance covers two (2) types of ride services:

1. Non-medical transportation (NMT)
2. Non-emergency medical transportation (NEMT)

Non-Medical Transportation (NMT)

Alliance members who have Medi-Cal coverage can use NMT when they need to:

- Pick up prescriptions and medical supplies.
- Travel to and from a medical appointment authorized by a provider.

The Alliance NMT benefit covers the use of a car, taxi, bus, or other public/private way to get to a medical appointment.

To schedule an NMT service, please view the list of toll-free numbers to call on **page 2**.



Non-Emergency Medical Transportation (NEMT)

Non-emergency medical transportation (NEMT) is for members who are not able to get to their medical appointment (medical, dental, mental health, or substance use disorder) by car, bus, train, taxi, or other NMT level of service.

NEMT uses the following levels of service:

- Air transport
- Litter/gurney van
- Ambulance
- Wheelchair van

The doctor must complete and submit the Physician Certification Statement (PCS) Form to the Alliance before a NEMT request. After the form is sent to the Alliance, the member or doctor can schedule transportation using the number below. The PCS Form can be found on the Alliance website at www.alamedaalliance.org.

Scheduling

Please schedule the ride request at least three (3) business days before the appointment. For urgent appointments, please call as soon as possible. Please have the Alliance member ID card ready when you call.

| If you are... | Phone Number |
|---|--|
| An Alliance member | Toll-Free: 1.866.791.4158 |
| An Alliance provider calling on behalf of an Alliance member | Toll-Free: 1.866.529.2128 |
| An Alliance provider who needs to report real-time concerns | Toll-Free Escalation Line: 1.866.779.0569 |

To schedule a ride, Alliance members can also download and use the **Modivcare App** from Google Play® or the Apple App Store® on a smartphone or tablet.

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

ALAMEDA
Alliance
 FOR HEALTH

CMDM_TRANSPO BENEFIT 04/2024

Alameda Alliance for Health Interpreter Services Guide for Providers



At Alameda Alliance for Health (Alliance), we are committed to continuously improve our provider and member customer satisfaction. The Alliance provides no-cost interpreter services including American Sign Language (ASL) for all Alliance-covered services, 24 hours a day, 7 days a week.

Please use this guide to better assist Alliance members with language services. You have an important role in ensuring your patients with limited English proficiency (LEP) have an interpreter available for appointments and anytime they communicate with your clinic. Please confirm your patient's eligibility before requesting services.

TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Administrative communications with patients
- Allied health services such as physical, occupational, or respiratory therapy
- Freestanding radiology, mammography, and lab services
- Ongoing allied health services such as physical, occupational, or respiratory therapy
- Routine and follow-up office and clinic visits

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Enter your pin number:
 - Alliance providers – press **1004**
 - Alameda Health Systems (AHS) – press **1005**
 - Behavioral health care – press **1003**
 - Children First Medical Group (CFMG) – press **1002**
 - Community Health Center Network (CHCN) – press **1001**
3. Say or enter the language you need:
 - For Spanish – press **1**
 - For Cantonese – press **2**
 - For Mandarin – press **3**
 - For Vietnamese – press **4**
 - For all other languages – press **0**
4. Provide the nine (9)-digit Alliance member ID number.

For communication with a patient who is deaf, hearing, or speech impaired, please call the California Relay Service (CRS) at **711**.

TELEHEALTH AND VIDEO INTERPRETER SERVICES

When you are ready to connect a telephonic interpreter during a telehealth visit, please follow steps 1-4 above. Provide the telehealth phone number and log-in information to the interpreter. The interpreter will then call in to join your telehealth visit. For information about video interpreters, please email interpreters@alamedaalliance.org.

IN-PERSON INTERPRETER SERVICES

Members can receive in-person interpreter services for the following:

- Sign language for the deaf and the hard of hearing.
- Complex courses of therapy or procedures including life-threatening diagnoses (e.g., cancer, pre-surgery instructions, and evaluation or reevaluation for physical or occupational therapy, chemotherapy, transplants, etc.).
- Highly sensitive issues (e.g., sexual assault/abuse, end-of-life, initial evaluation for behavioral health, etc.).
- Other conditions by exception. Please include your reason in the request.

If the appointment requires an in-person interpreter, please follow these steps to request:

1. You must request in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. You can complete and submit the **Alliance Interpreter Services Request Form** via the **Alliance Provider Portal** or **fax**.

Alliance Provider Portal

Visit the Alliance website at www.alamedaalliance.org. Click on the **Provider Portal** link in the top right corner and log in. Look up your patient's eligibility and then click on the link at the top of the eligibility page to access the online **Alliance Interpreter Services Request Form**.

Fax

Visit the Alliance website at www.alamedaalliance.org/language-access. Download and complete the **Alliance Interpreter Services Request Form** and fax it to the Alliance at **1.855.891.9167**.

3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. If you need to revise a request, please cancel the original request, and submit a new one.
5. If needed, please cancel interpreter services at least **48 hours** prior to the appointment by calling the Alliance Provider Services Department at **1.510.747.4510**.

Please note regarding using family and friends as interpreters:

The Alliance prohibits providers from relying on an adult or minor child accompanying an LEP patient to interpret, except when 1) there is an emergency threatening the safety or welfare of the individual or the public and no qualified interpreter is available, or 2) the patient specifically requests that an accompanying adult interpret, and they consent. The refusal of interpreter services or request to use a family or friend as an interpreter must be documented in the patient's medical record.

Questions? Please call Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone number: **1.510.747.4510**

