

March 2025



Provider Bulletin

A **quarterly** publication for providers.



Alliance Board Meetings

Wednesday, March 26, 2025

3 p.m. to 5 p.m.

Wednesday, April 23, 2025

3 p.m. to 5 p.m.

Wednesday, May 28, 2025

3 p.m. to 5 p.m.

Whole Child Model

Clinical Advisory

Committee Meetings

Thursday, March 20, 2025

Noon to 1 p.m.

Investing in providers to close care gaps in Merced County

Addressing health inequities among vulnerable populations is a painstaking effort. It requires extensive collaboration with our provider network as well as significant investments over a sustained period. While this work is ongoing, I am pleased to report impressive gains toward improving Managed Care Accountability Set (MCAS) measures in Merced. These were accomplished in part through expanding our Workforce Support Care Gap Closure Grant pilot to 15 Merced County providers, covering 77% of our member population in the county.

This \$3.9 million locum grant supplied resources to provider offices by adding much-needed clinical and administrative

staff to focus on closing critical care gaps. These efforts included targeted, intensive provider outreach to more than 59,000 members and scheduling over 22,000 appointments.

As a result of the hard work and dedication of these 15 provider practices, we realized combined gains in six MCAS measures, including improvements in infant and child well-checks, adolescent immunizations, and lead screenings. While we are motivated by this progress, we realize there is more work yet to do and will continue advancing collaborative efforts and provider investments aimed at reducing health disparities for Medi-Cal members. This includes our most recent increase in provider

reimbursement rates across all five counties, ensuring we continue to offer rates that are higher than Medi-Cal rates.

We thank you for your continued commitment to our members and to our shared vision of healthy people, healthy communities.



Michael Schrader

Michael Schrader, CEO



Apply for Alliance grants that support provider capacity

The Alliance's Medi-Cal Capacity Grant Program offers up to \$250,000 in funding to providers and community organizations through a competitive grant process. **The next application deadline is May 6, 2025.**

Data sharing support

This program helps primary care providers, including pediatricians, set up an electronic health record (EHR) that meets Medi-Cal requirements by sharing real-time health care data and connecting to a health information exchange (HIE). Funds can be used for consultant engagements, planning and implementation costs. Learn more at **www.thealliance.health/data-sharing-support**.

This program also supports providers to participate in the Alliance's Data Sharing Incentive, which offers funding to help providers meet mandatory statewide requirements. Learn more at **www.thealliance.health/data-sharing-incentive**.

Workforce recruitment

Workforce recruitment grant programs provide funding to recruit community health workers, doulas, medical assistants and health care professionals in the Alliance service areas. These awards range from \$65,000 to \$250,000, depending on provider type.

The Alliance also offers a \$10,000 Linguistic Competence Provider Incentive per qualifying language for grantees who hire bilingual providers.

Learn more at **www.thealliance.health/workforce-recruitment-programs**.

For more information, visit **www.thealliance.health/grants**.



Introducing TotalCare

The Alliance is proud to announce the launch of **TotalCare** (HMO D-SNP), which will go into effect Jan. 1, 2026! Visit our D-SNP webpage at **www.thealliance.health/dsnp-providers** and the provider portal for more updates and information about TotalCare.

The DHCS CalAIM program requires that all local health plans offer an Exclusively Aligned Enrollment Dual-eligible Special Needs Plan (EAE D-SNP) by Jan. 1, 2026.

A D-SNP is a type of Medicare Advantage plan specifically designed for individuals who are eligible for both Medicare and Medi-Cal. D-SNPs can provide value to providers by:

- Increasing revenue through assigned care managers who will help reduce the administrative burden on staff and providers.
- Using care coordination to help manage the complex needs of dual-eligibles more effectively.

- Providing a coordinated system that reduces the number of avoidable hospital readmissions that negatively impact revenue under traditional fee-for-service (FFS) Medicare.
- Reducing the administrative burden by providing a unified framework for billing and care management.
- Working with one insurance entity (the Alliance's TotalCare plan), as opposed to Medicare and Medi-Cal separately.

Other ways D-SNPs help

D-SNPs address social determinants of health, which can have a significant impact on patients' overall well-being. TotalCare may

provide supplemental services to manage non-medical factors such as housing, food insecurity and transportation.

D-SNPs reduce out-of-pocket costs for dual-eligible beneficiaries, which improves adherence to treatment plans and increases patient satisfaction. When patients are more engaged and compliant, it leads to improved health and reduced need for costly interventions and promotes more stable provider revenue.

We are excited for our provider partners to participate in this significant new line of business! For questions, please contact your Provider Relations Representative.

Effective June 2025, the Medical Board of California will no longer mail paper renewal forms. To ensure you receive your renewal notification and to prevent any lapse in your license, please visit the Medical Board of California website at **www.mbc.ca.gov** to update your email address.



ECM and CS updates providers need to know

If a member is struggling with social determinants of health, consider referring them to our Enhanced Care Management (ECM) and Community Supports (CS) programs. These services address social determinants of health through a variety of benefits like housing supports, medically tailored meals, home modifications and more.

The Alliance has been working hard to optimize these benefits to meet industry standards and provide the best health outcomes to our members. Below are updates and reminders to help ensure appropriate and timely access to these benefits.

1. Housing services

changes. Housing deposit requests should be their own authorization and submitted with all relevant

documentation. Requests for exceptions or housing items not on the approved home goods list should be compiled with all other documents and submitted as an expected expenditure list with an explanation for why the additional goods are necessary. Exceptions or approvals should not be requested through email.

2. Safe housing. Providers are expected to ensure that the home a member is being assisted to move into is safe and habitable prior to move-in.

3. Medically tailored meals (MTM). MTM are intended to treat conditions that can be managed by diet. They are not intended as preventive measures or to address food insecurity. Requests for MTM services should

include clinical documents supporting the member's diet-manageable condition.

4. ECM requests. ECM requests should be submitted using the ECM02 CUS (custom) service code. ECM01 does not require authorization and does not need to be submitted to the Alliance. The billing codes for care coordination will not auto-approve as the ECM02 does.

5. Sobering centers. Sobering center services no longer require authorization and can be billed directly to our Claims Department.

When providing care to members with complex medical needs, please be mindful of any personal biases regarding individuals with substance use disorders, housing status, abilities or employment status. This helps ensure we provide compassionate, trusted and quality care for all our members with any health condition.

For more information about these programs, visit our website at www.thealliance.health/ecm-cs-provider-information.

Health education and disease management programs

Providers can refer members who would like additional support in managing their health to the Alliance's health education and disease management programs.

The following Alliance programs support members in their journey to health and wellness.



Healthy Moms and Healthy Babies: for members who are pregnant or recently had a baby.



Healthier Living Program: for adult members living with a chronic condition(s).



Live Better with Diabetes: for adult members diagnosed with diabetes or prediabetes.



Adult Weight Management: for adult members who are overweight or obese.



Healthy Weight for Life: for parents of pediatric members between the ages of 2 and 18 who are at risk of or diagnosed with childhood obesity.



Tobacco Cessation Support: for adult members who want to stop smoking and/or using tobacco products.

To refer a member to any of the Alliance programs, please use the Alliance referral form located on the Alliance Provider website at www.thealliance.health/health-programs-referral-form.



Population Needs Assessment

The Alliance conducts an annual Population Needs Assessment (PNA) to improve the health outcomes of our members and ensure that we are meeting member needs.

Providers can access a copy of the most recent PNA on our Cultural and Linguistic Services webpage at www.thealliance.health/cultural-linguistic-services.

If you have questions about the PNA, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**.



Colorectal cancer screening guidelines

Screening members for colorectal cancer (CRC) is crucial for early detection and improving patient outcomes. Read about who should be screened for CRC and other screening recommendations below.

Screening recommendations

Adults ages 45-75. All adults ages 45-75 should be screened with one of the following modalities:

Stool-based tests:

- Fecal immunochemical test (FIT) annually.
- Guaiac-based fecal occult blood test (gFOBT) annually.
- Multi-targeted stool DNA test (FIT-DNA) every three years.

Visual exams:

- Colonoscopy every 10 years.
- CT colonography every five years.
- Flexible sigmoidoscopy every five years.

Adults ages 76-85. Screening decisions should be individualized based on overall health, prior screening history and patient preferences.

Who should be screened early?

Patients younger than 45 who exhibit any of the following risk factors should be prioritized for CRC screening:

- **Family history.** Individuals with a first-degree relative diagnosed with CRC or advanced polyps before age 60.
- **Genetic syndromes.** Those with known hereditary conditions like Lynch syndrome or FAP.
- **Personal medical history.** Patients with a history of IBD, previous CRC or adenomatous polyps.

Utilizing the CDC's CRC risk calculator

If you aren't sure if someone should be screened early, the Centers for Disease Control and Prevention's Colorectal Cancer Risk Assessment Tool can help you decide. This interactive calculator estimates a patient's risk of developing CRC based on personal and family medical history, lifestyle factors and other relevant data. You can find the tool at ccrisktool.cancer.gov.

Additional resources

- Read the U.S. Preventive Services Task Force (USPSTF) CRC screening guidelines at www.thealliance.health/USPSTF/CRC-screenings.
- Read the American Cancer Society's CRC screening guidelines at www.thealliance.health/american-cancer-CRC.
- Read the CDC's CRC screening guidelines at www.thealliance.health/CDC-colorectal-cancer-screening.

The Alliance offers no-cost language assistance services

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

Telephonic interpreting services



Alliance providers may directly access a qualified telephonic interpreter 24 hours a day, 7 days a week. Please see our quick reference guide for instructions on how to utilize this service at www.thealliance.health/interpreter-services-reference-guide.

Interpreter services for hearing-impaired members



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

Face-to-face interpreting services



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

Training and support available



Providers may request training support with language assistance services. Please call the Health Education Line at **800-700-3874, ext. 5580**, or email listcl@ccah-alliance.org for additional information.

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





Screening, diagnosis and treatment of chronic HCV infection

This summary is based on content directly from Medi-Cal Rx. For complete and detailed guidance, visit www.thealliance.health/drug-utilization-review.

Impact of COVID-19 on HCV testing and treatment

The COVID-19 pandemic exacerbated existing barriers to hepatitis C virus (HCV) testing and treatment. A retrospective cohort study of the Medi-Cal population revealed that, from 2017 to 2023, there was a 35% decrease in members with a diagnosis and a 34% decrease

in members with a prescription for treatment.

Statewide mandate

California's Assembly Bill 789 mandates that providers offer adult patients receiving primary care services a screening for HCV, with follow-up care as necessary.

Screening and diagnosis

The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) publish updated and comprehensive HCV guidance. Read the most recent update at

<https://doi.org/10.1093/cid/ciad319>.

AASLD and IDSA guidance recommends:

- Universal HCV screening for adults 18 years or older.
- Antibody screening with reflex HCV RNA testing to establish active infection.
- Routine periodic testing for patients with ongoing risk factors, including people who currently inject drugs/share drug preparation equipment and those with selected medical conditions.

DAA treatment recommendation

Direct-acting antivirals (DAA) is recommended for all people with chronic HCV infection, except those with a short life expectancy (<12 months) that cannot be improved.

Most HCV treatments are 95% effective when taken as directed, with limited side effects. Injection drug use does not alter treatment success and should not delay initiation.

Simplified treatment algorithms

Providers should screen for the presence of cirrhosis and refer to the appropriate AASLD/IDSA treatment algorithm, which can be utilized to select an appropriate DAA therapy for treatment-naïve adults.

First-line antiviral therapies on the Medi-Cal Rx Contract Drugs List are as follows:

- Glecaprevir/pibrentasvir (Mavyret) (300mg/120mg).
- Sofosbuvir/velpatasvir (Epclusa) (400mg/100mg).

These preferred regimens are suitable to treat all genotypes (1-6) and are given orally once daily for 8-12 weeks.

AASLD/IDSA guidance now includes algorithms for incomplete treatment adherence for persons who missed greater than or equal to seven days of DAA therapy.

Read more about the AASLD/IDSA simplified treatment algorithms at www.thealliance.health/simplified-treatment.

Pharmacist-Led Academic Detailing (PLAD) Program

Alliance pharmacists offer an interactive, nonbiased, evidence-based and individualized educational program. Our goal is to promote evidence-based practices, provide support, build relationships with health care teams and ultimately improve patient health outcomes.

The following topics are currently available:

Diabetes

Asthma

Hypertension

To learn more about the program and to enroll, please email pharmacy@ccah-alliance.org and include the phrase "Pharmacist-Led Academic Detailing" in the subject line.



Medi-Cal Rx Drug Utilization Review (DUR)

Please review the following Medi-Cal Rx DUR article published in October 2024: "Drug-Drug Interaction: Amlodipine with Simvastatin or Lovastatin."

This resource is on the Alliance's pharmacy services webpage under the Drug Utilization Review (DUR) section at www.thealliance.health/pharmacy-services.



Reporting suspected fraud, waste and abuse

The Alliance is committed to preventing and investigating suspected fraud, waste and abuse (FWA). Health care FWA includes the submission of false claims, falsifying Medi-Cal eligibility, prescription drug diversion or tampering, overutilization, and more. The Alliance conducts investigations involving health care providers, Alliance members, non-health-care vendors and others.

Alliance provider contracts require partners to report all suspected FWA concerns to the Alliance within five days of discovery. Preferred Alliance reporting mechanisms include:

- Contacting your Alliance Provider Relations Representative.
- Completing the compliance concern reporting form at **www.thealliance.health/potential-compliance-concern-report**.

When completing the FWA report, it is crucial to include the following information:

1. Name and contact information of the person reporting the suspected FWA (unless the reporting party chooses to remain anonymous).
2. Identifying information for the entity suspected of committing potential FWA – entity name(s), identification number(s), contact information, etc.
3. Description of the concern.
4. Supporting documentation, if available.

The Alliance encourages providers to report any suspicious activity as soon as possible and to reach out to your Provider Relations Representative with questions.

Tips for clean hard copy claim submissions

1. Print/type clearly on claim forms. All claims submitted must be legible and dark enough for scanning.
2. Be sure to include the patient's full name.
3. Include the member's Alliance ID number (box #1a on the CMS claim form or box #60 on the UB claim form).
4. Include authorization numbers (box #63 on the UB claim form or box #23 on the CMS claim form).
5. When services were provided in the ER, indicate this by marking box #24C on the CMS claim form if you are not billing with a place of service in an ER setting.
6. Note that a quantity for each service rendered is required. Please enter quantities as a single digit (e.g., "1" not "01," "001" or "010"). Do not add decimals.
7. Do not staple attachments.
8. Do not fold claims, as this may delay processing. Claims control staff guarantees that all claims and attachments stay together.
9. Make sure printers are aligned and all information populates the correct box.

If you have additional questions, please call Claims Customer Service at **831-430-5503**.

Welcome, new providers!

New ECM/CS providers

- **Enhanced Care Management:** ECM Services. Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **My Time Movement:** ECM/CS Housing Services. Mariposa, Merced and Monterey counties.
- **Ryra Incorporated:** ECM/CS Housing Services. Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **Symple Equazion:** ECM Services. Merced County.

New physicians and specialists

Merced County

Primary care

- Carla Antypas, DO, Family Medicine
- Khatareh Assadi, MD, Family Medicine
- Kamindara Dhillon, MD, Family Medicine
- Christopher Hawley, MD, Family Medicine
- Harshil Modi, MD, Family Medicine
- Lena Snyder, MD, Pediatrics

Monterey County

Primary care

- Leora Tricia Aquino, MD, Internal Medicine
- Alejandra Beristain-Barajas, MD, Family Medicine
- Andrew Chamberlain, MD, Pediatrics
- Jessica Doran, MD, Pediatrics
- Maryam Jalali-Yazdi, MD, Pediatrics
- Yvonne Lee Yu, MD, Pediatrics
- Aurora Robledo, MD, Family Medicine
- Elif Sarihan, MD, Internal Medicine

Referral physician/specialist

- Ezell Askew, MD, Vascular and Interventional Radiology

– Continued on back page

Important phone numbers

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

Partnering with local doctors and specialists
to ensure that Alliance members get access
to the right care, at the right time.



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Welcome, new providers!

Holiday office closures

- **Monday, May 26, 2025**
(Memorial Day)
- **Thursday, June 19, 2025**
(Juneteenth)

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- John Blaney, MD, Surgery
- David Bolivar, MD, Surgery
- Braden Burckhard, MD,
Ophthalmology
- Nima Kourang-Beheshti, MD,
Neurology
- Jeanne Phillips, MD,
Cardiovascular Disease
- Simran Sidhu, MD,
Gastroenterology
- Maheep Singh Sanha, MD,
Internal Medicine
- Lior Taich, MD, Urology
- Santi Yariagadda, MD,
Cardiovascular Disease

Santa Cruz County

Primary care

- Andrew Gerenraich, MD,
Family Medicine
- Renee Hook, DO, Family Medicine
- Miguel Lopez, DO, Family Medicine

Referral physician/specialist

- Ezell Askew, MD, Vascular and
Interventional Radiology
- Louis Cai, MD, Ophthalmology
- Steven Garner, MD, Plastic and
Reconstructive Surgery
- Robert Segal, MD, Dermatology

