



COMMUNITY HEALTH  
CENTER NETWORK

# New Provider Orientation

## CHCN New Provider Orientation Packet

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## Welcome to Community Health Center Network (CHCN)!

CHCN is committed to excellent, affordable care for underserved communities of the East Bay. CHCN is a partnership of eight federally qualified health centers located in the East Bay of California. We support our member health centers with business operations related to Medi-Cal managed care so the health centers can focus on what matters most—patients. Members in the CHCN network receive access to all medically necessary benefits through CHCN’s network of contracted providers.

Our member health centers formed CHCN in 1996 to participate more effectively in newly-launched state managed care programs. The formation of CHCN built upon 20 plus years of collaboration in health policy and advocacy work through CHCN’s sister organization, the Alameda Health Consortium.

CHCN supports the following health centers:

- Asian Health Services
- Axis Community Health
- Bay Area Community Health
- Baywell Health (West Oakland Health)
- La Clínica de La Raza
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vasquez Health Center

For more information on CHCN policies and procedures, please refer to the CHCN Provider Manual at <https://connect.chcnetwork.org/Provider-Library>. You may sign up for our community update e-newsletter to learn more about news, ideas, and people in the health center family of providers, staff and partners at <https://chcnetwork.org/>.

Sincerely,

CHCN Provider Services Department

Visit and follow us at:

Website: <https://chcnetwork.org/>

Facebook: <https://www.facebook.com/alamedahealthconsortium/>

Twitter: <https://twitter.com/ACHealthCenters>

## Attestation of Provider Training

By signing below, I attest that I have received materials and training on the following subjects as they relate to Community Health Center Network and its contracted health plan partner, Alameda Alliance for Health.

- Access to Care Appointment Standards
- Care Neighborhood
- Cultural Humility
- Electronic Consult Program
- Fraud, Waste and Abuse
- Getting to the Heart
- Member Grievances
- Member Rights and Responsibilities
- Quality Management and HEDIS Measures
- Interpretive Services
- Transportation Services
- Utilization Management

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Provider Group Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** CA

**Zip:** \_\_\_\_\_

## Medi-Cal Non-Emergent Medical Appointment Access Standards

Service	Access Standard
Access to PCP or designee	24 hours a day, 7 days a week
Non-urgent Care appointments for Primary Care	Must offer the appointment within 10 business days of request
Adult physical exams and wellness checks with PCP	Must offer the appointment within 10 business days of request
Non-urgent appointments with Specialist physicians	Must offer the appointment within 15 business days of request
Urgent Care appointments that do not require prior authorization	Must offer the appointment within 48 hours of request
Urgent Care appointments that require prior authorization	Must offer appointment within 96 hours of request
First Prenatal Visit	Must offer the appointment within 5 business days of request to ensure that the first prenatal visit is available within two (2) weeks upon request.
Child physical exam and wellness checks with PCP	Must offer the appointment within 10 business days of request
Non-urgent appointments for ancillary services (diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 business days of request
Initial Health Assessment (members age 18 months and older)	Must be completed within 120 calendar days of enrollment
Initial Health Assessment (members age 18 months and younger)	Must be completed within 120 calendar days of enrollment

## Member Rights and Responsibilities

### CHCN members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a primary care provider within the Contractor's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To make recommendations about the member rights and responsibilities.
- To receive care coordination.
- To request an appeal of decisions to deny, defer, or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and Emergency Services outside the Contractor's network pursuant to the federal law.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Beneficiaries that can request expedited disenrollment include, but are not limited to, beneficiaries receiving services under the Foster Care, or Adoption Assistance Programs; and members with special health care needs.
- To access Minor Consent Services.
- To receive written member informing materials in alternative formats (including braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by the Contractor, providers or the State.

### CHCN members have these responsibilities:

- Tell the CHCN and your doctors what we need to know (to the extent possible) so we can provide care.
- Follow care plans and advice for care that you have agreed to with your doctors.
- Learn about your health problems and help to set treatment goals that you agree with, to the degree possible.
- Work with your doctor.

- Always present your health plan Member ID Card when getting services.
- Ask questions about any medical condition and make certain you understand your doctor's explanations and instructions.
- Give your doctors and CHCN correct information.
- Help CHCN maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Make and keep medical appointments and inform your doctor at least 24 hours in advance when an appointment must be cancelled.
- Treat all CHCN staff and health care staff with respect and courtesy.
- To have access to, and where legally appropriate, receive copies of, amend or correct your Medical Record.
- Use the emergency room only in case of an emergency or as directed by your doctor.

### **CHCN Member Access to Behavioral Health Services:**

Refer directly to the appropriate health plan for outpatient behavioral health services that are needed for the treatment of mild to moderate behavioral health conditions. Also refer directly to the appropriate health plan for the treatment of autism and development delays, including Behavioral Health Treatment (BHT) and Applied Behavioral Analysis (ABA) services.

- Refer Alameda Alliance for Health members contact Alliance Health Program at 1- 510-747-4577. The toll-free number is (855) 891-9169. For people with hearing or speaking impairments, the TTY number is 711/1-800-735-2929.
- Submit prior authorization requests for Pre-Bariatric surgery Psych Evaluations to CHCN.

### **Autism Spectrum Disorder services**

CHCN is not currently delegated for Behavioral Health services.

Behavioral Health Treatment (BHT) services are a Medi-Cal covered benefit for members under 21 years of age after a diagnosis of autism spectrum disorder (ASD).

BHT services teach skills through the use of behavioral observation and reinforcement or through prompting to teach each step of targeted behavior. BHT services are designed to be delivered primarily in the home and in other community settings.

### **CHCN Member Access to Member Handbook:**

Member can access a digital copy of member handbook via CHCN's public website:

<https://chcnetwork.org/patient-services/managed-care-members/>. CHCN offers member handbook in the following languages: Spanish, Chinese, Tagalog, and Vietnamese. CHCN also offers mail out copies of member handbook.

## Care Neighborhood

### Clinic-Based Case Management for High-Risk Members

CHCN has developed and piloted an innovative case management program for high risk members. Care is delivered by embedded clinic-based community health workers (CHW), who are integrated into the medical home team. CHCN provides technical training and support, inpatient support and best practice training and tools. High risk members are connected to community resources to support needs around the social determinants.

#### **Case Management System**

CHCN developed a case management system for CHWs. The system integrates claims, EHR and community data to drive workflow and help CHWs manage their high risk panel.

#### **Data Analytics**

CHCN developed a predictive risk model to identify high risk patients. CHCN also provides monthly dashboards and is conducting an impact evaluation.

#### **Technical Training and Support**

Experienced LCSWs provide on-going training and consultative support for CHWs.

#### **Inpatient Support**

CHWs are notified in real time of an inpatient admission and work with CHCN inpatient RNs on discharge planning.

#### **Embedded Care Team**

Care is given by an embedded care team that includes a community health worker, who is the primary care coordinator.

#### **Person Centered Care**

CHWs employ a person centered approach and use techniques such as motivational interviewing, harm reduction, and trauma informed care to build meaningful relationships.

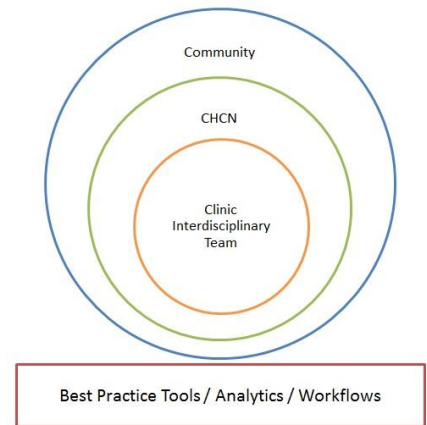
For questions about eligibility please contact Jacob Deme, Care Neighborhood Operations Supervisor at [jdeme@chcnetwork.org](mailto:jdeme@chcnetwork.org).

For other questions please contact Aleida Kasir, Care Neighborhood Program Director at [akasir@chcnetwork.org](mailto:akasir@chcnetwork.org).



# Care Neighborhood | Program Overview

Care Neighborhood (CN) is an innovative case management program for high risk members. Care is delivered by embedded clinic-based community health workers (CHWs), who are integrated into the medical home team. CHCN provides technical training and support, inpatient support and best practice training and tools. High risk members are connected to community resources to support needs around the social determinants.



## Program Elements

CN consists of the following program elements:

- Embedded Interdisciplinary Care Team – An interdisciplinary team of social workers, community health workers and RN at the health center coordinates and manages the patient’s care
- Case Management System - CHCN developed a case management system for CHWs. The system integrates claims, EHR and community data to drive workflow and help CHWs manage their high risk panel.
- Data Analytics - CHCN developed a predictive risk model to identify high risk patients. CHCN also provides monthly dashboards and is conducting an impact evaluation.
- Technical training and support - Experienced LCSWs train and provide consultative support for CHWs.
- Inpatient support - CHWs are notified in real time of an inpatient admission and work with CHCN inpatient RNs on discharge planning.
- Person centered care - CHWs employ a person centered approach and use techniques such as motivational interviewing, harm reduction, and trauma informed care to build meaningful relationships.

## Why do we need a program like Care Neighborhood?

Total cost analysis of our members show that 70% of the dollars we spend on our members is for hospitalizations, which is concentrated in just 5% of our total members who had a hospitalization. These high risk patients often have needs around the social determinants, such as food and housing, which are often difficult to address in a standard office visit. Care Neighborhood is designed to provide additional support by connecting patients to eligible clinic and community resources that can address the social determinants.

## How does Care Neighborhood work?

CHCN will identify high risk members. Providers can also refer. A CHW will outreach and conduct a basic assessment and enroll the member if he/she is a good fit for the program.

# Care Neighborhood | Provider Support

## 1. Refer patients that you think may be a good fit for the program

- Members must be managed by CHCN

Good Fit	Potentially Eligible	Not Eligible
<ul style="list-style-type: none"> <li>evidence of high utilization (<b>ideally, at least one inpatient admission in last 12 months</b>) or highly likely to be admitted in the next 30-60 days</li> <li>evidence of complex, multiple chronic conditions (ideally, <b>chronic conditions &gt;4</b>)</li> <li>evidence of needs around the social determinants <i>in conjunction</i> with the above</li> <li>Must be CHCN member</li> </ul>	<ul style="list-style-type: none"> <li>patients with active substance use, severe dementia, acute/severe mental illness, homelessness may be referred to an outside case management program or a clinic based program such as IBH</li> </ul>	<ul style="list-style-type: none"> <li>Existing case management</li> <li>ESRD</li> <li>ESLD</li> <li>Cancer</li> <li>Hospice</li> <li>Violence</li> <li>Medicare-Medi-cal</li> <li>Health Pac</li> </ul>

- If you think a patient is a good fit for Care Neighborhood, please reach out to your Community Health Worker who will conduct a basic assessment and refer to CHCN for eligibility screening.
- Keep in mind that the enrollment process can take a few weeks. A patient is not enrolled in Care Neighborhood until a face to face visit occurs and a relationship is established.

## 2. Promote Care Neighborhood to the patient during office visit and introduce CHW

- First contact between an eligible patient and a care coordinator will most likely happen directly after a regularly scheduled office visit. Best practice is to do a warm handoff to the CHW (consider introducing the CHW by name, clarify that the CHW is part of the clinic and care team).

## 3. Follow up as necessary on Care Neighborhood patients

- CHWs will document their visits and care plans in NextGen. Any actions requiring provider action will be sent via task to the provider.

## 4. Encourage the interdisciplinary team to work with Care Neighborhood to support the patient

- The Care Neighborhood service is designed to provide additional support for high complex patients in conjunction with the interdisciplinary care team at the health center.

## 5. Let us know how we can improve the program. Give feedback to your local CHW.

## Cultural Competency Training Resource

# Practicing Cultural Humility in Healthcare

**Greater insight into the diversity  
of the East Bay**

CHCN Cultural Humility Training can be found on the CHCN  
Provider Portal at:

<https://connect.chcnetwork.org/Provider-Training>



## Electronic Consults for CHCN Health Center Providers

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### What is RubiconMD?

Community Health Center Network (CHCN) contracted with RubiconMD to provide electronic consults to all primary care providers (PCP) in CHCN's network. RubiconMD offers a **secure, web-based platform** for PCPs to submit specialty consultations prior to referring a patient for an outside specialty visit, much like a curbside consult. PCPs use RubiconMD as a tool for informal **peer-to-peer** discussion with specialists in order to **deliver more impactful, comprehensive, and cost-effective care**. Providers can easily upload documents, labs, tests, clinical notes, and images from the electronic health record to RubiconMD's platform for quick and efficient consultation.

### How do Econsults improve member care and save time and money?

Each CHCN provider has **unlimited** access to specialty econsults and use of the platform. RubiconMD offers more than **120 specialty types**, including high-demand specialties such as dermatology, cardiology, endocrinology, and a variety of pediatric subspecialties. Consulting with specialists from RubiconMD's network prior to referring the patient to a local specialist **reduces unnecessary referrals** and allows providers to manage the member's care. The average specialist **response time is between 2.5 and 4 business hours** on RubiconMD, a significant improvement from specialty appointments wait times of 2 weeks or more.

### Partnership with Alameda Health System

Beginning in September 2016, CHCN partnered with **specialists from Alameda Health System** (AHS) to provide electronic consults in the following specialty areas:

- Cardiology
- Endocrinology
- Gastroenterology
- Neurology
- Pulmonology
- Rheumatology
- Urogynecology
- Urology

Opportunities for a "virtual curbside" with an AHS specialist will enhance CHCN and member health centers' relationships with **mission-aligned** colleagues at AHS. If an in-person consult is needed, providers may refer to AHS specialists or another provider of their choice in the network.

## Quality Management

Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS is applicable to and measured by insurance lines, including commercial, Medicare, and Medicaid. HEDIS measures allow consumers to compare health plan performance to other plans, and to national or regional benchmarks. In 2024, CHCN has a financial incentive agreement with Alameda Alliance for Health (AAH) based on HEDIS performance. The list below contains HEDIS measures included in CHCN’s current pay for performance (P4P) program with the health plan, AAH. For more information about HEDIS or Quality please contact Hallie Roth, Population Health & Quality Improvement Manager at CHCN at [hr Roth@chcnetwork.org](mailto:hr Roth@chcnetwork.org).

<b>P4P HEDIS Measures and Description (2024)</b>		
<b>Chronic Disease</b>	GSD	Glycemic Status Assessment for Patients with Diabetes (>9.0%)*
	CBP	Controlling High Blood Pressure (<140/90)
<b>Cancer Screening</b>	BCS	Breast Cancer Screening
	CCS	Cervical Cancer Screening
	COL-E	Colorectal Cancer Screening
<b>Pediatric</b>	W15	Well-Child Visits in the First 15 Months of Life – Six or More Visits
	W30	Well-Child Visits for Age 15 Months to 30 Months – Two or More Visits
	LSC	Lead Screening in Children
	WCV	Child and Adolescent Well-Care Visits
<b>Behavioral Health</b>	FUM	Follow-Up After Emergency Department Visit for Mental Illness – 30 Day

\*For GSD, a lower rate is better.

# Fraud Prevention: You Can Stop Fraud, Waste, and Abuse

## What is Health Care Fraud?

Health care fraud includes but is not limited to, the making of intentional false statements, misrepresentations or deliberate omissions of material facts from any record, bill, claim or any other form for the purpose of obtaining payment, services, or any type of compensation for health care services for which you are not entitled.

## Examples of Fraud

### By a Member:

- Lending an Alliance ID card to someone other than the member;
- Pretending to be someone else to obtain services;
- Altering or forging a prescription;
- Concealing assets or income in order to gain coverage; and
- Falsifying information in order to obtain narcotic drugs.

### By a Provider:

- Billing for services, procedures and supplies not rendered, or different from what was rendered, to the patient;
- Providing services to patients that are not medically necessary;
- Balance billing a Medi-Cal member for Medi-Cal covered services; and
- Unbundling or up-coding procedures.

### By a Pharmacy:

- Billing for a brand name prescription when dispensing a generic;
- Dispensing a different medication than was prescribed;
- Altering the quantity of the prescription without proper documentation; and
- Buying back prescription drugs for resale.

Health care fraud, waste, and abuse cost taxpayers billions of dollars each year. You can help stop fraud by reporting it.

### If you suspect fraud by our health plan, doctors, drug stores, or members, report it by calling:

- To report to CHCN: 510-297- 0407 or [compliancemailbox@chcnetwork.org](mailto:compliancemailbox@chcnetwork.org)
- To report to Alameda Alliance for Health: 1-855-747-2234 or [compliance@alamedaalliance.org](mailto:compliance@alamedaalliance.org)
- To report directly to Medi-Cal: 1-800-822-6222 or [stopmedicalfraud@dhcs.ca.gov](mailto:stopmedicalfraud@dhcs.ca.gov)
- To report to California DHCS: 1-800-822-6222 or [fraud@dhcs.ca.gov](mailto:fraud@dhcs.ca.gov)

For more information, please see the CHCN Provider Training on HIPAA, PHI, and Fraud, Waste & Abuse at <https://connect.chcnetwork.org/Provider-Library/Provider-Relations>

Thank you for helping us fight fraud, waste, and abuse.





# GETTING TO THE HEART

## WHAT WE DO

Strengthen trust among care team members by pairing MAs and providers in a series of lunch discussions. Pairs share who they are, what they value and how they work together. Later, review cases and how they might work differently.



## WHY IT MATTERS

A trusting relationship builds a strong team, reduces burnout and helps patients - a triple win!



## RELATE



Discover more about your colleague

## COMMUNICATE



Explore issues that affect your relationship

## TRUST



Overcome barriers that lead to frustration



ALAMEDA HEALTH CONSORTIUM

Kristalia Williams,  
Health Worker, III

*Part of burnout is having strained relationships with people. I think burnout is about miscommunication, misjudgment, mis-a lot of stuff. So, breaking down those walls, whether it's a cultural barrier, whether it's language or personality, background barriers makes a difference. It's really important to be able to shed light and be honest, because you're "getting to the heart," you're not getting to the skin.*

*You get ignited with the joys of practice.*

## WHAT IT TAKES

**Six** MA-Provider one-on-one meetings for an hour (paid and with food) to establish better understanding and communication, using a workbook to guide the conversations. We **launch the program** at an all staff meeting to describe it and answer questions.

### Requirements:

- 1) MA-provider dyads in place
- 2) Time for the meetings
- 3) Six paid extra hours per person
- 4) Six lunch coupons per person (we budgeted \$7 per lunch)



Michelle Carderelli, MA  
and Maya Ghorayeb, MD

Michelle and Maya have found that in the heat of a clinic day, knowing more about each other eases tempers. Michelle also expressed that knowing each other better helps set expectations for set up which creates a smoother clinic flow. Both believe that the value getting to know each other should not be underestimated.

They continue to take time to meet.

## RETURN ON INVESTMENT

Two health center sites have completed the program. In both, productivity rose, and in one, sick time went down. Pairs identified respect and trust as key elements, and were deepened in the course of the project. We also think that there is a difficult-to-measure, but palpable, rise in satisfaction for staff and MA confidence.



## Interpretive Services

Medi-Cal managed care interpretive services are provided at no cost to the patient and available 24 hours a day, 7 days a week.

### **Alameda Alliance for Health:**

#### Face-to-Face Interpreter Services

Call the Alliance Member Services department at **510-747-4567** or fax the Request for Interpreters Form to Alliance Member Services at **1-855-891-7172**.

The Alliance asks for **5 days advance notice**. Same day requests may be possible for urgent situations.

#### Telephonic Interpreter Services

To access services, please call 1.510.809.3986 and enter your CHCN pin: 1001.



## 2020 Interpreter Services Provider Update

At Alameda Alliance for Health (Alliance), we appreciate our provider-plan partnership to ensure that your Alliance patients have access to quality interpreters for all health care services. This packet contains important updates to Alliance interpreter services. We are rolling these changes out in three (3) phases.

### **THIS PACKET INCLUDES:**

- Letter from Scott Coffin, Alliance CEO
- Provider Alert regarding our new telephonic interpreter services vendor, CyraCom
- Interpreter Services Provider Guide
- Interpreter Services Request Form
- Point to Your Language Card
- I Speak Cards

PHASE	DESCRIPTION	LAUNCH DATE
1	<b>For all Alliance Providers</b> – Launch of new telephonic interpreter services vendor, CyraCom.	June 1, 2020
2	<p><b>First group</b> of Alliance clinics/providers will begin to follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> <li>• Community Health Center Network (CHCN) clinics</li> <li>• Beacon Health Options providers</li> </ul> <p><b>All Alliance providers</b> will need to submit requests for in-person interpreters Services five (5) business days in advance.</p>	July 1, 2020
3	<p><b>Second group</b> of Alliance providers will follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> <li>• Children’s First Medical Group</li> <li>• Alameda Health System</li> <li>• All other directly contracted clinics and providers</li> </ul>	October 1, 2020

**Questions?** Below are ways that you can contact us for questions related to Alliance interpreter services:

- Contact the Health Education Manager:  
Linda Ayala  
Phone Number: **1.510.747.6038**  
Email: [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)
- Call our Provider Call Center:  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**
- Visit the provider section of our website:  
[www.alamedaalliance.org/providers/provider-resources/language-access](http://www.alamedaalliance.org/providers/provider-resources/language-access)



June 22, 2020

**Re: Interpreter Services for Alameda Alliance for Health Members**

Dear Alliance Provider Partner,

At Alameda Alliance for Health (Alliance), we appreciate our dedicated provider community and the quality health care that you provide to our members. We understand that interpreter services are key to helping provide excellent care to our diverse membership. Almost 40% of our members prefer to communicate in a language other than English, and at many of our partner clinics, that percentage is significantly higher.

**Over the next year, we will be moving most of our interpreter services from in-person to on-demand telephonic interpreting.** We anticipate that increasing on-demand telephonic services will lift a significant administrative burden for you and your office staff. Telephonic interpreting services has the advantage of immediate access, and in most cases, there is no need to preschedule or confirm appointments.

To support this change, we will have a new vendor for telephonic interpreter services – CyraCom. They have specialized in health care interpretation for more than 25 years and provide on-demand services in over **230** languages.

**Our planned on-demand telephonic interpreter services rollout date for Community Health Center Network (CHCN) and Beacon Health Options is Wednesday, July 1, 2020. For Children First Medical Group (CFMG), Alameda Health System (AHS) and all directly contract providers, the effective date is Thursday, October 1, 2020.** In-person interpreter services will still be available for American Sign Language (ASL) and sensitive or complex health care visits. For in-person interpreters, providers will still need to complete an *Interpreter Services Appointment Request Form*, and fax it directly to the Alliance at least **five (5) business days** before the appointment.

In this packet you will find our updated instructions for accessing interpreter services. Please note the implementation date. If you have any questions, please contact our project lead:

Linda Ayala, MPH, Health Education Manager  
Phone Number: **1.510.747.6038**  
Email: **layala@alamedaalliance.org**

We remain committed to ensuring that our members have access to quality interpreter services at each health care encounter, and look forward to our continued partnership.

Sincerely,

Scott Coffin  
Chief Executive Officer  
Alameda Alliance for Health

## **Important Update Starting Monday, June 1, 2020: New Alliance On-Demand Telephonic Interpreter Services Vendor CyraCom**

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and wellbeing in our community. We are excited to announce our new on-demand vendor for interpreter services, CyraCom.

**Starting Monday, June 1, 2020, the Alliance will partner with CyraCom to provide on-demand telephonic interpreter services for our members.** CyraCom has specialized in health care interpretation for more than 25 years and provides services in over 230 languages.

**Telephonic interpreter services is the fastest and most efficient way to obtain an interpreter.** To access services, please call **1.510.809.3986** and follow the prompts. This is the same phone number that we have always had for telephonic interpreter services.

The automated system will request the following:

1. **The PIN number for the network you are contracted with:**
  - If you are a **CHCN** provider – **1001**
  - If you are a **CFMG** provider – **1002**
  - If you are a **Beacon** provider – **1003**
  - If you are an **Alliance** provider – **1004**
2. **A number to request 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**
3. **The member's 9-digit Alliance Member ID number.**

**Requesting an interpreter for Telehealth:** CyraCom also offers interpretation for telehealth visits! When you are ready to connect to an interpreter, please call **1.510.809.3986**. Follow steps 1-3 above, and provide the telehealth phone number and log in information. The interpreter will then call in to join your telehealth visit.

For more information on interpreter services, including how to schedule American Sign Language (ASL), telephonic interpretation for less common languages, or in-person services, please contact:

Alliance Provider Services Department  
Phone Number: **1.510.747.4510**  
[www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms)

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.

**Effective Monday, June 1, 2020, please use this guide to better assist Alliance members with language services.** Please confirm your patient's eligibility before requesting services.

## TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Routine office and clinic visits.
- Pharmacy services.
- Free standing radiology, mammography, and lab services.
- Allied health services such as physical occupational or respiratory therapy.

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Provide the nine-digit Alliance member ID number.
3. For communication with a patient who is deaf, hearing or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.

## IN-PERSON INTERPRETER SERVICES

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

- Sign language for the deaf and hard of hearing
- Complex courses of therapy or procedures, including life-threatening diagnosis (Examples: cancer, chemotherapy, transplants, etc.)
- Highly sensitive issues (Examples: sexual assault or end of life)
- Other conditions by exception. Please include your reason in the request.

To request in-person interpreters:

1. You must schedule in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. Please complete and fax the **Interpreter Services Appointment Request Form** to the Alliance at **1.855.891.9167**. To view and download the form, please visit **[www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms)**.
3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. 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**.

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### PLEASE NOTE:

The Alliance discourages the use of adult family or friends as interpreters. Children should not interpret unless there is a life-threatening emergency and no qualified interpreter is available. If a patient declines interpreter services, please document the refusal in the medical record.

**Questions?** Please call Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone number: **1. 510.747.4510**



# Interpreter Services Request Form

At Alameda Alliance for Health (Alliance), we provide no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week. Please confirm your patient's eligibility before requesting services. Please complete this form to request interpreter services.

## INSTRUCTIONS

1. Please print clearly, or type in the fields below.
2. Forms must be submitted by fax at least **five (5) working days** prior to the appointment date. For ASL, **five (5) working days** is recommended, but not required.
3. Please return form by fax to the Alliance at **1.855.891.9167**.

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

## SECTION 1: PATIENT INFORMATION

Full Name: \_\_\_\_\_ Alliance Member ID #: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SECTION 2: INTERPRETER SERVICE TYPE (CHECK ONLY ONE TYPE OF SERVICE)

- Telephone Interpreting by Appointment       In-Person Interpreting  
 Video Interpreting by Appointment (*if available at clinic location*)

Language: \_\_\_\_\_ Special Requests (optional): \_\_\_\_\_

## SECTION 3: APPOINTMENT DETAILS

*For in-person appointments, please include address information.*

*For prescheduled video or telephonic appointments, please provide call-in information and/or link.*

Date (MM/DD/YYYY): \_\_\_\_\_ Start Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Specialty: \_\_\_\_\_

Address (*include dept./floor/suite*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Call-In Information/Link: \_\_\_\_\_

**Please complete if requesting an in-person interpreter:** What is the nature of the request?

- Complex course of therapy or procedure including life-threatening diagnosis (*Examples: cancer, chemotherapy, transplants, etc.*)  
 Highly sensitive issues (*Examples: sexual assault, abuse, end-of life, etc.*)  
 Other condition (*please include justification*): \_\_\_\_\_

## SECTION 4: REQUESTOR INFORMATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Telephonic interpreter services are available for Alliance members at anytime, 24 hours a day, 7 days a week without an appointment by calling **1.510.809.3986**. To view and download this form, please visit [www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms).

# "I SPEAK" CARDS

## FOR ALLIANCE MEMBERS

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

The Alliance has created "I Speak" cards as a resource for our provider partners and members to use during doctor visits. This resource includes information to help Alliance members get an interpreter for their health care visits. Alliance members can show the card to your office staff to let them know what language they speak. It also has instructions on how your office can contact the Alliance to get an interpreter.

Furthermore, you can help your patients if you are sending them to receive other services such as laboratory or radiology. The "I Speak" card will let the medical office staff know how to call an interpreter for your patient. Alliance telephonic interpreters are available 24 hours a day, 7 days a week at **1.510.809.3986**.

### INSTRUCTIONS

1. Please fill in the member's preferred language.
2. Ask the patient to show the card to the health care provider for help in their language.

**Please see back to view samples of the "I Speak" card.**

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To request a supply of "I Speak" cards, please email Alliance Health Programs at **livehealthy@alamedaalliance.org**. Please provide your name, clinic, mailing address, phone number, and quantity needed for each language. I speak cards are available in English, Spanish/English, Chinese/English and Vietnamese/English.

Thank you for partnering with us to ensure that our members are receiving care in their language!



**Questions?** Please call Alliance Health Programs  
Monday - Friday, 8 am - 5 pm  
Phone Number: **1.510.747.4577**  
**www.alamedaalliance.org**

# SAMPLES OF "I SPEAK" CARDS\*

## ENGLISH CARD - USE FOR ANY LANGUAGE

Front

Back

<p><b>ALAMEDA Alliance FOR HEALTH</b></p> <p>I Speak: _____</p> <p><b>PLEASE CALL AN INTERPRETER.</b> Thank You.</p>	<p><b>Providers:</b> To request a phone interpreter on demand, please call <b>1.510.809.3986</b>.</p> <p>Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.</p> <p>Please have the member ID ready.</p> <p><b>Members:</b> For any questions, please call the Alliance Member Services Department at <b>1.510.747.4567</b>.</p>
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## BILINGUAL CARD - AVAILABLE IN SPANISH, CHINESE AND VIETNAMESE

Front

Back

<p><b>ALAMEDA Alliance FOR HEALTH</b></p> <p>I speak Spanish</p> <p><b>PLEASE CALL AN INTERPRETER.</b> Thank you.</p>	<p><b>Providers:</b> To request a phone interpreter on demand, please call <b>1.510.809.3986</b>.</p> <p>Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.</p> <p>Please have the member ID ready.</p> <p><b>Members:</b> For any questions, please call the Alliance Member Services Department at <b>1.510.747.4567</b>.</p>
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Inside

<p><b>ALAMEDA Alliance FOR HEALTH</b></p> <p>Yo hablo español</p> <p><b>LLAME A UN INTÉRPRETE.</b> Gracias.</p>	<p><b>Proveedores:</b> Para solicitar el servicio de interpretación por teléfono por encargo, llame al <b>1.510.809.3986</b>.</p> <p>Los miembros de Alameda Alliance for Health (Alliance) pueden recibir servicios de interpretación para los servicios de cuidado de la salud cubiertos.</p> <p>Tenga a la mano su número de identificación del miembro.</p> <p><b>Miembros:</b> Si tiene alguna pregunta, llame al Departamento de Servicios al Miembro de Alliance al <b>1.510.747.4567</b>.</p>
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Point to your language. We will get you an interpreter.

<b>Arabic</b> اللغة العربية أشر الى لغتك وسنادى المترجم حالا	<b>Laotian</b> ພາສາລາວ ຊ້ຽວພາສາທີ່ເຮົາເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ພາຍພາສາໃຫ້
<b>Cambodian</b> សូមចង្អុលភាសារបស់អ្នក យើងនឹងហៅអ្នកបកប្រែមកជូន	<b>Mam</b> Yectz tyola. K,o co jel yolon tejun xal toj tell tyola.
<b>Cantonese</b> 請指認您的語言 以便為您請翻譯	<b>Mandarin</b> 國語 請指認您的語言 以便為您請翻譯
<b>Dari</b> دری شما به کدام زبان گپ می زنید؟ یک ترجمان می آید.	<b>Mien</b> Mienh Nuqv meih nyei waac mbuox yie liuz, yie heuc faan waac mienh bun meih oc.
<b>Eritrean</b> ኅብዓትግድታት ከተርጓሚ ከድወለሉ ከዬ	<b>Pashto</b> پښتو خچله ژبه وبينه. ژر به ترجمان درسره خبری وکړ.
<b>Ethiopian</b> ወደቋንቋው ከያመልከቱ ከስተርጓሚ ከንጠራለን	<b>Punjabi</b> ਪੰਜਾਬੀ ਅਪਣੀ ਬੋਲੀ ਦਿਸਾਓ ਨਾਲ ਦਸੋ । ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਰਿਆ ਜਾਏਗਾ ।
<b>Farsi</b> فارسی به زبانی که صحبت می کنید اشاره کنید، برای شما مترجم می آوریم.	<b>Russian</b> Русский Язык Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика.
<b>Hindi</b> हिंदी अपनी भाशा इशारे से दिखाइये । आपके लिए टुभाशिया बुलाया जाएगा ।	<b>Spanish</b> Español Señale su idioma. Se llamará a un intérprete.
<b>Hmong</b> Hmoob Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj.	<b>Tagalog</b> Tagalog Ituro mo ang iyong wika. Matatawagan ang tagapag-salin.
<b>Indonesian</b> Bahasa Indonesia Tunjukkan bahasamu. Jurubahasa akan disediakan.	<b>Thai</b> ภาษาไทย ช่วยชี้ให้เราดูหน่อยว่า ภาษาไหนเป็นภาษาที่ท่านพูด แล้วเราจะจัดหาลำมาให้ท่าน
<b>Japanese</b> 日本語 あなたの話す言語を指で、示してください。 通訳をお呼びします。	<b>Urdu</b> اردو زبان مین بات کرنا پسند کریںگی؟ سی آپ کون آپ کی مدد کیلے آپہی کی ترجمان کو بلایا جائے گا.
<b>Korean</b> 한국어 당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다.	<b>Vietnamese</b> Tiếng Việt Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyện với bạn ngay.

## **Member Grievances (Complaints) and Appeals**

Members may report complaints, grievances, or appeals by contacting the health plan. Providers may provide members with a Grievance Form that can be mailed or faxed to the health plan. Once the member's grievance or appeal is logged the health plan will investigate and provide the member with a resolution. In some cases, health plan or CHCN may request information from our providers to assist with reviewing a member's grievance or appeal.

### **Alameda Alliance for Health**

- By phone: 1-877-932-2738; CRS for hearing impaired at 711 or 1-800-735-2929
- In writing: Fill out a complaint form or write a letter and send it to:  
Alameda Alliance for Health  
G & A Unit  
1240 Loop Road  
Alameda, CA 94502  
Fax 1-855-891-7258



**Member Services Department**  
 P.O. Box 2818  
 Alameda, CA 94501-0818  
 Tel: 510-747-4567 or 1-877-371-2222  
 Fax: 1-855-891-7258  
 CRS/TTY: 711 or 1-800-735-2929  
 www.alamedaalliance.org

**MEMBER GRIEVANCE FORM\***

Member Name		Alliance Member ID #	
Address	Street	City	Zip
Day Telephone Number	Alternate Telephone Number	Date of Birth	
Name of Person Filing Grievance (if not the same person as above)		Telephone Number	
Where Incident Occurred		Date Incident Occurred	

Please describe the problem you had.

(attach extra pages if needed)

How have you tried to resolve this problem?

What do you think is a good solution to your problem?

Signature

Date

“The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 510-747-4567 and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department’s internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.”

## Formulario de quejas del miembro

En Alameda Alliance for Health (Alliance), ¡su satisfacción es importante para nosotros! Si experimenta un problema con Alliance, tiene derecho a presentar una queja. A esto también se le llama presentar un reclamo.

### INSTRUCCIONES

1. Escriba claramente con letra de molde o a máquina en todos los siguientes campos. Puede agregar más páginas, si es necesario.
2. Háganos llegar el formulario llenado por correo postal o en persona:
  - a. Correo postal: Alameda Alliance for Health, Attn: Member Services, PO Box 2818 Alameda, CA 94501-0818
  - b. En persona: 1240 South Loop Road, Alameda, CA 94502  
(Horario de recepción: martes, miércoles, y jueves, de 9 am a 11 am y de 2 pm a 4 pm)

Si tiene alguna pregunta o necesita ayuda con este formulario, comuníquese a:

Departamento de Servicios al Miembro de Alliance, de lunes a viernes, de 8 am a 5 pm  
 Número telefónico: **1.510.747.4567** · Línea gratuita: **1.877.932.2738**  
 Personas con impedimentos auditivos y del habla (Servicio de Retransmisión de California  
 [California Relay Services, CRS] /TTY): **711/1.800.735.2929**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

SECCIÓN 1: INFORMACIÓN DEL MIEMBRO	
Apellido: _____	Nombre: _____
Fecha de nacimiento (MM/DD/AAAA): _____	Número telefónico: _____ <input type="checkbox"/> Casa <input type="checkbox"/> Celular
Número de identificación de miembro de Alliance: _____	
Dirección: _____	
Ciudad: _____	Estado: _____ Código postal: _____
<i>Si otra persona llena este formulario:</i>	
Nombre de la persona que presenta el reclamo: _____	Número de teléfono: _____
Lugar donde ocurrió el incidente: _____	Fecha en la que ocurrió el incidente: _____
Describa el problema que tuvo: _____	
¿Cómo ha tratado de resolver este problema? _____	
¿Qué considera que sea una buena solución para su problema? _____	

SECCIÓN 2: FIRMA	
Nombre completo (letra de molde): _____	Fecha: _____
Firma: _____	Fecha: _____

El Departamento de Salud Administrada de California tiene la responsabilidad de regular los planes de servicios de cuidado de la salud. Si tiene un reclamo en contra de su plan de salud, primero debe llamar a su plan de salud al **1-510-747-4567** y utilizar el proceso de reclamos de su plan de salud antes de comunicarse al departamento. El uso de este procedimiento de reclamos no anula ningún posible derecho o recurso legal que pueda estar a su disposición. Puede llamar al departamento si necesita ayuda con un reclamo relacionado con una emergencia, un reclamo que su plan de salud no ha resuelto satisfactoriamente o un reclamo que haya quedado sin resolver durante más de 30 días. Es posible que también reúna los requisitos para una revisión médica independiente (Independent Medical Review, IMR). Si resulta elegible para una IMR, el proceso de la IMR proporcionará una revisión imparcial de las decisiones médicas que tome un plan de salud que estén relacionadas con la necesidad médica de un servicio o tratamiento propuesto, con las decisiones de cobertura para tratamientos con fines experimentales o de investigación y con las disputas por pagos de servicios médicos de emergencia o urgencia. El departamento también cuenta con una línea gratuita (**1-888-466-2219**) y una línea TDD (**1-877-688-9891**) para las personas que no puedan oír o hablar bien. El sitio web del departamento, [www.dmh.ca.gov](http://www.dmh.ca.gov) tiene formularios de quejas, solicitudes para una IMR e instrucciones en línea.

## Mẫu Đơn Phàn Nàn Dành Cho Hội Viên

Tại Alameda Alliance for Health (Alliance), sự hài lòng của quý vị rất quan trọng với chúng tôi! Nếu quý vị có vấn đề với Alliance, quý vị có quyền khiếu nại. Việc này cũng được gọi là nộp đơn phàn nàn.

### HƯỚNG DẪN

- Vui lòng in rõ ràng hoặc đánh máy vào tất cả các trường bên dưới. Quý vị có thể đính kèm thêm trang nếu cần.
- Vui lòng gửi mẫu đơn đã điền đầy đủ qua đường bưu điện hoặc trực tiếp mang tới:
  - Qua thư: Alameda Alliance for Health, Attn: Member Services, PO Box 2818, Alameda, CA 94501-0818
  - Đưa trực tiếp: 1240 South Loop Road, Alameda, CA 94502  
(Giờ làm việc tại sảnh: Thứ Ba, Thứ Tư và Thứ Năm, 9 giờ – 11 giờ sáng và 2 giờ – 4 giờ chiều)

Nếu quý vị có thắc mắc hoặc cần trợ giúp về biểu mẫu này, vui lòng liên hệ:

Ban Dịch Vụ Hội Viên Alliance, Thứ Hai – Thứ Sáu, 8 giờ sáng – 5 giờ chiều  
Số điện thoại: **1.510.747.4567** hoặc số điện thoại miễn cước: **1.877.932.2738**  
Người khiếm thính và khiếm ngôn (CRS/TTY): **711/1.800.735.2929**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

### PHẦN 1: THÔNG TIN HỘI VIÊN

Họ: \_\_\_\_\_ Tên: \_\_\_\_\_  
Ngày Sinh (THÁNG/NGÀY/NĂM): \_\_\_\_\_ Số ID Hội Viên Alliance: \_\_\_\_\_  
Địa chỉ: \_\_\_\_\_  
Thành Phố: \_\_\_\_\_ Tiểu Bang: \_\_\_\_\_ Mã Bưu Chính: \_\_\_\_\_  
Số Điện Thoại: \_\_\_\_\_  Nhà  Di động

*Nếu một người khác điền vào biểu mẫu này:*

Tên Người Nộp Phàn Nàn: \_\_\_\_\_ Số Điện Thoại: \_\_\_\_\_  
Nơi Xảy Ra Sự Việc: \_\_\_\_\_ Ngày Xảy Ra Sự Việc: \_\_\_\_\_  
Vui lòng mô tả vấn đề của quý vị:

Quý vị đã cố gắng giải quyết vấn đề này như thế nào?

Quý vị nghĩ rằng vấn đề của quý vị nên được giải quyết như thế nào?

### MỤC 2: CHỮ KÝ

Họ Tên (Viết Hoa): \_\_\_\_\_  
Chữ Ký: \_\_\_\_\_ Ngày: \_\_\_\_\_

Cơ Quan Quản Lý Bảo Hiểm Y Tế California chịu trách nhiệm quy định các chương trình dịch vụ chăm sóc sức khỏe. Nếu quý vị có khiếu nại đối với chương trình sức khỏe của mình, trước tiên quý vị nên gọi điện đến chương trình sức khỏe của mình theo số **1-510-747-4567** và sử dụng quy trình phàn nàn của chương trình sức khỏe của quý vị trước khi liên hệ với Cơ Quan Quản Lý. Việc sử dụng thủ tục phàn nàn này không ngăn cản bất cứ quyền hay biện pháp khắc phục theo pháp luật nào có thể có dành cho quý vị. Nếu cần được giúp đỡ xử lý phàn nàn liên quan đến trường hợp khẩn cấp, phàn nàn không được chương trình bảo hiểm sức khỏe của quý vị giải quyết thỏa đáng hoặc phàn nàn chưa được giải quyết sau hơn 30 ngày, quý vị có thể gọi cho Cơ Quan Quản Lý để được trợ giúp. Quý vị cũng có thể hội đủ điều kiện được Duyệt Xét Y Khoa Độc Lập (Independent Medical Review, IMR). Nếu quý vị hội đủ điều kiện được IMR, quy trình IMR sẽ duyệt xét công bằng các quyết định y tế do chương trình bảo hiểm sức khỏe đưa ra liên quan đến tính cần thiết về mặt y tế của một dịch vụ hoặc biện pháp điều trị được đề xuất, quyết định bảo hiểm cho việc điều trị mang tính thử nghiệm hoặc nghiên cứu và những tranh chấp về thanh toán đối với các dịch vụ y tế cấp cứu hoặc khẩn cấp. Sở cũng có một số điện thoại miễn phí (**1-888-466-2219**) và một số TDD (**1-877-688-9891**) dành cho người khiếm thính và khiếm ngôn. Trên trang web [www.dhmc.ca.gov](http://www.dhmc.ca.gov) của cơ quan có các mẫu đơn phàn nàn, mẫu đơn đăng ký IMR và hướng dẫn trực tuyến.

## 會員申訴表

Alameda Alliance for Health (Alliance) 十分重視您的滿意度！若您在獲得 Alliance 服務的過程中遇到問題，您有權提出投訴。這也可稱為提出冤情申訴。

### 說明

1. 請工整清楚地填寫，或在下列所有字段中鍵入。如有需要，可另附紙張。
2. 請透過郵寄方式或到現場提交填妥的表格：
  - a. 郵寄：Alameda Alliance for Health, Attn: Member Services, PO Box 2818, Alameda, CA 94501-0818
  - b. 現場：1240 South Loop Road, Alameda, CA 94502  
(大廳開放時間：週二、週三和週四上午 9 點至 11 點，下午 2 點至 4 點)

如果您有任何疑問或在填寫本表方面需要幫助，請聯絡：

Alliance 會員服務處，辦公時間：週一至週五，上午 8 點至下午 5 點  
電話號碼：1.510.747.4567 · 免費電話：1.877.932.2738  
聽障及語障人士專線 (CRS/TTY)：711/1.800.735.2929  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

### 第 1 部分：會員資訊

姓氏：\_\_\_\_\_ 名字：\_\_\_\_\_

出生日期（月/日/年）：\_\_\_\_\_ Alliance 會員 ID 編號：\_\_\_\_\_

地址：\_\_\_\_\_

城市：\_\_\_\_\_ 州：\_\_\_\_\_ 郵遞區號：\_\_\_\_\_

電話號碼：\_\_\_\_\_  住家電話  手機

### 若是其他人填寫本表：

提出冤情申訴之人的姓名：\_\_\_\_\_ 電話號碼：\_\_\_\_\_

事發地點：\_\_\_\_\_ 事發日期：\_\_\_\_\_

請描述您遇到的問題：

您是如何嘗試解決這個問題的？

您認為怎樣能很好地解決您的問題？

### 第 2 部分：簽名

全名（工整填寫）：\_\_\_\_\_

簽名：\_\_\_\_\_ 日期：\_\_\_\_\_

加州統一管理醫療保健部負責管控醫療保健服務計畫。如果您要對您的健康保險計畫提出冤情申訴，應首先打電話聯絡您的健康保險計畫，電話號碼是 **1-510-747-4567**，並使用您所屬計畫的冤情申訴程序，然後再聯絡該部門。使用這一申訴程序並不會剝奪您可能擁有的任何法定權利或者您可能資格獲得的任何補償。若您需要幫助以解決涉及緊急情況的冤情申訴、您的健康保險計畫尚未妥善解決的冤情申訴或者在超過 30 天後仍未得到解決的冤情申訴，您可以打電話請該部門給予幫助。您可能資格申請進行獨立醫療審核 (Independent Medical Review, IMR)。如果您有資格申請進行 IMR，則 IMR 程序將對由健康保險計畫所做的、與提出的服務或治療的醫療必要性相關的醫療決定、實驗性或研究性治療的賠付決定以及緊急或急症醫療服務的賠付糾紛進行公正審核。該部門還設有免費專線 **(1-888-466-2219)**，以及為聽障和語障人士設置的 TDD 專線 **(1-877-688-9891)**。該部門的網站 ([www.dmhc.ca.gov](http://www.dmhc.ca.gov)) 上有投訴表、IMR 申請表以及線上說明。



## Form para sa Karaingan ng Miyembro

Sa Alameda Alliance for Health (Alliance), mahalaga ang iyong kasiyahan sa amin! Kung mayroon kang problema sa Alliance, mayroon kang karapatang magreklamo. Tinatawag din itong paghahain ng karaingan.

### MGA TAGUBILIN

- Isulat nang maayos ang mga sagot mo, o mag-type sa lahat ng field sa ibaba. Puwede kang maglakip ng mga karagdagang pahina kung kinakailangan.
- Isumite ang nakumpletong form sa pamamagitan ng koreo o nang personal:
  - Koreo: Alameda Alliance for Health, Attn: Member Services, PO Box 2818, Alameda, CA 94501-0818
  - Personal: 1240 South Loop Road, Alameda, CA 94502  
(Mga Oras na Bukas: Martes, Miyerkules, at Huwebes, 9 am – 11 am at 2 pm – 4 pm)

Kung mayroon kang mga tanong, o kung kailangan mo ng tulong sa form na ito, makipag-ugnayan sa:  
 Departamento ng Mga Serbisyo sa Miyembro ng Alliance, Lunes – Biyernes, 8 am – 5 pm  
 Numero ng Telepono: **1.510.747.4567** · Toll-Free: **1.877.932.2738**  
 Mga taong may mga problema sa pandinig at pagsasalita (CRS/TTY): **711/1.800.735.2929**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

SEKSYON 1: IMPORMASYON NG MIYEMBRO	
Apelyido: _____	Pangalan: _____
Petsa ng Kapanganakan (MM/DD/YYYY): _____	Numero ng ID ng Miyembro ng Alliance: _____
Address: _____	
Lungsod: _____	Estado: _____ Zip Code: _____
Numero ng Telepono: _____	<input type="checkbox"/> Bahay <input type="checkbox"/> Cell
<i>Kung ibang tao ang sumasagot sa form na ito:</i>	
Pangalan ng Taong Naghahain sa Karaingan: _____	Numero ng Telepono: _____
Pinangyarihan ng Insidente: _____	Petsa ng Insidente: _____
Ilarawan ang naging problema mo: _____	
Sinubukan mo bang resolbahin ang problemang ito? _____	
Ano sa tingin mo ang magandang solusyon sa iyong problema? _____	

SEKSYON 2: LAGDA	
Buong Pangalan (Isulat sa Malalaking Titik): _____	
Lagda: _____	Petsa: _____

Responsibilidad ng Departamento ng Pinapamahalaang Pangangalagang Pangkalusugan ng California na pangasiwaan ang mga plano ng serbisyo sa pangangalagang pangkalusugan. Kung mayroon kang karaingan laban sa iyong planong pangkalusugan, dapat mo munang tawagan ang iyong planong pangkalusugan sa **1-510-747-4567** at gamitin ang proseso ng karaingan ng iyong planong pangkalusugan bago ka makipag-ugnayan sa Departamento. Ang paggamit ng pamamaraang ito para sa karaingan ay hindi makakapigil sa anumang potensyal na legal na karapatan o remedyong posibleng available sa iyo. Kung kailangan mo ng tulong sa isang karaingang nauugnay sa emergency, karaingang hindi kasiya-siyang nalutas ng iyong planong pangkalusugan, o karaingang mahigit 30 araw nang hindi nalulutas, puwede kang tumawag sa Departamento para sa tulong. Posible ring kwalipikado ka para sa isang Hiwalay na Medikal na Pagsusuri (Independent Medical Review, IMR). Kung kwalipikado ka sa IMR, magbibigay ang proseso ng IMR ng walang kinikilingang pagsusuri ng mga medikal na pasyang ginawa ng planong pangkalusugan na nauugnay sa medikal na pangangailangan ng isang iminumungkahing serbisyo o paggamot, mga pasya sa saklaw para sa mga paggamot na pang-eksperimento o sinisiyasat pa lang, at hindi pagkakasundo sa bayad para sa mga medikal na serbisyonang pang-emergency o kinakailangan kaagad. Ang departamento ay mayroon ding toll-free na numero ng telepono (**1-888-466-2219**) at linya ng TDD (**1-877-688-9891**) para sa mga may problema sa pandinig at pagsasalita. Ang internet website ng departamento na [www.dmhc.ca.gov](http://www.dmhc.ca.gov) ay may mga form para sa reklamo, form ng aplikasyon sa IMR, at mga tagubilin online.



## نموذج تظلم الأعضاء

يهيمن رضاك في Alameda Alliance for Health (Alliance)! إذا كانت لديك مشكلة مع Alliance، فلدك الحق في تقديم تظلم. وهذا ما يسمى أيضًا بتقديم تظلم.

### تعليمات

1. يرجى الطباعة بشكل واضح، أو كتابة كافة الحقول أدناه. يمكنك إرفاق صفحات إضافية إذا لزم الأمر.
2. يرجى إرسال النموذج المكتمل عبر البريد أو شخصيًا:

a. عبر البريد على العنوان: Alameda Alliance for Health, Attn: Member Services, PO Box 2818, Alameda, CA 94501-0818  
b. شخصيًا: 1240 South Loop Road, Alameda, CA 94502  
(ساعات الردهة: الثلاثاء والأربعاء والخميس، من 9 صباحًا إلى 11 صباحًا ومن 2 ظهرًا إلى 4 مساءً)

إن كانت لديك أسئلة، أو كنت بحاجة إلى مساعدة في هذا النموذج، يرجى الاتصال بـ:

قسم خدمات أعضاء Alliance، من الاثنين إلى الجمعة، من 8 صباحًا إلى 5 مساءً  
رقم الهاتف: 1.510.747.4567 - الرقم المجاني: 1.877.932.2738

للأشخاص الذين يعانون إعاقات في السمع والتحدث: (CRS/TTY): 711/1.800.735.2929  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

### القسم 1: معلومات العضو

اسم العائلة: \_\_\_\_\_ الاسم الأول: \_\_\_\_\_  
تاريخ الميلاد (الشهر / اليوم / العام): \_\_\_\_\_ رقم تعريف عضو Alliance: \_\_\_\_\_  
العنوان: \_\_\_\_\_  
المدينة: \_\_\_\_\_ الولاية: \_\_\_\_\_ الرقم البريدي: \_\_\_\_\_  
رقم الهاتف: \_\_\_\_\_  المنزل  المحمول

إن كان ثمة شخص آخر يقدم هذا النموذج:

اسم الشخص الذي قدم التظلم: \_\_\_\_\_ رقم الهاتف: \_\_\_\_\_  
مكان وقوع الحادث: \_\_\_\_\_ تاريخ وقوع الحادث: \_\_\_\_\_  
يرجى وصف المشكلة التي واجهتك:

كيف حاولت حل هذه المشكلة؟

ما هو برأيك الحل الجيد لمشكلتك؟

### القسم 2: التوقيع

الاسم الكامل (بحروف واضحة): \_\_\_\_\_  
إمضاء: \_\_\_\_\_ التاريخ: \_\_\_\_\_

تتولى إدارة الرعاية الصحية المدارة في California مسؤولية تنظيم خطط خدمات الرعاية الصحية. إذا كان لديك تظلم ضد خطتك الصحية، فيجب عليك أولاً الاتصال بخطتك الصحية على الرقم 1-510-747-4567 واستخدام عملية التظلم الخاصة بخطتك الصحية قبل الاتصال بالإدارة. لا يسلبك استخدام إجراءات التظلم هذه أي حقوق أو تعويضات قانونية محتملة قد تحقق لك. وإذا كنت بحاجة إلى المساعدة في تقديم تظلم يتعلق بخدمة طارئة، أو تظلم لم تسوّه خطتك الصحية على نحو مرضٍ، أو تظلم لم يُبْت فيه لمدة تزيد عن 30 يومًا، يمكنك الاتصال بالإدارة للحصول على المساعدة. وقد تكون مؤهلًا أيضًا للحصول على مراجعة طبية مستقلة (Independent Medical Review, IMR). وإذا كنت مؤهلًا للحصول على مراجعة طبية مستقلة IMR، فستوفر هذه العملية مراجعة حيادية للقرارات الطبية التي اتخذتها الخطة الصحية فيما يتعلق بحالات الضرورة الطبية لتقديم الخدمة أو العلاج الموصى بهما، وقرارات التغطية للعلاجات التجريبية أو الخاضعة للدراسة، والخلافات المتعلقة بالسداد في حالات الطوارئ أو الخدمات الطبية العاجلة. لدى القسم أيضًا رقم هاتف مجاني (1-888-466-2219) وخط (1-877-688-9891) TDD لضعاف السمع والكلام. يحتوي موقع الويب الخاص بالإدارة [www.dmhca.gov](http://www.dmhca.gov) على نماذج الشكاوى ونماذج طلبات مراجعة طبية مستقلة IMR والتعليمات عبر الإنترنت.



## Transportation Services

Medi-Cal transportation services are provided when medically necessary at no cost to the patient. Transportation benefits are managed by the Medi-Cal health plan, Alameda Alliance for Health (AAH).

Medical transportation is allowed to transport members to medically necessary services, including to pick-up prescription drugs that cannot be mailed and other medical supplies, prosthetics, orthotics and equipment. There are two types of transportation services: non-medical transportation (NMT) and non-emergency medical transportation (NEMT). Both are described below.

Effective October 1, 2017, transportation is also allowed for any medically necessary Medi-Cal benefits, including services not covered directly by the managed care plan, such as specialty mental health and dental services.

Additional information can be found in the [All Plan Letter from Department of Health Care Services](http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx) at <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

### Non-Medical Transportation (NMT)

#### Modalities:

- Taxi, public transit, East Bay Paratransit, private vehicle mileage reimbursement
- The least costly method of transportation that meets the member's needs will be provided
- NMT is available to members using a wheelchair so long as the member can ambulate without assistance from the driver

NMT does not require provider certification. Members may request NMT by contacting LogistiCare directly. If a provider wishes to request NMT on behalf of the member, they may do so using the Physician Certification Statement (PCS) Form, attached.

### Non-Emergency Medical Transportation (NEMT)

NEMT is covered only when a recipient's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab, or another form of public or private conveyance. Criteria follows:

- NEMT is provided to members who cannot reasonably ambulate, stand, or walk without assistance, including those using a walker or crutches for medically necessary covered services
- NEMT is required when the member cannot take ordinary public or private means due to medical and physical condition and when transportation is required for obtaining medically necessary services
- Plans must ensure door-to-door assistance for members receiving NEMT services, and plans must provide transportation for a parent or guardian if the member is a minor

#### Modalities:

##### 1. Ambulance Services

- Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation

- Transfers from an acute care facility to another acute care facility except when member is transferred immediately following an inpatient stay to a skilled nursing facility or intermediate care facility
- Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
- Transport for members with chronic conditions who require oxygen if monitoring is required

## **2. Litter Van Services**

- Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance

## **3. Wheelchair Van Services**

- Renders the member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport
- Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation.
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance

Members with the following conditions may qualify with a Physician Certification Statement:

- Members who suffer from severe mental confusion
- Members with paraplegia
- Dialysis recipients
- Members with chronic conditions who require oxygen but do not require monitoring

## **4. Air – only when ground transport is not feasible**

### **How to Request NEMT**

Effective July 1, 2017, both health plans require a Physician Certification Statement (PCS) Form to request NEMT services.

- A physician, advanced practice professional, dentist, or mental health provider may request NEMT services using the health plan's Physician Certification Statement (PCS)
- For AAH members, submit the PCS request form directly to LogistiCare

### **Attachments**

AAH PCS Form



## Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT)

Please complete the Alameda Alliance for Health (Alliance) Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT) Form to request NEMT services for Alliance members. NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. All NEMT trips include door-to-door service.

### INSTRUCTIONS

- 1. Please print clearly, or type in all of the fields below.
2. Please complete the form and fax or email it to:

Alameda Alliance for Health
ATTN: Case and Disease Management Department – Request for Transportation
Fax Number: 1.510.747.4130
Email: DeptCMDM@AlamedaAlliance.org

Questions? Please call Alliance Case Management Department at 1.510.747.4512.

PLEASE NOTE: A PCS form is only required to request NEMT services. A PCS form is not required for non-medical transportation (NMT) level services such as a bus, taxi or car. To request and schedule NMT services, Alliance members can call Alliance Transportation Services toll-free at 1.866.791.4158.

SECTION 1: MEMBER INFORMATION
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Alliance Member ID #: \_\_\_\_\_
Phone Number: \_\_\_\_\_ [ ] Home [ ] Cell

SECTION 2: TRANSPORTATION NEEDS
Non-emergency medical transportation (NEMT) request (please select only one (1) level of service):
[ ] Air transport (additional verification information needed for approval)
[ ] Ambulance (including basic life support (BLS), advanced life support (ALS), critical care transport (CCT), specialty care transport (SCT), bariatric patients, and patients who require oxygen not self-administered or regulated)
[ ] Litter van/gurney van (for bedbound patients, including bariatric patients)
[ ] Wheelchair van (including bariatric patients)

**SECTION 2: TRANSPORTATION NEEDS (cont.)**

Duration (*from date of signature below*):

- 3 months
- 6 months
- 9 months
- 12 months (max duration)**
- Other: \_\_\_\_\_

**SECTION 3: FUNCTION LIMITATIONS JUSTIFICATION**

Please describe the member’s specific physical and medical limitations that prevent the member’s ability to reasonably ambulate without assistance or be transported by public or private vehicles (*please select only one (1)*):

- Member is a dialysis recipient
- Member has leg weakness, mobility limitations or fall risk
- Member has severe mental confusion
- Other, please describe:

**SECTION 4: CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION**

The provider who is responsible for providing care for the member is responsible for determining the medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, NP, CNM, physical therapist, speech therapist, occupational therapist, or mental health or substance use disorder provider who is employed or supervised by a hospital, facility, or physician’s office where the patient is being treated and who has knowledge of the patient’s condition at the time of completion of this certificate, except for requests relating to hospice or home health services, which must be signed by an MD or DO.

Provider Last Name: \_\_\_\_\_ Provider First Name: \_\_\_\_\_

Provider Credential: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CHCN's Utilization Management Process**

CHCN's prior authorization requirements are applicable to all members. If a rendering provider (the provider who rendered care to a patient) does not receive an authorization approval number from CHCN, claims may not be reimbursed. CHCN providers may submit prior authorizations via fax or online via CHCN's provider portal, Connect. CHCN's current prior authorization requirements as well as prior authorization form can be found on the CHCN portal

<https://connect.chcnetwork.org/UM-Authorizations-Resources>

## Inpatient Admissions Requirements

- For Alameda Alliance members, all inpatient facilities must notify CHCN within 24 hours, but no later than the end of the next business day of all inpatient admissions.
- Admission *face sheet notifications* should be faxed to our Inpatient Care Transition (ICT) unit at 510-297-0444.
- Notifications not received by our ICT unit within the noted timeframe may result in a facility denial of the inpatient authorization for service and payment.

### Timely Concurrent Review

- CHCN uses MCG and health plan appropriate evidenced-based guidelines to perform initial and concurrent review of all inpatient admissions.
- Upon request, facilities should fax concurrent *clinical information* to the ICT unit via fax at 510-297-0449, by the end of the next business day from the time of the request.
- Clinical information insufficient to render a medically necessary determination, or clinical information not received within this timeframe, may result in a facility denial of the inpatient authorization for the service and payment.

### Denial of Inpatient Services

- CHCN may deny any inpatient admission by contracted facilities if notification of the admission is not received by the end of the next business day.
- CHCN may deny any admission or days of inpatient care if sufficient clinical information for concurrent review is not received by the end of the next business day.
- CHCN may deny inpatient days should clinical information submitted not support MCG CARE GUIDELINES criteria for continued stay.
- CHCN will issue a notice of denial for inpatient services to the facilities clinical representative or department by the end of the day in which the denial is effective.
- Upon notification of a denial of inpatient services, the facility's clinical representative may initiate an appeal of the denial to CHCN and/or the health plan.

### Notification of Stays for Observation

CHCN requires all facilities to submit immediate notification when a member is admitted for a hospital or observation stay. Additionally, separate notification to CHCN is requested when an observation stay converts to an inpatient admission. Please send all Inpatient Admission and Observation Stay notifications to our ICT unit via fax at 510-297-0444.

In addition to notification methods described above, CHCN provides a written notice of the authorization decision to the provider within two (2) business days of the date of decision. Member, member's representative and providers will receive notification of the authorization decisions within two (2) business days if the decision is to deny, delay or modify the requested service. The notification letter includes the scope of services approved, the amount of services and the duration of service.

When there is insufficient information and a decision cannot be reached within the initial designated timeframe, the request will be deferred while medical information is gathered from the requesting physician. If CHCN cannot make a decision to approve, modify, or deny the request for authorization, within the timeframes specified above CHCN will notify the provider and the

member in writing and specify the clinical information necessary to render a decision. The written notification will also notify the member and provider of the anticipated date on which a decision may be rendered.