

Section 1

Introduction



Organization of the Provider Manual

The Provider Manual (Manual) describes operational policies and procedures of the Central California Alliance for Health (the Alliance). Topics covered in this Manual include, but are not limited to: member eligibility, authorizations, referrals, covered services, services covered by other agencies, care management, cultural and linguistic services, utilization management, quality assurance and improvement, health assessment and screening, member grievances, billing, coordination of benefits, reporting, credentialing, and dispute resolution.

If further information is needed, or to suggest additions or improvements to the Manual, please call the Provider Relations Representatives in your area.

Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066-4981
(831) 430-5500

Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101
Salinas, CA 93901-4419
(831) 755-6000

Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B
Merced, CA 95340-4710
(209) 381-5300

The Manual will be revised annually and/or periodically as needed. Providers will be notified when an updated version is effective and the online version is available on the Alliance [provider website](#). Providers may also request a hard copy version by contacting their Provider Relations Representative.

Accessing Provider Information

Alliance Main Website: www.ccah-alliance.org

Provider Website: www.ccah-alliance.org/Providers.html

The current version of the Manual is always available on the Alliance [provider website](#) and is a comprehensive resource for information, resources and tools. You can easily access information in the

Section 1. Introduction

Manual through the [Table of Contents](#). Click on any line item or page number in the table of contents to go directly to the section you need. You may also search the Manual by keyword using CTRL + F.

Additional helpful links found on our provider website include the following:

[Provider Directory](#) – Search by specific line of business, specialty, provider name, or city.

[Provider News](#) – Access the latest Alliance provider news updates.

[Health Education and Disease Management Programs](#) – Learn about Alliance health education and disease management programs.

[Cultural and Linguistic Services](#) – Learn about interpreter services and access cultural competency and health literacy tools.

Provider Portal: www.ccah-alliance.org/webaccount.html

Contracted providers may use the Provider Portal to check the eligibility status of Alliance members, verify if a member has other primary health insurance, review a member's prescription history, and search for claims. Primary care providers (PCPs) are able to view information for their linked members.

To utilize this service, visit the [Provider Portal](#) and click on the "Provider Portal Login" button and select "New User." You will need to provide basic registration information, after which a Provider Portal Support Specialist will contact you to help you to set up an account.

Form Library: <http://www.ccah-alliance.org/formlibrary.html>

The Form Library contains a list of forms you may require as an Alliance provider (this information can also be found in Section 19).

Alliance Vision, Mission and Values

Our Vision: To be a recognized leader in creating local health care solutions.

Our Mission: Accessible, quality health care guided by local innovation.

Our Values:

Culture – We strive for a respectful, diverse, professional and fun workplace.

Customer Service – Our customers' satisfaction is our highest priority.

Excellence – We value and continuously improve quality in our services.

Innovation – We leverage local talent to create solutions.

Integrity – We tell the truth and do what we say we will do.

Partnership – We collaborate with others for strong solutions.

Stewardship – We manage responsibly, and earn the trust of partners and regulators.

We achieve the goals set by our Vision, Mission and Values by improving local provider satisfaction, increasing participation in service delivery, and by continually expanding our provider network.

The Alliance is governed by the Santa Cruz-Monterey-Merced Managed Medical Care Commission (also referred to as “the Commission” or the “Alliance Board”), which is comprised of 21 members representing physicians, clinics, hospitals, allied health providers, service agencies and the public.

Two groups provide advice to the Commission: the Physician Advisory Group (PAG) and the Member Services Advisory Group (MSAG). The Commission meets monthly to review local concerns about health care issues, receive advisory input, and revise policy for the Alliance as appropriate. The Alliance is responsive to local input via our regional governance and we align our operations and policies based on industry best practices.

Overview of Alliance Programs

Medi-Cal

Types of Medi-Cal: Levels of Benefits

Medi-Cal is California’s version of the federal Medicaid program. With a combination of federal and state funding, Medi-Cal provides health care coverage to qualifying residents who make less than a certain percentage of the Federal Poverty Level (FPL). Medi-Cal offers three basic levels of benefits – full scope, limited scope and special programs. There is one additional type of full scope eligibility called Share of Cost (SOC).

Full-Scope Medi-Cal

The majority of Alliance Medi-Cal beneficiaries are eligible for full-scope Medi-Cal, which provides coverage for the full range of Medi-Cal covered services. A person may be eligible for full-scope Medi-Cal with or without a share of cost. However, there are some full-scope aid codes that are under the fee-for-service Medi-Cal system. One such example is the Child Health and Disability Prevention (CHDP) Gateway aid codes.

Limited-Scope or Restricted Medi-Cal

Limited-scope, or restricted Medi-Cal, provides coverage only for a limited set of benefits, primarily emergency, pregnancy and long term care services. There is another set of limited-scope aid codes that cover services relating to treatment for breast or cervical cancer. An individual may be eligible for limited-scope Medi-Cal with or without a share of cost. The Alliance currently covers only a few limited-scope aid-codes – primarily breast and cervical cancer treatment programs. Most other limited-scope aid-codes are under the fee-for-service Medi-Cal program.

Special Programs

Medi-Cal also has aid codes that provide coverage under special programs. These special-program aid codes include tuberculosis services, pregnancy-only services and minor-consent services. Individuals in these aid codes are covered under the fee-for-service Medi-Cal program and not through the Alliance.

Share of Cost

Some Medi-Cal beneficiaries have what is known as a Share of Cost (SOC). A SOC is the amount that the individual or family is required to pay out of pocket for medical expenses before becoming eligible for Medi-Cal during that month. For example, if a person has a SOC of \$150, he/she must pay that amount out of

Section 1. Introduction

pocket on medical expenses before Medi-Cal or the Alliance would be responsible for any services rendered that month that are in excess of the member's SOC. A SOC is a monthly obligation – it must be met each month in order for the individual to be covered by Medi-Cal that month. SOC Medi-Cal recipients do not become eligible for Alliance Health benefits until they have met their share of cost for that month. Once they meet their SOC, they become administrative members of the Alliance and may receive care from any willing Medi-Cal provider in the Alliance's service area.

Providers can post monies paid for services toward a member's SOC either via the California Department of Health Care Services (DHCS) [website](#) using the Point of Service (POS) device, or by calling DHCS. SOC amounts should be posted on the date the member paid for the service. For assistance with posting a member's SOC, please contact the Medi-Cal POS and Internet Help Desk at (800) 541-5555. Please do not contact the Alliance.

Categories of Medi-Cal Eligibility: Aid Codes

Medi-Cal has more than 200 categories of eligibility, also known as aid codes. The Medi-Cal aid code is the two-digit number or combination of alpha and numeric characters that indicates the specific Medi-Cal program category under which the individual qualifies. DHCS, not the Alliance, establishes aid codes. Medi-Cal aid codes are assigned by county Medi-Cal eligibility staff, or by the state, based on federal and state guidelines for eligibility. Aid codes are added, deleted and revised periodically.

California Children Services – Whole Child Model Program

California Children's Services (CCS) is a state program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children (ages 0 until the day before 21st birthday) who have CCS-eligible medical conditions. CCS-eligible medical conditions include -- but are not limited to -- chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, infectious diseases producing major sequelae, those that limit or interfere with physical function but can be cured, improved or stabilized (e.g., birth defects, handicaps present at birth or developing later, and injuries from accidents or violence).

These conditions tend to be relatively uncommon, chronic rather than acute, and costly. They generally require the care of more than one health care specialist. A comprehensive overview of CCS Medical Eligibility can be found on the DHCS [website](#).

Historically, CCS services have been carved out of the Alliance and have been managed by the County in which the CCS member resides; however, on July 1, 2018, the Alliance assumed responsibility for most CCS services rendered to Alliance Medi-Cal members. This transition is called the Whole Child Model (WCM). The table below provides a general overview of the responsibilities of the Alliance, the county CCS program, and DHCS under the WCM.

Alliance Responsibility	County CCS Program Responsibility	DHCS Responsibility
Reimburses providers for CCS services for Alliance members	Enrollment, disenrollment, eligibility determination and inter-county eligibility transfers for all CCS members (including Alliance members)	Panels providers, reviews and certifies CCS facilities and specialty care centers
Coordinates, reviews, and authorizes services for Alliance members	Manages appeals/grievances for disputes related to member eligibility for all CCS members (including Alliance members)	
Case Management and Care coordination for Alliance members	Administers the Medical Therapy Program and the Pediatric Palliative Care Waiver	Reimburses providers for CCS services that are carved out from the Alliance (see Section 7: Carved out & Subcontracted Benefits & Services) or CCS services that are provided to non-Alliance members
Manages appeals/grievances for discontinuation or denial of services for Alliance members	Authorization, case management and care coordination for non-Alliance members	

Alliance Care In-Home Supportive Services

The Alliance Care In-Home Supportive Services (IHSS) program provides health care coverage for Monterey County IHSS providers who work a specified number of hours per month. Eligibility is done by the Monterey County In-Home Supportive Service Program (IHSS) Public Authority. Enrollees pay monthly premiums to the Public Authority and pay copayments for some services.

All Alliance Care IHSS members are linked to a PCP from their first day of eligibility.

Key Contact Numbers for Alliance Providers

Topic	Department/Contact	Phone #
Referral Forms		
Questions about Referral Forms	Health Services	(800) 700-3874 x 5506
Ordering Referral Forms	Provider Relations	(800) 700-3874 x 5504
Authorization Status	Health Services	(800) 700-3874 x 5511
Special Services		
Non-emergency Transportation	Access Coordinator All Counties	(800) 700-3874 x5577
Interpreter Services	Health Programs All Counties	(800) 700-3874 x 5580
Case Management	Health Services All Counties	(800) 700-3874 x 5512
Claims Inquiries (9 a.m. – 4 p.m.)	Claims	(800) 700-3874 x 5503
Contract Questions	Provider Relations	(800) 700-3874 x 5504

Section 1. Introduction

Topic	Department/Contact	Phone #
Eligibility for Medi-Cal	Social Services	
	Santa Cruz County	(888) 421-8080
	Monterey County	(877) 410-8823
	Merced County	(209) 385-3000
Mild-Moderate Mental Health Services	Beacon Health Options	(855) 765-9700
Vision Service Plan	VSP	(800) 877-7195
Denti-Cal	State Office	(800) 322-6384
Denti-Cal Provider Services	State Office	(800) 423-0507
DME Issues	Health Services All Counties	(800) 700-3874 x 5506
Pharmacy	Health Services	(800) 700-3874 x 5507
Concerns about 1099's	Provider Relations	(800) 700-3874 x 2506
Health Education & Disease Management	Health Programs All Counties	(800) 700-3874 x 5580
Chief Medical Officer/ Medical Director	All Counties	(800) 700-3874 x 5588

Eligibility Assistance		
Member Services	Member Services	(800) 700-3874 x 5505
Automated Eligibility System		(800) 700-3874 x 5501
State Automated Eligibility Verification System (AEVS) Eligibility and SOC		(800) 456-2387
Inquiries about Members or Member Services		
Reassignment of Member (PCP Only)	Provider Relations	(800) 700-3874 x 5504
Request for Administrative Member Status Due to Medical Condition	All Counties	(831) 430-5512
Missed Appointment/No-show Calls	Provider Relations	(800) 700-3874 x 5504
Member Services Representatives (verification of eligibility and PCP linkage)	Member Services	(800) 700-3874 x5505
Provider Complaints and Grievances	Provider Relations	(800) 700-3874 x 5816
Recoveries or Other Insurance Recoveries	Finance	(800) 700-3874 x 5622

Behavioral Health		
Merced County <ul style="list-style-type: none"> • Serious Mental Illness • Specialty Mental Health Services • Substance Use Disorders 	County Mental Health Department	(888) 334-0163 (209) 381-6800
Monterey County <ul style="list-style-type: none"> • Serious Mental Illness • Specialty Mental Health Services • Substance Use Disorders 	County Mental Health Department	(888) 258-6029 (831) 755-5505
Santa Cruz County <ul style="list-style-type: none"> • Serious Mental Illness • Specialty Mental Health Services • Substance Use Disorders 	County Mental Health Department	(800) 952-2335 (831) 454-4170
Mental Health Services for Medi-Cal members, including CCS: <ul style="list-style-type: none"> • Mild to moderate functional impairment • Autism Spectrum Disorders • Behavioral Health Treatment Services for Development Disorders 	Beacon Health Options	(855) 765-9700
All Mental Health and Substance Use Disorder Services for IHSS	Beacon Health Options	(800) 808-5796

The Alliance Nurse Advice Line		
Health Care Answers 24 hours a day, 7 days a week	Hearing or speech impaired members can contact the Nurse Advice Line through the Telecommunications Relay Service at (800) 735-2929 (TTY)/(800) 855-3000 (Spanish TTY) or (800) 854-7784 (Speech-to-Speech) or Dial 7-1-1.	(844) 971-8907