ALAMEDA Alliance FOR HEALTH

2023 Quarter 4 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**, **1.510.747.6291**
  - Tom Garrahan: **tgarrahan@alamedaalliance.org**, **1.510.747.6137**
  - Shawanna Emmerson: **semerson@alamedaalliance.org**, **1.510.995.1202**
  - Maria Rivera: **mrivera@alamedaalliance.org**, **1.510.747.6094**
  - Leticia Alejo (Delegated Groups/Hospitals): **lalejo@alamedaalliance.org**, **1.510.373.5706**
- Email us at **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**

THIS PACKET INCLUDES:

1. Provider Demographic Attestation form
2. Enhance Care Management and Community Supports Continue Notice
3. Provider Appointment Availability Survey Notice
4. Timely Access Standards Notice
5. Transportation Handout
6. 2023-2024 Flu Vaccine Notice and List
7. Applied Behavior Analysis and Behavioral Health Treatment Services Primary Care Provider Frequently Asked Questions
8. Provider Portal Notice for Mental Health Providers
9. Child Health and Disability Prevention Program Transition
10. Department of Health Care Services Adult Expansion Notice
11. Social Determinants of Health (SDOH) Provider Tools:
    - Using Z Codes: The Social Determinants of Health (SDOH) Data Journey to Better Outcomes
    - Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

☐ Accepting New Patients   ☐ Accepting Existing Patients   ☐ Not Accepting Patients

Comments: _____

_____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____

ALAMEDA
Alliance
FOR HEALTH

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 ☐ Yes ☐ No ☐ Only Existing

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO

Date Update Completed (MM/DD/YYYY)**:**

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

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

ALAMEDA Alliance FOR HEALTH

Important Reminder: 2023 Provider Appointment Availability Survey (PAAS) August 1, 2023, through December 31, 2023

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

Each year, the Alliance conducts its annual Provider Appointment Availability Survey (PAAS). All health plans in California must survey providers to assess the availability of **routine** and **urgent** appointments.

About This Survey

Providers: Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, based on the Department of Managed Health Care (DMHC) methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (imaging/radiology or physical therapy).

Methodology: The Alliance contacts a randomized sample (and oversample, as appropriate) of contracted network providers as of **December 31 of the previous year**. The Alliance will first fax or email the PAAS survey. We encourage our provider partners to respond to the initial fax or email survey request to avoid additional outreach phone calls. If we do not receive a fax or email response within the first week of the survey request, the Alliance will follow up with a phone call.

Questions: The survey solicits answers about the next available appointment[1] date and time for:

1. **Urgent and non-urgent services** for PCP, specialist, psychiatrist, and NPMH providers.
2. **Non-urgent services** for ancillary providers.

Appointment dates and times are collected at the location level for those providers practicing at Federally Qualified Health Centers (FQHCs).

Provider offices are **contractually obligated** to complete the survey. Please note that non-responsiveness/refusal to comply with the survey may result in a corrective action plan.

A table that outlines the required appointment time frames is available to review in the 2024 Q4 Provider Packet titled "Timely Access Standards."

Thank you for your attention and assistance in completing the PAAS.

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[1] Appointments can be either in-person or via telehealth.

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

QI_PRVDRS_PAAS INFORMATIONAL 10/2023

ALAMEDA Alliance FOR HEALTH

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 *does not* require PA	48 Hours of the Request
Urgent Appointment that *requires* PA	96 Hours of the Request
Non-Urgent **Primary Care** Appointment	10 Business Days of the Request
First Prenatal Visit	10 Business Days of the Request
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of the Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of the Request
Non-Urgent Appointment with an **Ancillary Services** 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

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:

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

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**

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
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2023 Seasonal Influenza Vaccines

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider customer satisfaction.

The Alliance is pleased to cover the flu shot for eligible Alliance Group Care and Medi-Cal members. Eligible Alliance members can get a flu shot if supplies are available at your office.

Effective Monday, August 14, 2023, the Alliance will reimburse providers for administering the Alliance formulary injectable seasonal flu vaccine to eligible Alliance Group Care and Medi-Cal members. The flu vaccine is available at no cost to eligible Alliance members.

The Alliance Formulary Flu Vaccine List included with this notice is available on our website at **www.alamedaalliance.org/providers/pharmacy-formulary/resources**.

The flu vaccine for Medi-Cal members under the age of 19 should be covered through the Vaccines for Children (VFC) program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance. For Medi-Cal members ages 65 years and older, the flu vaccine should be covered through Medicare Part B. If the Medi-Cal member does not have Medicare Part B coverage, the vaccination will be covered by the Alliance.

Alliance members also have the choice to receive a flu vaccine from a retail pharmacy as follows:

1. **Alliance Group Care members** can get the flu vaccine from any Alliance-contracted retail pharmacy that administers flu vaccines. For help finding a network retail pharmacy, please visit **www.alamedaalliance.org/help/find-a-pharmacy**.
2. **Alliance Medi-Cal members** can get the flu vaccine from a pharmacy contracted with the California Department of Health Care Services (DHCS) Medi-Cal Rx Program. **Starting on Saturday, January 1, 2022, the California Department of Health Care Services (DHCS) began managing the Medi-Cal pharmacy benefit instead of the Alliance. The new program is called "Medi-Cal Rx." To view the Medi-Cal Rx contracted drug list or to find a Medi-Cal Rx pharmacy for Alliance Medi-Cal members, please visit https://medi-calrx.dhcs.ca.gov/home/**.

Please encourage all patients to get their flu shot today.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

Thank you for your ongoing partnership in protecting the health of our community.

Questions? Call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
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www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH
2023-2024 COVERED FLU VACCINE LIST

ALAMEDA Alliance FOR HEALTH

VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER
Afluria Quad 2023-2024 (PF) 60 mcg (15 mcg x4)/0.5 mL – 3 years & up	90686	33332-0323-03 33332-0323-04	IM syringe	SEQIRUS
Afluria Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	33332-0423-10 33332-0423-11	IM suspension	SEQIRUS
Fluad Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 65 years & up	90694	70461-0123-03 70461-0123-04	IM syringe	SEQIRUS
Fluarix Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	58160-0909-52 58160-0909-41	IM syringe	GLAXOSMITHKLINE
Flublok Quad 2023-2024 (PF) 180 mcg (45 mcg x 4)/0.5 mL – 18 years & up	90682	49281-0723-10 49281-0723-88	IM syringe	SANOFI-PASTEUR
Flucelvax Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90756	70461-0423-10 70461-0423-11	IM suspension	SEQIRUS
Flucelvax Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90674	70461-0323-03 70461-0323-04	IM syringe	SEQIRUS
Flulaval Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	19515-0814-52 19515-0814-41	IM syringe	GSK-ID BIOMEDIC
Flumist Quad 2023-2024 10 exp 6.5-7.5 FF unit/0.2 mL – 2 to 49 years old	90672	66019-0310-01 66019-0310-10	Nasal Spray	MEDIMMUNE/ASTRA
Fluzone High-Dose Quad 2023-2024 (PF) 240 mcg/0.7 mL – 65 years old & up	90662	49281-0123-65 49281-0123-88	IM syringe	SANOFI-PASTEUR
Fluzone Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	49281-0639-15 49281-0639-78	IM suspension	SANOFI-PASTEUR
Fluzone Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0423-50 49281-0423-88	IM syringe	SANOFI-PASTEUR

PLEASE NOTE:

- Starting on Saturday, January 1, 2022, the California Department of Health Care Services (DHCS) began managing the Medi-Cal pharmacy benefit instead of the Alliance. The new program is called "Medi-Cal Rx." To view the Medi-Cal Rx contracted drug list or to find a Medi-Cal Rx pharmacy for Alliance Medi-Cal members, please visit **https://medi-calrx.dhcs.ca.gov/home/.**
- There is a quantity limit of one (1) vaccine per member per 270 days, across all flu vaccine formulations.

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

ALAMEDA ALLIANCE FOR HEALTH
Applied Behavior Analysis (ABA) and Behavioral Health Treatment (BHT) Services
Primary Care Provider Frequently Asked Questions (FAQs)

Overview

Alameda Alliance for Health (Alliance) is committed to improving the whole person health care services that we provide for our members. To realize this goal, the Alliance brought mental health and autism services in-house on Saturday, April 1, 2023, and now we are actively working to improve access to behavioral health services. Autism services include access to the Comprehensive Diagnostic Evaluation (CDE) to determine if a child or youth has Autism Spectrum Disorder (ASD) as well as Behavioral Health Treatment (BHT) services including Applied Behavioral Analysis (ABA).

Q: What is the Medi-Cal BHT Benefit?

A: Medi-Cal plans are responsible for providing medically necessary Behavioral Health Treatment (BHT), including Applied Behavior Analysis (ABA) services, to individuals under the age of 21 regardless of diagnosis. For more information, please refer to the Department of Health Care Services (DHCS) All Plan Letter 19-014.

The Alliance manages this benefit, and all referrals should be submitted to the Alliance.

Q: What is the role of the Alliance Behavioral Health (BH) team?

A: The Alliance Behavioral Health (BH) team includes Board Certified Behavior Analysts® (BCBAs®) and behavioral health navigators. The BH team supports coordinating the member's care from the point of referral to direct treatment. The BH team will review prior authorization (PA) requests for BHT/ABA and coordinate care with primary care providers (PCPs), ABA providers, and members/members' families.

Q: What is the role of the PCP?

A: PCPs are responsible for screening members under the age of 21 and making appropriate referrals for medically necessary treatment based on the unique needs of each member.

Please see the figure below for guidance on the PCP's role with members who have behavioral excesses and/or deficits that can be addressed by BHT/ABA.

Scenario #1

You or a member's family suspects that the member has autism. The member has never had a psychological assessment to rule out autism, and there are behavioral health concerns, and you are unsure of what type of BHT the member may need (ABA or other types of BHT).

Next Steps: Referral for Diagnostic Evaluation

A diagnostic evaluation for autism is administered by a licensed psychologist. The assessment is conducted to rule out autism (evaluation of child/adolescent with indications from screening of possible autism but no formal diagnosis has been given).

The evaluation may include a parent/care-giver interview and testing in the following areas: cognition, development, language, and social interaction. It may yield a diagnosis of autism and provide recommendations as needed.

Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Diagnostic Evaluation/ Psychological Assessment to rule out autism*.

Scenario #2

You determine that other behavioral health or mental health services may be medically necessary (you are not recommending ABA due to lack of supporting documentation or ABA is not clinically indicated).

Next Steps: Referral for Mental Health

Mental health services include all evidence-based services for treatment of mental and/or substance use disorders that may include depression, post-traumatic stress, anxiety disorders, phobias, ADHD, mood disorders, attachment disorders, and more.

Other common BHT may include individual and group counseling, medication, and other supportive services.

The Mental Health Assessment/Evaluation is conducted to rule out mental health diagnoses (evaluation of a child/adolescent with indications from screening of possible mental health diagnoses other than autism).

Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Mental Health Assessment/Referral*.

Scenario #3

a. You have conducted your own assessment/ screening, are familiar with ABA treatment, and deem that the member can benefit from ABA treatment.

b. A licensed psychologist has diagnosed member with autism or another diagnosis, and you deem that a referral for ABA treatment is medically necessary.

Next Steps: Referral for ABA

ABA treatment is a specific type of BHT that addresses socially significant behaviors (e.g., maladaptive behaviors, social interactions, communication, and self-help skills) through the application of behavioral strategies. ABA was first implemented with individuals with autism and intellectual disability; therefore, empirical research has mostly been concentrated on efficacy with these populations.

The first step in starting ABA services is having a BCBA conduct a Functional Behavior Assessment (FBA). The member must have a recommendation from a licensed physician or psychologist prior to the FBA approval.

Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Applied Behavioral Analysis (ABA) Treatment*, and complete **Section 4: Evaluation/Refferal Information**.

Ask the parent to call the Alliance Member Services Department to conduct the screening so we can obtain additional information regarding the member (e.g., member availability for services).

Q: Where can PCPs find the referral form for ABA treatment?

A: PCPs can request a referral by completing the Alliance Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form. The form is available on the Alliance website at **www.alamedaalliance.org/providers/provider-forms**.

Q: Where should PCPs submit completed referral forms?

A: Please fax the completed Alliance Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form along with all pertinent clinical documents to the Alliance Behavioral Health Department at **1.855.891.9163** or send it via a secure email to **deptbhaba@alamedaalliance.org**.

Q: What happens after a PCP refers a member to the Alliance for ABA treatment or Diagnostic Evaluation/Comprehensive Diagnostic Evaluation (CDE)?

A: Our BH team will review the completed request/referral form after it is received via fax or secure email.

Referral for Applied Behavior Analysis (ABA)/Behavioral Health Treatment (BHT):

- If the referral is appropriate and meets the criteria, our BH team will contact the member's parent to obtain their availability for services and email our ABA providers to coordinate the referral.
- Once an ABA provider confirms their availability and capacity to accept the referral, the Alliance will authorize the Functional Behavior Assessment (FBA)/initial ABA assessment.
- A notice of action (NOA) will be sent to the member, their assigned PCP, and the rendering provider. **Please Note:** The authorization for the FBA/initial assessment for ABA is typically approved for a two (2)-month duration.

Referral for a Comprehensive Diagnostic Evaluation (CDE) to determine the diagnosis of autism spectrum disorder (ASD):

- Our team will authorize the CDE with our contracted providers.
  A notice of action will be sent to the member, their assigned PCP, and the rendering CDE provider. **Please Note:** Authorization for the CDE is typically approved for a six (6)-month duration.
- Once the CDE is completed by the rendering provider, the CDE provider will fax the assessment to the BH team for review. If ABA is recommended in the assessment, the BH team will proceed with the FBA referral process described above.

If more information is needed, our BH team will call the PCP office or the member's parent/caregiver to obtain additional information.

Q: What services will still be provided through the Regional Center of the East Bay (Regional Center)?

A: The Regional Center will continue to provide the services they have available, such as Early Start for children up to five (5) years of age.

If you or patients need more information regarding Regional Center services, please call:

Alameda County Office – Headquarters
Regional Center of the East Bay
500 Davis Street, Suite 100
San Leandro, CA 94577
Telephone: **1.510.618.6100**

You can also find more information on their website:

- **www.rceb.org/?r3d=getting-started-with-us**
- **www.rceb.org/clients/am-i-eligible/**

Mental Health Services

Q: **How do PCPs refer Alliance members who may need mental health services?**

A: PCPs may refer members for mental health services by completing the Alliance Behavioral Health (BH) Care Referral Request Form and sending the referral form by:

> Fax: **1.855.891.9168**
> Send secure email: **deptbhmentalhealth@alamedaalliance.org**

> To view and download the Alliance Behavioral Health (BH) Care Referral Request Form, please visit the Alliance website at **www.alamedaalliance.org/providers/provider-forms**.

Q: **Once a referral is submitted, will PCPs receive confirmation of receipt?**

A: The Alliance **c**urrently authorizes all mental health referrals and provides members with Alliance network mental health provider information to schedule their initial appointment. We are updating our workflow to send a confirmation of receipt to the referring PCPs.

Q: **Is a PCP referral required for members to receive mental health services?**

A: No. PCP referrals are not required for mental health services. Alliance members can self-refer for outpatient mental health services and find a mental health provider using the online Alliance Provider Directory at **www.alamedaalliance.org/help/find-a-doctor**.

> Alliance members may also call:

> 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**

Q: **Are there any limitations on mental health services?**

A: There are no maximum limitations for treatment. However, each authorization period is for 12 visits. After 12 visits, a coordination of care update must be submitted by the treating mental health provider. The mental health provider must complete the Mental Health Coordination of Care Treatment Form for ongoing treatment to ensure care coordination with co-treating providers.

Q: **How can PCPs view a list of contracted mental health providers?**

A: To view a list of contracted mental health providers, PCPs may use the online Alliance Provider Directory at **www.alamedaalliance.org/help/find-a-doctor**.

Q: Can PCPs refer Alliance members to Alameda County Behavioral Health (ACBH)?

A: PCPs can refer Alliance Medi-Cal members to Alameda County Behavioral Health (ACBH) if a higher level of care such as, intensive outpatient, residential or psychiatric hospitalization is needed. Alliance members may also call the Alliance Member Services Department to be screened for ACBH services. The Alliance can then connect the members with ACBH for services.

PCPs can refer the Alliance member to call:

> 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**

Q: What are examples of services provided by the Alliance versus ACBH?

A: Examples of services for Alliance Medi-Cal members who may need outpatient mental health services include:

- Individual psychotherapy, group psychotherapy, psychological testing, and/or psychiatric consultation.

Examples of services for members from ACBH may include:

- Intensive outpatient program (IOP)
- Partial hospitalization program (PHP)
- Inpatient mental health services
- Mental health services for a serious mental illness including outpatient psychotherapy, care management, and psychiatric services to manage psychotropic medications.

For Alliance **Group Care** members, all mental or behavioral health services would be provided directly by the Alliance.

Q: Who can PCPs contact if there are questions about the mental health or BHT benefit process?

A: For questions or more information, PCPs may contact:

> Alliance Provider Services Department
> Monday - Friday, 7:30 am – 5 pm
> Phone Number: **1.510.747.4510**
> Email: **providerservices@alamedaalliance.org**

ALAMEDA Alliance FOR HEALTH

New and Improved Features and Alliance Mental Health Initial Evaluation Form Now Available on the Provider Portal

At Alameda Alliance for Health (Alliance), we value our dedicated provider community. We are excited to announce that we have updated the features on our Alliance Provider Portal and reinstated the Mental Health Initial Evaluation Form.

On Friday, September 1, 2023, the Alliance Mental Health Initial Evaluation Form became available on the Forms section of the portal. The **Mental Health Initial Evaluation form is required for mental health providers to submit after an initial evaluation with an Alliance member patient is complete**. This form is required and must be submitted for all new evaluations. However, it is not applicable or required for established patients.

To access the form, please see the instructions below:

1. Visit the Alliance website at **www.alamedaalliance.org**.
2. Click **Provider Portal** on the top right section of the website.
3. Input your username and password on the login page of the Provider Portal.
4. From the homepage, click the **Forms** icon on the right panel.
5. Under **Online Submissions**, click **Behavioral Health Forms**.
6. Click **Mental Health Initial Evaluation Form**
7. Complete the form and click submit.

The form also includes an optional transition and screening tool for members who may need specialty mental health care and services provided through the Alameda County Behavioral Health Care Services (ACBHCS) Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) Program.

We will also host training sessions to review the updates and the form. Be on the lookout for the invitations being sent out soon!

Thank you for being a part of the Alliance provider network. 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 Announcement: Child Health and Disability Prevention (CHDP) Program Transition

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

Effective Monday, July 1, 2024, the California Department of Health Care Services (DHCS) will transition some responsibilities of the Child Health and Disability Prevention (CHDP) Program to managed health care plans (MCPs), including the Alliance. Transitioning the CHDP Program aligns with the Department's goal under CalAIM to reduce administrative complexities, enhance coordination of care and whole person care approach, and increase standardization of care across Medi-Cal by consolidating care responsibilities for children and youth under the Medi-Cal MCPs.

Per DHCS guidance the CHDP transition DOES NOT impact the following:

- Activities under the CHDP-Childhood Lead Poisoning Prevention Program (CLPP)
- Facility site reviews (FSRs)
- Presumptive eligibility enrollment activities offered by the CHDP Gateway
- The Health Care Program for Children in Foster Care (HCPCFC)

The Alliance continues to monitor communications from DHCS to learn and anticipate what will transition to MCPs.

After we receive final guidance from DHCS and fully understand the changes, we will communicate the critical elements of this transition to our community partners, members, and network providers.

For more information on the CHDP transition, please visit
www.dhcs.ca.gov/services/chdp/Pages/CHDP-Transition.aspx.

To review the CHDP transition notice, please visit
www.dhcs.ca.gov/services/chdp/Documents/CHDP-Provider-Info-Notice-22-06.pdf.

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

PS_PA_CHPH TRNSN NOTICE 10/2023

ALAMEDA Alliance
FOR HEALTH

Important Update: DHCS Expands Medi-Cal Coverage for Adults Ages 26 through 49

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

Starting on **Monday, January 1, 2024**, a new law in California, called the Ages 26 through 49 Adult Full Scope Medi-Cal Expansion, will give full scope Medi-Cal to adults in this age group regardless of immigration status. The previous law restricted coverage to ages 25 and under or to those over 50. This initiative supports the goal of creating a healthier California.

The populations impacted by the Ages 26 through 49 Adult Full Scope Medi-Cal Expansion include:

1. New Enrollee Population:
   - Eligible adults 26-49 years of age, regardless of immigration status. These individuals can apply for Medi-Cal through the current application process.

2. Transition Population:
   - Eligible adults 26-49 years of age enrolled in restricted scope Medi-Cal and not in a satisfactory immigration status for full scope Medi-Cal.
   - Adults up to 25 years of age, receiving full scope Medi-Cal and aging out of their coverage when they reach age 26.

Eligibility and implementation of the Ages 26 through 49 Adult Full Scope Medi-Cal Expansion is subject to approval by the California Department of Health Care Services (DHCS).

For more information, resources, and FAQs, please visit the DHCS website at **www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx**. You can also call the Alliance Provider Services Department at **1.510.747.4510**.

We appreciate and thank you for the high-quality care you give your patients and your 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

IMPROVING THE COLLECTION OF
Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)

- Z codes refer to factors influencing health status or reasons for contact with health services that are notclassifiable elsewhere as diseases, injuries, or external causes

What Are SDOH & Why Collect Them?

- SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[1]

- The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**[2]

Collecting SDOH can improve equity in health care delivery and research by:

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)

- Supporting quality measurement

- Supporting planning and implementation of social needs interventions

- Identifying community and population needs

- Monitoring SDOH intervention effectiveness for patient outcomes

- Utilizing data to advocate for updating and creating new policies

Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools

- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health

- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record

- SDOH information can be collected through person-provider interaction or self-reported, as long as it is signed-off on and incorporated into the medical record by a clinician or provider

- It is important to screen for SDOH information at each health care encounter to understand circumstances that may have changed in the patient's status

VIEW JOURNEY MAP

ICD-10-CM Z Codes Update

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on **CDC website**

- Use the CDC National Center for Health Statistics **ICD-10-CM Browser tool** to search for all the current Z codes.

- Join the public process for SDOH code development and approval through the **ICD-10-CM Coordination and Maintenance Committee**

[1] Healthy People 2030   [2] World Health Organization

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Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy
- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)

NEW • Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)
- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)

NEW • Z58.8 – Other problems related to physical environment

  NEW • Z58.81 – Basic services unavailable in physical environment

  NEW • Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances
- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)

  NEW • Z59.10 – Inadequate housing, unspecified

  NEW • Z59.11 – Inadequate housing environmental temperature

  NEW • Z59.12 – Inadequate housing utilities

  NEW • Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)

- Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
  - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing
- Z62.2 – Upbringing away from parents

  NEW • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)

  NEW • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood

    NEW • Z62.814 – Personal history of child financial abuse

    NEW • Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict

    NEW • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)

    NEW • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)

    NEW • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)

    NEW • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing

    NEW • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances

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F O R   H E A L T H

C&O_PRVDRS_CMS OMH_SDOH 11/2023

USING Z CODES:
The **Social Determinants of Health (SDOH)**
Data Journey to Better Outcomes

WHAT ARE Z CODES?
SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM diagnosis codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.). SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

STEP 1
Collect SDOH Data
Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

STEP 2
Document SDOH Data
Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

STEP 3
Map SDOH Data to Z Codes
Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.[2]

STEP 4
Use SDOH Z Code Data
Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

STEP 5
Report SDOH Z Code Data Findings
SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

For Questions: Contact the **CMS Health Equity Technical Assistance Program**

[1] https://www.cms.gov/medicare/icd-10/2024-icd-10-cm
[2] https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives

HEALTH CARE ADMINISTRATORS

Understand how SDOH data can be gathered and tracked using Z codes.[3]

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Consider EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

HEALTH CARE TEAM

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

CODING AND OTHER PROFESSIONALS

Follow the ICD-10-CM coding guidelines.[3]

- Use the CDC National Center for Health
- Statistics ICD-10-CM Browser tool to search for
- ICD-10-CM codes and information on code usage.[4]
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z CODE CATEGORIES

Z55 – Problems related to education and literacy
Z56 – Problems related to employment and unemployment
Z57 – Occupational exposure to risk factors
Z58 – Problems related to physical environment
Z59 – Problems related to housing and economic circumstances
Z60 – Problems related to social environment

Z62 – Problems related to upbringing
Z63 – Other problems related to primary support group, including family circumstances
Z64 – Problems related to certain psychosocial circumstances
Z65 – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

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