

The Contra Costa Health Plan Provider Bulletin

Prop 56 and Pregnancy Termination Services

Proposition 56 increased the excise tax rate on cigarettes and tobacco products for the purposes of funding specified expenditures, including increased funding for existing healthcare programs administered by the Department of Health Care Services (DHCS). A portion of these appropriations are used for rate increases for state-supported medical pregnancy termination services in the Medi-Cal managed care programs. Subject to future budgetary authorization and appropriation by the California Legislature, DHCS intends to renew this required payment arrangement on an annual basis in future years. Please refer to DHCS All-Plan Letter 19-013 <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-013.pdf>

Contra Costa Health Plan will be paying the individual rendering providers that are qualified to provide and bill for **medical pregnancy termination services with dates of service on or after July 1, 2017**, using Proposition 56 appropriated funds. Consistent with the enacted budgets, DHCS is requiring CCHP, or our delegated entities and subcontractors, to pay at least the rate for **Current Procedural Terminology - 4th Edition (CPT-4) code 59840 in the amount of \$400 and CPT-4 code 59841 in the amount of \$700**. This payment obligation applies to contracted and non-contracted providers.

CCHP will be distributing payments in a manner that does not require providers to resubmit claims or impose any reductions or denials for timeliness.

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Prop 56 Directed Payments for Family Planning

On November 8, 2016, California voters approved Proposition 56 to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a portion of the tobacco tax revenue is allocated to the California Department of Health Care Services (DHCS) for use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Assembly Bill (AB) 74 (Ting, Chapter 23, Statutes of 2019), section 2, Item 4260-101-3305 appropriates Proposition 56 funding to support **family planning services for Medi-Cal beneficiaries**, which DHCS is implementing in managed care in the form of a **directed payment arrangement for specified family planning services** in accordance with DHCS' developed payment methodology

This directed payment program has been crafted to enhance the quality of patient care by ensuring that Providers in California who offer family planning services receive adequate payment for their delivery of effective, efficient, and affordable health care services. Adequate and timely access to vital family planning services is a critical component of beneficiary and population health. In particular, this program is designed to incentivize access to the following categories of family planning services:

- Long-acting contraceptives
- Other contraceptives (other than oral contraceptives) when provided as a medical benefit
- Emergency contraceptives when provided as a medical benefit
- Pregnancy testing
- Sterilization procedures (for females and males)

Members are allowed freedom of choice of family planning Providers and may receive such services from any qualified family planning Provider, including out-of-Network Providers, without the need to obtain prior authorization. A qualified Provider is a Provider who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal Provider, and is willing to furnish family planning services to a member.

The uniform dollar add-on amounts of the directed payments vary by procedure code:

Procedure Code	Description	Uniform Dollar Add-on Amount
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490U8	DEPO-PROVERA	\$340.00
J7303	CONTRACEPTIVE VAGINAL RING	\$301.00
J7304	CONTRACEPTIVE PATCH	\$110.00
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
81025	URINE PREGNANGY TEST	\$6.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00

Prop 56 Directed Payments for Family Planning

Procedure Code	Description	Uniform Dollar Add-on Amount
58555	HYSTEROSCOPY DX SEP PROC	\$322.00
58565	HYSTEROSCOPY STERILIZATION	\$1,476.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00
58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00

The uniform dollar add-on amounts for these family planning services are in addition to whatever other payments eligible Providers would normally receive. Federally Qualified Health Centers, Rural Health Clinics, American Indian Health Service Programs, and Cost-Based Reimbursement Clinics are not eligible to receive this uniform dollar add-on directed payment.

This payment covers services provided on or after July 1, 2019. If the payment amounts were not what you expected, you can file a Provider Dispute. Provider Dispute form is located on our website at <https://cchealth.org/healthplan/providers/>. Please contact Provider Relations at 925-313-9500 or by e-mail at ProviderRelations@cchealth.org with any questions.

Prior Authorization Updates Q4 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 December 31, 2019.

CODES APPROVED TO ADD to the No Prior Authorization Required list

95885 - Needle Electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited

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

37236 – open or percutaneous transluminal balloon angioplasty

G0425 – Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth

G0426 – Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth

G0427 - Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth

Restored Medi-Cal Benefits

The Department of Health Care Services (DHCS) has restored the Medi-Cal optional benefits for outpatient services of Acupuncture, Audiology, Chiropractic, Podiatry, Vision, Occupational and Speech Therapy Services and Incontinence Creams and Washes to Medi-Cal members effective January 1, 2020. The restored benefits require **prior authorization** (no authorization required for Acupuncture) and are limited to two (2) visits per month in combination for Acupuncture, Audiology, Chiropractic, Occupational and Speech Therapy services. Medically necessary visits beyond two per month, require additional prior authorization. Vision services has been restored to all Medi-Cal members limited to routine eye exam and eyeglasses once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

The following Medi-Cal members are eligible for chiropractic services:

- Children under age 21
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility.
- All members when services are provided at hospital outpatient departments, Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC). No authorization required when performed at a FQHC or RHC.

Trauma Screenings and Trauma-Informed Care Provider Trainings

The California Department of Health Care Services (DHCS), in partnership with the California Office of the Surgeon General, is creating a first-in-the-nation statewide effort to screen patients for Adverse Childhood Experiences (ACEs) that lead to trauma and the increased likelihood of ACEs-Associated Health Conditions due to toxic stress. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation.

All providers are encouraged to receive training to screen patients for ACEs. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care. Detecting ACEs early and connecting patients to interventions, resources, and other supports can improve the health and well-being of individuals and families.

Beginning on January 1, 2020, DHCS will pay Medi-Cal providers \$29 per trauma screening for children and adults with Medi-Cal coverage. By July 2020, providers must self-attest that the training has been completed to be eligible to continue receiving Medi-Cal payment for conducting ACEs screenings.

Provider Training

The ACEs Aware initiative offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.

Training to screen for ACEs is available at the [ACEs Aware website](#). The two-hour online curriculum is easy to access for a wide range of health care professionals and will provide Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits.

For more information visit the DHCS website at <https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx>

Opioid Pilot Program

Contra Costa Health Plan currently has a program 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 Specialty group Integrated Pain Management (IPM) and is called Foot Steps. It is open to all members who qualify.

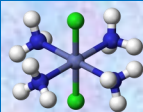
Members must be referred to the program by their Primary Care Provider. The program is suited for patients currently taking >120 morphine milligram equivalents (mme) per day. The program is a ten (10) week opioid transition program, although some patients are able to graduate early. Patients are transitioned from opioid medications to Buprenorphine or Buprenorphine/Naloxone for chronic pain management. The program is one (1) day per week, six (6) hours per day with a ½ 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 Primary Care Provider and the CCHP Medical Director at the midsession mark (five (5) sessions) and at the end of program. The patient is returned to the Primary Care Provider after the program is completed.

The pain registry and providers are notified when the member requests a refill for > 120 MME by Pharmacy Unit. This 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, treatment plan and populate a data collection tool in an excel spreadsheet with the required elements.
- 5) IPM e-mails evaluation, data collection tool and treatment plan to CCHP Medical Director.
- 6) Patient participates in program.
- 7) IPM submits five (5) week progress report to PCP and CCHP Medical Director
Services allowed to be done at IPM include:
 - Acupuncture (Maximum of twenty (20) visits in a ten (10) week period)
 - Physical Therapy
- 8) 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, footstepswc@ipmdoctors.com



Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 12/5/2019. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-January 2020****

Updates/Announcements:

1. Walgreens Specialty Pharmacy:

It is our great pleasure to announce that we have selected Walgreens as our preferred specialty pharmacy provider. The Contra Costa Health Plan and Walgreens team is committed to helping you provide your patients with excellent care, including convenient and easy access to the specialty medications you prescribe. To refer Contra Costa Health Plan members to Walgreens, please contact Walgreens at the following dedicated local pharmacy, or simply e-prescribe specialty prescriptions directly to the below location:

Community, a Walgreens Pharmacy
 Store No. 16477
 3009 Broadway
 Oakland, CA 94611
 T: 510-285-0214 | F: 510-285-0215



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:	Fasenra (benralizumab) Nucala (mepolizumab) Vascepa (icosapent ethyl)
Modified PA criteria:	Recombinant Human Growth Hormone
ADDED to the CCHP formulary:	Malarone (atovaquone/proguanil) Advair Diskus (salmeterol/fluticasone) Boniva (ibandronate) Evista (raloxifene)

• **Creation of new criteria for Fasenra (benralizumab):**

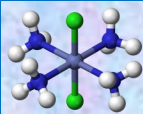
- Prior authorization requests for Fasenra will be required to meet the following criteria for approval: member is at least 12 years of age AND has a diagnosis of eosinophilic phenotype asthma (as determined by an eosinophil count of ≥ 150 cells/micro-liter prior to initiation of therapy) AND there is a history of 2 or more severe asthma exacerbations requiring systemic corticosteroid treatment in the past 12 months AND there is documented inadequate control of asthma symptoms after a minimum of 3 months of compliant use of an ICS/LABA or ICS/LAMA.

• **Creation of new criteria for Nucala (mepolizumab):**

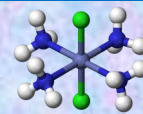
- Prior authorization requests for Nucala will be required to meet the following criteria for approval: member is at least 6 years of age AND has a diagnosis of eosinophilic phenotype asthma (as determined by an eosinophil count of ≥ 150 cells/micro-liter prior to initiation of therapy) AND there is a history of 2 or more severe asthma exacerbations requiring systemic corticosteroid treatment in the past 12 months AND there is documented inadequate control of asthma symptoms after a minimum of 3 months of compliant use of an ICS/LABA or ICS/LAMA.

• **Creation of new criteria for Vascepa (icosapent ethyl):**

- Prior authorization requests for Vascepa will be required to meet the following criteria for approval: member is at least 18 years of age AND documentation shows that Vascepa is being used for secondary prevention AND laboratory values show moderate hypertriglyceridemia (at least 150mg/dL) AND member is currently taking highest tolerated dose of a high intensity statin AND documentation shows that the member has implemented lifestyle changes to decrease cardiovascular risk. Note: if the diagnosis is hypertriglyceridemia (primary prevention), then members must use preferred formulary agents including generic omega-3 fatty acids, Lovaza, and fibrates (such as gemfibrozil).



Pharmacy and Therapeutics Committee News



- **Modification of criteria for recombinant human growth hormone:**
 - Additional indications were added to the criteria, including Noonan Syndrome and SHOX mutation. Criteria for the new indications as well as Turner Syndrome and Prader-Willi Syndrome now require documentation showing the patient's epiphyses have not closed AND confirmation of the diagnosis by genetic testing (when appropriate) AND correct weight-based dosing. Additionally, the committee clarified that Idiopathic Short Stature (ISS) is not a covered indication. Specifically, CCHP does not consider ISS to be an illness, disease, or injury, and as such the diagnosis of ISS is not a covered plan benefit. Denials for this indication will clearly state that they are contractual-based, and not based on medical necessity.
- **Addition of Malarone (atovaqone/proguanil) to the CCHP formulary:**
 - Generic atovaqone/proguanil 62.5/25mg and 250/100mg tablets have been added to the formulary as a tier 2 product for all CCHP members. Members will be limited to 1 tablet per day and a total of 180 tablets per year.
- **Addition of Advair Diskus (salmeterol/fluticasone) to the CCHP formulary:**
 - Generic Advair Diskus 100/50mcg, 250/50mcg, and 500/50mcg have been added to the formulary as a tier 1 product for all CCHP members.
- **Addition of Boniva (ibandronate) to the CCHP formulary:**
 - Boniva 150mg tablets have been added to the formulary as a tier 2 product with a quantity limit of 1 tablet per month for all CCHP members.
- **Addition of Evista (raloxifene) to the CCHP formulary:**
 - Evista 60mg tablets have been added to the formulary as a tier 1 product for all CCHP members.

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>

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

Initial Health Assessment (IHA)

The performance of an Initial Health Assessment (IHA) is essential for Primary Care Providers (PCPs) to complete in order to develop a complete picture of the member's health status in order to formulate a plan of care based on the patient's acute, chronic, and preventive health care needs. According to the Department of Health Care Services (DHCS), the required IHA includes:

- A complete physical, mental health exam, and a comprehensive medical history including a complete social history (History and Physical).
- An Individual Health Education Behavioral Assessment (IHEBA), such as the DHCS-approved Staying Healthy Assessment (SHA).
- The provision of appropriate preventive services in accordance with the United States Preventive Screening Task Force (USPSTF) A and B recommendations.

The completion of the History and Physical (H&P) should occur within 120 days of the effective date of the member having been assigned to the provider. If the H&P is not completed as required, then the reasons for this (e.g. member declined or appointment was missed, etc.) and efforts to reschedule should be documented in the medical record.

Similarly, the member's completion of an age-appropriate IHEBA (Staying Healthy Assessment or other DHCS-approved tool) should occur within 120 days of the member having been assigned to the provider. If the IHEBA/SHA is not completed as required, then the reasons for this and efforts to reschedule any missed appointments that interfered with the completion of the IHEBA/SHA should be documented in the medical record.

It is important to note that the practitioner's signature with the date must be included on the IHEBA/SHA to indicate practitioner review of the patient's entries and so that follow-up may be done as needed. The DHCS requires Medical Record reviewers to assign a score of zero when the practitioner's signature and/or date are not found on the IHEBA/SHA. This can negatively impact the overall review score and result in a Corrective Action Plan (CAP).

In addition to the H&P and IHEBA/SHA, PCPs should ensure that the appropriate USPSTF screenings are conducted and that patient refusal or other reasons for them not having been done are documented in the medical record.

For additional information regarding the IHA, please refer to the following internet link:

<http://www.dhcs.ca.gov/provgovpart/Documents/AB340/AB340MediCalManagedCareScreeningTools.pdf>

SHA Questionnaires by Age:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

For the most current USPSTF Recommendations, please refer to the following link: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>



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.



ccLink Provider Portal

Coming Soon:

Certificates being Replaced by Two Factor Authorization (2FA) for ccLink Provider Portal Users

Users will soon log on to the ccLink Provider Portal using a new process called Two Factor Authentication (2FA). 2FA requires the following new website to log on to the ccLink Provider Portal:

<https://cclinkproviderportal.cchealth.org>

Please keep this new website in a safe place in order to log into the ccLink Provider Portal in the near future (date to be announced on the homepage of the ccLink Provider Portal soon).

When using the new 2FA website, users will be prompted to choose a method (Email or mobile app) of receiving a randomly generated code to be used for authenticating the username and password. If mobile app method is desired, a code scanning app such as Google Authenticator and Authy must be available on your mobile device.

This information, along with instructions for the new 2FA authentication process will also be posted on the homepage of the ccLink Provider Portal so that it may be reviewed and/or printed before the go-live date (TBD).





CONTRA COSTA
CRISIS CENTER

Established in 1963

Our Mission

*To keep people alive and safe, help them through crises,
and provide or connect them with culturally relevant
resources in the community.*

Our Core Programs

Crisis & Suicide Lines

We provide 24/7 counseling, support, help and hope for those in crisis or feeling suicidal, depressed or distressed. Help is available by phone or by text. 24-hour translation services available.

Information & Referral

Call 24/7 for information about local health and social services. In addition, our free, comprehensive, continually updated resource database is available online in multiple languages: www.211cc.org.

Grief Counseling

We provide face-to-face counseling—in groups—to children, youth and adults mourning the death of a loved one. Also, schools and businesses can request our mobile grief response team after a student or colleague unexpectedly dies.

CALL 211 or 1-800-833-2900
TEXT HOPE to 20121



CONTRA COSTA
CRISIS CENTER

Establecido en 1963

Nuestra Misión

Nuestra misión es mantener a las personas en vida y seguras, ayudarlas a través de sus crisis y conectarlas con recursos relevantes a su cultura en la comunidad.

Nuestros Programs

Líneas de Crisis

Proveemos consejería, apoyo, ayuda y esperanza para las personas que estén en crisis o con tendencias suicidas, deprimidos o afligidos. La ayuda está disponible por teléfono o por mensaje de texto. Servicios de traducción están disponibles las 24 horas.

Información y Referencias

Llame 24/7 para obtener información acerca de servicios de salud y de asistencia social en nuestra comunidad. Además, nuestra base de datos es actualizada continuamente y está disponible en nuestra página web en diferentes idiomas.

Consejería de Duelo

Proveemos consejería en grupo para menores o adultos que pasan por el dolor de la muerte de un ser querido. También escuelas y empresas pueden solicitar que nuestro equipo de especializado les ayude después de la muerte inesperada de un estudiante o colega.

LAME al 211 o al 1-800-833-2900
Mande un texto con la palabra HOPE al 20121

Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Tesiah Coleman, NP	Internal Medicine	Brighter Beginnings Family Health Clinic, Richmond and Antioch
Maria McMillon, PA	Family Medicine	La Clinica De La Raza, Pittsburg
Aarentino Smith, NP	Family Medicine	LifeLong Medical Care, Berkeley
Jeana Radosevich, MD	Family Medicine	LifeLong Medical Care, Richmond
Megan Richardson, NP	Family Medicine	LifeLong Medical Care, Richmond
Rebecca McEntee, MD	Family Medicine	LifeLong Medical Care, Richmond
Shevaun Lewallen, NP	Family Medicine	LifeLong Medical Care, Richmond
Maya Protter, NP	Family Medicine	LifeLong Medical Care, San Pablo
Olga Eaglin, PA	Family Medicine	LifeLong Medical Care, San Pablo
Sara DeLaney, NP	Family Medicine	LifeLong Medical Care, San Pablo
Rocio Neale, PA	Internal Medicine	La Clinica de la Raza, Oakley
Ingrid Fernandes, MD	Internal Medicine	La Clinica De La Raza, Pittsburg

Specialty Care Providers

Nirvana Kundu, MD	Anesthesia and Pain Management	First Choice Anesthesia Consultants of Northern California, Pinole
Herbert Holman, MD	Dermatology	Solo, Oakland
Damara Leeman, RD	Dietitian/Diabetes Educator	John Muir Physician Network, Walnut Creek
Debbie Sousa Hull, RD	Dietitian/Diabetes Educator	John Muir Physician Network, Walnut Creek
Susan Wilson, MD	Family Planning	Planned Parenthood, Concord
Na'amah Razon, MD	Family Planning	Planned Parenthood, Walnut Creek
James Kalberer, HAD	Hearing Aid Dispensing	Connect Hearing, Inc., Concord
Scott Holt, HAD	Hearing Aid Dispensing	East Bay Hearing Services, Fremont and Hayward
Neha DeSouza, MD	Hematology/Oncology	Epic Care, Castro Valley and Hayward
Suguna Chirla, MD	Medical Oncology	Epic Care, Castro Valley and Dublin
Erika Klara, MFT	Mental Health Services	Axis Community Health, Pleasanton and Livermore
Judy Lock, NP	Mid-Level Urgent Care	LifeLong Medical Care, San Pablo
Loren Bauman, PA	Mid-Level Urgent Care	STAT Med Urgent Care, Lafayette, Concord, Dublin and Livermore
Kimberly Oja, NP	Mid-Level Urology	BASS Medical Group, Inc., Walnut Creek
Genevieve Purcell, CNM	Midwife	Planned Parenthood, Concord
Jason Law, MD	Nephrology	Diablo Nephrology Medical Group, Concord and Walnut Creek
Said Ibrahim, MD	Neurology	Bridge Medical Consultants Inc, San Ramon and Danville
Tara Ericksen, NP	OB/GYN	Axis Community Health, Pleasanton
Rose Monardo, MD	OB/GYN	John Muir Physician Network, Orinda
Jessica Johns, MD	OB/GYN	John Muir Physicians Network, Orinda
Melissa Owens, MD	OB/GYN	John Muir Physicians Network, Orinda
Rose Mondardo, MD	OB/GYN	John Muir Physicians Network, Orinda
Ivan Hwang, MD	Ophthalmology	California Eye Clinic, Antioch, Brentwood and Walnut Creek
Elaine Wu, OD	Optometry	La Clinica De La Raza, Concord and Oakland
Sharon Villa, OD	Optometry	La Clinica De La Raza, Concord and Oakland

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Kory Stotesbery, DO	Psychiatry	Comprehensive Psychiatric Services, Walnut creek
Gabrielle Way, DPT	Physical Therapy	VibrantCare Outpatient Rehabilitation of California, Inc., Concord, Fairfield, Livermore, Oakland, San Leandro, San Ramon, Pinole
Arman Danielyan, MD	Psychiatry	Arman Danielyan, MD Inc., Concord and Walnut Creek
JJafar Bozorgmehr, MD	Psychiatry	Comprehensive Psychiatric Services, Fairfield
Muhammad Tariq, MD	Psychiatry	Comprehensive Psychiatric Services, Fairfield
Sierra Weir, SLP	Speech Pathology	Say the Word Speech Therapy, Berkeley and Oakland
Paul Mead, MD	Surgery - Orthopaedic	Muir Orthopaedic Specialists, Walnut creek
Tyler Clark, MD	Surgery - Orthopaedic	Muir Orthopaedic Specialists, Walnut Creek
Aklil Rostai, PA	Urgent Care	STAT MED Urgent Care, Concord, Dublin, Lafayette, Livermore

Behavior Analysis

Monique Weaver-Gutierrez, RBT	A Behavioral Health Cooperative, LLC, San Pablo
Philip Grant, BCBA	Adapt: A Behavioral Collective, Inc.
Nghia Nguyen, BCBA	Autism Intervention Professionals, Fremont
Emily Schaefer, BCBA	Autism Intervention Professionals, Fremont
Jennifer Johnson, BCBA	Autism Intervention Professionals, Fremont
Kimberly Tran, BCBA	Autism Intervention Professionals, Fremont
Phoebe Ballard, BCBA	Autism Intervention Professionals, Fremont
Stephanie Vanlathanith, BCBA	Autism Intervention Professionals, Fremont
Jason Kwak, PsyD, BCBA-D	Bay Area Behavior Consultants, Richmond
Jessica Marcus-Gomez, BS, RBT	Bay Area Behavior Consultants, Richmond
Amanda Messina-Godfrey, BCBA	Bay Area Behavior Consultants, LLC, Richmond
Elizabeth Gomez, RBT	Bay Area Behavior Consultants, LLC, Richmond
Chelsy Willis, BA	Behavior Treatment and Analysis, Inc, Walnut Creek
Jorge Iniguez, MS	Behavior Treatment and Analysis, Inc, Walnut creek
Nelson Molina, BA	Behavior Treatment and Analysis, Inc, Walnut creek
Michael Ani, BCBA	Behavioral Health Works, Inc., Hayward
Mona Redja, Psy.D	Best Steps Clinical Testing, Santa Clara and Vallejo
Andrew Saalfield, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Cassie Turner, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Erum Khan, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Jamielynn Gordon, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Hunter Long, BCBA	Center for Autism and Related Disorders, LLC, Brentwood
Stephanie Shyken, BCBA	Center for Autism and Related Disorders, LLC, Brentwood
Brandi McGee, BCBA	Center for Social Dynamics, Alameda
Danielle La Torre, MA	FirstSteps for Kids - Bay Area, Walnut Creek
Sikwayi Dawson, MS, RBT	Gateway Learning Group, Concord
Alison Van Hoff, BCBA	Gateway Learning Group, Concord
Atzimba Yaar, BCBA	Gateway Learning Group, Concord
Chenghua Wang, BA	Gateway Learning Group, Concord
Jessica Koernke, BCBA	Gateway Learning Group, Concord
Lizbeth Ramirez, BA, RBT	Gateway Learning Group, Concord
Summer Yared, MS	Gateway Learning Group, Concord

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Christopher Duff, BCBA	Kids Overcoming, LLC, Oakland
Kristina Brijitzka, BA	Positive Pathways LLC, San Francisco and Antioch
Nicole Torres, BA	Positive Pathways LLC, San Francisco and Antioch

Facilities

DaVita - San Ramon Valley Home Training	Dialysis	Danville
DaVita - Lone Tree Ranch Dialysis	Dialysis Center	Antioch
Noble Hospice Care	Hospice & Palliative Care	Fremont
Premier Surgery Center	Ambulatory Surgery Center	Concord

Mental Health

Jilliann Daly, Psy.D	Axis Community Health, Pleasanton
Jane Bond, MFT	Solo, El Cerrito
Arman Danielyan, MD	Arman Danielyan, MD Inc., Concord and Walnut Creek

Mental Health

Kristin Moeller, MD	Miller Wellness Center
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THE BULLETIN BOARD

Reminder!

Attention: Primary
Care Providers
Community Provider Network Meetings

West County **April 21, 2020**

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 **April 28, 2020**

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

Muir Parkway Office Center
1340 Arnold Drive, Conference Room 112
Martinez, CA 94553

East County **April 28, 2020**

T I M E: 12:30 PM - 2:00 PM

Pittsburg Health Center
2311 Loveridge Road, Class Room B - 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

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.



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

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.

Non-Medical Transportation from CCHP
855-222-1218

HOLIDAYS OBSERVED BY CCHP

January 20, 2020
February 17, 2020

Martin Luther King, Jr. Day
President's 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 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

**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

**Volume 17 Issue 4
Winter 2019**