CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

CCRMC CARE MATTERS

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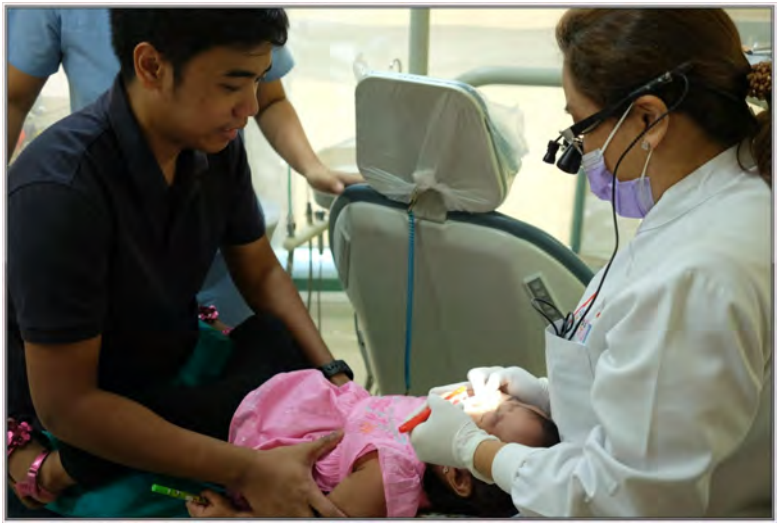
The Contra Costa Health Plan Provider Bulletin

Fluoride Varnish Information and Training

The Contra Costa County Child Health Disability Prevention Program (CHDP) recommends Fluoride Varnish for all children ages six months (or after the eruption of the first tooth) through five years of age to prevent dental caries and to maintain and improve the overall oral health of young children in primary settings. Fluoride varnishing whose application is now recommended 2-4 times annually, or every 3-6 months, has been shown to decrease and prevent oral caries by supporting healthy tooth enamel while preventing bacterial damage to teeth and can be applied in a primary care setting (PCP office) or the patient's dental office. Fluoride Varnish is recommended by the American Academy of Pediatrics (AAP) whose periodicity schedule can be found at **www.aap.org/periodicityschedule** .

The Contra Costa CHDP will soon offer training for PCP office staff as needed. For more information, please call (925) 313-6150.



Timely Access to Care

Under California law, CCHP is required to notify our Providers of timely access to care and interpretation service requirements annually:

Timely Access to Care

The California Department of Managed Health Care (DMHC) has regulations set forth in Title 28, Section 1300.67.2.2 for health plans to provide timely access to care for our members.

Timely access standards include:

- Urgent care appointments not requiring prior authorization: within 48 hours
- Urgent care appointments requiring prior authorization: within 96 hours
- Appointments for Initial Prenatal Care: within 10 business days
- Non-urgent appointments for primary care: within 10 business days
- Non-urgent appointments with specialists: within 15 business days
- Non-urgent appointments with a non-physician mental health care provider: within 10 business days
- Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness or other health conditions: within 15 business days
- Waiting time to have telephone call answered not to exceed 10 minutes
- Call back waiting time not to exceed 30 minutes

Interpreter services are available at all CCHP points of contact where members may reasonably need such services.

Please see your CCHP Provider Manual Section 3 Utilization Management which explains in detail the process for you to obtain timely referrals to specialists for your patients. If you have a timely access concern, you can contact CCHP's Utilization Management at 1-877-800-7423 option 3 or file a complaint with the California Department of Managed Health Care by calling the DMHC Toll-free provider complaint line at: 1-877-525-1295.

cHighlights Inside This Issue	

Prior Authorization Updates Q3 2019

Contra Costa Health Plan's (CCHP) Interactive No Authorization Required List located on our website at https://cchealth.org/healthplan/providers states which services do not require prior authorization. It is expected that all services requiring prior authorization must be authorized **PRIOR** to providing the service, except for services that might be necessary on an emergent basis.

The list of codes requiring prior authorization is updated regularly to reflect current clinical guidelines and regulatory requirements. CCHP recommends that our providers visit our website for the most current No Prior Authorization Required List. The following changes are in effect as of October 1, 2019.

CODES APPROVED TO ADD to the No Prior Authorization Required list

77046 - MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL; Magnetic resonance imaging, breast, without contrast material; unilateral

77047 - MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL; Magnetic resonance imaging, breast, without contrast material; bilateral

77049 - MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL; Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral

A4281 - REPLACEMENT BREAST PUMP TUBE; Tubing for breast pump, replacement

A4282 - REPLACEMENT BREAST PUMP ADPT; Adapter for breast pump, replacement

A4283 - REPLACEMENT BREAST PUMP CAP; Cap for breast pump bottle, replacement

A4284 - REPLCMNT BREAST PUMP SHIELD; Breast shield and splash protector for use with breast pump, replacement

A4285 - REPLCMNT BREAST PUMP BOTTLE; Polycarbonate bottle for use with breast pump, replacement

A4286 - REPLCMNT BREASTPUMP LOK RING; Locking ring for breast pump, replacement

CODES REMOVED from the No Authorization List and now require Prior Authorization

E1399 – DME – MISCELLANEOUS; Durable medical equipment, miscellaneous

E0973 - WHEELCHAIR ADJUSTABL HEIGHT; Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each

E2209 - ARM TROUGH EACH; Accessory, arm trough, with or without hand support, each

K0019 - ARM PAD REPL, EACH; Arm pad, replacement only, each

E0951 - LOOP HEEL; Heel loop/holder, any type, with or without ankle strap, each

E0990 - WHLCHR ELEVAT LEG REST COMPL; Wheelchair accessory, elevating leg rest, complete assembly, each

E1020 - RESIDUAL LIMB SUPPORT SYSTEM; Residual limb support system for wheelchair, any type

K0038 - LEG STRAP EACH; Leg strap, each

K0040 - ADJUSTABLE ANGLE FOOTPLATE; Adjustable angle footplate, each

K0195 - ELEVATING WHLCHAIR LEG RESTS; Elevating leg rests, pair (for use with capped rental wheelchair base)

E0955 - CUSHIONED HEADREST; Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each

E0956 - W/C LATERAL TRUNK/HIP SUPPOR; Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each

E0960 - WHLCHR SHLDR HARNESS/STRAPS; Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware

A4335 - INCONTINENCE SUPPLY (Incontinence wash); Incontinence supply; miscellaneous

A6250 – SKIN SEAL PROTECT MOISTURIZR; Skin sealants, protectants, moisturizers, ointments, any type, any size Incontinence Cream and Washes

Non-Emergency Medical Transportation Physician Certification Statement Forms
Requirements from DHCS All Plan Letter 17-010

Non-Emergency Medical Transportation **(**NEMT) services are a covered Medi-Cal benefit when a member needs to obtain medically necessary covered services and when prescribed in writing by a physician, dentist, podiatrist, or mental health or substance use disorder provider. NEMT services are subject to a prior authorization, except when a member is transferred from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility or an intermediate care facility licensed pursuant to Health and Safety Code (HSC) Section 1250.

Contra Costa Health Plan (CCHP) is required to authorize, at a minimum, the lowest cost type of NEMT transportation (see modalities below) that is adequate for the member's medical needs. CCHP is required to provide medically appropriate NEMT services when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.

Unless otherwise provided by law, CCHP must provide transportation for a parent or a guardian when the member is a minor. With the written consent of a parent or guardian, CCHP may arrange NEMT for a minor who is unaccompanied by a parent or a guardian and provide transportation services for unaccompanied minors when applicable State or federal law does not require parental consent for the minor's service. CCHP is responsible to ensure all necessary written consent forms are received prior to arranging transportation for an unaccompanied minor. The form is available on our website at cchealth.org/health plan/for providers in the Provider Manual appendices Appendix M.

CCHP is required to provider NEMT for the following:

1. **NEMT ambulance services** for:
   - 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.
   - 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. **Gurney services** when the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
   - 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. MCPs must provide **wheelchair van services** when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:
   - 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.

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Non-Emergency Medical Transportation Physician Certification Statement Forms
Requirements from DHCS All Plan Letter 17-010 (Continued)

Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed Physician Certification Statement (PCS) form (as described below):

- 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. **NEMT by air** only under the following conditions:
   - When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

NEMT Physician Certification Statement Forms

CCHP is required to use a DHCS approved PCS form to determine the appropriate level of service for Medi-Cal members. All NEMT PCS forms must include, at a minimum, the components listed below:

- Function Limitations Justification: For NEMT, the physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate *without* assistance or be transported by public or private vehicles.
- Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
- Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport).
- Certification Statement: Prescribing physician's statement certifying that medical necessity was used to determine the type of transportation being requested.

The PCS form is required with the prior authorization request. The form is available on our website at www.cchealth.org/healthplan/pdf/provider/Appendix-M-Physician-Certification-Statement-for-NEMT.pdf. If you have any questions about the PCS form contact the authorization unit at 1-877-800-7423 option 3.

Non-Emergency Transportation Minor Consent form

The Department of Health Care Services (DHCS) requires a parent or guardian to give consent for a minor child (17 and under) to travel on Non-Emergency Medical Transportation (NEMT) unaccompanied. The purpose of the consent form for NEMT is for a Parent/Guardian to consent that the minor will be unaccompanied and Contra Costa Health Plan (CCHP) is not liable for any issues/problems that may occur. Non-emergency Transportation companies are not allowed to transport unaccompanied minors without this form completed.

Please have the Parent/Guardian complete the form and attach to the Prior Authorization request for Non-Emergency Transportation. When submitting a Prior Authorization for Non-Emergency Transportation for a minor child that may be unaccompanied, the signed consent form must be included with the request. The form can be found on our website at www.cchealth.org/healthplan/pdf/provider/Appendix-M-Transportation-Minor-Form.pdf.

The CCHP P&T committee met on 9/19/2019. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-October 2019****

Updates/Announcements:

a. Human Papilloma Virus (HPV) Vaccine Update:

- The Advisory Committee on Immunization Practices (ACIP) recently endorsed an expanded age range for the use of Gardasil which was subsequently published in the CDC's Mortality and Morbidity Weekly Report (MMWR) on 8/16/19.
- **Recommendations for routine adolescent HPV vaccination have not changed, but the CDC now recommends catch-up vaccination for all persons through age 26, and a "shared clinical decision-making" process for adults aged 27-45.**
- What is "shared clinical decision-making"? For adults aged 27 through 45 years, the CDC acknowledges that the public health benefit of the HPV vaccination in this age range is likely minimal. Shared clinical decision-making means that patients should talk with their provider to determine if they would benefit from receiving the HPV vaccine. According to the CDC, specific talking points between patients and providers may include the following:
  - Ideally, the HPV vaccine should be given in early adolescence because vaccination is most effective before exposure to HPV through sexual activity.
  - For adults aged 27 through 45 years who are not adequately vaccinated, clinicians can consider discussing HPV vaccination with persons who are most likely to benefit.
  - Although new HPV infections are most commonly acquired in adolescence and young adulthood, some adults are at risk for acquiring new HPV infections. At any age, having a new sex partner is a risk factor for acquiring a new HPV infection.
  - Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.
  - Most sexually active adults have been exposed to some HPV types, although not necessarily all of the HPV types targeted by vaccination.
  - No clinical antibody test can determine whether a person is already immune or still susceptible to any given HPV type.
  - Vaccine effectiveness might be low among persons with risk factors for HPV infection or disease (e.g., adults with multiple lifetime sex partners and likely previous infection with vaccine-type HPV), as well as among persons with certain immune conditions.
  - HPV vaccines are prophylactic (i.e., they prevent new HPV infections). They do not prevent progression of HPV infection to disease, decrease time to clearance of HPV infection, or treat HPV-related disease.
  - HPV vaccination does not need to be discussed with most adults aged >26 years.
- CCHP has expanded the age range for members to receive the HPV vaccine through the pharmacy benefit as seen below:

Drug Name	Formulary Status	Restrictions
Gardasil	Tier 2 preferred agent	Age limit 19-**45**, Quantity limit 3 fills per lifetime.
Gardasil 9	Tier 2 preferred agent	Age limit 19-**45**, Quantity limit 3 fills per lifetime.

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Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria (for full details of each change, please see individual drugs listed below this table):	
Changes Made	**Drug Name**
Created new PA criteria:	n/a
Modified PA criteria:	Supartz, Hyalgan (intra-articular hyaluronic acid products) Colcrys (colchicine) Epi-pen (epinephrine auto injector)
ADDED to the CCHP formulary:	Humalog (insulin lispro) Humalog 75/25 & 50/50 (insulin lispro protamine/lispro) Proair (albuterol inhaler) Proventil (albuterol inhaler) Roxicodone (oxycodone IR) Symjepi (epinephrine syringe) Kytril (granisetron) Vigamox (moxifloxacin ophthalmic) Flonase Sensimist (fluticasone nasal) Rhinocort (budesonide nasal)
Items to be REMOVED from the CCHP formulary:	Apidra (insulin glulisine) ****Notification letters to be sent to providers and members in late-September**

- **Modification of criteria for Supartz, Hyalgan (intra-articular hyaluronic acid products):**
  - Effective immediately J7321 (Supartz, Hyalgan) is available without prior authorization. CCHP will no longer authorize requests for hyaluronic acid derivatives to be filled through the specialty pharmacy benefit (i.e. through Walgreens). If providers wish to administer hyaluronic acid to a CCHP member, then they MUST buy & bill, and submit claims through the medical benefit (using J7321). Please contact the CCHP pharmacy unit with any questions: 925-957-7260, extension 1.
- **Modification of criteria for Colcrys (colchicine):**
  - Generic colchicine remains available as a tier 2 product on the CCHP formulary with quantity limits. The previous quantity limit of #15 tablets per 60 days has been modified to #15 tablets per 30 days. Criteria for chronic daily use of colchicine will still require prior authorization, requiring prior trial and failure, or concurrent use of a formulary uric acid lowering agent (such as allopurinol).
- **Modification of criteria for Epi-pen (epinephrine auto injector):**
  - Both strengths of Epi-pen remain available as tier 2 products on the CCHP formulary with quantity limits. The previous quantity limit of #2 pens per 180 days has been modified to #4 pens per 180 days. Requests for larger quantities will need to go through the prior authorization process.
- **Addition of Humalog (insulin lispro) and Humalog 75/25 & 50/50 (insulin lispro protamine/insulin lispro) to the formulary:**
  - Vials and pens have been added to the formulary as tier 2 preferred agents for all CCHP members with a quantity limit of 3 vials or 2 boxes of pens per month.
- **Addition of generic albuterol products to the CCHP formulary (generic ProAir, Ventolin, and Proventil):**
  - All generic formulations of albuterol inhaler are now available on the formulary with equivalent status as tier 1 preferred agents for all CCHP members.
- **Addition of Roxicodone immediate-release (oxycodone IR) to the formulary:**
  - Generic oxycodone immediate release 5mg tablets have been added to the formulary as a tier 2 preferred agents for all CCHP members, with a strict quantity limit of #10 tablets per 5 days. This formulary addition is intended to support the CCRMC ERAS (enhanced recovery after surgery) protocol, and should NOT be used for non-surgical patients.

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- **Addition of Symjepi (epinephrine) to the formulary:**
  - All strengths have been added to the formulary as tier 2 preferred agents with quantity limits (equivalent status to Epi-pen) for all CCHP members. Quantity limit will be #4 syringes per 180 days. **Note:** Symjepi is NOT an epinephrine auto-injector – it requires patients to push a plunger similar to a traditional syringe.
- **Addition of Kytril (granisetron) to the formulary:**
  - 1mg tablets have been added to the formulary as tier 2 preferred agents with a quantity limit of #12 tablets per 30 days for all CCHP members.
- **Addition of Vigamox (moxifloxacin ophthalmic) to the formulary:**
  - Added to the formulary as a tier 1 preferred agent for all CCHP members.
- **Addition of Flonase Sensimist (fluticasone nasal) to the formulary:**
  - Added to the formulary as a tier 1 preferred agent for all CCHP members.
- **Addition of Rhinocort (budesonide nasal) to the formulary:**
  - Added to the formulary as tier 1 preferred agent for all CCHP members.
- **Removal of Apidra from the CCHP formulary:**
  - After proper provider and member notification has been completed, CCHP will be removing all Apidra products from the formulary. Humalog has been added to the formulary as a replacement product.

There are numerous ways to view the CCHP Preferred Drug List:

CCHP updates the Preferred Drug List (PDL) after each quarterly Pharmacy & Therapeutics Committee meeting. CCHP invites and encourages practitioners to access each update through the following means:

- An interactive searchable formulary is available within Epic (contact the Epic team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: http://cchealth.org/healthplan/pdf/pdl.pdf
- A searchable copy of the CCHP PDL can be found here: http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- **EPOCRATES – *free* mobile & online formulary resource**
  - CCHP providers may add the CCHP formulary to their mobile devices using the following steps:
    - Open the Epocrates application on your mobile device.
    - Click on the "formulary" button on the home screen.
    - Click "add new formulary" button on the bottom of the screen.
    - Use the search box to locate "Contra Costa Health Plan" Medi-Cal or Commercial formulary. Click on each formulary that you would like to add, and then click the "add formulary" button.

Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms
If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at goldsupport@epocrates.com or at (800)230-2150.

Providers may request a copy of CCHP pharmacy management procedures or specific drug PA criteria by contacting the pharmacy unit directly at 925-957-7260 x2, or via the email listed below:

P&T updates and DUR educational bulletins can be viewed online at
http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php

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Questions and comments may be directed to CCHP Pharmacy by emailing
cchp_pharmacy_director@hsd.cccounty.us

Lung Cancer Screening With Low-Dose Computed Tomography (LDCT)

Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	**Asymptomatic adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit smoking within the past 15 years.**
Recommendation	**Screen annually for lung cancer with low-dose computed tomography. Discontinue screening when the patient has not smoked for 15 years. Grade: B**
Risk Assessment	Age, total cumulative exposure to tobacco smoke, and years since quitting smoking are the most important risk factors for lung cancer. Other risk factors include specific occupational exposures, radon exposure, family history, and history of pulmonary fibrosis or chronic obstructive lung disease.
Screening Tests	Low-dose computed tomography has high sensitivity and acceptable specificity for detecting lung cancer in high-risk persons and is the only currently recommended screening test for lung cancer.
Treatment	Non–small cell lung cancer is treated with surgical resection when possible and also with radiation and chemotherapy.
Balance of Benefits and Harms	Annual screening for lung cancer with low-dose computed tomography is of moderate net benefit in asymptomatic persons who are at high risk for lung cancer based on age, total cumulative exposure to tobacco smoke, and years since quitting smoking.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on counseling and interventions to prevent tobacco use and tobacco-caused disease. These recommendations are available at http://www.uspreventiveservicestaskforce.org.

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to http://www.uspreventiveservicestaskforce.org.

Providers are expected to document smoking history, including calculating pack years and referring for LDCT scanning if appropriate.

SUMMARY OF THE EVIDENCE FROM THE NATIONAL LUNG SCREENING TRIAL*

Benefits: How did LDCT scans compare with chest x-rays in reducing deaths from lung cancer per 1,000 people screened?

	LDCT	Chest x-ray	
Deaths from lung cancer over 6.5-year followup period	18 in 1,000	21 in 1,000	3 in 1,000 fewer deaths from lung cancer with LDCT
Deaths from all causes over 6.5-year followup period	70 in 1,000	75 in 1,000	5 in 1,000 fewer deaths from all causes with LDCT

*About the NLST: more than 50,000 smokers participated; participants had up to three annual screenings; average followup was 6.5 years.

Harms: What are the harms of screening for lung cancer with LDCT?

	Of 1,000 people screened
Positive (abnormal) results	380
False positives ("false alarms")	356 (about 94%)
Invasive diagnostic procedures (among people with a false positive result)	18
Major complications from invasive diagnostic procedures (e.g., infection, bleeding in lung, collapsed lung)	0.4
Overdiagnosis (diagnosed lung cancer that never would have progressed to cause the patient harm)	
» Estimated at 10–20 percent of lung cancer cases diagnosed with LDCT.	
Radiation exposure (from screening and diagnostic imaging, including cumulative exposure)	
» Harms of repeated exposure to radiation from LDCT and diagnostic imaging, such as causing new cancer, are unknown.	
Comparing sources of radiation exposure with a single LDCT scan:	
Air travel, 10 hours	0.04 mSv
Chest x-ray	0.1 mSv
Screening mammogram	0.4 mSv
LDCT scan	1.4 mSv
Average background radiation in the United States (1 year)	3.0–5.0 mSv
Diagnostic CT	7.0 mSv

mSv = millisievert, a measure of the amount of radiation absorbed by the body.

Annual UM Affirmative Statement

As part of the NCQA requirements (UM4-G}-

The UM department, which includes the Authorization, Utilization Management and Pharmacy Management departments would like to inform you of the following:

- UM Decisions are made only on appropriateness of care and service and service and existence of coverage.
- Contra Costa County and the Health Plan do not specifically reward practitioners or other individuals for issuing denials of coverage.
- There are no financial incentives for UM decision makers to make decisions that result in underutilization.

Providers can request, free of charge, copies of clinical guidelines used for decision-making, through any of the following distribution methods: by Phone, Fax, Email, Internet Access, Mail, or in person.

Contact the CCHP UM Department at:

Phone: (925) 957-7260

Fax: (925) 313-6058

Email: ProviderRelations@cchealth.org

CCHP website: https://cchealth.org/healthplan/providers/

Mail/Location: CCHP Utilization Management Department, 595 Center Avenue, Suite 100, Martinez, CA 94553

When requested services are denied or modified, providers may have an opportunity to discuss the UM decision. Providers are notified (via Notice of Action, Notice of Non-Coverage, etc.) on how to contact reviewer, and when the reviewer is available to discuss the decision.

Criteria of Utilization Management Decisions

The Utilization Management department at Contra Costa Health Plan uses the following Clinical Criteria and Guidelines for all UM decisions:

- State Department of Health Care Services - DHCS (Medi-Cal) Noridian Administrative Services - DMERC Reg D
- Center for Medicare/Medicaid Services (CMS)
- Health Plan established clinical authorization guidelines
- Apollo Guidelines or lnterQual Intensity of Service and Severity Illness Criteria
- Aetna Clinical Policy Bulletins
- Anthem/Blue Cross of California Clinical Utilization Management Guidelines
- United Healthcare Coverage Determination Guidelines
- National Guideline Clearinghouse
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources
- American Academy of Pediatrics
- American Congress of Obstetricians and Gynecologists
- National Institute for Health
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- National Comprehensive Cancer Network

Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Parveen Kaur, MD	Family Medicine	Axis Community Health, Pleasanton
Angie Girard, NP	Family Medicine	LifeLong Medical Care, San Pablo
Priyanka Thapa, NP	Internal Medicine	Axis Community Health, Pleasanton
Nathan Blau, MD	Internal Medicine	La Clinica De La Raza, Pittsburg
Michael Goldrich, MD	Internal Medicine	LifeLong Medical Care, Berkeley
Morgan Gilliland, NP	Internal Medicine	Parham Gharagozlou, MD, Antioch and Concord
Jennifer An, MD	Pediatrics	LifeLong Medical Care, Richmond

Specialty Care Providers

Sanjeev Jain, MD	Allergy & Immunology	Columbia Asthma & Allergy Clinic, LLC, Oakland
Ron Wexler, MD	Cardiovascular Disease	John Muir Physician Network, Pleasant Hill and Walnut Creek
David Anderson, MD	Cardiovascular Disease	La Clinica De La Raza, Concord and Oakland
Malia Honda, MD	Family Planning	Planned Parenthood, Concord
Victoria Yung, MD	Gastroenterology	John Muir Physician Network, Walnut Creek
Yi Zheng, MD	Gastroenterology	Ming Fang MD, Inc., Antioch and Walnut Creek
Heidi Chang, MD	Gynecologic Oncology	BASS - East Bay Gynecological Oncology, Walnut Creek
Walailuk Chaiyarat, MD	Hematology/Oncology	John Muir Physician Network, Conord and Vallejo
Teera Chentanez, MD	Infectious Disease	Epic Care, Pleasant Hill
Hardeep Aulakh, NP	Mid-level - Nephrology	Diablo Nephrology Medical Group, Antioch and Concord
Ehsan Ejaz, PA	Mid-level - Neurological Surgery Assistant	BASS - East Bay Brain and Spine Medical Group, Walnut Creek
Lauren Abrahamson, NP	Mid-level - OB/GYN	BASS Medical Group, Inc., Walnut Creek
Karen Tinder, NP	Mid-level - OB/GYN	John Muir Physician Network, Walnut Creek
Vicki Trevino, PA	Mid-level - Surgery - General	West Coast Surgical Associates Medical Group, Walnut Creek
Elizaveta Delong, PA	Mid-level - Urgent Care	STAT MED Urgent Care, Concord, Dublin, Lafayette, Livermore
Margaret Schmidt, PA	Mid-level - Urgent Care	STAT MED Urgent Care, Concord, Dublin, Lafayette, Livermore
Judith Tinkelenberg, CNM	Midwife	Axis Community Health, Pleasanton
Emily Wolfe-Roubatis, CNM	Midwife	Planned Parenthood, Walnut Creek
Smitha Anam, MD	Nephrology	BASS Medical Group, Inc., Concord
Valerie Curtis, MD	OB/GYN	LifeLong Medical Care, San Pablo
Monique Nguyen, OD	Optometry	La Clinica De La Raza, Concord and Oakland
Victoria Agnost, MD	Pediatric Urgent Care	BayChildren's Physicians - After Hours, San Francisco
David Chow, MD	Physical Medicine and Rehabilitation	California Spine Center, A Professional Medical Corporation, Brentwood and Walnut Creek
Lee Chisholm, DPT	Physical Therapy	Spine and Sports Physical Therapy, Dublin and Livermore
Nicole Larson, DPT	Physical Therapy	Spine and Sports Physical Therapy, Dublin and Livermore

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Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Vanessa Medina, DPT	Physical Therapy	Spine and Sports Physical Therapy, Dublin and Livermore
Christopher Nemes, MD	Psychiatry	Comprehensive Psychiatric Services, San Francisco
Joseph Kenan, MD	Psychiatry	Comprehensive Psychiatric Services, San Francisco
Ripudaman Brar, MD	Psychiatry	Comprehensive Psychiatric Services, Walnut Creek
Leif Skille, MD	Substance Abuse Professional	Comprehensive Psychiatric Services, Fairfield
Ryan Nolan, MD	Surgery - General	Epic Care, Oakland
Jeana Radosevich, MD	Urgent Care	John Muir Physician Network, Berkeley, Brentwood, Concord, Orinda, Pleasanton, San Ramon, Walnut Creek
Pramita Kuruvilla, MD	Urgent Care	John Muir Physician Network, Berkeley, Brentwood, Concord, Orinda, Pleasanton, San Ramon, Walnut Creek
Ammar Qoubaitary, MD	Urgent Care	John Muir Physician Network, San Ramon

Behavior Analysis

Suddha Mukhopadhyay, BCBA	ABA Plus Inc., San Ramon
Grant, Philip, BCBA	Adapt: A Behavioral Collective, San Francisco and Stockton
Claire Gratz, BA	Applied Behavior Consultants, Inc, Walnut Creek
Andrea Nault, BCBA	Autism Intervention Professionals, Dublin
Catherine Fleck, MFT	Autism Intervention Professionals, Dublin
Cynthia Skocypec, BCBA	Autism Intervention Professionals, Dublin
Farrah Golmaryami, PhD	Autism Intervention Professionals, Dublin
Janessa Canilao, BCBA	Autism Intervention Professionals, Dublin
Jeanna Milton, BCBA	Autism Intervention Professionals, Dublin
Jillian Guevara, BCBA	Autism Intervention Professionals, Dublin
Julie Hall, BCBA	Autism Intervention Professionals, Dublin
Julie Klein, BCBA	Autism Intervention Professionals, Dublin
Kiesha Boothe-Calhoun, BCBA	Autism Intervention Professionals, Dublin
Leah Marie Arellano, BCBA	Autism Intervention Professionals, Dublin
Jia Qiu, BCBA	Autism Intervention Professionals, Dublin and Antioch
Gabriela La Torre, BA	Bay Area Behavior Consultants, LLC, Richmond
Maricarmen Sanchez, RBT	Bay Area Behavior Consultants, LLC, Richmond
Ben Zimmerman, MA	Behavior Treatment and Analysis, Inc, Walnut Creek
Erica Garcia, BA	Behavior Treatment and Analysis, Inc, Walnut Creek
Paulette Alonsagay, MS	Behavior Treatment and Analysis, Inc, Walnut Creek
Stanley Lewis, MS	Behavior Treatment and Analysis, Inc, Walnut Creek
Yasin Johnson, M.Ed.	Behavior Treatment and Analysis, Inc, Walnut Creek
Jonathan Ball, MS	Behavioral Health Works, Inc., Hayward
Nicole Abey, MS	Behavioral Health Works, Inc., Hayward
Shivani Patel, MS	Behavioral Health Works, Inc., Hayward
Suyeu Kuo, BA	Behavioral Health Works, Inc., Hayward
Vincent Lee, MS	Behavioral Health Works, Inc., Hayward
Adrianna Moreno, BCBA	Brightlight Behavior Group, LLC, Castro Valley

(continued on page 14

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Nicole McEntire, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Steven Schleicher, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Richard Scott, BCBA	Compass Therapeutic Services, LLC, SAN RAMON
Jenna Aita, M.Ed, RBT	FirstSteps for Kids - Bay Area, Walnut Creek
Kimberly O'Neill, MA, RBT	FirstSteps for Kids - Bay Area, Walnut Creek
Julianna Johnson, BCBA	Gateway Learning Group, Concord
Matthew Ashmore, RBT	Gateway Learning Group, Concord
Moana Slade Ruiz, RBT	Gateway Learning Group, Concord
Nilam Patel, BCBA	Milestones, Walnut Creek
Anne Marie Gjestson, MA	P.L.A.Y. (Psychology, Learning & You), Pleasant Hill
Alicia Saelee, M.Ed.	Positive Pathways LLC, Antioch and San Francisco
Linda Vang, BCBA	Positive Pathways LLC, Antioch and San Francisco

Facilities

Tandem Diabetes Center, Inc.	DME - Insulin Pump	San Diego
Apollo Home Healthcare, LLC	Home Health	Pleasanton
Continuum Care North Bay, LLC	Hospice & Palliative Care	Petaluma
Familytree Medical Transport, LLC	Non-Emergency Medical Transportation	Pinole
Pleasant Hill Post Acute	Skilled Nursing Facility	Pleasant Hill

Mental Health

Lauren Hanley, LCSW	Brighter Beginnings Family Health Clinic, Antioch and Richmond
Crystal Blanton, LCSW	Crystal Blanton, LCSW, Pleasant Hill
Horace Beach, PhD	Horace Beach PhD California Professional Psychology Corporation, Concord
Lauren Carrizosa, NP	LIfeLong Medical Care, Berkeley
Magdalene Wong, MFT	Magdalene Y Wong, MFT, Berkeley and San Pablo
Karen Lottman, LCSW	Northern California Family Center, Martinez and Walnut Creek

The Bulletin Board

Visit our website for resources:

www.cchealth.org/healthplan/providers

CCHP Provider & Pharmacy
CCHP Electronic Provider Directory
CCHP Preferred Drug List (PDL)
CCHP Provider Manual
CCHP Provider Web Portal
Prior Authorization Forms
Clinical and Preventive Guidelines
No Prior Authorization List

Uninsured individuals:
www.cchealth.org/insurance

ccLink PROVIDER PORTAL
Linking you to a Culture of Caring

This free web-based tool allows you to view your patients' records from any computer, at any time. To access the portal, complete the Portal Access Agreement. For a copy of the agreement go to our website at www.cchealth.org

1. Click on Health Plan
2. Select for Providers
3. Select Forms & Resources
4. Click on the ccLink Logo
5. Click on the pdf file ccLink Provider Portal Access Agreement and Attachment A

Our URAC accredited Advice Nurse Unit is available for our members 24 hours a day, 7 days a week including holidays. Members can call The Advice Nurse Unit at 1 (877) 661-6230 Option 1.

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

Providers needing help with interpreter services or needing help with arranging face to face American Sign Language interpretation services may call

(877) 800-7423 option 4.

HOLIDAYS OBSERVED BY CCHP

November 28, 2019	Thanksgiving Day
November 29, 2019	Day After Thanksgiving
December 25, 2019	Christmas
January 1, 2020	New Year's Day

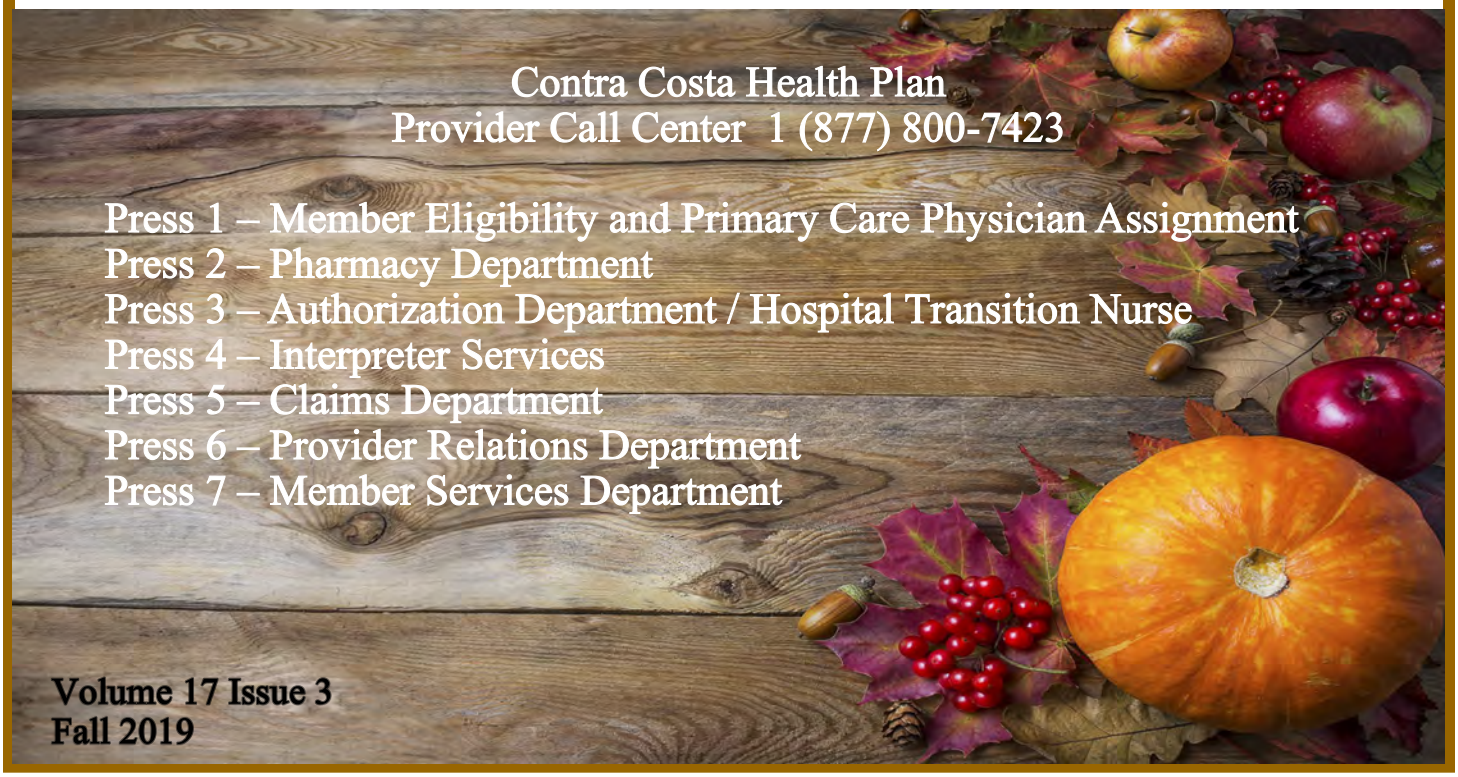
CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring for 45 Years

595 Center Ave. Suite 100
Martinez, CA 94553

Phone: (925) 313-9500 Fax: (925) 646-9907
E-mail: ProviderRelations@cchealth.org
Website: www.cchealth.org

Provider Relations, Contracts Management & Credentialing Staff Contact Information

Terri Lieder, MPA, CPCS, CPMSM	Director of Provider Relations	(925) 313-9501	Terri.Lieder@cchealth.org
Stephanie Fullerton, BS, MHA	Provider Issues/Network Management	(925) 313-9512	Stephanie.Fullerton@cchealth.org
Ronda Arends, BA	Credentialing Supervisor	(925) 313-9522	Ronda.Arends@cchealth.org
Patricia Cline, BA	Contracts Supervisor	(925) 313-9532	Patricia.Cline@cchealth.org



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