

# Overview of Contra Costa Health Plan for Primary Care Providers

A Division of Contra Costa Health Services

A Culture of Caring for Over 40 Years

<https://www.cchealth.org/health-insurance>



CONTRA COSTA  
HEALTH

# Chief Executive Officer **Sharron Mackey, M.P.A, M.H.S**



## Contra Costa Health Plan's vision is member centric:

- Keep members as healthy as possible
- Facilitate relationship between providers and members/family
- Assure an integrated system of timely and quality services for both in-patient and outpatient services while managing the cost

CONTRA COSTA  
**HEALTH**



# Healthcare System Relationships

Health Plan

Providers

Members

# Regulatory Oversight

## → OVERSIGHT AGENCIES

### → CENTER OF MEDICAID & MEDICARE

- Department of Health Care Services
- Department of Managed Health Care
- County Board of Supervisors

### → ACCREDITATION

- National Committee for Quality Assurance (NCQA)
- Healthcare Effectiveness Data and Information System (HEDIS) Measures

→ Accreditation is an evaluative, rigorous, transparent, and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.

# CCHP Facts



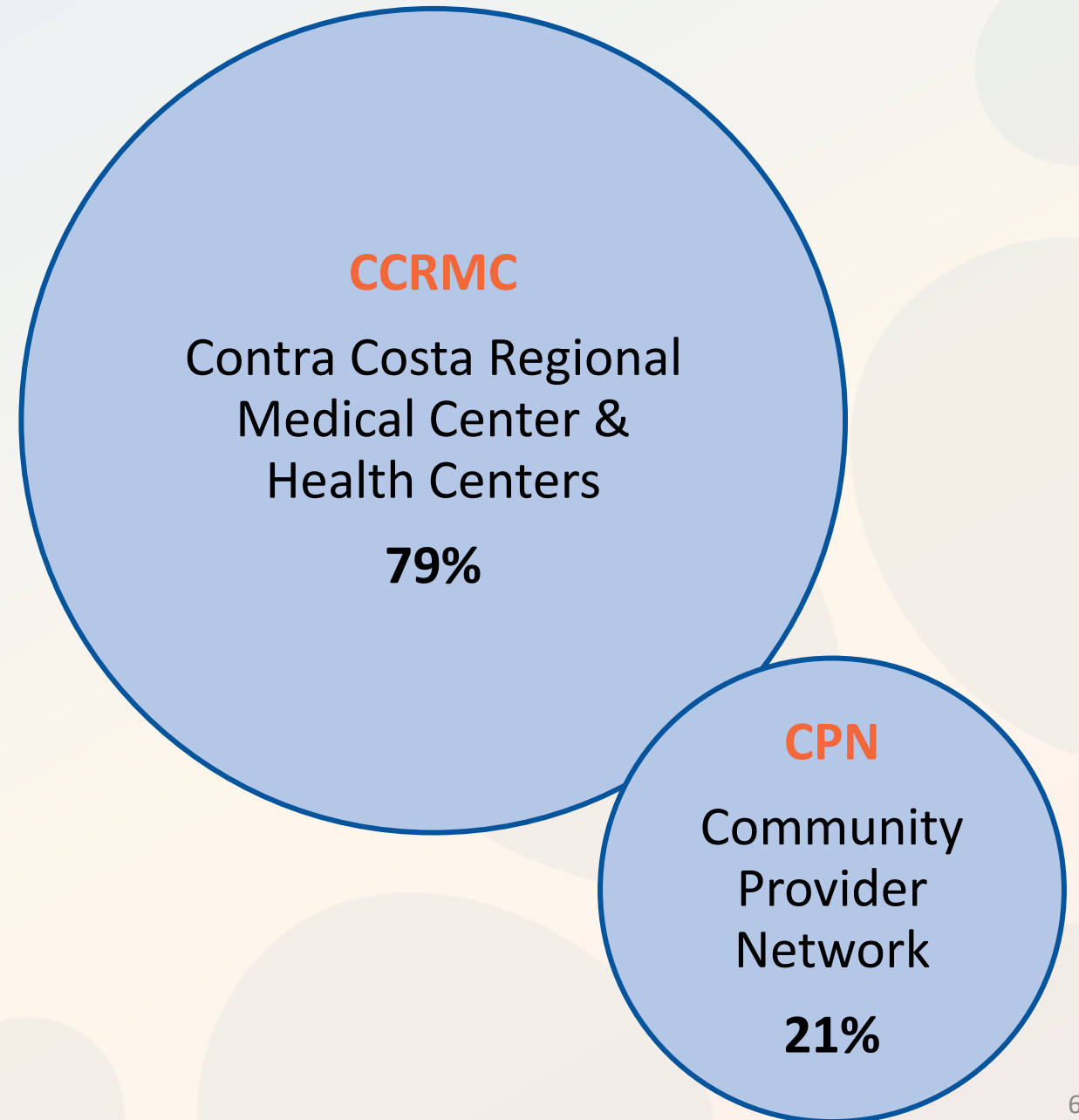
- CCHP is the oldest County-sponsored Federally Qualified Health Maintenance Organization (HMO) in the country. Currently CCHP has multiple product lines – Medi-Cal, Commercial, IHSS.
- CCHP is an integral entity within the Contra Costa County Health Services Department (CCHS) and has over 45 years of collaboration with the County Public Hospital and Federally Qualified Health Center (FQHC) Ambulatory Health Center, as well as the Public Health, Mental Health, and Substance Abuse Divisions within the Health Services Department.
- CCHP is Knox-Keene Licensed.
- CCHP is accredited by NCQA.
- CCHP has over 270,000 Medi-Cal and Commercial members (94% are Medi-Cal).

CCHP offers a choice of two Primary Care Networks for **Medi-Cal and Commercial members** which includes:

- Contra Costa Regional Medical Center (CCRMC)
- Community Provider Network (CPN)

# CCHP Provider Network

The distribution of members among our two primary care networks



# CCHP Networks Based on Member's Insurance

- **Commercial A, A2, A2-IHSS:**

PCP at CCRMC only, specialty care at CCRMC only (if services not available at CCRMC then prior authorization needed to go to CPN)

- **Commercial B:**

PCP at CCRMC or CPN, specialty care at CCRMC or CPN

- **Medi-Cal:**

PCP at CCRMC or CPN, specialty care at CCRMC + CPN (for CCRMC or CPN assigned)

- All networks need prior authorization for tertiary care. Authorization is reviewed and approved on a case-by-case basis.

# Our Contracted Hospitals

- Alta Bates Medical Center – Berkeley & Summit Oakland Campus
- Contra Costa Regional Medical Center (CCRMC)
- John Muir – Concord & Walnut Creek Medical Center
- Stanford Health Care – ValleyCare Medical Center
- Sutter Delta Medical Center – Antioch
- Sutter Solano Medical Center – Vallejo
- UCSF Benioff Children’s Hospital – Oakland Campus

## **Behavioral Health Centers**

- John Muir Health, Behavioral Health Center
- St. Helena Hospital Center for Behavioral Health

## **Tertiary Care Only Facilities** (Prior Auth Required, only available for services NOT available at other contracted, non-tertiary care facilities)

- Cal Pacific Medical Center
- Lucile Packard Children's Hospital at Stanford
- Stanford Hospital & clinics
- UCSF Medical Center



# Contra Costa Health Plan Regional Medical Center and Community Provider Network

↑  
UC  
DAVIS



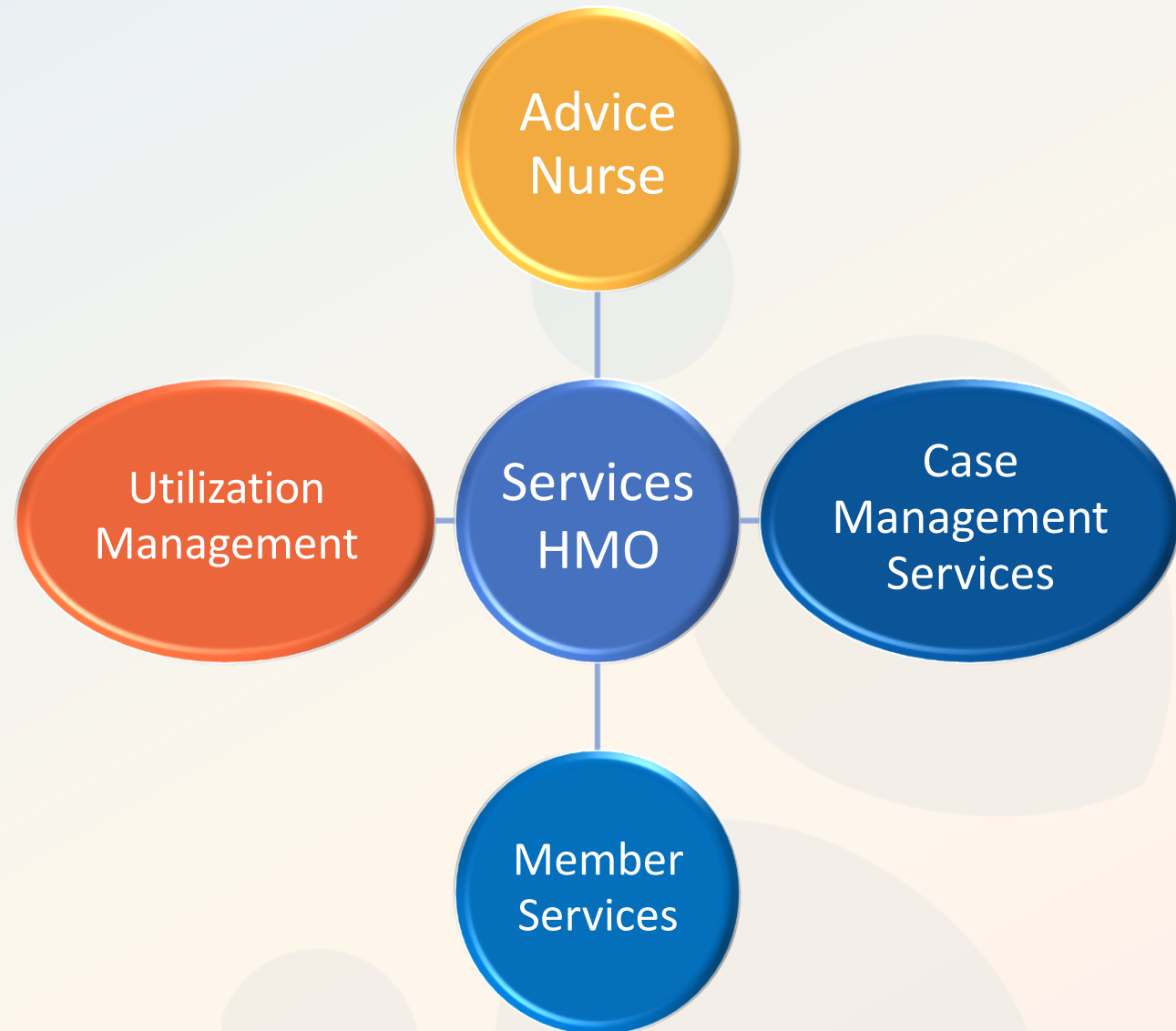
**Legend**

- Contra Costa Regional Medical Center
- Community Provider Network (CPN) Hospital
- CCRMC Health Center
- Community Health Center
- Urgent Care Center
- CPN Primary Care Providers (n=172)
- 1 Star = 2
- CPN Primary Care Provider
- CPN Specialists (n=1,398)
- 1 Dot = 6
- CPN Specialists

# Health Maintenance Organization Services

## Gatekeeper Model

- **Advice Nurse - 24/7 Operations**  
Phone: (877) 661-6230, Option 1
- **Case Management Services**  
Phone: (925) 313-6887
- **Member Services**  
Phone: (877) 800-7423, Option 1
- **Utilization Management**  
Phone: (877) 800-7423, Option 3
- **Health Education Services**  
Phone: (925) 313-6019
- **Disease Management Program**  
Phone: (925) 313-6968



# Advice Nurse

## 24X7 Members Can Call to Speak to a Nurse



- Team of experienced nurses at member's fingertips
- Health Care Advice and get a prescribed order for medications
- Infectious disease exposure questions with a clinical answer
- Vaccine information for children
- Health resources within the County
- Connect you to a physician or urgent care

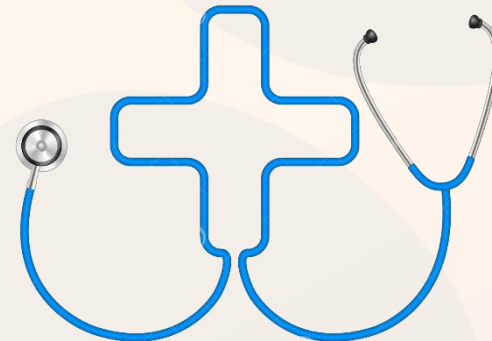
**Advice Nurse Phone: (877) 661-6230, Option 1**

# Case Management

Assists Members to Navigate the Health Delivery System and Keep Members from Hospital Stays and Emergency Room Usage

- Referrals mostly come from Primary Care Physicians for members with chronic conditions and serious health problems (asthma, diabetes, cancer, surgery)
- Members can self-refer to have a Case Manager
- Family members can refer members for services
- The Health Services Division, such as Public Health and California Children Services, can refer members to enroll in Care Management
- Monitors high incidents of health care services usages – members frequently going to the ER for care

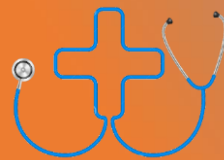
**Case Management Phone: (925) 313-6887**



# Complex Case Management Services

**Complex Case Management services are provided by CCHP Nurses and Medical Social Workers to support members who need assistance with managing and navigating their health and health-related services.**

**Case Management Phone:  
(925) 313-6887**



- Eligibility criteria listed below are used to identify members who may benefit most from Complex Case Management services.
- However, any member may be referred to Complex Case Management, (either by self-referral or provider referral), to be evaluated and assessed for available care management programs.
- Services are provided only with the consent of the member and are limited to telephonic communications.

2+ hospitalizations within the last 12 months with one related to a chronic condition

Currently taking 15+ medications

3 ED visits in the last 6 months with one related to a chronic condition.

Transplant candidate, recipient or donor.



# Supplemental Case Management Services: Transitions

- Transitions is a service within Case Management that assists Members transitioning through the health care continuum.
- Contra Costa Health Plan case managers & care coordinators facilitate Members' transition from one healthcare environment to another until placement in the most appropriate setting is achieved.
- The goal is to prevent institutionalization & re-institutionalization of Members.



## ACUTE CARE

- Hospital
- Long Term Acute Care
- Post Acute Care (Acute Rehabilitation)

## LONG TERM CARE

- Intermediate Care/Developmental Disabilities
- Subacute Care
- Skilled Nursing Facility

## COMMUNITY

- Assisted Living
- Board & Care
- Home (with support)

# California Children's Services (CCS)

- California Children's Services (CCS) offers medical coverage and case management services to children for catastrophic or chronic illness on a financial sliding scale.
- When a CCHP Medi-Cal child has a CCS condition, the medical services related to the CCS condition are covered by CCS.
- CCHP will cover eligible medical services until CCS eligibility is determined and will cover services that are not related to the CCS condition.
- Submitting a Prior Authorization Form through the Web Portal assures the request will be evaluated by the Utilization Review Team and referred to CCS for ongoing medical supervision if the condition is eligible.
- The physician's office can also send a direct referral by fax to CCS. In either instance, copies of medical documentation must accompany the referral.
- A listing of CCS eligible providers can be found on the CCS website here:  
<https://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx>
- CCS reimburses only CCS-paneled providers and CCS-approved hospitals within Plan's network; and only from the date of referral.
- The PCP is responsible for performing an appropriate baseline health assessment and diagnostic evaluation for children who are identified with conditions that may be CCS eligible.
- Early identification of possible CCS eligible conditions is an important step to timely specialty care with a CCS provider. Once CCS determines that a child has a CCS medically eligible condition, the provider can fax prior authorization requests related to the CCS, to the local CCS Office.

# Member Services

Front Line Communications for Member Interactions

- Gateway to members accessing services daily Monday – Friday, 8am – 5pm
- Members can get assigned a Primary Care Physician to manage their health care
- Members can access information on providers that are part of the CCHP Provider Network
- Members can get information on the Medi-Cal Benefit Plan that shows what services are covered
- Members can get access to Transportation services

**Member Services Phone: (877) 800-7423, Option 1**





# How do I check member eligibility?

**Prior to providing services, check eligibility by either:**

- Using the online [ccLink Provider Portal](#)
- If you do not have access to the ccLink Provider Portal, please download the ccLink Provider Portal Agreement form here:

[ccLink Provider Portal Information](#)

- Calling the automated eligibility line at:

**1-877-800-7423**

Option 1

**The ccLink Provider Portal provides:**

- On-line access to CCHP Member information
- Real-time eligibility inquiries
- Ability to submit and check the status of any required referral
- Ability to check the status of a submitted claim
- A list of patients that are assigned to you if you are the Member's PCP or if you are the referred to Specialist
- Facilitation of communication & streamlines patient care across location and disciplines

# A Member's Rights

Among a member's rights is also the member's right to:

- Talk to someone who speaks his or her own language.
- See the files pertaining to their concern, such as medical records, plan policies, and any information maintained by CCHP.
- Designate a friend, family member, or lawyer to help them.
- Have the member's Evidence of Coverage (EOC) made available for them to read more about the complaints and grievances process.

Refer members to Member Services if they would like a copy of the CCHP Grievance Policy.

**Member's phone number for Member Services: (877) 661-6230, Option 2**

# Member Complaints and Grievances

As a reminder, **ALL expressions of member dissatisfaction must be submitted to CCHP for investigation** and should also be reported to the clinic supervisor.

The member should be offered the CCHP grievance form to complete. If completed, the form should be returned immediately to CCHP's Member Services Department.

Members have the option to submit their grievances:

- Online at <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/member-services>
- By calling Member Services at **(877) 661-6230, Option 2**
- By faxing the completed form to **(925) 313-6047**
- By going to the CCHP office to talk to Member Services staff in person
- Or by mailing the printed form to:

CCHP Member Services Department  
595 Center Avenue, Suite 100  
Martinez, CA 94553

# Interpreter Services

## Why Using Family Members as Interpreters is Not Best for the Patient?

CCHP has received grievances from non-English speaking members who experienced misunderstanding and miscommunication. These members used family members as interpreters instead of a qualified interpreter.

Providers are required by regulations to offer free interpreter services as provided by CCHP. Please discourage patients from using their own interpreters, such as family members, friends or minors. If patient insists that they want to use their adult family member, you must document in the patient chart.

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

- They can make serious mistakes
- May have their own agenda
- They may hold information from patient due to embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake
- May create liability issues

## 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 member interactions

To use our Telephonic Interpreter Services, call: **(866) 874-3972** and provide your 6-digit Client ID  
(Call 877-800-7423, Option 4 for the Client ID)

To see the Guidelines for Face-to-Face Interpreter Services, go to:

<https://www.cchealth.org/health-insurance/information-for-providers/interpreter-services>



# Benefits for Medi-Cal Transportation Services

- Non-Emergency Transportation
- Emergency Transportation
- Non-Medical Transportation

**Transportation Phone:**

**(855) 222-1218**



# Utilization Management

## Heartbeat of the HMO Operations

- Referrals for specialty care are authorized by the UM Department
- Three classes of services:
  - No referral/no auth needed (in network only)
  - Referral needed/no auth needed (in network only)
  - Referral + Prior Auth needed (in and out of network)
- Team of Physicians, Nurses and Health Plan Representatives that work daily on meeting prior authorization requests from physicians:
  - Urgent referrals may take up to 72 hours
  - Routine referrals may take up to 5 business days
- Concurrent review of all inpatient hospital stays
- Provide authorizations for Long Term Acute Care, Skilled Nursing Facilities, DME and Home Health Services

### Utilization Management

- Phone: **(877) 800-7423, Option 3**
- E-mail: **[CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)**





# Prior Authorization Request

If during a consultation or follow-up visit a procedure is needed, check the CCHP Authorization Matrix to determine if an authorization is needed, which can be found at: [CCHP Authorization Matrix](#)

If an authorization is needed, a Prior Authorization/Referral Form needs to be submitted electronically through the ccLink Provider Portal.

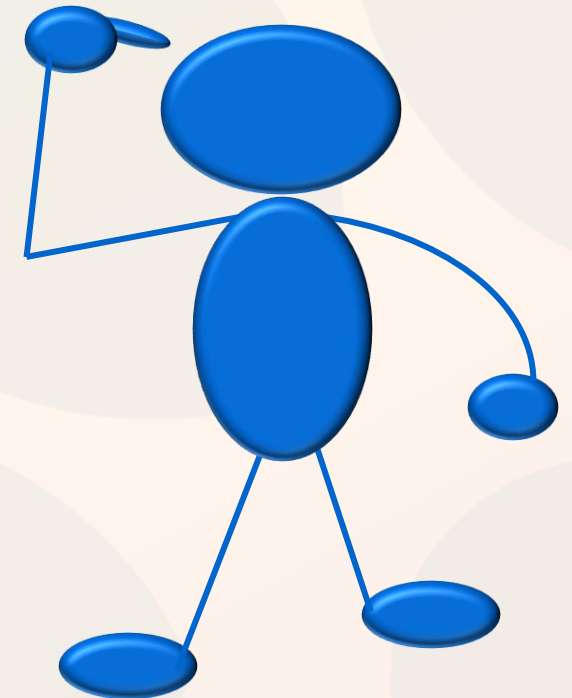
- The ccLink Referral Entry Process can be found here: [ccLink Provider Portal Referral Entry](#)
- For questions regarding the ccLink Provider Portal, email [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org)

For questions regarding **referrals** or **authorizations**, please contact the CCHP Authorization Unit at:

Email: [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)

Phone: **(877) 800-7423, Option 3** (M – F, 11 am – 5 pm)

*Voice messages will be returned within 24 hours.*

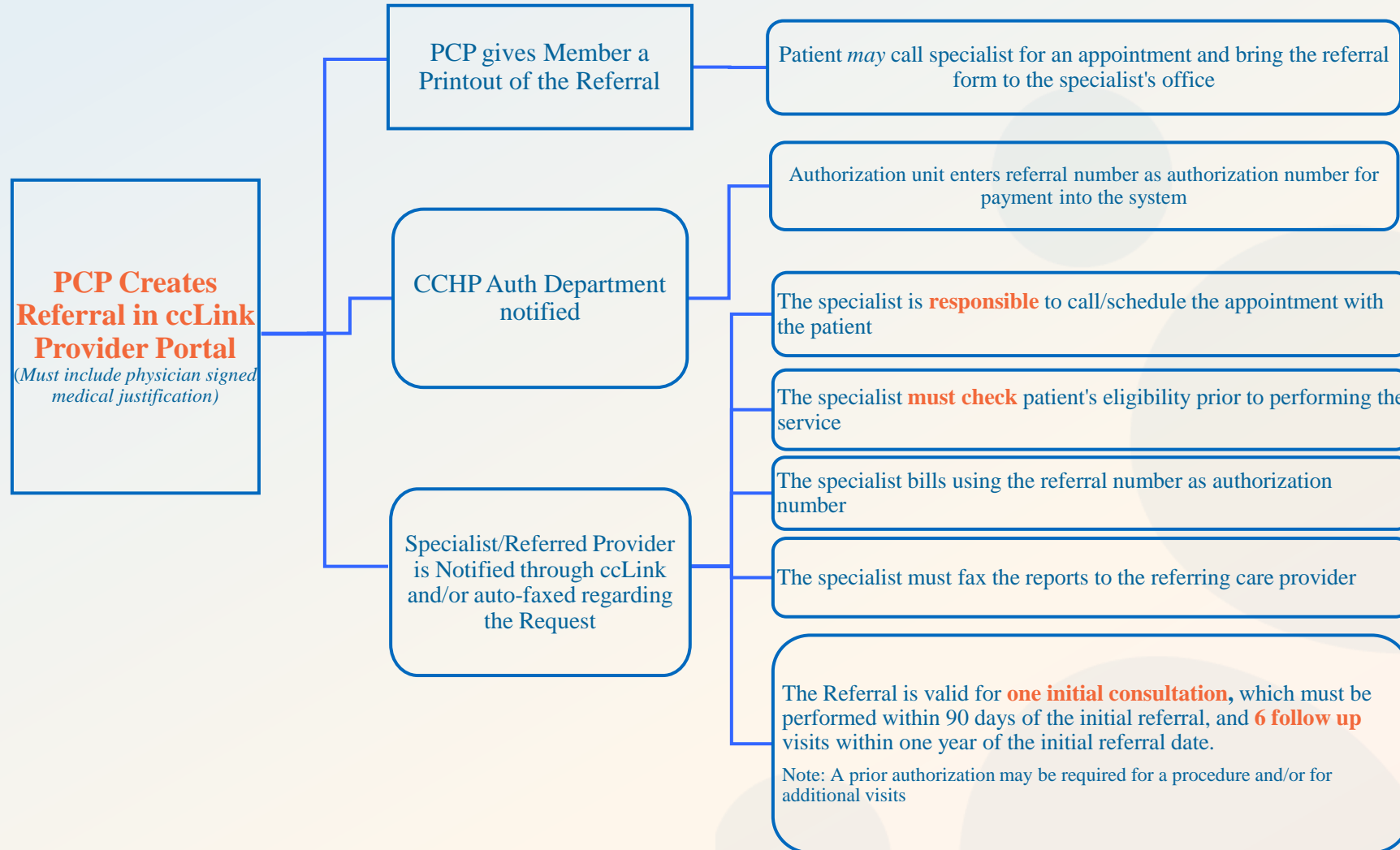


# What About Referrals to Specialty Providers?

1. All our specialists are listed in our Online Search Engine at: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/provider-directory>
2. Any specialist out-of-network **FOR THE MEMBER**, requires both a referral and prior authorization.
3. For in-network referrals, to determine if the specialty care requires a referral, check the CCHP Provider Manual and the [Contra Costa Health Plan Authorization Matrix](#).
4. This lists all services that do not require a referral or a prior authorization. If a referral is needed, it is valid for **one initial consultation**, and **6 follow-up** visits. The Interactive No Authorization Required list applies **ONLY** when a member is receiving services within their assigned primary and specialty care networks. Any services outside of their assigned network requires PA even if on this list.
5. Complete and submit the referrals or prior authorization requests through the ccLink Provider Portal. If you do not have access to the ccLink Provider Portal, please complete and submit the ccLink Provider Portal Access Agreement located here: <https://www.cchealth.org/health-insurance/information-for-providers>. For questions regarding the ccLink Provider Portal, email [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org).



# PCP to Specialist Provider Referral – Electronic Process (ccLink Portal)



# Provider Disputes

Providers and facilities may submit a dispute regarding unsatisfactory, disputed, or resubmission of a claim payment. If a provider has never requested a clinical review, they can submit a request within **180 days** from DOS to initiate a Retrospective Review process.

The disputing party must submit a **written provider dispute** request within **365 days** from the receipt of a service or claim denial or modification, or in case of inaction, the expiration of the applicable claim/authorization filing period. Failure to submit a dispute within the **specific timeframe** may result in the denial of a dispute request. No punitive action is taken against a provider who submits a dispute.

Submitted disputes are resolved within **45 business** days.

All other provider disputes need the following:

- A written letter of dispute with correspondence mailing address and a contact person
- The date(s) of service(s) being disputed
- Copy of denial letter (if available) within the dispute timeframe
- Any pertinent medical records or justification for date(s) being disputed
- Clinic notes, pertinent labs or diagnostics, MD/RN notes, MAR, hospital face sheet, discharge summary)
- Note: CCHP is now accepting medical records on disc

You may call the CCHP Authorization Unit at **1-877-800-7423, option 3** if you have any questions.

# Provider Disputes

## Providers and Facilities must submit Provider Disputes through the ccLink Provider Portal

- The ccLink Appeal and Dispute Entry Process can be found here: [ccLink Submitting Appeals and Disputes](#)
- For questions regarding submitting a provider dispute, email: [Appeals@cchealth.org](mailto:Appeals@cchealth.org)
- For questions regarding the ccLink Provider Portal, email: [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org)

## Provider is Appealing on "behalf" of a Member Appeals

- This appeal must be filed within 60 days of Receipt of Notice of Action.
- Provider needs to have written consent form signed by member.
- Consent forms can be found here:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>

Contra Costa Health Plan  
Member Services Department  
595 Center Avenue, Suite 100  
Martinez, CA 94553  
Phone: (877) 661-6230

# Behavioral Health

## Providers are required by contract to:

- ❑ Offer mental health screening to all Medi-Cal members assigned to their panel at least once a year. May use the questions in the Staying Healthy Assessment (SHA) form to assess members' mental health.
- ❑ After assessment, provide medically necessary mental health services for Medi-Cal members, including counseling for mild to moderate mental health issues **that fall within the provider's scope of practice.**
- ❑ Obtain a prior authorization after 8 visits (consult and 7 visits) if additional visits are needed.

## Included in the Member's Mental Health Assessment:

- ❑ Screen for alcohol misuse
- ❑ Offer behavioral health counseling interventions for alcohol misuse.
- ❑ Offer the member an expanded screening using a validated alcohol screening questionnaire. California Department of Health Care Services (DHCS) requires the use of the Alcohol Use Identifier Test (AUDIT) or Alcohol Use Disorder Identification Test-Consumption (Audit-C) and a single question screening such as asking, "How many times in the past year have you had 4 (for women and all adults older than 65 years) or 5 (for men) or more drinks in a day.

## Alcohol pre-screening questions are also on the SHA form. When a member answers "yes" to the alcohol pre-screen question on the SHA:

- Offer brief intervention(s) to members who were identified as having risky or hazardous alcohol use when they respond affirmatively to the alcohol question in the SHA, provided responses on the expanded screening that indicate risky or hazardous alcohol use, or when otherwise identified.
- Provide one to three brief intervention sessions, 15 minutes in duration per session, per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Providers may provide brief intervention services on the same date of service as the expanded screen or on subsequent days. Interventions may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management or problem solving and may be delivered by face-to-face sessions, written self-help materials, computer or Web based programs, or telephone counseling.

# Behavioral Health

- Offer the expanded screening, using a validated screening tool, every year. Additional screenings can be provided in a calendar year if medical necessity is documented by the member's provider.
- Document in the medical record the SHA and the expanded screening.

## Further information on alcohol misuse treatment

- If a member transfers to another PCP, the receiving PCP must request and obtain prior medical records. If no documentation is found, the new PCP must provide and document the service.
- A PCP should refer members who upon screening and evaluation meet criteria for an alcohol use disorder as defined by the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) or whose diagnosis is uncertain, for further evaluation and to the County Department for alcohol and substance use disorder treatment services, **when the condition is beyond the PCP's scope of practice.**

## PCP may provide the following if within their scope of practice:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing, when clinically indicated to evaluate a mental health condition
- Psychiatric Consultation
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory studies, drugs, supplies, and supplements (excluding medications listed in the Medi-Cal Provider Manual) in the following link: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf>

# What About Medi-Cal Member Pharmacy Coverage?

- How Pharmacies Submit Prescriptions
  - Medi-Cal Rx
    - Processing through Magellan
    - Formulary (Contracted Drug List) available on the Medi-Cal Rx website
    - Large network of pharmacies throughout California including Walgreens, Rite Aid, CVS and Walmart (network available on the Medi-Cal Rx website)

If experiencing problems, please call the CCHP Pharmacy Department at **(925) 957-7260, option 1**

To reach the DHCS Medi-Cal Rx Customer Service Department call **(800) 977-2273** or go to <https://medi-calrx.dhcs.ca.gov/home/>.



# What About Commercial Plan Member Pharmacy Coverage?

CCHP uses a preferred drug list/formulary (PDL)

PDL is available online at <https://www.cchealth.org/health-insurance/information-for-providers/preferred-drug-list>

Epocrates hosts the CCHP formulary

CCHP Network consist of 2 national pharmacy chains and some independently owned pharmacies in Contra Costa County.



Walgreens

Rite Aid



The Pharmacy Directory is available online at: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/provider-directory>

Select "Begin Your Search Here," "Facility" tab, then Facility Type "Pharmacy."

# And my reimbursement?



Claims can be submitted:

- **Electronically through a clearinghouse**
  - To get set up with electronic claims submissions email [EDIsupport@cchealth.org](mailto:EDIsupport@cchealth.org)
- **Electronically through the ccLink Provider Portal**
  - Instructions regarding the claim entry process:  
<https://www.cchealth.org/health-insurance/information-for-providers/claims-information>

- **USPS:**
  - Contra Costa Health Plan**  
Attn: Claims  
PO Box 5122  
Lake Forest, CA 92609
- Claim Questions: Call **(877) 800-7423, Option 5**
- Phone hours: 8:00 am – 1:00 pm



# Introducing the CCHP New Website!

<https://www.cchealth.org/health-insurance>

This is for you.

# The Website

[Information for CCHP Providers](#) | [Contra Costa Health \(cchealth.org\)](#)



[News](#) [Jobs](#) [Contact](#) [For Providers](#)

Search



[Translate](#)

[About Contra Costa Health](#)

[Get Care](#)

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[Health and Safety Information](#)

- Information for CCHP Providers

[Authorization and Referrals Department](#)

[CalAIM Programs](#)

[Case Management Programs](#)

[Claims Information](#)

[Claims Information - Mother and Newborn](#)

[Clinical Guidelines](#)

[Contact Us - For CCHP Providers](#)

[FSR Tool](#)

[Interpreter Services](#)

[Join Our Provider Network](#)

[LGBTQ Resources for Providers](#)

[Medi-Cal Rx Transition](#)

[Mental Health Network Provider](#)

[Preferred Drug List](#)

[Pharmacy and Therapeutics](#)

[Provider Network News](#)

[Provider Manual](#)

[Provider Portal](#)



[Health Insurance](#) »

## INFORMATION FOR CCHP PROVIDERS

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### ccLink Provider Portal

Members of our Community Provider Network: use the ccLink Provider Portal to file a claim, make an appeal, and more.

- Information for CCHP Providers

Authorization and Referrals Department

CaLAIM Programs

Case Management Programs

Claims Information

Claims Information - Mother and Newborn

Clinical Guidelines

Contact Us - For CCHP Providers

FSR Tool

Interpreter Services

Join Our Provider Network

LGBTQ Resources for Providers

Medi-Cal Rx Transition

Mental Health Network Provider

Preferred Drug List

Pharmacy and Therapeutics

[Health Insurance](#) » [Information for CCHP Providers](#) »

## CLAIMS INFORMATION

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### Submitting Claims

The claim submission timeframe for Contra Costa Health Plan is 180 days from the date of service, or primary explanation of benefits (EOB), for both contracted and non-contracted providers. Claims received after 180 days will be denied for untimely filing. Providers have 365 days to dispute claim processing.

### Using Availity

- Contra Costa Health Plan (CCHP) uses [Availity](#) as our clearinghouse.
- You must register with Availity in order to submit EDI claims to CCHP. You may begin your registration process on the [Availity site](#).
- The CCHP payer ID is **CCHS**.

Step 1 to file for claims.

Other information on this page includes:

- Using the ccLink Portal
- Filing paper claims
- How to establish electronic payments, (this function will expedite your payments).

# ccLink-Provider Portal

<https://www.cchealth.org/health-insurance/information-for-providers>

**ccLink Provider Portal**

Members of our Community Provider Network: use the ccLink Provider Portal to file a claim, make an appeal, and more.

[Enter the Provider Portal](#)

ccLink New Account Agreement and Forms *(New Account and Add/Delete Users):*

- [ccLink Provider Portal Access Agreement](#)
- [ccLink Provider Add/Delete Request Form](#)
- [ccLink Provider Portal Access Agreement – 3rd Party Biller](#)
- [ccLink Provider Portal for 3rd Party Billers Instructions](#)

For technical support or to reset your password, call 925-957-7272.

For general ccLink questions, email [CCHPortalSupport@cchealth.org](mailto:CCHPortalSupport@cchealth.org)

On the information for providers tab in the blue menu on the left you will find this information. You will need to complete all these requirements for portal access.

Once you have access to the portal you can access from this page.



# The Portal

[https://cclinkproviderportal.cchealth.org/Planlink/common/epic\\_login.asp](https://cclinkproviderportal.cchealth.org/Planlink/common/epic_login.asp)



# Provider Complaints

Complaints regarding CCHP Members or network Providers should be sent to CCHP for resolution.

Please use the Provider Complaint Form (located in Appendix O of the Provider Manual):

**[CCHP Provider Complaint Form](#)**

Email the completed form to

**[NetworkManagementTeam@cchealth.org](mailto:NetworkManagementTeam@cchealth.org)**

# Facility Site and Medical Record Reviews for PCPs and OB/GYNs

- A Facility Site Review (FSR) & Medical Record Review (MRR) is performed initially and every 3 years. This is to ensure that regulatory health and safety standards are met.
- At the same time, a Physical Accessibility Survey is performed to collect information about office access for members with disabilities.
- CCHP shares FSR information with other Medi-Cal Managed Care plans to avoid duplication of audits.

# Physical Accessibility Survey

- CCHP performs Physical Accessibility Review Survey (PARS) to all High-Volume specialist sites, ancillary groups, and hospitals every 3 years.
- PARS is performed to collect information about office access for members with disabilities. This information is accessible to members via our provider directories and online search engine.
- CCHP shares PARS information with other Medi-Cal Managed Care plans to avoid duplication of audits.



# Initial Health Appointment

The performance of an Initial Health Assessment (IHA) is essential for Primary Care Providers (PCPs) 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).
- The provision of appropriate preventive services in accordance with the United States Preventive Screening Task Force (USPSTF).

The completion of the History and Physical (H&P) **must 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.

In addition to the H&P, 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.

# Vaccines for Children (VFC)

## What is VFC?

- VFC Program is administered by CA Dept. of Public Health (CDPH) Immunization Branch
- VFC provides vaccines at NO COST to providers who serve eligible children
- Comprehensive coverage of all vaccines recommended by the Advisory Committee on Immunization Practices



# VFC Program Requirements

- VFC providers agree to order & provide all age-appropriate ACIP-recommended vaccines to VFC-eligible patient populations
- Providers recertify each year & are visited periodically by VFC Field Representatives





# How to Enroll in VFC

1. Identify Provider of Record & designate key practice staff (KPS)
2. Ensure all required EZIZ training lessons are completed by KPS
3. Complete the Vaccine Management Plan
4. Ensure compliance with vaccine storage unit & data logger specs
5. Complete the Provider Enrollment Worksheet
6. Complete, sign, & submit the online VFC Provider Enrollment Form

# Which Children are Eligible for VFC?

- Medi-Cal eligible or enrolled
- American Indian or Alaskan Native
- Uninsured
- Underinsured





# VFC Resources

- [VFC Website](#)
- [VFC Site Enrollment Instructions](#)
- [EZIZ Training](#)
- [Vaccine Management Plan](#)
- [Vaccine Storage Information](#)
- [Provider Enrollment Worksheet](#)
- [VFC Provider Enrollment Form](#)



# Tobacco Prevention & Cessation Services for Medi-Cal Members

- Use the Staying Healthy Assessment (SHA) Form.
- CCHP covers 8 smoking cessation counseling sessions of at least 10 minutes annually.
- CCHP does not require prior authorization for tobacco cessation medications: Bupropion, Varenicline, nicotine gum, patch and lozenge.



# Quarterly Provider Network Updates

- CCHP is mandated by the Department of Health Services (DHCS) to survey all contracted providers quarterly to verify the information on file for your practice. Please be sure to complete these electronic surveys within 5 business days of receipt of the email.
- In between quarterly surveys, changes should be emailed to [CCHPcredentialing@cchealth.org](mailto:CCHPcredentialing@cchealth.org).



# Cultural Competency Training

Effective July 1, 2017, due to new regulations under Final Rule, 42CFR 431.10, H/1/vii, the California State Department of Health Care Services (DHCS) now requires all health plans to list in their on-line and hard copy directories if a contracted provider has completed Cultural Competency training.

To meet this requirement, CCHP is offering a **FREE** and easy **Cultural Competency Training** (*no more than 15 minutes*):

[Click here](#) to complete the Cultural Competency Training

Be sure to click the link on the last page (Attestation Requirements) to complete the training. Your submission automatically updates our database and directories stating you completed the training.

If you have already taken a similar training for another health plan, please send the documentation to [CCHPcredentialing@cchealth.org](mailto:CCHPcredentialing@cchealth.org), along with the name of the training and the other health plan's name, and we will accept it as completion of the training.

# Fraud, Waste, and Abuse Training

On January 1, 2009, The Centers for Medicare and Medicaid Services (CMS) requirements for Fraud, Waste and Abuse (FWA) training for all contracted entities became effective. The requirements can be found in 42 C.F.R. 422.503 (b) (4) (VI) and 42 C.F.R. 423.504 (b) (4) (VI). The review and acknowledgment of completion is required on a yearly basis.

CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. The materials provided reiterate the procedure for handling discovery of fraudulent activity involved with CCHP and to remind contracting entities that you must also have appropriate policies and procedures to address FWA.

You will receive an email yearly requesting acknowledgment of receipt of this information. For reference, the Fraud, Waste, and Abuse documents (also available in the Provider Manual) are available here:

**[Policy 705-C CCHP Fraud, Waste, and Abuse](#)**

# Contact Us

We are here to help! Below is the contact information of the various CCHP departments who can help answer your questions. Email and usage of our [ccLink Provider Portal](#) is the preferred method of communicating with CCHP staff. It is our goal as a health plan to embrace and leverage technology. We are requesting that providers send us a quick email when you have a question. We will respond within 1 to 3 business days, as opposed to having your staff call and wait on the lines. By sending us written questions it can also help us develop educational tools such as Frequently Asked Questions.

*\*Please note that our response time may be delayed if we experience a high number of requests or inquiries.*

## Authorization Department / Hospital Transition Nurse

- Phone: **(877) 800-7423, option 3**
- **ALL authorization requests should be entered through the CCHP Provider Portal.**
- **For out-of-network hospitals or non-contracted facilities, please contact CCHP Utilization Management by phone or email to receive the out-of-network fax number.**
- Email Auth Questions (**do not email auth requests**):
  - For general UM: [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)
  - For Long term care/custodial SNF care: [CCHP-LTC-Authorization@cchealth.org](mailto:CCHP-LTC-Authorization@cchealth.org)
  - For skilled SNF care: [CCHPSNF-Auth@cchealth.org](mailto:CCHPSNF-Auth@cchealth.org)

## Claims Department

- Phone: **(877) 800-7423, option 5**
- Email Claims Questions: [ClaimStatus@cchealth.org](mailto:ClaimStatus@cchealth.org)
- Email Claim Disputes: [ProviderDispute@cchealth.org](mailto:ProviderDispute@cchealth.org)
- Email Electronic Claims/Payments (EDI program): [EDIsupport@cchealth.org](mailto:EDIsupport@cchealth.org)

## Appeals and Grievances Department

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

## Facility Site Review Department

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

# Contact Us (cont.)

## ccLink Provider Portal

- ccLink Provider Portal Application: <https://www.cchealth.org/health-insurance/information-for-providers>
- Email ccLink Provider Portal Application and Questions: [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org)
- IT Support to reset password or access issues: (925) 957-7272

## Electronic Fund Transfer (EFT)

- Electronic payments to providers email [EDIsupport@cchealth.org](mailto:EDIsupport@cchealth.org) to initiate the request.

## Electronic Claims Submission:

- Electronic claim submission, email [EDIsupport@cchealth.org](mailto:EDIsupport@cchealth.org).

## Interpreter Services

- Phone: (877) 800-7423, option 4

## Member Eligibility and Primary Care Physician Assignment

- Phone: (877) 800-7423, option 1

## Member Services Department (calling on behalf of a member that is with you)

- Phone: (877) 800-7423, option 7

## Pharmacy Department

- Phone: (877) 800-7423, option 2

## Provider Relations Department

- Phone: (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)

## Additional resources can be found on the CCHP website: <http://www.cchealth.org/health-insurance>

- Provider Manual: <https://www.cchealth.org/health-insurance/information-for-providers/provider-manual>
- Provider Directory: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/provider-directory>
- CCHP Departments: <https://www.cchealth.org/health-insurance/information-for-providers/contact-us-for-providers>