

Provider Bulletin

A **quarterly** publication for providers. | **December 2025**



Keeping our communities covered

We understand that upcoming Medi-Cal changes have created confusion and uncertainty for many families seeking to maintain access to care. The Alliance is doing all we can to retain every eligible member and help as many new people as possible gain coverage before the end of the year. Both are essential to protect continuity of care and expand access to those who need it most.

To meet the need, we are using various outreach and communication tactics to keep members enrolled and encourage new enrollees.

- **Direct outreach:** The Alliance has launched a multi-channel outreach campaign. This includes paid media campaigns, website resources and text reminders to help members

stay informed and maintain their coverage.

- **Community outreach and partnerships:** Conducting member outreach and working with trusted organizations, including providers, to help people understand the redetermination process or apply for Medi-Cal for the first time.
- **Digital campaigns:** Using online messaging to spread awareness that Medi-Cal benefits and eligibility remain unchanged through the end of the year.
- **Newsletters:** Including reminders in Alliance newsletters to act quickly to obtain or maintain coverage.

We ask for your support in these efforts. Please remind members to

Alliance Board Meetings

Wednesday, Jan. 28

3 p.m. to 5 p.m.

Wednesday, Feb. 25

3 p.m. to 5 p.m.

Wednesday, March 25

3 p.m. to 5 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Tuesday, Dec. 16

Noon to 1 p.m.

Physicians Advisory Group Meetings

Thursday, March 5

Noon to 1:30 p.m.

open renewal notices and respond quickly – and inform them that Medi-Cal enrollment remains open to all through the end of the year.

Thank you for your continued partnership and for all you do for our communities.



Michael Schrader

Michael Schrader, CEO

MY2024 HEDIS award recipients



The Alliance is proud to recognize our **Healthcare Effectiveness Data and Information Set (HEDIS) award recipients for Measurement Year 2024 (MY2024)**.

These awards, grounded in the National Committee for Quality Assurance (NCQA) clinical measure guidelines, highlight the outstanding performance of our provider network in delivering high-quality care to Alliance members.

Award selection reflects a range of factors, including the number of members served, breadth of NCQA measures addressed, superior measure rate performance, and consistency of meeting or exceeding minimum performance thresholds.

We extend our congratulations to the following providers for their exceptional commitment to excellence in patient care.

AWARDEES

Acacia Family Medical Group – Prunedale

Acacia Family Medical Group – Salinas

Alisal Health Center

Clínica del Valle del Pájaro

Laurel Family Practice Clinic

MFA G Street

MFA Livingston

MFA Parkside

Pediatric Medical Group of Watsonville

Plazita Medical Clinic

Romie Lane Pediatric Group

Salinas Pediatric Medical Group, Inc.

Salud Para La Gente

Seaside Family Health Center

St. Junipero Children's Clinic

Check out all the photos of this year's HEDIS award recipients at www.thealliance.health/HEDIS.

Self-care during the holidays

The holiday season often brings increased stress for both patients and providers. As medical and mental health providers, self-care is essential – not only for personal health but also to maintain the capacity to care for others effectively.

Set boundaries around work and personal time

Take breaks, even short ones, to rest and recharge. Incorporate regular movement, healthy meals and snacks, and adequate sleep into your daily routine. Mindfulness practices, like deep breathing or meditation, can help reduce stress and enhance focus.

Stay connected with your support system (colleagues, friends and loved ones)

Sharing experiences helps reduce isolation and fosters resilience. At the same time, it is OK to limit over-commitment and give yourself permission to say no.

Reflect on what brings you joy during this season

Whether it's quiet time, creativity or celebration, prioritize those moments. Remember, modeling healthy self-care also encourages patients to do the same. By caring for yourself, you strengthen your ability to care for others during this demanding time of year.



2026 Care-Based Incentive (CBI) program

The Alliance's CBI program includes a set of measures encouraging preventive health services and connecting Medi-Cal members with their primary care providers (PCPs). The CBI program pays qualifying contracted provider sites, including family practice, pediatrics and internal medicine, for:

- Programmatic measures (paid annually based on rate of performance in each measure).
- Fee-for-service (FFS) measures (paid quarterly when a specific service is performed or a measure is achieved).

New programmatic measures moved from exploratory

Controlling High Blood Pressure

– measures members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Measure changes

Application of Dental Fluoride Varnish

– measure now requires

two applications of dental fluoride by the end of 2026. Federally Qualified Health Centers with integrated dental offices can bill dental office claims via the Data Submission Tool.

Breast Cancer Screening

– measure is looking at members 40-74 years of age who had a mammogram completed to screen for breast cancer. The measure is now accepting gender-affirming codes.

Chlamydia Screening – measure title changed to be non-gender-specific but is still measuring female members 16-24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia in 2026.

Immunizations: Adolescents

– measure now accepts pentavalent meningococcal vaccine (MCV), and the age range for MCV has been expanded to 10-13 years of age.

Social Determinants of Health (SDOH) ICD-10 Z-Code Submission

– FFS measure changed to \$100 per member per tax ID per ICD-10 diagnosis code for PCPs who submit claims using any of the DHCS SDOH ICD-10 Z codes (All Plan Letter 21-009). Payment is not to exceed \$7,500 per tax ID within the CBI term.

Child and Adolescent Well-Care Visits (3-21 years), Well-Child Visits in the First 15 Months, and Well-Child Visits for Age 15 Months to 30 Months of Life – removed telehealth visits from the numerator.

Coding updates

Chlamydia Screening: sex assigned at birth code exclusions.

Cervical Cancer Screening:

- Code Q0091 is no longer accepted for CBI 2026 program year.
- Self-collected hrHPV codes added.
- Sex assigned at birth code exclusion.

Leverage data to improve outcomes

What to know about Alliance Provider Portal reports

The Alliance offers patient-level reports for clinics to monitor linked members for patient outreach, establish routine preventive care and reduce adverse health outcomes.

- **Linked Member Reports** offer reports like newly linked members, members in need of an initial health appointment, or members seen in the Emergency Department or hospital.
- **Quality Reports** track information such as required screenings and well-visits. These reports are available to download to reconcile to your clinic's electronic health record for patient recall.
- **Care-Based Incentive (CBI) Reports** include your quarterly CBI performance, as well as member-level data and gap analysis.
- **HEDIS (MCAS) Reports** cover measures for which the Alliance is held to the minimum performance level (MPL) in the Medi-Cal Managed Care Accountability Set (MCAS) audit. If the Alliance doesn't exceed the MPL in these measures, the Plan may be subject to sanctions. These reports provide clinics with insight into their monthly performance in advance of quarterly CBI Reports.
- **The Data Submission Tool (DST)** is available for providers to submit data that is not captured via claims.



Email portalhelp@thealliance.health for more information.



TotalCare (HMO D-SNP) Model of Care training

Alliance TotalCare (HMO D-SNP) providers are required to complete the 2026 Model of Care (MOC) provider training. The Centers for Medicare & Medicaid Services require MOC training to be completed upon onboarding and annually thereafter.

MOC training is required to be completed by all employed, contracted and temporary staff, including providers (in or out of network) routinely participating as part of the member's interdisciplinary care team.

Provider staff may include:

- Care coordination staff.
- Administrative staff.
- Other clinical or support staff.

To complete this training, you must review the training slide deck on our website and complete the attestation. You can find this training at www.thealliance.health/totalcare-2026-moc-training.

Be on the lookout for future D-SNP trainings on our website at www.thealliance.health/trainings.

If you would like to join our D-SNP provider network, email us at joinus@thealliance.health. Learn more at www.thealliance.health/totalcare-recruitment.



MEDICALLY TAILORED MEALS BENEFIT

Food as medicine

As part of our Community Supports (CS) services, the Alliance covers medically tailored meals (MTMs). MTMs help meet the dietary needs of members with chronic diseases, based on a registered dietitian's assessment.

MTMs have been shown to:

- Help reduce hospital stays, emergency department readmissions and health care costs.
- Improve outcomes for members with specific diet-sensitive conditions.

We encourage you to refer eligible Alliance members!

Benefit details

The benefit covers up to two meals per day for up to 12 weeks. Providers can request extensions or renewals, but you need to indicate that MTMs are part of a treatment plan for the relevant diet-sensitive condition.

Members can get medically tailored groceries, food boxes or premade meals delivered to their home.

MTMs are meant to be part of a treatment plan, not to respond to food insecurities alone. Meals that are eligible for or reimbursed by alternate programs are not eligible.

Qualifying diagnoses

Qualifying diagnoses include:

- Diabetes and prediabetes.
- Hypertension.
- Hyperlipidemia.
- Congestive heart failure.
- Cardiovascular disease, including coronary artery disease, peripheral vascular disease or stroke.
- HIV/AIDS.
- Cancer (undergoing active treatment beyond surgery).
- Malnutrition.
- Obesity.
- Gestational diabetes or other high-risk perinatal conditions.

- Severe mental illness referred or managed by county behavioral health.
- Chronic kidney disease.
- Fatty liver disease.

For more details on eligibility criteria, please see Alliance Policy 404-1745, Community Supports Policy for Medically Tailored Meals/ Medically Supportive Food, which is available on our "Provider Manual" page: www.thealliance.health/providermanual/resources.

How to refer

You can refer eligible members for the MTM benefit on our website at www.thealliance.health/mtm-referral. Members can also refer themselves for the benefit at www.thealliance.health/membermtm.

Questions? Contact our Provider Services team at **831-430-5504**.

Supporting patients with immunizations: Key provider talking points

Vaccines are a safe and effective way to protect ourselves from serious, often life-threatening diseases. It is essential that providers give clear, science-based information to build trust and support families in making informed, confident decisions.

Common concerns and how to respond

“There are too many vaccines given at once.”

Children’s immune systems handle thousands of germs daily. The vaccine schedule is safe and carefully researched.

“How do I know they’re safe?”

Vaccines go through years of testing and are constantly monitored. Serious side effects are very rare and far less risky than the diseases they prevent.

“Do vaccines cause autism?”

Extensive research shows no connection. The original study has been thoroughly discredited.

“I’ve seen negative information online.”

Gently redirect. Try this: “That’s a common claim online, but large studies show otherwise. Would you like me to explain what we know from science?”

Communication tips

Listen and validate: “It’s normal to have questions.”

Share your personal experience: “I vaccinate my own children. I’d never recommend something I wouldn’t give them.”

Stay calm and nonjudgmental: Your tone builds trust.



AAP recommendations on vitamin D for infants

The American Academy of Pediatrics (AAP) recommends that all children receive vitamin D beginning shortly after birth. It’s important that providers educate families on using liquid vitamin D supplements for infants and consider supplementation for older children who aren’t getting the recommended intake through diet. Early intervention ensures long-term skeletal and overall health.

Why it’s important

Vitamin D is essential for bone health, supporting the absorption of calcium and phosphorus.

Beyond bone strength, vitamin D also plays a role in immune system function and has been linked in research

to mental health, with deficiencies associated with an increased risk of depression.

Vitamin D recommendations

- Infants under 12 months should receive 400 international units (IU) daily.
 - Breastfed infants require a supplement of 400 IU per day.
 - Formula-fed infants also need supplementation unless they consume at least 32 ounces of fortified formula daily.
 - Liquid drops are the preferred option for infants.
- Toddlers, older children and adolescents need 600 IU daily.

Health resources and tools for self-management

The Alliance offers health education programs and resources to help members get healthy and stay healthy. Share our online self-management tools to help members learn about different health topics.

The tools are available in the “Health and Wellness” area of our website for the following topics:

Healthy eating, healthy weight, physical activity

Tools for children and teens:

Includes personalized eating plans, a BMI calculator for children and teens, and a physical activity planner. Available at www.thealliance.health/healthy-weight.

Tools for adults: Includes personalized eating plans, a physical activity planner and a healthy weight assessment. Available at www.thealliance.health/adult-weight-management.

Depression, managing stress, avoiding at-risk drinking and quitting tobacco

Tools for adults: Includes a depression self-test, resources to manage stress and a tool to check drinking habits. Available at www.thealliance.health/behavioral-health-care.

Quitting tobacco tools for adults:

Includes a quit plan and self-help materials to provide support with quitting tobacco and/or smoking. Available at www.thealliance.health/quitting-tobacco.



For more information about these tools and programs, call the Health Education Line at **800-700-3874, ext. 5580**.

Yearly provider fraud, waste and abuse (FWA) trends

From August 2024 to August 2025, the Alliance's Program Integrity Unit investigated approximately 72 provider-related referrals for suspected fraud, waste and abuse (FWA). The Alliance must report all suspected FWA to the California Department of Health Care Services – and for In-Home Supportive Services cases, to Monterey County. When appropriate, the Alliance's Special Investigations Unit may also notify the California Department of Justice.

The Alliance's FWA prevention program ensures compliance with federal and state standards through policies and procedures for employees, subcontractors and network providers. These include:

- Commitment to anti-FWA standards.
- Procedures for preventing and detecting FWA.
- Education on the False Claims Act and whistleblower protections.

Referrals may come from internal staff, providers, members, regulators or anonymous sources. Investigations may involve claim and medical record reviews, claim denials, payment recovery, and corrective action plans.

Key concerns identified in 2024–2025

False claims and billing. Claims submitted for services not provided, not documented or billed after a member's death.

Overutilization and impossible days. Some providers were flagged as outliers for billing for unusually high daily visit volumes. In some cases, claims lacked modifiers to show supervising and nonmedical physicians, inflating service counts.

Medical record concerns. Issues included unsupported dates of service, cloned documentation and potential record falsification.

Improper use of Enhanced Care Management and Community Supports services. Claims submitted for ineligible members with concerns such as improper linkage, vague care plans and missing outreach documentation.

Unnecessary or nonmedically necessary services.

The Alliance urges providers to ensure accurate documentation and comply with federal and state laws. Proper billing helps safeguard federal funds and supports high-quality care for Alliance members. Providers should report suspected FWA to their Provider Relations Representative or through the anonymous online Report Compliance and Fraud, Waste and Abuse Concerns Form at www.thealliance.health/potential-compliance-concern-report.

For billing or compliance questions, providers should contact Provider Relations for guidance.





Virtual remote interpreter now available!

The Alliance now offers Virtual Remote Interpreter (VRI) services for providers to utilize. VRI services are a good option when an in-person interpreter might not be available or easy to access.

Examples where VRI services may be appropriate include:

- For telehealth appointments.
- To support members who are deaf or hearing-impaired.
- To support languages that are harder to fill in the appointment area.

Provider offices must have the required technology to utilize VRI services. You can find more information

on our website at www.thealliance.health/cultural-linguistic-services.

To access VRI services, providers must complete the Interpreter Request Form on our website at www.thealliance.health/interpreterrequestform and submit it by fax to **831-430-5850**.

For assistance, call the Alliance Health Education Line at **800-700-3874, ext. 5580**. Providers can also reach out to their Alliance Provider Relations Representative for language assistance needs.



Alliance physician- administered drug list and procedures

The Alliance's physician-administered drug list, restrictions, prior authorization criteria, policies and their updates are available on the "Pharmacy Services" page at www.thealliance.health/pharmacy-services. If you would like to request physical copies, please contact the Pharmacy team at **831-430-5507**.



Claims submission reminder: Multiple rendering physicians

Please be advised that our claims processing system cannot accommodate claims that include multiple rendering physicians across different service lines. To ensure successful claim submissions and avoid rejections, separate claims must be submitted for each rendering physician.

For further assistance or billing-related inquiries, please contact our Claims Customer Service team at **831-430-5503**.

Thank you for partnering with us to provide accessible, quality health care guided by local innovation!

Important phone numbers

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

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



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Welcome, new providers!

New ECM/CS providers

- **Bridge Community Services of CA.** ECM/CS housing services. Monterey County.
- **Connect America LLC.** CS environmental accessibility adaptations, personal emergency response systems. All counties.
- **First 5 Monterey County.** ECM services. Monterey County.
- **Harvest Healthcare Solutions.** ECM/CS housing services. Merced County.
- **Holly Hughes & Co.** ECM services. Santa Cruz County.
- **MACT Health Board, Inc.** ECM services. Mariposa County.
- **Mercy Medical Center (Dignity Health).** ECM services. Merced County.
- **Mujeres Adelante, Inc.** ECM services. Merced County.
- **Noel Health System, Inc.** ECM/CS respite care, recuperative services, short-term post-hospitalization housing, personal care and homemaker services. Merced County.
- **Youth Alliance.** ECM/CS housing transition navigation services and housing deposits. San Benito County.
- **Youth Recovery Connections.** CS sobering center. San Benito County.



providers, referral physicians, specialists and our new behavioral health network.

The Alliance now contracts with a network of behavioral health providers across our service area to directly manage nonspecialty mental health services for our members. If you are interested in joining our behavioral health network, visit www.thealliance.health/bh.

Holiday office closures

Wednesday, Dec. 24: Christmas Eve

Thursday, Dec. 25: Christmas Day

Thursday, Jan. 1, 2026:
New Year's Day

Monday, Jan. 19, 2026:
Martin Luther King Jr. Day

Monday, Feb. 16, 2026:
Presidents Day

Other providers

We'd like to extend a warm welcome to over 200 new providers who joined the Alliance network! This includes ECM/CS providers, primary care

To see the full list of new providers, visit our website at www.thealliance.health/new-providers-dec-2025. To view a list of all Alliance providers, see the Provider Directory at www.thealliance.health/providerdirectory.