



# PROVIDER NETWORK *NEWS*

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## A Message from our Chief Medical Officer

Dear CCHP Providers,

By the time this bulletin reaches you, I will have completed my first 90 days as Chief Medical Officer at CCHP. And what an exhilarating 90 days it has been! For those of you who know me, I am an eager learner who is driven by process improvement. So, as you can imagine, it has been quite thrilling to spend this time learning more about CCHP, meeting our wonderful and hard-working staff, examining our processes and workflows, and starting to brainstorm new ideas and enhancements. I am so honored to be working with such an amazing team here at CCHP – our team is strong and incredibly dedicated to our mission of serving our members and ensuring that they receive quality care. Overall, I have hit the ground running and am excited for the next 90 days!

During these first 90 days, I have also had many amazing opportunities to meet you – our providers! For those of you who I haven't met yet, please feel free to reach out – I'd love to meet you and learn more about your practices and any pain points that you or your staff might be experiencing. As a current CPN provider, a former RMC provider, and a current CCHP member, I am able to view CCHP and our processes through the lens of a provider and member. And, although, this has been immensely helpful, I will be the first to admit that this is not enough! At CCHP, we want to ensure that our members are receiving quality care and, in order to do so, we need to collaborate closely with our providers. Your feedback, both positive and negative, is essential.

So, what have we done so far? And what is coming? Throughout this year, CCHP has focused on expanding our various programs and benefits – long-term care, enhanced care management, doulas, and community supports to name a few. We also continue to focus on process improvements across the organization with a focus on utilization management, clinical quality auditing, and case management. In August of this year, CCHP completed its annual Department of Healthcare Services (DHCS) audit. CCHP was also awarded 4 stars by the National Committee for Quality Assurance (NCQA) in 2023! CCHP has also seen growth and expansion of its staff!

And, as many of you may know, starting January 1, 2024, Contra Costa County will be transitioning to the [Single Plan Model](#). Starting January 1<sup>st</sup>, Anthem Blue-Cross Medi-Cal will be exiting Contra Costa County and members will be transitioning to Contra Costa Health Plan. CCHP has been working diligently on operational readiness and we are looking forward to ensuring an effective and efficient transition of these members. In 2024, we will also see an expansion of Transition of Care Services and further expansion of Long-Term Care. As you can see, there are many exciting projects ongoing and many more to come!

Thank you all for your continued support and collaboration. I am humbled by the comprehensive and quality care that you continue to provide our CCHP members.

Thank you,  
Irene Lo, MD, FACS  
[Irene.lo@cchealth.org](mailto:Irene.lo@cchealth.org)

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## Annual UM Affirmative Statement

As part of the NCQA requirements (UM4-G) the Utilization Management (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 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: Phone, Email, Internet Access, Mail, or in person.

Contact the CCHP UM Department at:

Phone: 925-957-7260

Email: [ProviderRelations@cchealth.org](mailto: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 have an opportunity to discuss the UM decision. Providers can reach the UM physician at 925-957-7260. Providers are also notified (via Notice of action, Notice of Non-Coverage, etc.) on how to contact reviewer, and when the reviewer, and the hours of the UM Department (which mirror when the reviewer is available to discuss the decision).

## Criteria of UM Decisions

The Utilization Management (UM) 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 InterQual Intensity of Service and Severity of Illness Criteria
- National Guideline Clearinghouse ([http://guidelines.gov/resources/guideline\\_index.aspx](http://guidelines.gov/resources/guideline_index.aspx))
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources (Including Up-to-Date and other resources)
- National Institute for Health (<http://www.nih.gov/>)
- ASAM (SUD – any age)
- LOCUS (MH 18 and older)
- CALOCUS/CASII (MH 6-17), ECSII (MH 0-5), WPATH (gender dysphoria)
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- FDA Approved therapy for metastatic stage 3 or 4 cancer and associated cancer biomarker tests (APL 22- 010) (Will be referenced with each request to ensure that the latest list is used).
- National professional organizations including, but not limited to:
  - American Academy of Pediatrics (<http://pediatrics.org>)
  - American Congress of Obstetricians and Gynecologists (<http://www.acog.org>)
  - National Comprehensive Cancer Network (<http://www.nccn.org/>)

In addition, other statistical data and resources are considered that may influence the frequency of review and revision of guidelines include: admits/1000, bed days/1000, visits/1000, under and over utilization of services, and any standards or goals published by professional organizations and approved by QC prior to use.



## Transition to Single Plan Model in Contra Costa County and Anthem Blue Cross Medi-Cal Departure

The California Department of Health Care Services (DHCS) is transforming Medi-Cal so that Californians have access to the care that they need to live healthier lives. As part of this transformation, in 2024, Contra Costa County will be transitioning to a new Single Plan Model for Medi-Cal Managed Care. On January 1, 2024, Anthem Blue Cross Medi-Cal will be exiting Contra Costa County and members will be transitioning to Contra Costa Health Plan.

Overall, this will mean that approximately 40,000 Medi-Cal members will be transitioning from Anthem Blue Cross Medi-Cal to CCHP. Some of these members may already be your patients; others may also be seeking your care under their new network.

At CCHP, we are dedicated to ensuring the continuity of care for incoming Anthem Blue Cross Medi-Cal members, and we understand the critical importance of keeping you, our valued providers, well-informed throughout this process. The Department of Healthcare Services (DHCS) places high expectations on continuity of care, and this holds true for all services, regardless of authorization requirements, particularly for special populations. Rest assured, we are actively working to achieve operational readiness prior to and throughout the transition. Our goal is to ensure network stability and continuity of care for our members.

Your input and questions are invaluable to us. We encourage all contracted providers to reach out to CCHP with any concerns or queries you may have. Your dedication to the well-being of our community is greatly appreciated, and we are here to support you every step of the way.

Thank you for your ongoing commitment to providing quality care. Together, we will navigate this transition and ensure the best possible outcomes for our members.



## Timely Access to Care

In October, we wrapped up the first round of our Provider Appointment Availability Survey (PAAS). This is annual survey that all health plans in California are required to do by the Department of Managed Health Care. Thank you to those who responded to the email or faxed surveys. For those of you who did not respond, our vendor QMetrics will be completing phone calls to try and collect this data. Please notify your front desk staff these calls will be occurring and review the below appointment standards.

In addition, we'll soon be launching an Emergency Instructions and After-Hours Survey to ensure that our providers are equipped with the necessary tools to provide clear and adequate emergency instructions and After Hours services. Emergency instructions must be consistently available, both during regular office hours and after-hours, and should be conveyed by live agents, dedicated answering services and a part of all voicemail recordings. For voicemail, make sure to include a statement such as, "In case of an emergency, please proceed to the nearest Emergency Room or call 911." These instructions are important to ensure members receive timely and appropriate guidance in critical situations.

If a patient calls and has an urgent need, DMHC requires a practitioner return a call within 30 minutes. Members can always be referred to CCHP's 24/7 Advice Nurse line at **1-877-661-6230 (TTY 711) option 1** that provides triage and screening for members.

This table summarizes key access standard timeframes. We look forward to your continued partnership as we work together to meet and exceed these standards for the benefit of our members.

### Key Access Standard Timeframes

Access Standard	Timeframe
<b>Emergency Care – Mental Health or Medical</b>	Immediate
<b>Urgent Care Appointment Not Requiring Prior Auth</b>	Within 48 hours
<b>Urgent Mental Health Appointment</b>	Within 48 hours
<b>Urgent Care Appointment Requiring Prior Auth</b>	Within 96 hours
<b>Non-Urgent Primary Care Appointments</b>	Within 10 business days
<b>Non-Urgent Initial Mental Health Appointment</b>	Within 10 business days
<b>Non-Urgent Specialty Appointments</b>	Within 15 business days
<b>Non-Urgent Ancillary Services Appointments</b>	Within 15 business days
<b>In-Office Wait Time for Appointments</b>	Within 45 minutes
<b>Telephone Call Back Wait Time – Office Staff</b>	By the end of the next business day
<b>Telephone Call Back Wait Time - Triage</b>	Within 30 minutes
<b>Telephone Wait Time for Practice to Answer</b>	Within 10 minutes

# Medi-Cal Quality Measures Performance Summary: 2022

We are thrilled to share some incredible news regarding the exceptional quality of care provided by our network of dedicated providers. In 2022, CCHP providers ranked in the top-90<sup>th</sup> percentile nationally in 11 HEDIS quality measures. ***CCHP providers were in the top 90th percentile nationally in all perinatal quality measures.***

Additionally, CCHP conducts an annual member satisfaction survey, the Consumer Assessment of Healthcare Providers and Systems (CAHPS). In this survey, ***93% of members reported high satisfaction in how well their doctors communicate.***

As a result of this high ranking, the National Committee on Quality Assurance (NCQA) ranked CCHP as a 4-star health plan, achieving high marks in patient experience and prevention and equity.

Contra Costa Health Plan reports 38 HEDIS and CMS Core quality measures to the Department of Health Care Services (DHCS) as part of the Medi-Cal Managed Care Plan Accountability Set (MCAS). Plans need to be above the Minimum Performance Level of the 50th percentile nationally for 15 of these measures. For 2022, CCHP reached that goal for 13 of the 15 measures. Below are our overall rankings.

## Measures Held to Minimum Performance Level

HEDIS	2020 Rate	2021 Rate	2022 Rate	2022 National Benchmark	Target Met?
Breast Cancer Screening	58.50%	58.66%	63.95%	90th Percentile	Yes
Cervical Cancer Screening	68.06%	68.33%	68.33%	90th Percentile	Yes
Immunizations for Adolescents (IMA) – Combo 2	43.80%	44.28%	53.36%	90th Percentile	Yes
Postpartum Care	90.97%	91.19%	90.48%	90th Percentile	Yes
Prenatal Care	93.40%	94.34%	93.88%	90th Percentile	Yes
Childhood Immunization Status - Combination 10	25.30%	47.93%	44.04%	75th Percentile	Yes
Chlamydia Screening in Women	62.81%	62.22%	66.65%	75th Percentile	Yes
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	38.93%	34.55%	33.99%	75th Percentile	Yes
Controlling Blood Pressure	64.96%	62.37%	67.27%	75th Percentile	Yes
Follow-up after ED for Alcohol and Other Drugs - 30 Day	8.94%	10.00%	26.61%	75th Percentile	Yes
Well-Child Visits in the First 30 Months of Life (15-30 Months)	69.85%	64.58%	73.05%	75th Percentile	Yes
Well-Child Visits in the First 30 Months of Life (31 Days-15 Months)	56.69%	54.35%	65.88%	75th Percentile	Yes
Child and Adolescent Well-Care Visits	42.09%	55.05%	53.09%	50th Percentile	Yes
Follow-up after ED for Mental Illness - 30 Day	21.81%	23.15%	45.97%	25th Percentile	No
Lead Screening in Children	-	44.23%	51.51%	Below 25th Percentile	No



## Medi-Cal Quality Measures Performance Summary: 2022 (Cont.)

### Measures Reported, but no Minimum Performance Level

HEDIS Measure	2020 Rate	2021 Rate	2022 Rate	2022 National Benchmark
Adults' Access to Preventive/Ambulatory Health Services	-	-	69.75%	Below 25th Percentile
Ambulatory Care - Emergency Dept Visits/1000 MM	36.45%	40.27%	46.92%	90th Percentile
Antidepressant Medication Management - Effective Acute Phase Treatment	63.07%	65.97%	66.25%	75th Percentile
Antidepressant Medication Management - Effective Continuation Phase Treatment	41.01%	44.16%	45.23%	50th Percentile
Asthma Medication Ratio	63.93%	64.48%	75.23%	90th Percentile
Colorectal Cancer Screening	-	-	39.69%	No Benchmark
Contraceptive Care – All Women: Most or Moderately Effective Contraception – 21-44	25.52%	25.38%	25.43%	No Benchmark
Contraceptive Care – All Women: Most or Moderately Effective Contraception –15-20	18.34%	17.59%	19.01%	No Benchmark
Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception - 15 - 20: 60 Days	57.78%	47.32%	46.43%	50th Percentile
Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception - 21 - 44: 60 Days	46.19%	45.03%	46.73%	50th Percentile
Depression Remission or Response for Adolescents and Adults (ECDS) - Follow-up	-	-	29.14%	No Benchmark
Depression Remission or Response for Adolescents and Adults (ECDS) - Remission	-	-	8.26%	No Benchmark
Depression Remission or Response for Adolescents and Adults (ECDS) - Response	-	-	11.48%	No Benchmark
Depression Screening and Follow-Up for Adolescents and Adults* - Follow-up	-	-	81.66%	No Benchmark
Depression Screening and Follow-Up for Adolescents and Adults* - Screening	-	-	29.73%	No Benchmark
Developmental Screening in the First Three Years of Life	21.68%	37.45%	52.57%	50th Percentile

## Medi-Cal Quality Measures Performance Summary: 2022 (Cont.)

### Measures Reported, but no Minimum Performance Level (Cont.)

HEDIS Measure	2020 Rate	2021 Rate	2022 Rate	2022 National Benchmark
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.41%	84.32%	85.31%	75th Percentile
Follow Up Care for Children Prescribed ADHD Medication - Initiation Phase	51.63%	44.92%	50.60%	90th Percentile
Follow-up after ED for AOD - 7 Day	8.94%	4.46%	16.53%	50th Percentile
Follow-up after ED for Mental Illness - 7 Day	11.74%	15.21%	27.02%	Below 25th Percentile
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	62.50%	48.65%	62.50%	75th Percentile
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	42.22%	54.00%	46.08%	75th Percentile
Pharmacotherapy for Opioid Use Disorder	-	27.00%	27.32%	25th Percentile
Plan All-Cause Readmissions	82.84%	87.67%	86.93%	75th Percentile
Postpartum Depression Screening and Follow Up - Follow up	-	-	79.63%	No Benchmark
Postpartum Depression Screening and Follow Up- Screening	-	-	53.07%	No Benchmark
Prenatal Depression Screening and Follow Up- Follow-up	-	-	66.67%	No Benchmark
Prenatal Depression Screening and Follow Up- Screening	-	-	76.95%	No Benchmark
Prenatal Immunization Status	-	46.11%	46.05%	90th Percentile
Topical Fluoride for Children	-	-	12.73%	50th Percentile



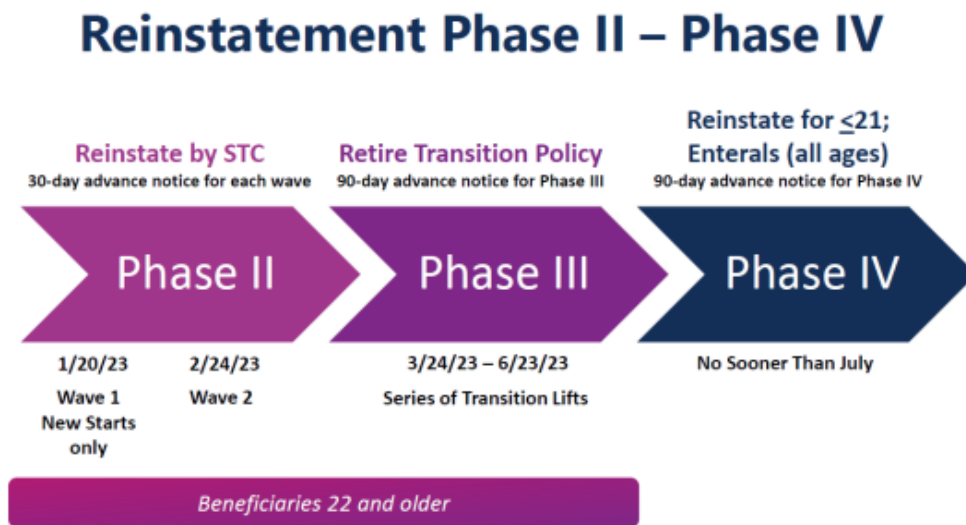
# Pharmacy and Therapeutics Committee News

The CCHP P&T Committee met on 9/7/23. Updates from the meeting are outline below:

**\*\*Changes to the PDL will be effective by mid-October 2023\*\***

## Updates/Announcements:

### 1. Schedule for Medi-Cal Rx Reinstatement of Prior Authorization Requirements:



Medi-Cal Rx is moving forward with reinstatement for beneficiaries 22 years of age and older with the initiation of Phase IV through a series of lifts impacting claim utilization management (UM) Edits (such as age limits, labeler restrictions, quantity limits, diagnosis, etc.).

The purpose of this alert is to notify pharmacy providers and prescribers that on August 4, 2023, Phase IV, Lift 1 (P4/L1) will be the first impacting claim UM edits for beneficiaries 22 years of age and older.

**Note:** Claims for beneficiaries 21 years of age and younger will not be impacted.

On September 22, 2023, PA requirements will be reinstated for new start enteral nutrition products for members **22 years of age and older**. “New starts” are defined as new enteral nutrition therapy not previously prescribed to the member during the 15-month lookback period. PA requests may also be submitted in advance of the retirement of the Transition Policy (anticipated implantation in November 2023) for enteral nutrition products, for members 22 years of age and older, beginning September 22, 2023.

For additional details including the specific medications in each phase, please go to the DHCS Medi-Cal Rx website at <https://www.medi-calrx.dhcs.ca.gov/home/education/> or contact CCHP Pharmacy Department for more details.

## Pharmacy and Therapeutics Committee News (Cont.)

### 2. Commercialization of COVID-19 Vaccines:

September 11, 2023

The U.S Food and Drug Administration (FDA) is expected to authorization updated COVID-19 vaccines to target the Omicron XBB1.5 variant in the coming days. Unlike the existing COVID-19 vaccines, the new commercialized vaccines will no longer be supplied free by the federal government for most members. Medi-Cal Rx seeks to inform pharmacy providers of upcoming changes with the commercialization of the COVID-19 vaccines:

- Pharmacy providers will be reimbursed for the ingredient cost for the commercialized NDCs, in addition to the \$40 incentive fee. A supplemental professional dispensing fee remains excluded for COVID-19 vaccines.
- For members 6 months through 18 years of age, coverage of the vaccine will be available only through the Vaccines for Children (VFC) program. Products remain federally funded. To locate an eligible provider, visit <https://eziz.org> or call 1-877-243-8832.
- Uninsured and underinsured adults may obtain free COVID-19 vaccines through [Centers for Disease Control and Prevention \(CDC\)'s Bridge Access Program](#). The vaccines can be accessed through local pharmacies and health care providers, including Federally Qualified Health Centers (FQHCs).
- For CCHP Commercial members, **COVID vaccines are covered** at our network [Walgreens and Rite Aid Pharmacies](#).

### 3. Medi-Cal Rx Formulary Changes:

- Medi-Cal Rx has been updating their Contract Drug List (CDL) on a monthly basis. These updates can be found on the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> or contact the CCHP Pharmacy Department for additional details.

#### CCHP Commercial Member Formulary Changes

<b><u>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 or contact the CCHP Pharmacy Department):</u></b>	
<b><u>Changes Made</u></b>	<b><u>Drug Name</u></b>
Created new PA criteria:	RSV agents Adalimumab (Humira) biosimilars Mircerca (methoxy polyethylene glycol-epoetin beta)
Modified PA criteria:	Hepatitis B medications
ADDED to the CCHP formulary:	Abrysvo (respiratory syncytial virus vaccine) Arexvy (respiratory syncytial virus vaccine, adjuvanted) Apriso (mesalamine ER) capsules Additional brands of Oral inhaler Spacers
Removed from CCHP formulary:	Galzin (zinc acetate) capsules Tobradex (tobramycin/dexamethasone) eye ointment Pentasa (mesalamine ER) capsules ProChamber Spacer

## Pharmacy and Therapeutics Committee News (Cont.)

- **New Pharmacy Criteria for Abrysvo (respiratory syncytial virus vaccine):** added to the CCHP commercial formulary with no restrictions
- **New Pharmacy Criteria for Arexvy (respiratory syncytial virus vaccine, adjuvanted):** added to the CCHP commercial formulary with an age limit of greater than 60 years old
- **New Pharmacy Criteria for Beyfortus (nirsevimab-alip):** will be approved if member is less than 1 year old. If member is less than 2 years old and entering their second RSV season, it will be approved if the member remains at increased risk for RSV disease due to being severely immunocompromised, chronic lung disease of prematurity requiring medical support, congenital heart disease, cystic fibrosis or American Indian or Alaska Native ethnicity
- **New Pharmacy Criteria for adalimumab biosimilars:** As of January 1, 2024, adalimumab-fkjp and Hadlima (adalimumab-bwwd) will be added to the CCHP commercial formulary without prior authorization. All other forms of adalimumab will require prior authorization with criteria of why adalimumab-fkjp or Hadlima (adalimumab-bwwd) cannot be tried
- **New Pharmacy Criteria for Mircera (methoxy polyethylene glycol-epoetin beta):** must have a diagnosis of anemia secondary to chronic kidney disease with a hemoglobin <10 g/dL and/or hematocrit <30%
- **Modification of pharmacy criteria for hepatitis B medications:** added Viread (tenofovir disoproxil fumarate) and entecavir (Baraclude) to the CCHP formulary for commercial members. For Vemlidy (tenofovir alafenamide fumarate), criteria includes trial and failure, contraindication or inability to use entecavir (Baraclude) and tenofovir disoproxil fumarate (Viread)

### **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: <https://cchealth.org/healthplan/formulary.php>

### **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](mailto: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 x1, 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>

# Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Medi-Cal Members under the age of 21 aka Medi-Cal for Kids & Teens

Earlier this year, DHCS released [All Plan Letter \(APL\) 23-005](#) that clarifies the responsibilities for providing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to Medi-Cal members under the age of 21. Medi-Cal for Kids & Teens as it is now known, covers screening services, vision, dental, hearing, and other medically necessary health care, diagnostic services, and treatment to correct or ameliorate defects and physical and mental illnesses.

One preventive service CCHP would like to highlight is Topical Fluoride Varnish for Children, a new DHCS Managed Care Accountability Set measure for 2023. Children 1-21 years of age should receive at least 2 topical fluoride applications annually. CPT code 99188, the application of topical fluoride varnish by a physician or other qualified health care professional, is reimbursable for children through 5 years of age, up to 3 times a year. Please reinforce that one's overall health is impacted by their dental health and encourage members to visit the dentist. For more information about dental services for Medi-Cal members, including how to find a dentist, visit [smilecalifornia.org/](https://smilecalifornia.org/).

## Key points for providers:

- EPSDT services must be provided according to the AAP/Bright Futures periodicity schedule. The periodicity schedule can be found at: [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- Starting in January 2024, CCHP is required to ensure all Network Providers complete EPSDT-specific training no less than every two years.

## Providers should inform Medi-Cal beneficiaries or their caregiver about:

1. Why preventive services & screenings are important.
2. What services are offered under Medi-Cal for Kids & Teens.
3. Where and how to get services.
4. Services are free.
5. Free transportation and help scheduling are available.

Medi-Cal for Kids & Teens information and resources are available on DHCS' website: [dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx](https://dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx)



# Interpreter Services

Do some of your patients struggle with Speaking English or need American Sign Language? If so, Free Language Services are available to them!

Our telephonic interpreter services are fast and easy to use!

You may have a situation where you need to reach out to a non-English speaking CCHP member to by phone:

- Schedule an appointment
- Give lab or other test results
- Offer some education over the phone, etc.

In this case you can call our interpreter services first, choose the language you need, get them on the line, give them a summary of what you need for them to interpret and then conference in the patient.

*The telephonic interpreters are also available for all routine office visits, urgent care, labs, health education, pharmacy, etc.*

If you are a Community Contracted Provider, go to our web site and see the details on how to access our telephonic interpreter services and in some cases face to face if it meets the criteria.

CPN Providers can call our interpretation vendor at: **1-866-874-3972** The Client ID is **298935** and for Mental Health Providers the Client ID is **525970**.

You can also call **CA Relay at 711** to speak over the phone with individuals who use American Sign Language. An operator will assist you.

To see details for all options (in person, telehealth, by phone) for interpreter services go to our website:

<https://cchealth.org/healthplan/provider-interpretation.php>

If you are a CCRMC Provider, you have access to interpreters through the Health Care Interpreters Network.

See instructions here: <https://cchealth.org/healthplan/pdf/provider/Interpreter-Services-RMC.pdf>

If you need assistance with using interpreters for Telehealth appointments, or need documents translated for CCHP members, you can email: [otiutin@cchealth.org](mailto:otiutin@cchealth.org) or call 925-313-6063.

## Getting Proper Linguistic Access Helps to:

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient patient interactions

## Why are Family and Friends not Recommended as Interpreters?

- They can make serious mistakes and may create liability issues



# Blood Screening of Young Children

## Blood Lead Screening of Young Children

In August, CDPH Childhood Lead Poisoning Prevention Branch (CLPPB) released an updated [Management Guidelines on Childhood Lead Poisoning for Health Care Providers](#) that reflect the new CDC reference value of 3.5 mcg/dL.

CCHP would like to remind providers that California Department of Health Care Services (DHCS) considers all children receiving Medi-Cal benefits, including CCHP members, at-risk for lead exposure.

Blood lead screening must be completed in children at 1 year and 2 years of age, *or* if the patient has not been tested before 6 years of age.

## DON'T FORGET

- Offer written/oral anticipatory guidance at every visit from 6 months to 6 years of age.
  - [Anticipatory guidance & member education materials](#) may be downloaded and printed *or* email [Leadprogram@ccealth.org](mailto:Leadprogram@ccealth.org) to have these materials printed & sent to your clinic at no cost.
- Order & perform Blood Lead Level (BLL) screening at:
  - 1 Year visit
  - 2 Year Visit
  - If a child is <6 years old and has not had a BLL
  - If a member is at increased risk or the caregiver requests.
  - If the member is a refugee - [CDC Lead Screening for Refugees](#)
- Follow up elevated capillary or POCT tests with venous test to confirm results.
- If a member has elevated results, coordinate with Contra Costa Lead Program by sending an encrypted email to [Leadprogram@ccealth.org](mailto:Leadprogram@ccealth.org) or calling (925) 608-5318. RMC providers may InBasket message PH Child Lead Poisoning Prevention Pool.
- Document refusals in member's medical record.
- If using POCT, you are considered a laboratory and must report test results via the CDPH Electronic Blood Lead Reporting System.
- Filter paper blood lead testing is not accepted by the State of California.

## WE CAN HELP!

CCHP can help support your lead screening efforts. The following are available:

An outreach toolkit with sample text messages, letter/email, robocall scripts, and sample social media messages.

Printed posters for clinic waiting/exam rooms. You can view and order the posters at: <https://forms.office.com/g/BJ54qSigbL>

Gap in Care lists that detail members who need screening.

Email [CCHP.quality@ccealth.org](mailto:CCHP.quality@ccealth.org) to request any of the above materials/resources.



## Collection of Language, Race and Ethnicity

Otilia Tiutin, PhD

Cultural and Linguistic Services Program Manager

As champions of physical, mental health and well-being for Contra Costa Health Plan (CCHP) Members, your role is invaluable, and the care you provide to our members has a profound impact on their lives.

CCHP has made it a priority in the last 15 plus years to collect member Race/Ethnicity/ Language data so we can track health disparities and develop quality improvement initiatives to close the disparities gap among CCHP members. It allows us to recognize patterns and trends that may otherwise remain hidden, guiding us in developing targeted interventions and culturally competent approaches that promote better overall outcomes for everyone.

We embrace our culturally diverse provider network which allows us to better connect with our patients and provide care that is truly responsive to their needs. We currently have race/ethnicity/language data on only 30% of our provider network.

By sharing your race and ethnicity when you submit your recredentialing applications, or through the quarterly Provider Network updates or by contacting the Credentialing team at [cchpcredentialing@cchealth.com](mailto:cchpcredentialing@cchealth.com) to add race/ethnicity/language to your credential profile, it communicates to our members that our Network is reflective of the communities served and demonstrates working collaboratively to dismantle barriers and reduce disparities in health care.

Thank you for your dedication to improving the well-being of our members, and for striving to be an agent of positive change in the lives of those we serve.



## New Registry Requirement to Submit Immunization and TB Data

[AB 1797](#), a new California bill effective January 1, 2023, requires providers to enter immunizations and TB tests they administer, as well as a patient's race and ethnicity, into a California immunization registry ([CAIR](#) OR [RIDE/Healthy Futures](#)).

This reporting requirement includes newly recommended immunizations, such as

- Nirsevimab to prevent severe RSV disease for infants and toddlers
- RSV vaccines for adults 60 years and older.

Many of your questions can be answered by visiting the [AB 1797 Immunization Registry FAQs](#) page.

### Not Yet Enrolled? [Enroll Now!](#)

Joining CAIR helps providers meet requirements for AB 1797, Medi-Cal, and the Vaccines for Children (VFC) program. There are [many other benefits](#) to participating in an immunization registry: save time, improve patient care, boost immunization rates, and quickly run vaccine reports to access data for reporting.

Refer to the [How to Enroll in CAIR2 page](#) for guidance on the CAIR2 setup that works best for your practice and contact your [Local CAIR Representative](#) with any questions.

If you immunize patients in **Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, or Tuolumne counties** visit [myhealthyfutures.org](https://myhealthyfutures.org) and contact the Healthy Futures/RIDE Help Desk at (209) 468-2292 or [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org) to enroll.

### Not Sure if You're Already Enrolled or Need to Update Your Account?

If you are not sure if your practice is already enrolled or need to update your read-only account to be able to submit doses, contact the CAIR Help Desk ([CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov) or 800-578-7889) or your [Local CAIR Representative](#).

For more information, see the [AB 1797 Immunization Registry FAQs](#).



## CCHP Partnering with Symplr Credentialing Verification Organization

As part of our ongoing commitment to providing you with the best service possible, we are pleased to announce that our credentialing services will be transitioning to **Symplr** for our Primary Source Verification (PSV) Services.

Partnering with **Symplr** offers:

- Streamlined and comprehensive credentialing verification workflow
- Secure file sharing ensuring your sensitive data is handled with the utmost care
- Fast and accurate processing and verification of your credentialing needs

During the processing and verification stages, you may expect that **Symplr**, on behalf of CCHP, will reach out to your or your credentialing contact directly regarding required documents, questions, or to seek clarification on documents received for credentialing and recredentialing applications.

We are committed to making this transition as smooth as possible for you. We believe this change will significantly enhance the services we provide and lead to better outcomes for your organization.

If you have any questions or concerns about this transition, please contact the credentialing team at [cchpcredentialing@cchealth.org](mailto:cchpcredentialing@cchealth.org). We are here to address any inquiries and provide the information you need. We appreciate your continued trust in us and look forward to this next phase of our credentialing services.

## Provider Complaints

CCHP is committed to the delivery of excellent customer service. If you have received less than excellent service, there is a process to have your complaints evaluated and resolved in a timely manner. Complaints you would likely submit may include member discharge from your practice, member behavior at your practice, facility site reviews, contractual concerns, interactions with CCHP staff or concerns regarding CCHP policies and procedures .

The Complaint Form is available at the following link: <https://cchealth.org/healthplan/pdf/provider/Appendix-O-Provider-Complaint-Form.pdf>.

To ensure efficient processing, please submit all provider complaints to:  
[NetworkManagementTeam@cchealth.org](mailto:NetworkManagementTeam@cchealth.org).

Thank you for your continued collaboration in delivering high-quality healthcare services to our community.

**For claims issues** including payment of claims, denials, and claims submissions please contact the claims team directly through one of the following resources:

Provider portal or claims tracer forms available at <https://cchealth.org/healthplan/providers/>  
Email [claimstatus@cchealth.org](mailto:claimstatus@cchealth.org).  
Telephone at 1-877-800-7423 opt. 5

## Department of Health Care Services (DHCS) All Plan Letter (APL) Updates

DHCS has recently issued APLs 23-010 – 23-023. This is a brief description of the recent APLs. For full APL content please click here, [Managed Care All Plan Letters - 1998 to Current](#).

### **APL 23-010 SUPERSEDES ALL PLAN LETTER 19-014 RESPONSIBILITIES FOR BEHAVIORAL HEALTH TREATMENT COVERAGE FOR MEMBERS UNDER THE AGE OF 21**

The goal is to promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without a diagnosis of ASD. Examples of BHT services include behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions.

When considering a Member's need for BHT services, the Medi-Cal Managed Care Health Plans (MCP) must ensure the Member:

1. Has a recommendation from a licensed physician, surgeon, or psychologist that evidence-based BHT services are medically necessary;
2. Is medically stable; and
3. Does not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

### **ALL PLAN LETTER 23-021 SUPERSEDES 19-011 POPULATION NEEDS ASSESSMENT AND POPULATION HEALTH MANAGEMENT STRATEGY**

Requires MCPs to complete a Health Education and Cultural and Linguistic Needs Assessment to measure health disparities and identify high priority health and social needs for their Member population. Effective January 1, 2023, MCPs are no longer required to submit an annual PNA and PNA Action Plan as previously required by APL 19-011.

The new annual PHM Strategy requires MCPs to demonstrate that they are meaningfully responding to



## Department of Health Care Services (DHCS) All Plan Letter (APL) Updates (Cont.)

**Provide Medi-Cal Managed Care Health Plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal Managed Care.**

The MCP must begin to process non-urgent requests within five working days following the receipt of the Continuity of Care request. Additionally, each Continuity of Care request must be completed within the following timelines from the date the MCP received the request:

- 30 calendar days for non-urgent requests;
- 15 calendar days if the Member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or
- As soon as possible, but no longer than three calendar days for urgent requests (i.e., there is identified risk of harm to the Member).

### **ALL PLAN LETTER 23-023 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES -- LONG TERM CARE BENEFIT STANDARDIZATION AND TRANSITION OF MEMBERS TO MANAGED CARE**

CalAIM seeks to move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility through benefit standardization. To further these goals, the Department of Health Care Services (DHCS) is implementing benefit standardization – also termed a “carve-in” – of the ICF/DD Home benefit statewide.

Effective January 1, 2024, DHCS will require Non-Dual and Dual LTC Members (including those with Medi-Cal Share of Cost coverage) to enroll in an MCP and receive their LTC ICF/DD Home benefit through their MCP. Enrollment into an MCP does not change a Member's relationship with their Regional Center. Beginning January 1, 2024, Members who reside in an ICF/DD Home will remain enrolled in managed care, instead of being disenrolled from the MCP and transferred to FFS Medi-Cal. Members who are residing in an ICF/DD Home will be transferred from FFS Medi-Cal to Medi-Cal Managed Care



## Summary of New APL's

APL #	Release Date	APL Title	APL Description
<b>APL 23-013</b>	05/18/2023  <b>Revised 09/05/2023</b>	Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework	Informs Medi-Cal Managed Care Health Plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
<b>APL 23-020</b>	07/26/2023  <b>Revised 10/12/2023</b>	Requirements for Timely Payment of Claims	Reminds Medi-Cal Managed Care Plans (MCPs) of their legal and contractual obligation to timely pay claims submitted by Providers for Covered Services to MCP Members.
<b>APL 23-021</b>	8/15/2023	Population Needs Assessment and Population Health Management Strategy	Provides guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs). Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated via the PHM Policy Guide.
<b>APL 23-022</b>	8/15/2023	Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023	Provides Medi-Cal Managed Care Health Plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care.
<b>APL 23-023</b>	8/18/2023	Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	Provides requirements to all Medi-Cal Managed Care Health Plans (MCPs) for the Long-Term Care (LTC) Intermediate Care Facility/Home for Individuals with Developmental Disabilities services provisions of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization initiative. This APL contains requirements related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes.



## Summary of New APL's (Cont.)

APL #	Release Date	APL Title	APL Description
<b>APL 23-024</b>	8/24/2023	Doula Services (Supersedes APL 22-031)	Provides Medi-Cal Managed Care Plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.
<b>APL 23-025</b>	9/14/2023	Diversity, Equity, and Inclusion Training Program Requirements (Supersedes APL 99-005)	Provides Medi-Cal Managed Care Plans (MCPs) with guidance regarding the Diversity, Equity, and Inclusion (DEI) training program requirements.
<b>APL 23-026</b>	9/25/2023	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse (Supersedes APL 19-012)	Informs Medi-Cal Managed Care Plans (MCPs) of their responsibilities related to the implementation of federal Medicaid Drug Utilization Review (DUR) requirements outlined in section 1004 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R. 6, the SUPPORT Act, P.L. 115-271).
<b>APL 23-027</b>	9/26/2023	Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	Provide requirements to all Medi-Cal Managed Care Plans (MCPs) on the Subacute Care Facility Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of Medi-Cal members to managed care.
<b>APL 23-028</b>	10/3/2023	Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage (Supersedes APL 15-012)	Describes the requirements for Medi-Cal Managed Care Health Plans (MCPs) to cover intravenous (IV) moderate sedation and deep sedation/general anesthesia services provided by a physician in conjunction with dental services for MCP Members in hospitals, ambulatory surgical settings, or dental offices. This APL supersedes APL 15-012. This APL identifies information that MCPs must review and consider during the prior authorization process as described and detailed in the attached guidelines for IV moderate sedation and deep sedation/general anesthesia for dental procedures (Attachment A)

## Summary of New APL's (Cont.)

APL #	Release Date	APL Title	APL Description
APL 23-029	10/11/2023	Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities	Clarifies the intent of the Memorandum of Understanding (MOU) required to be entered into by the Medi-Cal Managed Care Plans (MCPs) and Third Party Entities (defined below) under the Medi-Cal Managed Care Contract (MCP Contract) with the Department of Health Care Services (DHCS), and to specify the responsibilities of MCPs under those MOUs. In addition, this APL contains an MOU template with general provisions required to be included in all MOUs (Base Template) that the MCPs must execute pursuant to the MCP Contract and MOU templates tailored for certain programs, which contain the required general MOU provisions and program-specific provisions (Bespoke Templates).
APL 23-030	10/24/2023	Medi-Cal Justice-Involved Reentry Initiative-Related State Guidance	Announces the release of the "Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative" for county welfare departments, state prisons, county correctional facilities, county youth correctional facilities, and/or their designated entity(ies). The Policy and Operational Guide (herein referred to as "The Guide") memorializes policy and operational requirements for implementing the Medi-Cal Justice-Involved Reentry Initiative.

# Expressable Speech Therapy

## 1-on-1 speech therapy for Contra Costa Health Plan Members

Expressable's research-based care model combines personalized, 1:1 virtual speech therapy with caregiver education and support, helping your patients reach their communication goals faster.



### Experienced clinical team

Weekly, 1:1 therapy with certified W2 speech-language pathologists (avg. 10+ years of experience)



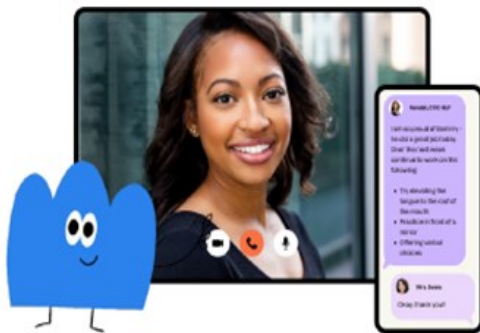
### Support between sessions

Patients receive weekly home programs and practice activities, and they can securely text their therapist anytime for continued learning.



### Care coordination

Goals are tracked week-to-week and care documentation is shared with providers to keep you informed of your patient's progress.



## Immediate availability with flexible scheduling

- ✓ Available 7 days/week + evenings
- ✓ Meet with the same speech therapist weekly
- ✓ Evidence-based care model
- ✓ Thousands of families served

4.9 / 5 avg. patient review ★★★★★

Send us a referral - we'll take care of the rest!

TO SEND REFERRALS

After sending a referral, an Expressable speech therapist will contact your patient same-day to provide a free consultation. Our team will work to better understand their goals, answer questions, and schedule services with a therapist on our team specialized in their area of need.

Secure Fax: 512-546-6034

Online: [www.expressable.com/referrals](http://www.expressable.com/referrals)

## Welcome Community Provider Network (CPN) Providers

### Specialty Care Providers

Provider	Specialties	Practice & Location(s)
Carol Rogala, DO	Addiction Medicine, Substance Abuse Professional	Bright Heart Health Medical Group, Walnut Creek
Myngoc Nguyen, MD	Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area Inc, Walnut Creek
Kevin Garnett, HAD	Audiology	Hearing Services of Antioch, Antioch
Jean-Phillip Okhovat, MD	Dermatology, Telemedicine - Dermatology	TeleMed2U, Roseville
Sunaina Deepak, RD	Dietitian	HealthWise Nutrition Consulting, Walnut Creek
Daniel Yu, MD	Gastroenterology	Ming Fang MD, Inc., Walnut Creek
Kathryn Tiano, PA	Mid-level - Family Planning	Planned Parenthood, Santa Rosa
Sarah Ball, NP	Mid-level - Family Planning	Planned Parenthood, Richmond
Sheri Golden, PA	Mid-level - Gastroenterology	BASS Medical Group, Inc., Walnut Creek
May Lee, NP	Mid-level - Nephrology	West Coast Kidney, Castro Valley
Helen Mwanza, NP	Mid-level - Nephrology	West Coast Kidney, Antioch
Gee Tsou, PA	Mid-level - Nephrology	West Coast Kidney, Pleasanton
Arianna Pham, PA	Mid-level - Neurological Surgery Assistant	BASS Medical Group, Inc., Walnut Creek
Lester Ma, PA	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopedics & Spine, Oakland
Rachael Kahn, NP	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopedics & Spine, Dublin
Meenal Mistry, PA	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopedics & Spine, Walnut Creek
Allison Inloes, OT	Occupational Therapy	Child's Play Therapy Services, PC, Lafayette
Irene Lestari, OT	Occupational Therapy	Child's Play Therapy Services, PC, Lafayette
Elena Javier, OT	Occupational Therapy	Child's Play Therapy Services, PC, Lafayette
Thomas Peatman, MD	Orthopaedics	Golden State Orthopedics & Spine, Dublin
Diokson Rena, MD	Pain Management, Physical Medicine and Rehabilitation	Boomerang Healthcare - Integrated Pain Management, Oakland
Sukanya Holmes, MD	Physical Medicine and Rehabilitation	Vital Total Health Medical Group, INC, Walnut Creek
Mikayla Fender-Badgley, PT	Physical Therapy	John Muir Physician Network, Brentwood
Sasan Sazgar, MD	Pulmonary Disease	TeleMed2U, Roseville
Christi Quilligan, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Laura Thorburn, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Alisha Desai, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Meaghan Kearns, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Anna Brenson, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles

## Welcome Community Provider Network (CPN) Providers

### Specialty Care Providers (Continued)

Aleisha Allen, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Kelsey Stauffer, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Erica Wood, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Elissa Killam, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Molly James, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Olivia Frieling, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Heather Gross, SLP	Speech Pathology	Expressable Speech-Language Pathology, PC, Los Angeles
Mary Palmer, SLP	Speech Therapy	Expressable Speech-Language Pathology, PC, Los Angeles
Dustin Losli, SLP	Speech Therapy	Child's Play Therapy Services, PC, Lafayette
Ryan Ou, MD	Surgery - General	BASS Medical Group, Inc., Berkeley, Oakland
John Schwartz, MD	Surgery - Hand	Golden State Orthopedics & Spine, Dublin
William Campbell, DO	Surgery - Orthopaedic	Boomerang Healthcare - Integrated Pain Management, Oakland
Jennifer Avise, MD	Surgery - Vascular	BASS Medical Group, Inc., Pleasanton, Oakland
Swathi Nadindla, MD	Wound Care	CEP America - AUC PC, Walnut Creek
Naomi Torgersen, MD	Wound Care	Wound MD, San Pablo
Christopher Allen, MD	Wound Care	CEP America - AUC PC, Walnut Creek, San Ramon

### Mental Health

Amelia Garcia, APCC	Associate Professional Clinical Counselor	UniHealth, LCSW, PC, San Francisco
Vanessa Icazbalceta-Soto, APCC	Associate Professional Clinical Counselor	Serene Health, San Diego
Rosalyn Warren, LCSW	Clinical Social Work	Serene Health, San Diego
Julie Aronowitz, LCSW	Clinical Social Work	UniHealth, LCSW, PC, San Francisco
Yuh-Jang Mei, ASW	Clinical Social Work	UniHealth, LCSW, PC, San Francisco
Benica Foster, ASW	Clinical Social Work	UniHealth, LCSW, PC, San Francisco
Queen Adu-Poku, LCSW	Clinical Social Work, Mental Health Therapist/Counselor, Substance Abuse	Royal Emotional Care, Antioch
Debra Haber-Zurita, LCSW	Clinical Social Work, Substance Abuse Professional	Debra M Haber-Zurita, LCSW, MPH, Pleasant hill
Elizabeth SarinAna, LCSW	Clinical Social Work, Substance Abuse Professional, Telemedicine - Mental	Serene Health, San Diego
Kelli Clark, LCSW	Mental Health Therapist/Counselor	UniHealth, LCSW, PC, San Francisco
Heather Paxton, ASW	Mental Health Therapist/Counselor	3Prong Health, Fremont



## Welcome Community Provider Network (CPN) Providers

### Mental Health Providers (Continued)

Vicky Tejada, LCSW	Mental Health Therapist/Counselor	Vicky Tejada, LCSW, MSW, Pleasant Hill
Antonio Alcocer, MFTI	Mental Health Therapist/Counselor	3Prong Health, Fremont
Brenda Cordova, ASW	Mental Health Therapist/Counselor	UniHealth, LCSW, PC, San Francisco
Courtney Benn, MFTI	Mental Health Therapist/Counselor	3Prong Health, Fremont
Eric Miklusicak, MFT	Mental Health Therapist/Counselor	TeleMed2U, Roseville
Julio Lagos, LCSW	Mental Health Therapist/Counselor	UniHealth, LCSW, PC, San Francisco
Julie Lenhardt, LCSW	Mental Health Therapist/Counselor	Bright Heart Health Medical Group, Walnut Creek
		3Prong Health, Fremont, San Francisco, Burlingame, Turlock, Concord
Menuka Senaratne, APCC	Mental Health Therapist/Counselor	
Jessica Armenta, ASW	Mental Health Therapist/Counselor	Serene Health, San Diego
Morgan Webster, ASW	Mental Health Therapist/Counselor	Serene Health, San Diego
Marcia Spencer, MFTI	Mental Health Therapist/Counselor	Serene Health, San Diego
Norma Uribe, MFT	Mental Health Therapist/Counselor	Serene Health, San Diego
Jasmine Estrada, MFTI	Mental Health Therapist/Counselor	Serene Health, San Diego
Emilie Leach, MFTI	Mental Health Therapist/Counselor	Serene Health, San Diego
Morella Hammer, MFT	Mental Health Therapist/Counselor	Serene Health, San Diego
Regina Blaine, LCSW	Mental Health Therapist/Counselor	UniHealth, LCSW, PC, San Francisco
Frances Doughty, MFT	Mental Health Therapist/Counselor	Frances Doughty, MFT, Berkeley
	Mental Health Therapist/Counselor, Substance Abuse Professional, Telemedicine - Mental Health	
Laurena Pham, MFTI		Serene Health, San Diego
	Mid-level - Psychiatry, Telemedicine - Mental Health	
Scott Lane, NP		Serene Health, San Diego
		Vital Total Health Medical Group, INC, Walnut Creek
Michael Zizmor, MD	Psychiatry	
Willie Nnamdi Orakpo, MD	Psychiatry	Comprehensive Psychiatric Services, Walnut Creek
Yvonne Erusiafe, MD	Psychiatry	TeleMed2U, Roseville
Sitwat Malik, MD	Psychiatry	TeleMed2U, Roseville
Brooke Davidson, Psy.D	Psychology	Jigsaw Diagnostics, Menlo Park
Christine Rivera, Psy.D	Psychology	Jigsaw Diagnostics, Menlo Park
Sujata Saha, Psy.D	Psychology	Jigsaw Diagnostics, Menlo Park
Ashley Berry, Psy.D	Psychology	Jigsaw Diagnostics, Menlo Park
	Substance Abuse Professional, Telemedicine - Mental Health	
Katrina Groves-Rehwaltdt, MD		Bright Heart Health Medical Group, Walnut Creek
	Substance Abuse Professional, Telemedicine - Mental Health	
Shivali Dave, PA		Bright Heart Health Medical Group, Walnut Creek
	Substance Abuse Professional, Telemedicine - Mental Health	
Atul Grover, MD		Bright Heart Health Medical Group, Walnut Creek



## Welcome Community Provider Network (CPN) Providers

### Behavior Analysts

Nicole Ricciardelli, BCBA	Qualified Autism Provider	AEFCT, Oakland
Nicole Novak, BCBA	Qualified Autism Provider	AEFCT, Oakland
Kelly Montiel, BCBA	Qualified Autism Provider	AEFCT, Oakland
Emily Gomez, BCBA	Qualified Autism Provider	AEFCT, Oakland
Whitney Bell-Gam, BCBA	Qualified Autism Provider	AEFCT, Oakland
Danielle Travers, BCBA	Qualified Autism Provider	AEFCT, San Diego, Oakland
Michael Forsberg, BCBA	Qualified Autism Provider	Autism Behavior Services Inc, Santa Ana
Allison Di Gregorio, BCBA	Qualified Autism Provider	Autism Behavior Services Inc, Santa Ana
Jennifer Cummings, BCBA	Qualified Autism Provider	Behavioral Health Works, Inc., Hayward
Yasmin Gomez, BCBA	Qualified Autism Provider	BM Behavioral Center, LLC, Hercules
Catherine Castaneda, BCBA	Qualified Autism Provider	BM Behavioral Center, LLC, Hercules
Joyce Kuo, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Michelle Pabalate, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Crisol Jimenez, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Claudine Sanchez, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Ingrid Jones, BCBA	Qualified Autism Provider	Center for Social Dynamics, Oakland
Elizabeth Connis, BCBA	Qualified Autism Provider	Center for Social Dynamics, Oakland
Conrad DeGuzman, BCBA	Qualified Autism Provider	Centria Healthcare Autism Services, Walnut Creek
Alexandra Kane, BCBA	Qualified Autism Provider	Intercare Therapy, Inc., Alameda
Shruti Rajmohan, BCBA	Qualified Autism Provider	Kadiant, LLC, Oakland
Philicia Takeshima, BCBA	Qualified Autism Provider	Kadiant, LLC, Oakland
Keely Castillo Bernal, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord
Vivian Chiu, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Chiko Noguchi-Ordonez, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Courtney Moore, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Jennifer Shin, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Crystal Coaxum, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Ramon

## Welcome Community Provider Network (CPN) Providers

### Facilities

Contra Costa Public Health	Community Supports	Concord
Journey Health Medical Group of California	Community Supports	Oakland
Axis Care Management	Enhanced Care Management	Rocklin
Master-Care, Inc	Enhanced Care Management	Folsom
Master-Care, Inc	Community Supports	Folsom
24Hr HomeCare, LLC	Community Supports	El Segundo
Lifesavers Transportation, LLC	Non-emergency Transportation	San Lorenzo
ProCare Medical Supply	DME & Medical Supplies	Dublin
Lifeguard Home Health	Home Health	Pleasanton
Breg, Inc.	DME & Medical Supplies	Carlsbad
VyncaCare	Palliative Care	Eureka
DaVita - Colma Dialysis	Dialysis	Colma
DaVita - Mills Dialysis	Dialysis	San Mateo
DaVita - Burlingame Dialysis	Dialysis	Burlingame
DaVita - Davies Dialysis	Dialysis	San Francisco
DaVita - Pacific Dialysis	Dialysis	San Francisco
DaVita - San Francisco Home Training	Dialysis	San Francisco
DaVita - San Bruno Dialysis	Dialysis	San Bruno
DaVita - South San Francisco at Home	Dialysis	South San Francisco
DaVita - Chinatown Dialysis	Dialysis	San Francisco
DaVita - San Francisco Dialysis	Dialysis	San Francisco
Davita - Daly City Dialysis	Dialysis	Daly City
DaVita - Golden Gate Dialysis	Dialysis	San Francisco
DaVita - Westlake Daly City Dialysis Center	Dialysis	Daly City
DaVita - Redwood City Dialysis	Dialysis	Redwood City
A Caring Life Home Health Inc.	Home Health	Tracy
American Hospice and Home Health Care Services, Inc.	Hospice - Outpatient	Pleasanton
American Hospice and Home Health Care Services, Inc.	Home Health	Pleasanton
Axis Care Management	Community Supports	Rocklin
ModifyHealth	Community Supports	Alpharetta
Home Safety Services	Community Supports	Burlingame

## Welcome Contra Costa Regional Medical Center (RMC) Providers

Paul Kiruuta, NP	Family Medicine
Victoria Wu, MD	Neurology
Kamesh Krishnamurthy, MD	Neurology
Anirudh Sreekrishnan, MD	Neurology
Michael Diaz, MD	Neurology
Lennox Byer, MD	Neurology
Enyioma Okechukwu, MD	Emergency Medicine
Natalie White, MD	Family Medicine
Haley Mayenkar, MD	Psychiatry
Aman Singh, MD	Psychiatry
Ketetha Olengue, MD	Psychiatry, Psychology
John Goodrich, MD	Pediatrics
Jon Lewis, MD	Radiology
Elizabeth Bruns, MD	Psychiatry
Dahlia Norry, MD	Family Medicine, Obstetrics And Gynecology
Jonathan Cedermaz, MD	Emergency Medicine
Nina Clark, DO	Family Medicine
Noha Eshera, MD	Family Medicine, Obstetrics And Gynecology
Tyler Maxon, OD	Optometry
Stephanie Lin, MD	Internal Medicine
Soon Rye Kwon, DDS	Dentist
Lauren Proctor, MD	Family Medicine
Alexa Lomongsod, NP	Family Medicine
David Kleinerman, MD	Surgery - Urological, Urology



# THE BULLETIN BOARD

Reminder!

## Attention: Provider Network Trainings

Next Meeting Dates: **January 30, 2024**  
**April 30, 2024**  
**July 30, 2024**  
**October 30, 2024**

Zoom Times: 7:30 am—9:00 am  
Or  
12:00 pm—1:30 pm

To register, please email: [Vanessa.Pina@cchealth.org](mailto:Vanessa.Pina@cchealth.org)

## HOLIDAYS OBSERVED BY CCHP

November 23 Thanksgiving Day  
November 24 Day After Thanksgiving  
December 25 Christmas (observed)  
January 1 New Year's Day (observed)



Using any computer at any time, this free web-based tool allows you to:

- Check your patients' eligibility and insurance information,
- Submit appeals,
- Look up claims or referrals, or view your patients' records

To sign up for access to the ccLink Provider Portal, complete the Portal Access Agreement located on this web page: <https://cchealth.org/healthplan/providers/> and download the PDF under the ccLink logo (right side of screen).

For questions regarding ccLink, please email [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org).

## Interpreter Services

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.**

## CCHP Online Resources:

[www.cchealth.org/healthplan/providers](https://www.cchealth.org/healthplan/providers)

Uninsured individuals:  
[www.cchealth.org/insurance](https://www.cchealth.org/insurance)

## Electronic Claim Submissions

Enroll in CCHP's EDI program so you can send claims and receive payments electronically.

For more information, email: [EDIsupport@cchealth.org](mailto:EDIsupport@cchealth.org)





## CCHP Directory

595 Center Ave. Suite 100  
Martinez, CA 94553  
[www.cchealth.org](http://www.cchealth.org)



### Provider Online Forms and Resources

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

#### Authorization Department/Hospital Transition Nurse

877-800-7423, option 3

- Email Auth Questions (**do not email auth requests**): [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)
- Email SNF Questions: [CCHPSNF-auth@cchealth.org](mailto:CCHPSNF-auth@cchealth.org)
- Fax Numbers for Prior Authorization Requests:
  - Medi-Cal Member** Authorization eFax Numbers:
    - ◇ Out of Area (Hospital) Face Sheet: Fax: (925) 313-6645
    - ◇ Mental Health (only if not yet on portal): Fax: (925) 313-6196
  - Commercial Member** Authorization eFax Numbers:
    - ◇ Confidential Mental Health (only if not yet on portal): Fax: (925) 313-6196
- Prior Authorization Requests—Please use ccLink or the ccLink Provider Portal for all communication with the following exceptions:
- Noncontracted providers and out-of-area hospitals Fax: 925-313-6645
- Email Auth Questions (**do not email auth requests**): [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)

#### Behavioral Health Unit (BHAU)

877-661-6230, option 4

- Requests should be submitted through ccLink or the ccLink Provider Portal.
- Fax for providers waiting for ccLink access: 925-252-2626
- Email Behavioral Health Related Questions: [CCHPBHD@cchealth.org](mailto:CCHPBHD@cchealth.org)

#### ccLink Provider Portal

- ccLink Portal Application: [CCHHealth.org/healthplan/providers](https://CCHHealth.org/healthplan/providers)
- Email ccLink Application and Questions: [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org)
- IT Support to reset password or access issues: 925-957-7272

#### Claims Department

877-800-7423, option 5

- Email Claims Questions: [ClaimStatus@cchealth.org](mailto:ClaimStatus@cchealth.org)
- Email Appeals Questions: [Appeals@cchealth.org](mailto:Appeals@cchealth.org)

#### Facility Site Review Department

- Email: [CCHPfsr@cchealth.org](mailto:CCHPfsr@cchealth.org)

#### Member Eligibility and PCP Assignment

877-800-7423, option 1

- ccLink Provider Portal (web based eligibility checks) [cclinkproviderportal.cchealth.org](http://cclinkproviderportal.cchealth.org)

#### Member Services Department

877-800-7423, option 7

#### Pharmacy Department

877-800-7423, option 2

#### Provider Relations Department

877-800-7423, option 6

- Fax: 925-608-9411
- Email General Questions: [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)
- Email Contract Related Questions: [CCHPcontracts@cchealth.org](mailto:CCHPcontracts@cchealth.org)
- Email Credentialing Related Questions: [CCHPcredentialing@cchealth.org](mailto:CCHPcredentialing@cchealth.org)

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