Provider Bulletin

A **quarterly** publication for providers. | **December** 2026



Alliance Board Meetings

Wednesday, Jan. 27
3 p.m. to 5 p.m.

Wednesday, Feb. 24
3 p.m. to 5 p.m.

Physicians Advisory Group Meetings

Thursday, March 4
Noon to 1:30 p.m.

Help us support members transitioning to Medi-Cal Fee-for-Service

Beginning Jan. 1, 2027, Medi-Cal members identified by the California Department of Health Care Services (DHCS) as having Unsatisfactory Immigration Status (UIS) will transition from Alliance managed care to state Medi-Cal Fee-for-Service (FFS). This is a federal policy change and was not initiated by the Alliance.

What providers need to know

We encourage providers to continue caring for affected individuals during this transition. Providers must be enrolled and approved as Medi-Cal FFS providers through the Provider Application and Validation for Enrollment (PAVE) portal to continue serving members transitioning to FFS. Providers not currently enrolled through PAVE must apply and be approved by Jan. 1, 2027.

For dates of service on or after Jan. 1, 2027, providers must:

- Bill state Medi-Cal FFS.
- Follow state FFS requirements for claims and service authorization.
- Verify eligibility and coverage for each date of service.
- Support continuity of care throughout the transition.

FFS reimbursement follows state Medi-Cal payment methodologies and may differ from Alliance contract rates.

Prepare for the transition

Providers are encouraged to review the requirements and guidance provided by DHCS. Provider Services Representatives are available to assist with transition-related questions, and we have developed a web page with key resources and information. Visit **www.thealliance.health/FFSP** to learn more.

The Alliance remains committed to supporting our members and provider partners through this change. We appreciate your continued partnership and your commitment to providing care to people in our communities who need it most.



Michael Schrader

Michael Schrader, CEO

MY2025 HEDIS Awards

The Alliance is proud to recognize our Healthcare Effectiveness Data and Information Set (HEDIS®) Award recipients for Measurement Year 2025 (MY2025).

Grounded in the clinical quality standards established by the National Committee for Quality Assurance (NCQA), the HEDIS Awards recognize providers whose performance reflects both excellence in measurable health outcomes and a sustained commitment to quality improvement.

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

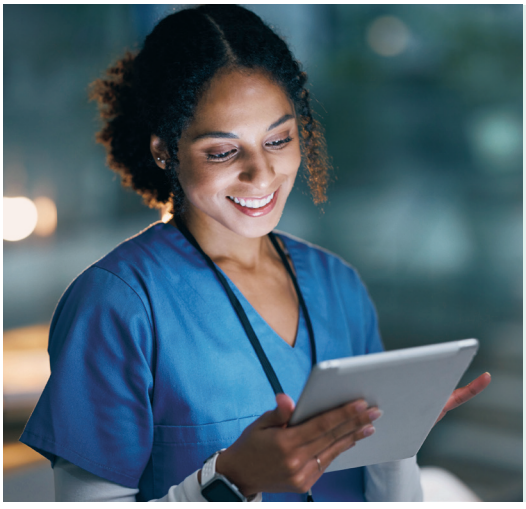
Through their dedication to effective, evidence-based and patient-centered care, this year's award recipients showcase the high standards of quality we strive to advance throughout the Alliance provider network.

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

Please join us in celebrating this year's HEDIS award recipients and visit **www.thealliance.health/HEDIS2026** to see their photos!

Awardees

- Acacia Family Medical Group – Prunedale
- Acacia Family Medical Group – Salinas
- Alisal Health Center
- County of Santa Cruz Watsonville Health Center
- Laurel Family Practice Health Clinic
- Laurel Pediatrics Health Clinic
- Merced Faculty Associates – Delhi Medical Clinic
- Merced Faculty Associates – Hilmar Family Medical Clinic
- Natividad Medical Group Sanborn
- Palo Alto Medical Foundation – Watsonville
- Pediatric Medical Group of Watsonville
- Plazita Medical Clinic
- Salinas Pediatric Medical Group
- Santa Lucia Medical Group
- Seaside Family Health Center
- Soledad Medical Clinic
- St. Junipero Children's Clinic



Don't miss the news you need to know!

This is the final print edition of the *Provider Bulletin* quarterly publication. Beginning in March 2027, the *Provider Bulletin* will only be published on our website and sent via email to *Provider Digest* subscribers each March, June, September and December. The *Provider Digest* is published on our website and sent via email once or twice a month. To continue receiving the *Provider Bulletin* and timely news updates from the Alliance, visit **www.thealliance.health/provider-news/subscribe**.

2027 Care-Based Incentive (CBI) program

The Alliance CBI program encourages preventive health services and connects members with primary care providers. The program pays qualifying contracted provider sites for:

- **Programmatic measures** based on rate of performance.
- **Fee-for-Service measures** when a specific service is performed or a measure is achieved.

Please review the following updates for the 2027 CBI program.

Programmatic measures

- The eligible starting age for **Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents** changed from age 1 to age 0.
- **Application of Dental Fluoride Varnish** now accepts fluoride applications from dental offices submitted via the Data Submission Tool and Medi-Cal Dental claims.

Member reassignment measure

New exemptions that do not impact CBI payment were added **if there is a referral to care management** within your clinic or to the Alliance:

- Request for non-medically necessary orders.
- Non-compliance with treatment plan.
- Ineffective relationship.
- Failure to keep appointment.

If the care management referral is not documented, then reassignment may impact CBI payment.

Coding updates

See CBI Technical Specifications for measures with updated coding: **www.thealliance.health/cbitechspecs**.

Retired measures

- Ambulatory Care Sensitive Admissions.
- Chlamydia Screening.
- Diagnostic Accuracy and Completeness Training.

New: TotalCare (HMO D-SNP)

There are **five exploratory measures** for TotalCare (HMO D-SNP) members in 2027:

- Breast Cancer Screening.
- Colorectal Cancer Screening.
- Controlling High Blood Pressure.
- Diabetic Poor Control >9%.
- Plan All-Cause Readmission.

These measures do not qualify for payment for 2027.

Programmatic points

Point changes indicated in bold:

Access Measures	Points
ACEs Screening in Children and Adolescents	3
Application of Dental Fluoride Varnish	**3**
Developmental Screening in the First Three Years	**3**
Initial Health Appointment	4
Post-Discharge Care	**10**
Total	**23**

Hospital and Outpatient Measures	Points
Plan All-Cause Readmission	**12**
Preventable Emergency Visits	**9**
Total	**21**

Quality of Care Measures	Points
Breast Cancer Screening	**6**
Cervical Cancer Screening	4
Child and Adolescent Well-Care Visits (3 to 21 years)	4
Colorectal Cancer Screening	**6**
Controlling High Blood Pressure	**6**
Depression Screening for Adolescents and Adults	4
Diabetic Poor Control >9%	**6**
Immunizations: Adolescents	4
Immunizations: Children (Combo 10)	4
Lead Screening in Children	4
Well-Child Visits in the First 15 Months	4
Well-Child Visits for Age 15 Months to 30 Months of Life	4
Total	**56**



What providers need to know about behavioral health data sharing

On March 16, 2026, the California Department of Health Care Services (DHCS) released APL 26-004 and BHIN 26-013. The guidance consolidates behavioral health data-sharing requirements for managed care plans (MCPs), Behavioral Health Plans (BHPs), Drug Medi-Cal (DMC) programs, providers and other Medi-Cal partners. It supports coordinated, whole-person care while requiring compliance with HIPAA, 42 CFR Part 2 and other privacy laws.

Key provider implications

Expect increased emphasis on real-time, bidirectional exchange of behavioral health information to support care coordination, referrals, transitions of care, population health management and quality improvement activities. Required data elements may include member demographics; diagnoses; assessments; medications; laboratory results; services rendered; and admission, discharge and transfer (ADT) notifications.

MCPs must identify members who may need specialty behavioral health or substance use disorder treatment and coordinate referrals with BHPs and DMC partners under No Wrong Door policies. Formal Memoranda of Understanding (MOUs) must support data sharing. Current Alliance MOUs can be found at **www.thealliance.health/mou**.

Privacy and consent considerations

Providers must protect member privacy and security. When member authorization is required for care coordination, MCPs, BHPs, providers and other Medi-Cal partners should use the DHCS Authorization to Share Confidential Medi-Cal Information (ASCMI) Form. The form permits secure sharing of sensitive information, including behavioral health, substance use disorder, housing, social services and other protected information. The Alliance will adopt the ASCMI Form by Jan. 1, 2027.

Provider action steps

Providers should:

- Assess data-sharing capabilities and support electronic exchange.
- Maintain accurate member data and participate in care coordination.
- Collaborate with MCP, BHP and DMC partners.
- Review consent workflows and use the ASCMI Form when necessary.
- Train relevant care coordination staff.

Providers subject to APL 23-013, APL 26-004 and applicable Data Exchange Framework requirements should work with the Alliance to exchange ADT notifications, meet applicable consent requirements, and provide data for reporting and oversight. Providers participating in applicable data exchange activities should review their consent workflows and be prepared to use the DHCS ASCMI Form when member authorization is required and when the ASCMI Form applies to the applicable data-sharing use case.

Don't forget to test for HIV



In California, there were approximately 4,500 new HIV diagnoses in 2024. An estimated 40% of new HIV infections are transmitted by those who are unaware of their HIV status, making it critical to detect asymptomatic infections.

Who should be tested?

The United States Preventive Services Task Force (USPSTF) recommends that clinicians test for HIV in:

- All pregnant people.
- Patients ages 15-65 years.
- People younger than 15 or older than 65 if risk factors are present (male-to-male sexual contact, injection drug use, transactional sex, and anal or vaginal sex with an HIV-infected person or more than one sexual partner since last HIV test).
- People diagnosed with another sexually transmitted infection (STI) or tuberculosis (TB).
- Anyone who requests STI testing.

How often should you test?

- Everyone ages 15-65 years: at least once in their lifetime.
- People with the risk factors above: at least once a year.

Which screening test should be used?

Current guidelines recommend testing for HIV infection with an antigen/antibody immunoassay that detects HIV-1 and HIV-2 antibodies, as well as the HIV-1 p24 antigen ("fourth generation test"). Rapid tests are also available.

If using a rapid test, positive results should be confirmed with a lab-based antigen/antibody assay. Pregnant people presenting in labor with unknown HIV status should be screened with a rapid HIV test to get results as soon as possible.

When testing in a health care setting, an opt-out approach is recommended. Notify the patient verbally that testing is due and order the test unless the patient declines. Separate, written consent for HIV testing should not be required.

Think about prevention

Pre-exposure prophylaxis (PrEP) with antiretroviral agents for those without HIV has proven to be an effective prevention strategy, but many people with indications for PrEP have never been prescribed it.

- Familiarize yourself with PrEP options.
- Create a workflow for recommended testing/monitoring and visit cadence for those taking PrEP.
- Talk to patients about risk factors. Offer PrEP to anyone with indications.

References:
America's HIV Epidemic Analysis Dashboard (AHEAD): **www.thealliance.health/hiv-ahead**.

California HIV Surveillance Report – 2024: **www.thealliance.health/ca-hiv-surveillance**.

HIV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022: **www.thealliance.health/cdc-hiv**.

Human Immunodeficiency Virus (HIV) Infection: Screening: **www.thealliance.health/uspstf-hiv**.

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings: **www.thealliance.health/hivtesting**.

Talking with patients about immunizations

Clear, empathetic and evidence-based communication around vaccines builds trust and helps families make informed, confident decisions.

Responding to common concerns

Is the immunization schedule overwhelming my child's immune system?

Children's immune systems process thousands of environmental germs daily. The schedule is rigorously tested for safety and creates early vital protection.

How do I know vaccines are safe?

Vaccines undergo years of clinical trials before they are approved and are continuously monitored once they're available. The risk of serious vaccine side effects is far lower than the risk of natural infection.



Do vaccines cause autism?

Robust global studies involving millions of children show no link. The 1998 paper that initially suggested a connection has been fully debunked.

Navigating misinformation online

Acknowledge the patient's or parent's perspective without validating falsehoods. Begin with something like, "I understand that sounds alarming." Then, gently redirect.

Communication tips

- Frame vaccination as the default, typical standard of care. For example: "Today, we're scheduled for…"
- Validate concerns and share a strong personal endorsement: "I vaccinate my own family."
- Stay calm and nonjudgmental. Your tone builds trust.

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 a personalized eating plan, 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

- A depression self-test, resources to manage stress and a tool to check drinking habits are available at **www.thealliance.health/behavioral-health-care**.
- A tobacco quit plan and self-help materials for quitting tobacco and/or smoking are available at **www.thealliance.health/quitting-tobacco**.

Resources for TotalCare members

- Wellness resources are available for TotalCare members at **www.thealliance.health/wellness-support**.

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

Improving oral health with dental fluoride varnish

Primary care providers play an important role in preventing dental disease in children by assessing oral health, identifying risk and providing preventive services such as fluoride varnish.[1]

Assess oral health and caries risk

At health assessment visits, assess and document the child's oral health, including tooth eruption and observations of the teeth and gums. Consider risk factors for dental caries, such as current or previous decay, frequent snacking, oral hygiene, and lack of fluoridated water supply.[1] Determine whether a dental home has been established by 12 months of age. If not, provide families with resources to help them connect with a dentist.[2] Generally, a child should see a dentist by their first tooth or first birthday (whichever comes first).

Apply fluoride varnish

Beginning with tooth eruption, fluoride varnish is recommended every three to six months, with more frequent application for children at higher risk for dental caries.[1] Incorporating varnish into routine care also supports quality performance.

The Alliance's 2026 Care-Based Incentive (CBI) Application of Dental Fluoride Varnish measure assesses the percentage of members 6 months through 5 years of age (up to preceding their 6th birthday) who receive at least two topical fluoride applications during the program year.[3] The Managed Care Accountability Set Measurement Year 2026 includes the Topical Fluoride for Children measure, which tracks two fluoride varnish applications for Medi-Cal members ages 1-20.

Assess fluoride exposure

For children ages 6 months through 16 years, determine whether fluoride supplementation is appropriate based on fluoride exposure and the child's primary water source.[5] Providers can use the CDC's My Water's Fluoride tool to find fluoride information for participating community water systems.[4]



Document the care provided

Document oral health findings, dental home status, recommendations and fluoride varnish application when completed. Documentation that a child sees a dentist does not confirm fluoride varnish application or oral health status.[2]

References:
[1]C.H.I.L.D. Topical Fluoride Dental Screening: **www.thealliance.health/CHILDfluoridescreening**.
[2]DHCS Primary Care Provider Medical Record Review (MRR) Standards: **www.thealliance.health/dhcs-pcp-mmr**.
[3]Application of Dental Fluoride Varnish Tip Sheet: **www.thealliance.health/fluoridetipsheet**.
[4]CDC: My Water's Fluoride: **www.thealliance.health/mywatersfluoride**.
[5]Dietary Fluoride Supplements: Evidence-based Clinical Recommendations: **www.thealliance.health/ada-dietary-fluoride**.

The Alliance's American Sign Language (ASL) Interpreter Services

The Alliance offers interpreter services for members with limited English proficiency (LEP) or who are deaf or hard of hearing. All services are free of charge to providers and members.

The Alliance offers in-person or virtual remote interpreting (VRI) services for members in need of American Sign Language (ASL) interpreters. To request ASL interpreter services for members, providers must complete an Interpreter Request Form at **www.thealliance.health/interpreterrequestform** and submit it by fax to **831-430-5850** or use the Online Interpreter Form at **www.thealliance.health/online-interpreter-request-form**. Either request must be submitted within 5-7 business days prior to the member's appointment.

Deaf and Hard of Hearing Assistance Line: 711

Providers can communicate by phone with members who are deaf or hard of hearing using the Deaf and Hard of Hearing Assistance Line by dialing **711** to connect to a trained person (called a relay operator).

To use this line:

- Dial **711**.
- Provide the relay operator with the phone number of the member you would like to communicate with. The member must have a teletypewriter (TTY) or a smartphone with TTY mode. A teletypewriter has a keyboard and a screen. It works with landline phones or smartphones and the TTY line.
- Provide the message to the relay operator. They will type your message to the member with the TTY enabled device.
- When the other person responds, the relay operator will read the message the member sent to you.

For members

Deaf or hard of hearing members can communicate with the Alliance by calling:

- English: **800-735-2929** (Dial **711**).
- Spanish: **800-855-3000** (Dial **711**).



For additional resources that help providers communicate with members, visit California Connect at **https://caconnect.org/relay**. To learn more about the Alliance ASL Interpreter Services or other available Language Assistance Services, please call the Health Education Line at **800-700-3874, ext. 5580,** or visit our Cultural and Linguistic services webpage at **www.thealliance.health/cultural-linguistic-services**.

WINTER WELLNESS

Supporting members and care teams

Shorter days, holiday stress, grief and isolation can intensify low mood. Winter blues may pass, but lasting changes in sleep, energy, appetite, concentration or interest can signal depression. According to the CDC, depression affects about 16 million U.S. adults each year. Providers can recognize concerns early and connect members with support.

Check in at every visit

- **Ask and normalize.** Screen when appropriate for basic needs, mood, sleep, loneliness, safety and substance use.
- **Explore patterns.** Assess duration, prior seasonal patterns, and medical or medication-related contributors.
- **Make a realistic plan.** Encourage consistent sleep, sunlight or bright light exposure, movement, regular meals, connection, and meaningful activity.
- **Coordinate care.** Connect members to behavioral health care or other referrals. Use warm handoffs, document follow-up and close referral loops.

Support for older adults and members with disabilities

Alliance TotalCare (HMO D-SNP) serves people ages 65 and older and some people with certain disabilities. Winter can magnify isolation, mobility barriers and difficulty accessing food, heat, medications and transportation. Providers can:

- Screen for mental health, falls, cognitive changes, caregiver strain and social needs.
- Create backup plans when weather or mobility issues limit access to appointments, prescriptions, meals or community connections.
- Coordinate medical, behavioral health, pharmacy and long-term services through the Individualized Care Plan and TotalCare care manager.
- Consider Community-Based Adult Services for eligible members who need health, mental health, personal care, meals or transportation support.

Care for the care team

CDC data show that 46% of U.S. health workers often felt burned out in 2022, compared with 32% in 2018.



Protect your capacity:

- Take brief pauses and schedule time to rest.
- Use huddles and coverage plans to share workload.
- Get support from your team, and reach out to employee assistance or supervisory resources as needed.

Alliance resources

- Alliance Member Services: **800-700-3874**, Monday through Friday, 8 a.m. to 5:30 p.m.
- TotalCare Member Services: **833-530-9015** (TTY: **800-735-2929**/Dial **711**).
- Nurse Advice Line: **844-971-8907** (TTY: Dial **711**), 24 hours a day, 7 days a week.
- Behavioral Health: Use the Alliance's Behavioral Health Provider Referral Form on our website (preferred) or leave a voicemail for Alliance Care Management at **800-700-3874, ext. 5512**.
- Urgent support: Call or text **988**.



Deprescribing benzodiazepines in older adults

The American Geriatrics Society (AGS) Beers Criteria lists benzodiazepines (BZDs) as potentially inappropriate medications in older adults and recommends avoiding both long- and short-acting agents in adults over 65.

Older adults have increased sensitivity and reduced hepatic clearance, putting them at risk of physical dependence and adverse events. All benzodiazepines increase the risk of cognitive impairment, delirium, falls, fractures and motor vehicle crashes, with greater risk at higher doses and with longer-acting agents. Despite these risks, BZDs are frequently overprescribed.

Prescribing and when to taper

- Limit dosage and duration to the minimum needed for the clinical effect.
- Discuss an anticipated length of therapy at the outset.
- Make every effort to taper BZDs in older adults unless there are compelling reasons for continuation.
- Attempt tapering for most patients treated for more than four weeks because of dependence risk.

Tapering strategies

Do not abruptly discontinue BZDs in dependent patients, given withdrawal risk. Evidence-based approaches include:

- **Gradual dose reduction.** Reduce 5% to 10% (no more than 25%) over the first two weeks, then 5% to 10% every two to four weeks. Use slower pacing (5% to 10% every six to eight weeks) for greater dependence.
- **Hyperbolic (proportionate) tapering.** Incorporate progressively smaller, absolute steps at lower doses. Liquid/compounded formulations aid small reductions.
- **Psychotherapy.** Cognitive behavioral therapy has the strongest evidence and helps anticipatory anxiety.
- **Switching to a longer-acting agent** is generally discouraged in older adults due to metabolite accumulation.

Patient-centered monitoring

Set the schedule through shared decision making, provide frequent follow-up and allow flexibility. If withdrawal or rebound symptoms occur, pause and stabilize on the current dose before continuing reductions.

For sample tapers, refer to the Joint Clinical Practice Guideline on Benzodiazepine Tapering and the DHCS Clinical Review from the American Society of Addiction Medicine.

Medi-Cal Rx DUR article

Please review the following Medi-Cal Rx Drug Utilization Review (DUR) article published since August 2026:

- "Updated Guidance for the Treatment of Dyslipidemia."

This resource is available on the Alliance's Additional Pharmacy Information webpage. Visit **www.thealliance.health/pharmacydur**.

The Alliance's Physician-Administered Drugs List and procedures

The Alliance's Physician-Administered Drugs List, restrictions, prior authorization criteria, policies and their updates are available on the Pharmacy page: **www.thealliance.health/pharmacy-services**. If you would like to request physical copies, please contact the Pharmacy Department at **831-430-5507**.

References:
American Geriatrics Society 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults: **www.thealliance.health/beerscriteria**.

Benzodiazepine Drug Class: Drug Safety Communication – Boxed Warning Updated to Improve Safe Use: **www.thealliance.health/fdabenzo**.

Benzodiazepine Tapering: Joint Guidelines from the American Society of Addiction Medicine: **www.thealliance.health/afpbenzotapering**.

Heavy Drinking, Alcohol Use Disorder, and Obesity: **www.thealliance.health/jama**.

Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Risks Outweigh Benefits: **www.thealliance.health/benzotaperingguidelines**.

Pharmacological Principles for Safe Benzodiazepine and Z-drug Dose Reduction: **www.thealliance.health/safebenzouse**.

VA/DOD Clinical Practice Guidelines – Management of Substance Use Disorder (SUD) (2021): **www.thealliance.health/VA-DOD-SUD**.

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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TotalCare (HMO D-SNP) Model of Care training

Alliance TotalCare (HMO D-SNP) providers are required to complete the 2027 Model of Care (MOC) Provider Training. The Centers for Medicare & Medicaid Services (CMS) requires MOC training to be completed upon onboarding and annually thereafter.

Model of Care 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 a 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-2027-moc-training.

Be on the lookout for future provider trainings on our website at **www.thealliance.health/trainings**.

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



Welcome, new providers!

The Alliance extends a warm welcome and gratitude to our newest providers. Please visit **www.thealliance.health/welcome-new-providers-q4-2026** to see the complete list.

Holiday office closures

- **Thursday, Dec. 24** (Christmas Eve observed)
- **Friday, Dec. 25** (Christmas Day observed)
- **Friday, Jan. 1, 2027** (New Year's Day)
- **Monday, Jan. 18, 2027** (Martin Luther King Jr. Day)
- **Monday, Feb. 15, 2027** (Washington's Birthday)