



# Provider Re-Orientation



## AGENDA:

1. Introduction
2. Member Benefits
3. Referrals & Authorizations
4. Resources

# Welcome to the Alliance!

## Who are we?

- Central California Alliance for Health (the Alliance)
- County Organized Health System
- Serve over 440,000 members in Mariposa, Monterey, Merced, San Benito and Santa Cruz Counties
- Operate using the Managed Care Model

## What programs do we cover?

- Medi-Cal
- Alliance Care IHSS (Monterey)



# Alliance Mission

- Ensure appropriate access to care.
- Improve medical outcomes, minimizing unnecessary suffering and cost.
- Promote self-care and wellness among health plan members.
- Increase health care providers' satisfaction and participation with the plan.



# The Managed Care Model

- Members select a Primary Care Provider (PCP) who provides a patient-centered medical home.
- PCP is responsible for members' primary and preventive care, and arranging and coordinating all other aspects of their health care.
- PCPs are family practice, internal medicine, pediatrics or OB/GYNs.
- Eligible members assigned ("linked") to a PCP or clinic may only see a specialist (e.g., cardiologist, dermatologist, rheumatologist) if referred by their PCP.



# Accessibility

Category	Timely Access Standard
Urgent care appointment for which no prior authorization is required	48 hours
Urgent care appointment for services that do require prior authorization	96 hours from request
Non-urgent, primary care – including first pre-natal visit No authorization required	10 business days
Non-urgent, non-physicians mental health provider *	10 business days
Non-urgent, Specialist care	15 business days
Non-urgent, Ancillary services	15 business days
Mental Health Care	Refer to Caredon Behavioral Health for screening. Mild to moderate levels of care will be referred to a Caredon provider. Severe levels of care referred to county mental health.



## Member Benefits

- Primary care
- Specialty care
- Allied services
- Durable Medical Equipment
- Self-referred services
- Pharmacy
- Emergency care
- Inpatient and outpatient hospital care
- Diagnostic services (lab, x-ray, imaging)

[Benefit descriptions can be found in the Member Handbook on the Alliance website.](#)



## Benefits Not Covered by the Alliance

- Vision- Covered through Vision Services Plan (VSP).
- Dental Services (Denti-Cal)
- Inpatient Mental Health Services (State Medi-Cal)
- Substance Abuse Treatment Services (State Medi-Cal)
- Local Education Authority Services (Regional Centers)





# Referrals

## Providers should render services when:

- Referral is on file for the member.

### In-Area Referrals

- The member's Primary Care Provider (PCP) initiates the referral process.
- The PCP completes the Referral Consultation Request (RCR) form via the [Provider Portal](#).
- The number of visits, services and/or period of service to be rendered must appear on the (RCR) form.
- The PCP sends the (RCR) to the Alliance. Copies are sent to the specialist.
- The PCP files his/her copy and the respective reports in the patient's medical record.

- Member is eligible on the date of service


### Out-of-Area Referrals

- Made to providers outside of Mariposa, Merced, Monterey, San Benito and Santa Cruz Counties and non-contracted, in-network providers for all other lines of business.
- The member's (PCP) initiates the referral process.
- The (PCP) completes **and signs** the out-of-area referral either by using a State 50-1 TAR form or via the [Provider Portal](#).
- Include: explanation of medical necessity, failed treatment attempts prior to referral, supporting medical documentation, reasons why care can not be accessed locally.



**NOTE TO SERVING PROVIDER:** Please send your findings and report to the PCP as soon as possible.

The number is used to claim processing. Do not duplicate this form.



## REFERRAL CONSULTATION REQUEST

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
P.O. Box 660015  
Scotts Valley, CA 95067-0015 • 1-800-700-3674  
(to re-order forms, contact Provider Services)

REFERRAL NUMBER

R

R

**THIS FORM IS TO BE COMPLETED BY THE PRIMARY CARE PHYSICIAN ONLY**

- Please print clearly.
- Mail or Fax the original to the Alliance.
- Send a copy to the servicing provider with applicable supporting documentation.
- PCP to keep a copy for their records.
- Do not use this form if the referral is to a servicing provider outside of the Alliance service area.
- Prior authorization is required instead.
- Ensure that this member is on your "Linked Members" list.

**MEMBER INFORMATION**

MEMBER ID (REQUIRED)

NAME

ADDRESS

PHONE

D.O.B.                      SEX    ☐ MALE    ☐ FEMALE

If this member is a child with a CCS medically eligible condition, please be sure that your referral is to a CCS paneled provider and that your local CCS office is notified.

**SERVING PROVIDER INFORMATION**

NPI (IF KNOWN)

NAME

ADDRESS

PHONE

FAX

Preventive services covered is subject to eligibility. Benefits subject to health plan coverage.

**REFERRAL INFORMATION**

REASON FOR REFERRAL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHIEF COMPLAINT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS CODE: \_\_\_\_\_ ICD-9 OPTION: \_\_\_\_\_

(CHECK ONE ONLY)    ☐ CONSULTATION ONLY    ☐ ONE VISIT    ☐ CONSULTATION WITH \_\_\_\_\_ FOLLOW-UP VISITS

PROCEDURE (IF APPLICABLE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS REFERRAL IS VALID FROM \_\_\_\_\_ (DATE) TO \_\_\_\_\_ (DATE) NOT TO EXCEED 1 YEAR.

*If not indicated otherwise, Referral valid for 90 (ninety) days from date of signature.*

**PRIMARY CARE PHYSICIAN INFORMATION**

NPI

NAME

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PCP - Mail or Fax top copy to:

**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
P.O. Box 660015  
SCOTTS VALLEY, CA 95067-0015  
FAX: 831-430-5515

PCP – SEND THIS COPY TO THE ALLIANCE ASAP

## In Area Referral

[illegible]

## Out of Area Referral

These forms are also available to be completed electronically on the Provider Portal at

<https://thealliance.health/f-or-providers/provider-portal/>



# Authorizations

- A Treatment Authorization Request / “authorization” or “TAR” is issued by the **servicing** provider to request authorization from the Alliance.
- Ensures elective procedures, hospital admissions, services & supplies are medically necessary and covered as required by state law.

- Must be completed on the State 50-1 TAR form or submitted through the Provider Portal.

Authorization must include:

- Medical Justification.
- Documentation of recent history. & physical to justify procedure.
- Copies of relevant lab & appropriate consultation report.
- Must be signed and dated by MD.

The Treatment Authorization Request must be submitted prior to a provision of a service unless emergent. Otherwise, it must be received within 30 calendar days of initiation of services with an explanation as to why it could not be submitted prior to service being rendered.



# Authorizations

## Treatment Authorization Form

This form is also available to be completed electronically on the Provider Portal at

<https://thealliance.health/providers/provider-portal/>

**CONFIDENTIAL PATIENT INFORMATION**  
FOR F.T. USE ONLY

**TREATMENT AUTHORIZATION REQUEST**  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**HELPFUL HINTS FOR COMPLETING TREATMENT AUTHORIZATIONS**

**FOR PROVIDER USE**

**FOR STATE USE**

**ADDED REMINDERS:**

- Incomplete TARs take much longer to process
- Do not make copies of blank TARs
- Do not send same TAR twice
- If checking on TAR status, we need the TAR #
- Please note if member is HK, HF, or IHSS

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.**

**AUTHORIZATION MUST BE SIGNED & DATED**

**NOTE:** AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE. SEND TO FIELD SERVICES (F.J. COPY)

**SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM.**



# Where can I get additional information and resources?

The screenshot shows the 'For Providers' section of the Central California Alliance for Health website. The header includes navigation links: Find a Doctor, Provider Portal, Contact Us, English, Hmong, Spanish, Accessibility Tools, and a search bar. The main content area is titled 'For Providers' and includes a list of resources: Join our Network, Manage Care, Resources, and Provider Portal. A sidebar on the right lists 'Contact Provider Services' with categories like General, Claims, Authorizations, Authorization Status, and Pharmacy, each with a phone number. At the bottom, there are sections for 'Provider Resources' and 'Latest Provider News'.

Find a Doctor Provider Portal Contact Us English Hmong Spanish Accessibility Tools Search

For Members For Providers For Communities Health Plan About Us

Home > For Providers

### For Providers

Join our Network  
Manage Care  
Resources  
Provider Portal

**For Providers**

This section has informative, useful and time-saving resources to help support our Alliance providers. Here are some of the things you can do:

- Review and share member-facing information for accessing our Nurse Advice Line, transportation services, language assistance, telehealth and other key member services.
- Find details on Alliance health and wellness programs, including eligibility, referral processes and member rewards.
- Browse our one-stop repository for frequently used forms, including the Treatment Authorization Request (TAR) and Staying Healthy Assessment Faxin Order Form.
- Easily review current information on Care-Based Incentives, Facility Site Reviews, referrals and authorizations, prescriptions and more.

EXPAND ALL

Join our Network

Manage Care

Resources

Provider Portal

#### Contact Provider Services

<b>General</b>	831-430-5504
<b>Claims</b> Billing questions, claims status, general claims information	831-430-5503
<b>Authorizations</b> General authorization information or questions	831-430-5506
<b>Authorization Status</b> Checking the status of submitted authorizations	831-430-5511
<b>Pharmacy</b> Authorizations, general pharmacy information or questions	831-430-5507

#### Provider Resources

- Provider Portal
- Provider Directory
- Provider Manual

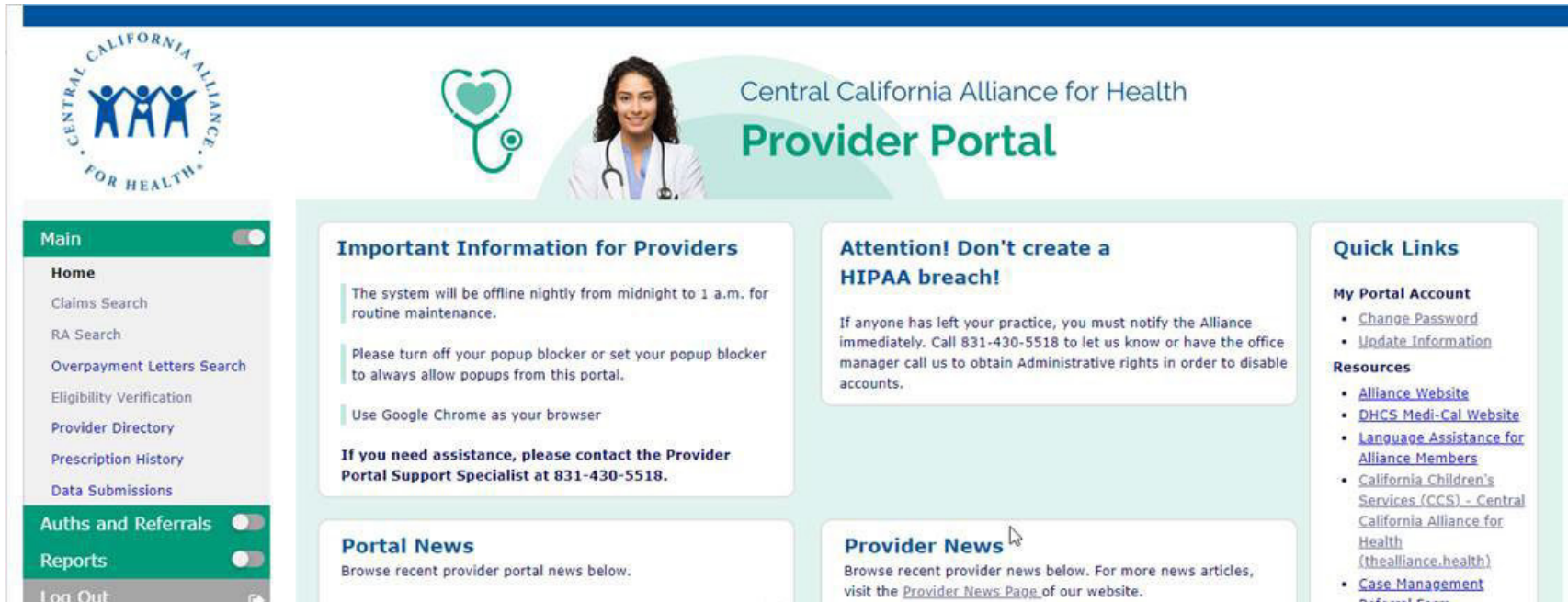
#### Latest Provider News

Alliance Provider Updates June 14, 2021

[www.thealliance.health](http://www.thealliance.health)



# Provider Portal



The screenshot shows the homepage of the Central California Alliance for Health Provider Portal. At the top, there is a blue header bar. Below it, the Central California Alliance for Health logo is on the left, featuring three stylized figures holding hands in a circle. To the right of the logo is a green heart with a stethoscope around it, and a photo of a smiling female healthcare provider. The text "Central California Alliance for Health" and "Provider Portal" are displayed in green. On the left side, there is a green sidebar menu with a toggle switch for "Main". The menu items include "Home", "Claims Search", "RA Search", "Overpayment Letters Search", "Eligibility Verification", "Provider Directory", "Prescription History", "Data Submissions", "Auths and Referrals" (with a toggle switch), "Reports" (with a toggle switch), and "Log Out". The main content area is divided into several sections: "Important Information for Providers" with a notice about system downtime and browser requirements; "Attention! Don't create a HIPAA breach!" with instructions on how to handle former staff; "Quick Links" with links to "My Portal Account" and "Resources"; "Portal News" with a link to browse recent news; and "Provider News" with a link to browse recent news articles.

**Central California Alliance for Health**  
**Provider Portal**

**Main** ☒

**Home**

- Claims Search
- RA Search
- Overpayment Letters Search
- Eligibility Verification
- Provider Directory
- Prescription History
- Data Submissions

**Auths and Referrals** ☒

**Reports** ☒

**Log Out**

**Important Information for Providers**

The system will be offline nightly from midnight to 1 a.m. for routine maintenance.

Please turn off your popup blocker or set your popup blocker to always allow popups from this portal.

Use Google Chrome as your browser

**If you need assistance, please contact the Provider Portal Support Specialist at 831-430-5518.**

**Attention! Don't create a HIPAA breach!**

If anyone has left your practice, you must notify the Alliance immediately. Call 831-430-5518 to let us know or have the office manager call us to obtain Administrative rights in order to disable accounts.

**Quick Links**

**My Portal Account**

- [Change Password](#)
- [Update Information](#)

**Resources**

- [Alliance Website](#)
- [DHCS Medi-Cal Website](#)
- [Language Assistance for Alliance Members](#)
- [California Children's Services \(CCS\) - Central California Alliance for Health](#)
- [Case Management Referral Form](#)

**Portal News**

Browse recent provider portal news below.

**Provider News**

Browse recent provider news below. For more news articles, visit the [Provider News Page](#) of our website.

Sign up or log in at the following link:  
<https://thealliance.health/for-providers/provider-portal/>



# Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (EPSDT)

- On a biannual basis, all Network Providers must complete the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Training.
- Network Providers can access the training on the Alliance Provider Training webpage by clicking [Medi-Cal for Kids & Teens](#) under Resources.



## Confirm Review

After reviewing the information in this file, please click the link below to acknowledge that you have completed the training.

Please note that the review must be completed prior to the 10th business day of the month.

[Provider Attestation Form](#)

