



The Contra Costa Health Plan Provider Bulletin

Proposition 56 Directed Payments for Physician Services Extended

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) increased the excise tax rate on cigarettes and tobacco products for purposes of funding specified expenditures, including funding for existing programs administered by the Department of Health Care Services (DHCS).

Contra Costa Health Plan (CCHP) is pleased to inform you that we have received approval to distribute directed payments from Proposition 56 appropriated funds for physician services for state fiscal year 2018-2019. Eligible network providers who are qualified to provide and bill for the CPT codes specified in the table below will receive the associated supplemental payment identified in addition to other payments that eligible network providers normally receive from the State in Fee For Service (FFS) and Medi-Cal Managed Care Plans (MCPs). Federally Qualified Health Centers, Rural Health Clinics and American Indian Health Programs and Cost Based Reimbursement Clinics are not eligible network providers. A qualifying service is one provided by an eligible network provider where a specified service is provided to a member enrolled in a MCP, who is not dually eligible for Medi-Cal and Medicare Part B.

The supplemental payment amounts are fixed amounts to be paid per claim. The supplemental payments are for new and established office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services as identified by the CPT codes below:

CPT	Description	Directed Payment
99201	Office/Outpatient Visit New	\$18
99202	Office/Outpatient Visit New	\$35
99203	Office/Outpatient Visit New	\$43
99204	Office/Outpatient Visit New	\$83
99205	Office/Outpatient Visit New	\$107
99211	Office/Outpatient Visit Est	\$10
99212	Office/Outpatient Visit Est	\$23
99213	Office/Outpatient Visit Est	\$44
99214	Office/Outpatient Visit Est	\$62
99215	Office/Outpatient Visit Est	\$76
90791	Psychiatric Diagnostic Eval	\$35
90792	Psychiatric Diagnostic Eval with Medical Services	\$35
99381	Office/Outpatient Preventive New	\$77
99382	Office/Outpatient Preventive New	\$80
99383	Office/Outpatient Preventive New	\$77
99384	Office/Outpatient Preventive New	\$83
99385		\$30
99391	Office/Outpatient Preventive Est	\$75
99392	Office/Outpatient Preventive Est	\$79
99393	Office/Outpatient Preventive Est	\$72
99394	Office/Outpatient Preventive Est	\$72
99395	Office/Outpatient Preventive Est	\$27
90863	Pharmacologic Management	\$5

CCHP will begin distributing payments quarterly. The payment covers services provided between July 1, 2018 and June 30, 2019. If the payment amounts were not what you expected, you can file a Provider Dispute. The Provider Dispute form is located on our website at www.cchealth.org/healthplan/for providers.

Contact Provider Relations at 925-313-9500 or by e-mail at ProviderRelations@cchealth.org with any questions.

Electronic Claims Submission

Tired of billing claims on paper? Let's go electronic! Electronic Data Interchange (EDI), the computer-to-computer exchange of business documents, is the fastest most efficient way to submit claims. The benefits of EDI include not only reduced costs and improved accuracy, but when set up electronically you can also receive funds through electronic funds transfer (EFT) which will greatly decrease payment time and increase cashflow. CCHP is ready to update our Claims process by assisting providers to submit claims electronically. If you are interested in getting connected for EDI claims submission, please contact Rosulo Donida by e-mail at Rosulo.Donida@cchealth.org

Providers will need to use one of the following clearinghouses for claims submittal to participate in EDI.

- Claim Remedi now eSolutions
- ClaimSource now OS Health
- Relay Health now Change Healthcare includes Trizetto
- SSI Group is direct connect
- Turbo TAR
- ZirMed - Includes Navicare combined now Waystar

If you are unable to participate, CCHP would like to understand the reason so we can consider other options to assist you. Please contact Rosulo by e-mail with your response at the e-mail address listed above.

CMS 1500 Form

Contra Costa Health Plan's (CCHP) Claims Department has noted many providers and vendors are billing CCHP using a black-ink version of the CMS 1500 form. These forms are not acceptable, as they cannot be scanned accurately by our vendor. When submitting claims, please use the **red-ink version** of the CMS 1500 form (Health Insurance Claim Form dated 02-12), which can be purchased online at various websites. A link to a sample of the red ink version of the form is below. Continued use of the black-ink forms will not be accepted after May 1, 2019.

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>

Thank you for your cooperation.

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Consent Form Requirement

The Department of Health Care Services (DHCS) **REQUIRES** a consent form PM330 for any of the sterilization procedures listed below:

55250, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700, 58720, A4264

A completed consent form must accompany all claims for sterilization services. The requirement extends to all providers, attending physicians or surgeons, assistant surgeons, anesthesiologists and facilities. However, only claims directly related to the sterilization surgery require consent documentation.

Any claim submitted without the PM330 form will be denied for missing the required documentation.

For further instructions & Medi-Cal guidelines please visit:

<http://www.medi-cal.ca.gov>

Sample PM330 Form

State of California -- Health and Human Services Agency
Department of Health Services

**CONSENT FORM
PM 330**

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from (1) _____ (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) _____ (Name of procedure). The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on (3) _____ Mo / Day / Yr.

I, (4) _____ Last, First, M.I. hereby consent of my own free will to be sterilized by (5) _____ (Doctor's Name) by a method called (6) _____ (Name of procedure). My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ Signature of individual to be sterilized Date: (8) _____ Mo / Day / Yr

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9) _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ Signature of Interpreter Date: (11) _____ Mo / Day / Yr

PM 330 (1/99)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before (12) _____ (Name of individual to be sterilized) signed the consent form, I explained to him/her the nature of the sterilization operation (13) _____ (Name of procedure) the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ Signature of person obtaining consent Date: (15) _____ Mo / Day / Yr

(16) _____ Name of Facility where patient was counseled

(17) _____ Address of Facility where patient was counseled City State Zip Code

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon (18) _____ (Name of individual to be sterilized) on (19) _____ Mo / Day / Yr (Date of Sterilization), I explained to him/her the nature of the sterilization operation (20) _____ (Name of procedure) the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.)

(21) (1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(22) (2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested)

(23) A ☐ Premature delivery date: (24) _____ Mo / Day / Yr Individual's expected date of delivery: (25) _____ Mo / Day / Yr (Must be 30 days from date of patient's signature).

(26) B ☐ Emergency abdominal surgery; describe circumstances: _____

(27) _____ Signature of Physician performing surgery Date: (28) _____ Mo / Day / Yr

Pharmacy and Therapeutics Committee News

The CCHP P&T committee met virtually on 3/12/2019. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-April 2019****

Updates/Announcements:

- a. DUR Board Activities: pursuant to APL 17-008 (Requirement to Participate in the Medi-Cal Drug Utilization Review (DUR) Program), CCHP is now participating in the state DUR program. As such, the CCHP P&T committee will be reviewing retrospective and prospective DUR criteria and will be making recommendations to change pharmacy programming as necessary. Additionally, in response to recommendations made by the state DUR board, CCHP will be notifying providers of certain DUR educational bulletins via the CCHP website, available under the "DUR Board" header via the following link:

<http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

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):

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Transderm Scop (scopolamine) patch
Modified PA criteria:	Kapvay (clonidine ER) tablets Baraclude (entecavir) 0.5mg tablets
Added to the CCHP formulary:	Adalat CC (nifedipine ER) Zyban (bupropion SR) Protopic (tacrolimus) 0.03% and 0.1% ointment

- **Creation of new criteria for Transderm Scop (scopolamine) patches for chemotherapy-induced nausea:**
 - Criteria for Transderm Scop patches for chemotherapy-induced nausea will require a trial and failure or inability to use at least 3 preferred formulary medications such as ondansetron, metoclopramide, lorazepam or dexamethasone.
- **Modification of criteria for Kapvay (clonidine ER):**
 - Criteria for Kapvay will now include a trial and failure, intolerance or relative contraindication to clonidine ER OR guanfacine ER.
- **Modification of criteria for Baraclude (entecavir):**
 - CCHP previously required entecavir 1mg tablets to be split in half to obtain the 0.5mg dose. Tablet splitting will no longer be required; the same criteria will apply to the 0.5mg & 1mg doses.
- **Addition of Adalat CC (nifedipine ER) to the formulary:**
 - All strengths have been added to the CCHP formulary as tier 1 preferred agents.
- **Addition of Zyban (bupropion SR) to the formulary:**
 - Zyban 150mg tablets have been added to the formulary as a tier 1 preferred agent.
- **Addition of Protopic (tacrolimus) ointment to the formulary with a quantity limit of 30gm per 30 days:**
 - Both the 0.03% and 0.1% strengths have been added to the CCHP formulary as tier 2 preferred agents with a quantity limit of 30 grams per 30 days.

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>



Pharmacy and Therapeutics Committee News

- **EPOCRATES – free mobile & online formulary resource**



- CCHP providers may add the CCHP formulary to their mobile devices using the following steps:
 - Go to www.epocrates.com and click on "My Account" in the top right.
 - Sign in with your Epocrates username and password, if needed.
 - Click on "Edit Formularies."
 - Follow the on screen instructions to select and download formularies or to remove formularies (plan name in Epocrates is Contra Costa Health Plan).
 - Update your device, and the formularies on your mobile device will be changed accordingly.

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>

Are you potentially being underpaid by CCHP for physician-administered drugs?

Internal audits of CCHP pharmacy/medical claims data have revealed that many providers' offices are requesting J-Codes incorrectly through the prior authorization (PA) Process.

What is a J-Code?

- J-codes are level II HCPCS (Healthcare Common Procedure Coding System) codes used to report injectable drugs that ordinarily cannot be self-administered. For purposes of this article, the term 'J-code' will refer to all level II HCPCS codes for injectable medication (including J, Q, S, and T codes).
- In simple terms, J-codes are billing codes used by providers' offices to get reimbursed for physician-administered drugs.
- J-codes are 5 digit alphanumeric codes that are formatted as JXXXX, and ALWAYS designate a specific drug AND a unit of measure (JXXXX = xx mg).
- Examples: J1644 (heparin per 1000 units), J0696 (ceftriaxone per 250mg), J7323 (hyaluronic acid per dose), J1100 (dexamethasone per 1mg).

What is the problem?

- CCHP has noticed that office staff that are submitting prior authorization requests to the plan are requesting the incorrect number of J-code units most of the time.
- CCHP is hoping to educate office staff regarding J-codes, with the expectation that at a date in the near future, J-code prior authorization requests will be required to be completed accurately, or they will be denied by the plan. In other words, the number of J-code units on all requests MUST be calculated correctly by office staff in order to be processed and approved by the plan.

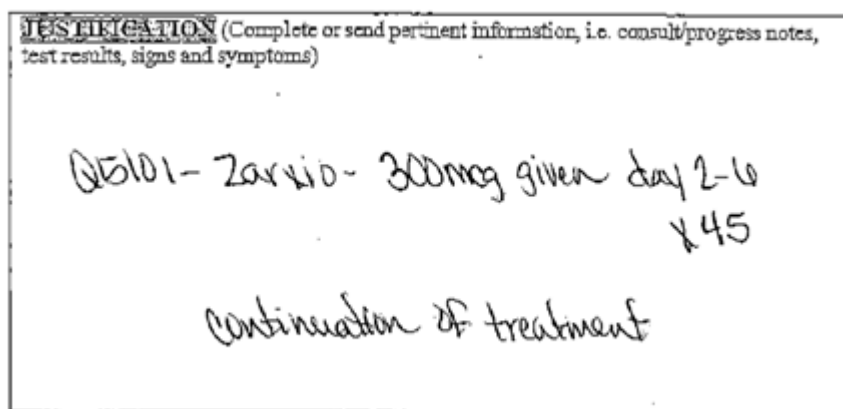
CCHP is going to sponsor a number of J-code educational webinars in the upcoming months with the following learning objectives:

- Understand the CCHP prior authorization (PA) workflow for J-codes.
- Describe the importance of submitting correct J-code data on prior authorization requests.
- Properly calculate the number of J-code units required to fulfill an order.
- Properly complete the CCHP J-code prior authorization form, including the correct # of J-code units.

Pharmacy and Therapeutics Committee News

Below is a sneak-peak at some of the content from the upcoming webinars:

- We will look at a number of real examples of incorrectly submitted J-code authorization requests such as the example below, and will discuss how to correct them.



- We will also look at some simple ways to improve J-code submissions, including educating office staff on how to correctly calculate the proper number of J-code units – some simple J-code formulas are below:

For single doses:

$$\frac{\text{Requested Dose}}{\text{J code dose}} = \# \text{ of J-code units needed}$$

For multiple doses, multiple days:

$$\frac{\text{Requested Dose}}{\text{J code dose}} \times \# \text{ of doses or days} = \# \text{ of J-code units needed}$$

CCHP will be sponsoring a number of J-code educational webinars over the next few weeks. Flyers/invitations will be sent to offices shortly. Please contact Delaina Gillaspy at delaina.gillaspy@cchealth.org for more details or to sign-up for a webinar!



Opioid Pilot Program

Contra Costa Health Plan (CCHP) recently implemented an opioid pilot program called Foot Steps, that assists members to transition from Opioids to Buprenorphine or Buprenorphine/Naloxone to manage chronic pain. This program is a collaboration with Community Provider Network (CPN) Specialty group Integrated Pain Management (IPM). It is open to all members who qualify.

Members must be referred to the program by their Primary Care Provider (PCP). The program is suited for patients currently taking >120 morphine milligram equivalents (MME) per day. Patients are transitioned from opioid medications to Buprenorphine or Buprenorphine/Naloxone for chronic pain management. The program is a ten (10) week opioid transition program, although some patients are able to graduate early. The program is one (1) day per week, six (6) hours per day with a half (1/2) hour lunch. Using a multidisciplinary team and cognitive behavioral therapy techniques, in an interactive format, patients are taught alternative techniques for managing pain. Progress reports are provided to the PCP and the CCHP Medical Director at the midsession mark five (5) sessions and at the end of program. The patient is returned to the PCP after the program is completed. The Pain Registry and providers are notified when the member requests a refill for > 120 MME by the CCHP Pharmacy Unit, which will identify members who may be potential participants.

PROCESS:

- 1) PCP to send in Prior Authorization request to CCHP.
- 2) CCHP Medical Director to review Prior Authorization request.
- 3) CCHP will authorize participation based on Pharmacy criteria (Pain Registry). Authorization letter will be mailed to the patient with copies to IPM and PCP.
- 4) IPM will provide an evaluation and treatment plan.
- 6) IPM submits five (5) week progress report to PCP and CCHP Medical Director.
- 7) Patient completes program - End of treatment report to PCP and CCHP Medical Director.

For questions about the Opioid Pilot Program, please contact IPM Foot Steps Program Coordinator Tatiana Hernandez, CCA at (925) 482-8151, or e-mail thernandez@ipmdoctors.com or footstepswc@ipmdoctors.com



Tobacco Prevention and Cessation Services for Medi-Cal Members

Tobacco use is the leading preventable cause of death in the United States and Medi-Cal beneficiaries have a higher prevalence of tobacco use than the general California population. Tobacco cessation services have been demonstrated to be both clinically and cost effective. Smoking prevention or cessation interventions provided by Primary Care Providers (PCPs) and Obstetricians/Gynecologists (OB/GYNs) are **required** by the California Department of Health Care Services (DHCS). The current recommendations are:

- PCP's should continue to complete the Staying Healthy Assessment (SHA) questionnaire for all new members within one hundred and twenty (120) days of enrollment and annually for all existing Medi-Cal members. The SHA includes a question about smoking status. CCHP reimburses providers \$12.12 for completing the SHA. Bill using CPT code **99212 SH**.
- Ask tobacco users about their current tobacco use and document in their medical record at every visit.
- DHCS and CCHP recommend providers or other office staff to use the "5 A's" (Ask, Advise, Assess, Assist, and Arrange), the "5 R's" (Relevance, Risks, Rewards, Roadblocks, Repetition), or other validated behavior change models when counseling beneficiaries.
- Ask all pregnant members if they use tobacco or are exposed to tobacco smoke. Offer all pregnant members who use tobacco at least one (1) face to face tobacco cessation counseling session per quit attempt. Refer to the tobacco cessation guidelines by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy.
- CCHP covers eight (8) smoking cessation counseling sessions of at least ten (10) minutes per session for all members who use tobacco. Please bill using CPT codes **99406 (ten minutes)** or **99407 (greater than ten minutes)**. All pregnant members who use tobacco should receive counseling services as well.
- Providers should provide interventions like education and counseling to prevent initiation of tobacco use in school-age and adolescent members.

Medications

Contra Costa Health Plan (CCHP) no longer requires a prior authorization for the following tobacco cessation medications for non-pregnant adults of any age: Bupropion, Varenicline, Nicotine gum, Nicotine patch and Nicotine lozenge. **The only products that require authorization are the Nicotine inhaler and the Nicotine nasal spray.**

Smoking Cessation Medications			
Brand Name	Generic Name	Formulary Tier	Restrictions
Chantix	varenicline	T2	QL 2 tablets/day, DL 6 months per year
Nicoderm CQ	nicotine patch	T2	QL 1 patch/day, DL 6 months per year
Nicorette Gum	nicotine gum	T2	QL 340 pieces/month, DL 6 months per year
Nicorette Lozenge	nicotine lozenge	T2	QL 340 lozenges/month, DL 6 months per year
Nicotrol Inhaler	nicotine inhaler	T3	PA required; must try preferred formulary agents
Nicotrol Nasal Spray	nicotine nasal spray	T3	PA required; must try preferred formulary agents
Zyban	bupropion	T2	QL 2 tablets/day, DL 6 months per year
QL=quantity limit, DL=duration limit, PA=prior authorization			

- CCHP provides a ninety (90) - day treatment regimen of medications without other requirements, restrictions or barriers. No proof of counseling necessary to obtain tobacco cessation medications.
- Free telephone counseling is available at California Smoker's Helpline **1-800-NO-BUTTS** (English), **1-800-456-6386** (Spanish), **1-800-838-8917** (Chinese). For other languages go to www.nobutts.org. We encourage providers to keep track of members referred to the helpline.
- CCHP encourages providers to use the United States Public Health Service (USPHS) recommendations "Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update."
- Extensive Provider Training resources are available on our website at cchealth.org/healthplan/providertraining

Interactive No Prior Authorization List and E-Fax Numbers

Great News! Contra Costa Health Plan (CCHP) is pleased to inform you that we have made several changes to our Prior Authorization process in our Utilization Management (UM) Department. These changes are designed to ease your work load and allow our members to obtain medical services more quickly, thereby avoiding emergency visits and inpatient stays. The number of Prior Authorization requests for specialty services are now significantly reduced, and your claims will be processed faster.

Major Changes Include:

- Expanding our **No Authorization Required** list from 6000 to approximately 9000 medical services. This list is posted for your use on our website here:

<https://cchealth.org/healthplan/providers>

Providers can search this list by CPT codes. This list will be evolving, and you will need to check periodically for updated versions. A date stamp is included in the search function, so if there is a discrepancy in the current **No Auth List**, we will know what date and version was searched. Please note: The **No Authorization** list was expanded effective for Dates of Service after December 1, 2018. All services requiring authorization prior to December 1, 2018 that now are on the **No Authorization** list will **not** have the prior authorization requirement removed for Dates of Service prior to December 1, 2018. **The No Authorization** list is subject to change at CCHP's discretion. It is the provider's responsibility to obtain any required authorization prior to rendering services.

• PCP Referral to a Specialist expanded to:

One (1) consultation within ninety (90) days of the initial referral and six (6) follow-up visits within one year of the initial referral.

New Community Primary Care Provider Referral forms (HP 200-7) will be printed and mailed by request. Contact Provider Relations at ProviderRelations@cchealth.org or by phone at 925-313-9500.

- **New e-fax system.** This will increase efficiency in receiving and processing prior authorization requests. Prior Authorization requests should be submitted to CCHP Authorizations Unit by eFax using Procedure/Services Prior Authorization Request Form (PA001). **Please submit one referral at a time to prevent errors or missed referrals.**

Authorization eFax Numbers:

- ♦ Prior Authorizations/Outpatient/Routine – 925-313-6058
 - ♦ Urgent/Additional Information – 925-313-6458
 - ♦ Inpatient (Hospital)/Face sheet – 925-313-6645
 - ♦ Appeals – 925-313-6464
 - ♦ Mental Health – 925-313-6196
 - ♦ Specialty (CPAP) – 925-313-6069
- **Authorization Phone Changes**
 - ☎ Provider calls answered from 11 AM to 5 PM Monday through Friday
 - ☎ Prior to 11 AM calls go directly to voicemail
 - ☎ Voicemail calls are returned within 24 hours.

For questions, please contact our Provider Liaisons at (925) 313-9527, or e-mail ProviderRelations@cchealth.org.

The screenshot shows the Contra Costa Health Plan logo at the top. Below it, there is a search interface with a text input field labeled "CPT code:" and a "Search" button. A yellow banner below the search field says "Please enter a CPT code." At the bottom, there is a small note: "Note: Benefit Restrictions and Exceptions Apply", "Access Date: 4/5/2019", and "Version 1. - 02/26/19 - DWP".

Case Management Program

Contra Costa Health Plan's (CCHP) Case Management Program was created to provide outreach and case management services for clients that over/under utilize services or have difficulty adhering to a treatment plan. Our goal is to promote quality collaborative standards of care through increased coordination of services, decreased fragmentation of care, efficient utilization of resources, and patient/family involvement and satisfaction.

What is the CM Program?

A diverse staff representing a wide spectrum of professional backgrounds round out the CM Program team. Combining skills in psychology, registered nursing, clinical social work, and health education, our team works closely together with the client, family and primary care provider to achieve the highest positive health outcomes for each individual.

Who are our clients?

Our clients are CCHP members who meet one or more of the following criteria:

- Medical non-adherence (e.g. frequent missed appointments, misuse of medications, poor dietary practices)
- High utilization of Emergency Room services
- Frequent hospital admissions
- Readmissions (<30 days after discharge) for ambulatory care sensitive conditions (e.g. diabetes, asthma, congestive heart failure, hypertension)
- Social Determinants of Health negatively impacting health
- Cognitive changes as evidenced by significant fluctuations in memory, mood, personality or behavior by the geriatric client
- Unstable medical conditions warranting closer monitoring
- Self-care deficits requiring one-on-one or group health education to promote well-being

How do I refer?

Simply complete the referral form and fax it to the CM Unit at 925-313-6284. Telephone referrals can also be made by calling 925-313-6887. Leave a message including times you may be reached and someone will return your call promptly.

Referral forms can be found on our website at cchealth.org/healthplan or in the Provider Relations appendix C.

Helpful Tips

In order to expedite referrals to Case Management and avoid unnecessary delays and the following “helpful tips” are offered:

- Fill out the referral form completely.
- Call the CM Unit at 925-313-6887 if you have any questions about the appropriateness of a referral.
- Provide the CM Unit with detailed information about your referred patients and your primary concerns.
- Avoid referring a patient who requires immediate intervention (e.g. same day home visit.)



New Guidelines for CCHP's Interpreter Services

Contra Costa Health Plan (CCHP) has recently updated the Language Interpretive Services guidelines as noted below. These services are for Contra Costa Health Plan's contracted community providers **ONLY**, excluding hospitals & skilled nursing facilities (SNF). Hospitals and SNF's please use your own contracted vendor for interpreters.

1. FAST AND CONVENIENT INTERPRETATION SERVICE OVER THE PHONE:

Available for all routine office visits, appointment scheduling, urgent care, labs, health education, pharmacy, etc. Offices can use any phone with a speaker.

DIAL: 1 (866) 874-3972

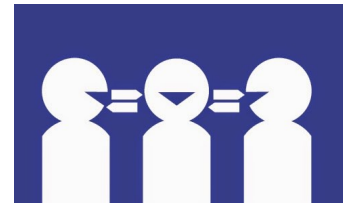
PROVIDE: your 6-digit Client ID **298935**

INDICATE: the language you need or press

- 1 for Spanish
- 2 for all other languages and state the name of the language you need
- 0 for assistance if you don't know what language you need

PROVIDE: Additional information:

- Patient Name
- Patient Date of Birth
- Contra Costa Health Plan Member ID
- Doctor Name
- Doctor Phone Number



CONNECT: to an interpreter, document his/her name and ID number in patient's chart for reference. Summarize what you wish to accomplish and give any special instructions.

When calling or receiving a call from a patient who needs language services: Use the conference feature on your phone to make a 3-way call and follow the instructions above to connect to an interpreter.

2. In Person/Face to Face Interpretation Guidelines: *We require five (5) full business days advance notice*

CPN providers can only ask for in-person or face to face interpretation services for:

- ASL (American Sign Language) for deaf or hard of hearing
- End of life issues
- Sexual assault/abuse issues
- Life threatening diagnosis like: anaphylaxis, cancer, chemotherapy, transplants
- Surgical procedure consent
- Initial physical therapy evaluation
- Complex behavioral health appointments

To arrange for In Person/Face to Face Interpreter Services call **1-877-800-7423 Press 4**. This calls Member Services during the day and Advice Unit after 5 p.m. They gather the information needed and if you meet the criteria listed above, we will make arrangements with our vendor Fluent Language Solutions for the service. This information is also available on-line at cchealth.org/healthplan/provider-interpretation.php in the Provider Manual Section 11. If you have any questions, please contact Cultural & Linguistic Services at 925-313-6063.

Early and Periodic Screening, Diagnostic and Treatment

Contra Costa Health Plan is committed to ensuring that all Medi-Cal and low income children under 21 have the proper utilization of pediatric measures (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. Along with you we believe it is in the best interest of the health of our future adults that we get the screening for any diseases early on in childhood. Our experiences in working with pediatricians in our community supports that the services below lead to a healthy adult and a healthy community.

- A comprehensive health and developmental history.
- A comprehensive unclothed physical examination.
- Appropriate immunizations according to age and health history.
- Laboratory tests, including blood lead level assessments, appropriate for age and risk factors.
- Health education, including anticipatory guidance.
- Vision screening.
- Hearing screening.
- Dental screening.

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the EPSDT benefit, in partnership with states, and uses the annual reports to evaluate the benefit's effectiveness in meeting the health care needs of Medicaid eligible children. The report also is used to provide data to the Congress and the public on the use of health care services by Medicaid children. These screenings are supported by the guidelines for well child care by the American Academy of Pediatrics nationally. Also we will be working with the Alameda-Contra Costa Medical Association to further support these guidelines for ensuring a pediatric population of healthy kids in our community.

CCHP is on an aggressive campaign to work with providers, schools and the community at large to ensure every child gets these screenings. We will be working with our providers by offering training by our Community Liaisons at our quarterly community provider meetings and through WebEx trainings. It is critical for us to ensure that our pediatric population of approximately 80,000 members get these pediatric screening now.

Currently, our community is at 49.3% of utilization for the pediatric services. Over the next 3 years we want to increase the utilization to 89.3% of children accessing the screenings. CCHP is excited to have a strong partnership as we work together diligently with our providers, schools and community to meet these important utilization goals. Our staff will be reaching out to you for these worthwhile health goals and to deepen our partnerships in the community.

Fraud, Waste and Abuse

On an annual basis, CCHP is required to notify all contracted providers of the Fraud, Waste and Abuse training requirements. The Centers for Medicare and Medicaid Services (CMS) requirements for Fraud, Waste and Abuse (FWA) training for all contracted entities became effective January 1, 2009. The requirements can be found in 42 C.F.R. 422.503 (b) (4) (VI) and 42 C.F.R. 423.504 (b) (4) (VI). Accordingly, Contra Costa Health Plan (CCHP) is providing you a copy of training materials you can use to conduct FWA training to satisfy these federal requirements.

A copy of the training materials is included in our provider manual appendix H and on our website located at www.contracostahealthplan.org, under For Providers-Provider Manual-Appendix H. A hard copy of the material can be mailed upon request by calling Provider Relations at 925-313-9500 or by e-mail to ProviderRelations@hsd.cccounty.us.

CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. A provider or downstream contractor may submit a potential or suspected FWA case directly to the CCHP Provider Relations Unit or CCHP Director of Compliance. Submissions may also be made in the suggestion box located in Suite 100, 595 Center Avenue, Martinez. Furthermore, FWA may also be reported to the Office of Inspector General at: 800-HHSTips or for cases involving Medicare prescription drugs, to the Health Integrity unit at: 877-7 SafeRx. (Any such report should always contain a complete description of the incident with a reminder to staff that confidentiality of the individual reporting the fraud will be maintained.)



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Jenny Quan, PA	Family Medicine	BASS- Diablo Valley Specialist in Internal Medicine, Brentwood and Concord
Erica Lipschultz, NP	Family Medicine	Brighter Beginnings Family Health Clinic, Richmond and Antioch
Edward Tilghman, NP	Family Medicine	Lifelong Medical Care, Berkeley
Jessica Stanton, MD	Family Medicine	Lifelong Medical Care, Berkeley
Liliana Teves Sierra, NP	Family Medicine	Lifelong Medical Care, Berkeley
Lynmarie Knight, NP	Family Medicine	Lifelong Medical Care, Berkeley
Nelson Britta, PA	Family Medicine	Lifelong Medical Care, Berkeley
Sara Woolf, MD	Family Medicine	Lifelong Medical Care, Berkeley
Wendy Peterson, NP	Family Medicine	Lifelong Medical Care, Berkeley
Kimberly Duir, MD	Family Medicine	Lifelong Medical Care, Oakland
Jeffrey Chubb, NP	Family Medicine	Lifelong Medical Care, San Pablo
Britta Nelson, PA	Internal Medicine	Lifelong Medical Care, Berkeley
Christine Salera, NP	Internal Medicine	Lifelong Medical Care, San Pablo
Melody Brewer, MD	Internal Medicine / Pulmonary Disease	Springhill Medical Group, Pittsburg and Brentwood
Barsam Gharagozlou, MD	Pediatrician	Barsam Gharagozlou, MD, Pittsburg
Mary Gabrielson, NP	Pediatrician	Brighter Beginnings Family Health Clinic, Richmond and Antioch
Andrea Gray, MD	Pediatrician	Lifelong Medical Care, San Pablo



Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Julie Ginsburg, L.AC.	Acupuncture	Integrated Pain Management, Walnut Creek
Dennis Hatch, DC	Chiropractic Medicine	Ramos & Hatch Chiropractic, Inc., Antioch
James Dietrick, DC	Chiropractor	James Dietrick, DC, Antioch
Fernando Antelo, MD	Dermatopathology	WoundMD, Glendale
Praveena Kumar, RD	Dietician	Lifelong Medical Care, Berkeley and Oakland
Annie DiRocco, RD	Dietician	Lifelong Medical Care, Berkeley and San Pablo
Shokoufeh Dianat, DO	Family Planning	Planned Parenthood, San Francisco and Walnut Creek
Jennifer Karlin, MD	Family Planning	Planned Parenthood, Walnut Creek
Sudhathi Chichili, MD	Hematology/Oncology	Epic Care, Pleasant Hill
Genessa Panoringan, NP	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area Inc., Brentwood and Walnut Creek
Heidi Heal, PA	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area Inc., Pleasanton and San Ramon
Isabel Clop, NP	Mid-Level Family Planning	Axis Community Health, Pleasanton
Alana Smith-Heimer, PA	Mid-Level Family Planning	Planned Parenthood, Concord
Mary Fessel, NP	Mid-Level Family Planning	Planned Parenthood, Concord
Christine Natan, NP	Mid-Level Family Planning	Planned Parenthood, Concord and San Francisco
Elizabeth Ewing, NP	Mid-Level Family Planning	Planned Parenthood, El Cerrito
Jennifer Fox, NP	Mid-Level Family Planning	Planned Parenthood, San Ramon
Lynde Rouche, PA	Mid-Level Nephrology	Diablo Nephrology Medical Group, Concord
Melissa Clark, NP	Mid-Level Nephrology	Diablo Nephrology Medical Group, Concord
Hope Rubin, PA	Mid-Level OB/GYN	Bay Area Surgical Specialists, Walnut Creek
Rachel Robertson, PA	Mid-Level Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek and San Ramon
Susan Fochler, PA	Mid-Level Urgent Care	STAT Med Urgent Care, Lafayette, Concord and
Debra Goettsch, PS	Mid-Level Urgent Care	STAT Med Urgent Care, Lafayette, Concord and
Maureen McGhee, PA	Mid-Level Urgent Care	STAT Med Urgent Care, Lafayette, Concord and
Connie Amorde, PA	Mid-Level Urgent Care	STAT Med Urgent Care, Lafayette, Concord, Dublin and Livermore
Nicole Sata, CNM	Midwife	Lifelong Medical Care, Berkeley
Tiffany Lundeen, CNM	Midwife	Lifelong Medical Care, San Pablo
Kristin Richman, CNM	Midwife	Planned Parenthood, Concord
Rebecca Menashe, CNM	Midwife	Planned Parenthood, Richmond
Manasi Bapat, MD	Nephrology	East Bay Nephrology Medical Group, Inc., Berkeley and Vallejo
Norman Lamberty, MD	OB/GYN	Brighter Beginnings Family Health Clinic, Antioch and Richmond

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Klaus Schmidt, OT	Occupational Therapy	VibrantCare Outpatient Rehabilitation of California, Inc., Fairfield
Chirag Patel, MD	Ophthalmology	Turner Eye Institute, Concord
Kathy Alcid, OD	Optometry	Turner Eye Institute, Concord
Payal Bavishi, OD	Optometry	Walnut Creek Optometry, Walnut Creek
Adam Warren, MD	Orthopaedics/ Surgery Orthopaedic	Adam Warren, MD, Inc., Oakland
Andrew Maxwell, MD	Pediatric Cardiology	Andrew Maxwell, MD, Pleasanton and Brentwood
Hyun Woo Kim, DPT	Physical Therapy	Muir Orthopaedic Specialists, Walnut Creek
Marjorie Bautista, PT	Physical Therapy	Spine and Sports Physical Therapy, Concord and Dublin
Eric Garcia, DPT	Physical Therapy	VibrantCare Outpatient Rehabilitation of California, Inc., San Ramon
Jenny Yu, DPM	Podiatry	Bay Area Podiatry Group, San Leandro
Manjari Nathan, MD	Pulmonary Disease	BASS - Respiratory Medical Group, Walnut Creek and Oakland
Rafael Diaz Flores, MD	Surgery - General	Bay Area Surgical Specialists, Walnut Creek
Swapna Ghanta, MD	Surgery - General	Bay Area Surgical Specialist, Walnut Creek and Antioch
Joel Beck, MD	Surgery - Transgender	Beck, Joel, MD, Foster City
Katrina Pratcher, NP	Telemedicine - Mental Health	MedZed Physician Services, Culver City

Behavior Analysis

Stefanie Kronenfeld, BCBA	A Behavioral Health Cooperative, San Pablo
David Barnett, BCBA	Animate Behavior, LLC, Emeryville
Christina Ramos, BCBA	Applied Behavior Consultants, Walnut Creek
Jo Allan Castada, MS, RBT	Bay Area Behavior Consultants, Richmond
Alejandro Trujillo, BA	Behavior Treatment and Analysis. Walnut Creek
Carmen Alvarez Mendoza, MS	Behavior Treatment and Analysis. Walnut Creek
Deidra Flanagan-Fisher, MA	Behavior Treatment and Analysis. Walnut Creek
Denicia Coleman, MA	Behavior Treatment and Analysis. Walnut Creek
Derrick Evans, BA	Behavior Treatment and Analysis. Walnut Creek
Devon McCrory, BA	Behavior Treatment and Analysis. Walnut Creek
Forest Novak, BA	Behavior Treatment and Analysis. Walnut Creek
Gita Shah, MA	Behavior Treatment and Analysis. Walnut Creek
Kamilah Bell, BA	Behavior Treatment and Analysis. Walnut Creek
Luz Barker, BA	Behavior Treatment and Analysis. Walnut Creek
Neila Hansel, MS	Behavior Treatment and Analysis. Walnut Creek
Noelani Padilla, BA	Behavior Treatment and Analysis. Walnut Creek
Randee Dillard, BA	Behavior Treatment and Analysis. Walnut Creek
Tosha Owens, BA	Behavior Treatment and Analysis. Walnut Creek

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Adrianna Moreno, BCBA	Brightlight Behavior Group, LLC, Castro Valley
Erika Hipple, BCBA	Center for Autism and Related Disorders, LLC, Walnut Creek
Whitney Shea, BCBA	Center for Autism and Related Disorders, LLC, Walnut Creek
Daniela Belo, RBT	Center for Behavioral Solutions, Vallejo and Pleasant Hill
Estefani Barba, M.Ed. RBT	First Steps for Kids, Walnut Creek
Brianna Stuart, RBT	Gateway Learning Group, Concord
Carley Mashore, RBT	Gateway Learning Group, Concord
Jasmin Dobroff, BS, RBT	Gateway Learning Group, Concord
Jordan Waite, BA, RBT	Gateway Learning Group, Concord
Karina Merino, BA, RBT	Gateway Learning Group, Concord
Kathy Quintero BS, RPT	Gateway Learning Group, Concord
Amy Salazar, BCBA	Juvo Autism & Behavioral Health Services, Concord
Jessica Crider, BCBA	Juvo Autism & Behavioral Health Services, Concord
Kristina Mohler, BCBA	Juvo Autism & Behavioral Health Services, Concord
Brianna Spielvogel, BA, BCaBA	Positive Pathways, LLC, San Francisco
Miranda Drake, BCBA	Therapeutic Pathways, Inc., Dublin



Welcome Community Provider Network (CPN) Providers

Facilities

Shadelands Advanced Endoscopy Institute INC.	Ambulatory Surgery Center	Walnut Creek
Shadelands Endovascular, LLC	Ambulatory Surgery Center	Walnut Creek
CardioNet, LLC	DME & Medical Supplies	Malvern, PA
HERS Breast Cancer Foundation	DME & Medical Supplies	Fremont
Sleepquest, Inc.	DME & Sleep Study	San Carlos
Invitae Corporation	Genetic Testing Laboratory	San Francisco
A Plus Home Health Care	Home Health	Pleasanton
Bayhealth, Inc.	Home Health	Campbell
Comfort Assisting, Inc. Home Health Agency	Home Health	Walnut Creek
Gateway Home Health	Home Health	Concord
Intouch Home Care, Inc.	Home Health	Santa Clara
Luxor Care, Inc. dba Luxor Care Home Health Services	Home Health	Vallejo
South Springs Home Health Care, Inc.	Home Health	San Jose
Synergy Health Services, Inc. dba: Care Options	Home Health	Hayward
Guardian Home Health & Hospice	Home Health & Hospice	Fremont
A Plus Hospice	Hospice	Pleasanton
Stanford Health Care	Hospital/Professional Services	Stanford
Assurex Health	Laboratory	Mason, OH
Crescendo Bioscience	Laboratory	S. San Francisco
GranCare, LLC dba Vale Healthcare Center	Skilled Nursing Facility	San Pablo
Summit BHC Sacramento, Lilac dba Valley Recovery Center of California	Substance Abuse Treatment	Sacramento
Sunny Hills Services	Substance Abuse Treatment	San Anselmo



Welcome Community Provider Network (CPN) Providers

Mental Health

Ghazala Khan, MFT	Axis Community Health, Pleasanton
Scott Ralston, LCSW	Lifelong Medical Care, Berkeley
Edward Krager, MFT	Pinnacle Mental Wellness Group, Pittsburg
Sheila Smith, LCSW	Pinnacle Mental Wellness Group, Pittsburg
Marilyn de la Cruz-Garcia, ASW	Planned Parenthood, Concord



Welcome Contra Costa Regional Medical Center (CCRMC) Providers

Joan Hoffman, MD	Brentwood Health Center
Eveline Chu, MD	Concord Health Center

Easter Egg Hunt



THE BULLETIN BOARD



Attention:

Primary Care Providers
Community Provider Network Meetings

West County July 16, 2019

T I M E: 7:30 AM - 9:00 AM

West County Health Center

13601 San Pablo Avenue, Conference Room A

San Pablo, CA 94806

Central County July 23, 2019

T I M E: 7:30 AM - 9:00 AM

Muir Parkway Office Center

1340 Arnold Drive Conference, Suite 112

Martinez, CA 94553

East County July 23, 2019

T I M E: 12:30 PM – 2:00 PM

Pittsburg Health Center

2311 Loveridge Rd. Cypress Conference Rm– 1st Floor

Pittsburg, CA 94565



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

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



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.



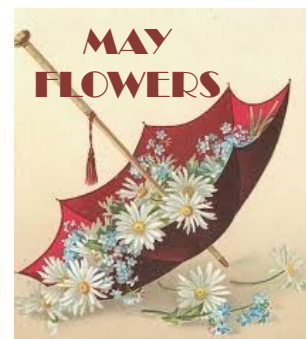
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

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

May 27, 2019 - Memorial Day

July 4, 2019 - Independence Day



**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 Directories and Reporting	(925) 313-9512	Stephanie.Fullerton@cchealth.org
Ronda Arends	Credentialing Supervisor	(925) 313-9522	Ronda.Arends@cchealth.org
Patricia Cline	Contracts Supervisor	(925) 313-9532	Patricia.Cline@cchealth.org
Alejandro Fuentes, RN, BSN	Community Liaisons	(925) 313-9527	ProviderRelations@cchealth.org
Christine Gordon, RN, BSN, PHN			
Minawar Tuman, RN, MSN, PHN			

**Contra Costa Health Plan
Provider Call Center 1 (877) 800-7423**

**Press 1 – Member Eligibility and Primary Care Physician Assignment
Press 2 – Pharmacy Department
Press 3 – Authorization Department / Hospital Transition Nurse
Press 4 – Interpreter Services
Press 5 – Claims Department
Press 6 – Provider Relations Department
Press 7 – Member Services Department**

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