

CONTRA COSTA
HEALTH



cchealth.org

2024 Q2 Provider Network Training

**April 30, 2024
12:00 p.m. – 1:30 p.m.**

AGENDA

2024 Q2 Contra Costa Health Plan (CCHP) Provider Network Training

Agenda Items	Presenter
1. Welcome and Introduction	Irene J. Lo, MD, Chief Medical Officer, CCHP
2. Navigating ADHD: Integrating Neuropsychological Assessment into PCP	Guest Speaker K. Wortman, PhD, Clinical Neuropsychologist
3. Behavioral Health Updates	Nicolás Barceló, MD, Medical Director – Behavioral Health, CCHP
4. Quality Updates <ul style="list-style-type: none"> Access and Appointment Availability IHA 	Irene J. Lo, MD, Chief Medical Officer, CCHP for Elizabeth Hernandez, MS, CPHQ, Director of Quality, CCHP
5. Transitional Care Services (TCS)	Sara Levin, MD, FACP, Medical Director - CalAIM, CCHP
6. Non-Emergency Medical Transportation	Suzanne Tsang, MPH, Director of Member Services, CCHP
7. Community Health Works (CHWs)	Stephanie S. Schram, PHN, BSN, MSHCA, Director of Nurse Program, CCHP
8. Provider Disputes and Claims	Erin Mellas, Director of Operations, CCHP
9. Chief Medical Officer Updates	Irene J. Lo, MC, Chief Medical Officer ,CCHP



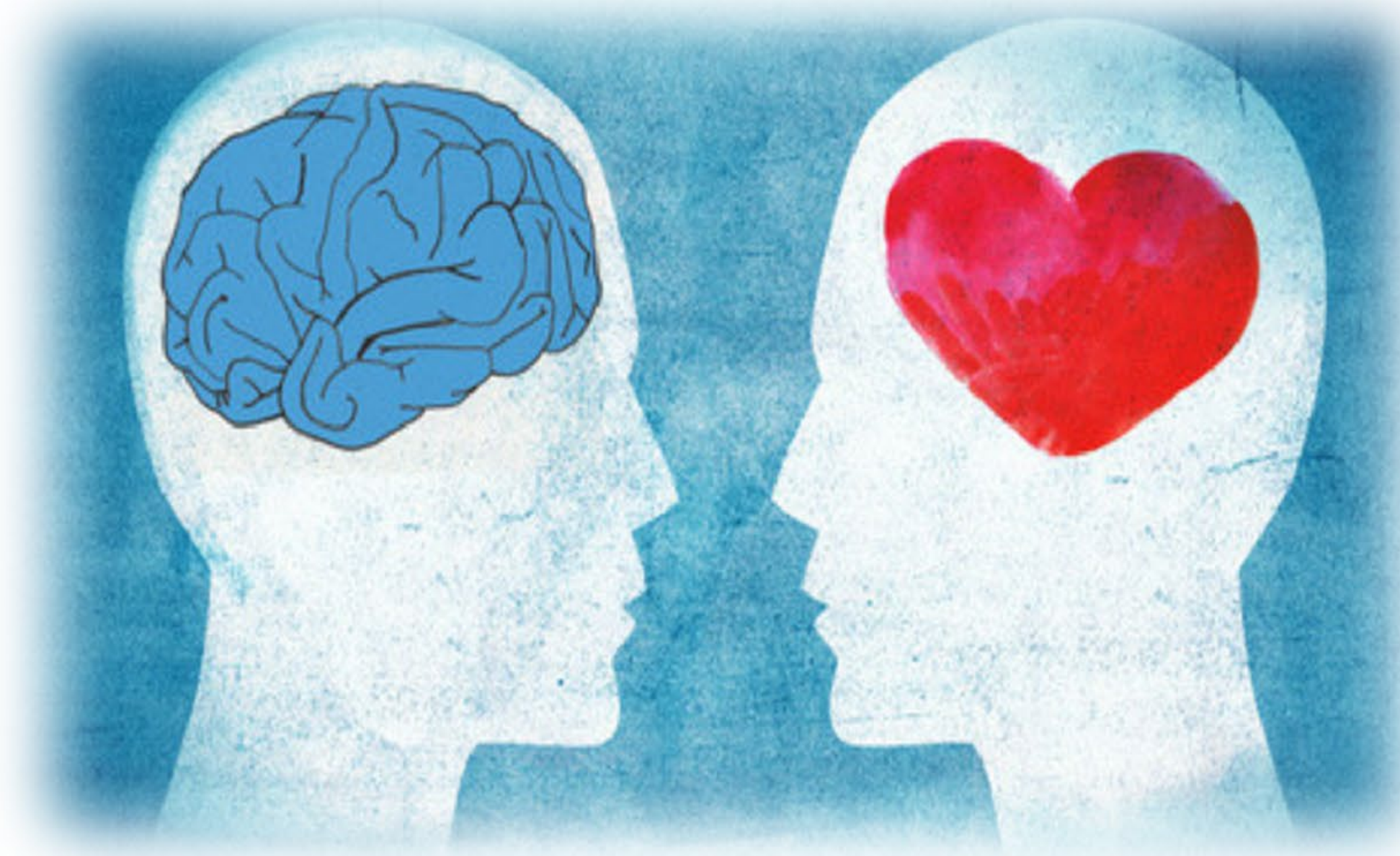
Navigating ADHD: Integrating Neuropsychological Assessment into Primary Care Practice

K Wortman, PhD
April 30, 2024

Disclaimer: This session is presented for educational purposes only. Opinions or viewpoints expressed in the presentation represent my point of view and do not necessarily represent CCHP.

Today's Talk

- Neuropsychology
 - Straddling mental health and medical care
 - Components of an evaluation
 - Referral Questions
- ADHD
 - Diagnosis
 - Case Example
 - Resources
- ADHD in Primary Care
 - How to refer
 - What to include



TL;DR

Before referring for neuropsychological testing

- Send to mental health team
- Inquire about functional impairments
- Explain how NP testing can help YOU as a clinician

DO NOT

- Make referrals that state “they think they have ADHD”

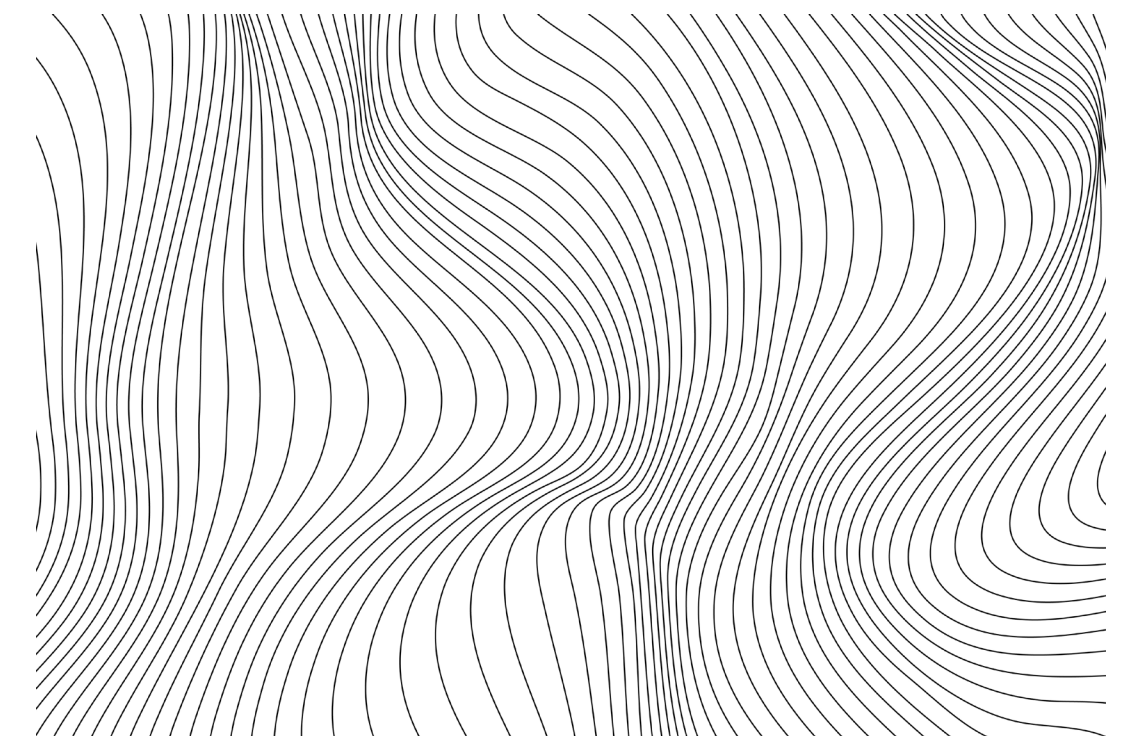
Example of a good referral

- Patient reported ongoing ADHD symptoms impacting work and home life, "their boss states that they are making careless mistakes. At home, they frequently lose keys and pay bills late." They were not assessed in childhood and have been meeting with a psychiatrist and therapist for six months. Labs are current and no sleep problems noted. Pt would like to take stimulant medication but has high blood pressure.

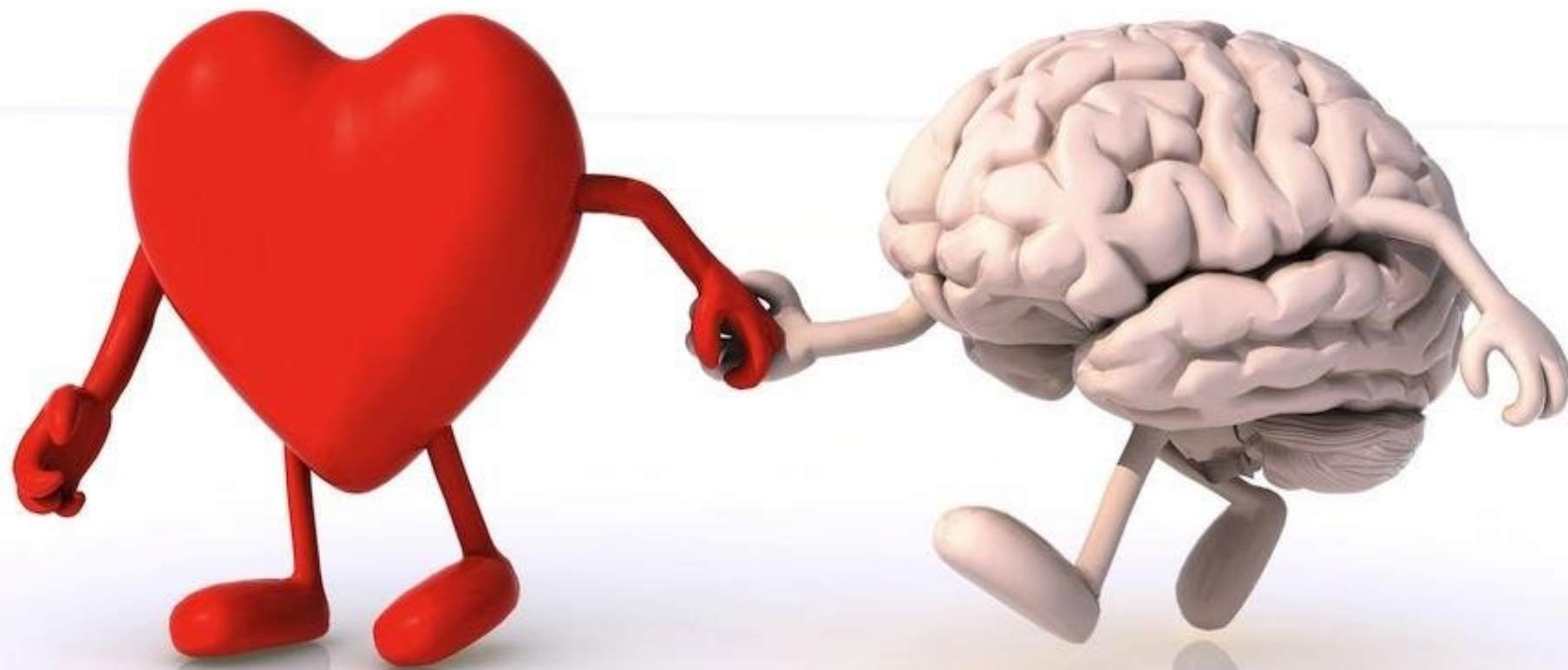
Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that does NOT end in adulthood. People with ADHD manage their symptoms throughout their lifetime.

ADHD symptoms:

- Difficulty regulating attention
- Difficulty regulating emotions
- Hyperactivity and impulsivity



What is neuropsychology? What is it used for?



The study of brain-behavior relationships.

The core knowledge domains include:

- Basic neurosciences
- Functional neuroanatomy
- Neuropathology
- Clinical neurology
- Psychological assessment
- Clinical neuropsychological assessment
- Psychopathology
- Psychological intervention

What is it used for?

Differential Diagnosis	ADHD vs PTSD vs TBI MCI- AD vs VaD vs Other dementias
Patient care and planning	Capacity for medical decisions, able to communicate with providers
Treatment- planning and remediation	Post injury (TBI, Stroke)
Treatment- evaluation	Is this med working? Is this rehab treatment working?
Research	Efficacy of stimulants for ADHD
Forensic Neuropsychology	Capacity to stand trial, post injury settlement

Components of an NP Exam

Assessment Procedure

3-4 weeks from intake

- Record Review
 - Medical Records
 - Injuries
 - Diagnoses
 - Medications, bloodwork, imaging
 - Transcripts, accommodations
- Clinical interview (and collateral interview)
- Testing
 - 2-4 hours in-person
- Feedback
 - Diagnoses
 - Recommendations

Assessment Domains

- Attention
- Memory
- Visuospatial
- Language
- Capacity
- Sensory/Motor
- Executive Function
- Psychological

ADHD Introduction

- As a neurodevelopmental condition, ADHD is considered an innate neurodivergence (meaning a person is born with it).
- The parts of the brain that regulate emotions, attention, and focus are impacted by ADHD. ADHD has the following characteristics:
 - Difficulty regulating attention
 - Hyperactivity and impulsivity



Attention-Deficit / Hyperactivity Disorder (ADHD)

DSM Diagnosis

1. **Neurodevelopmental** symptoms present before age 12
2. **Symptoms present in 2 settings** (home, school or work; with friends or relatives; in other activities).
3. **Functional Impairment:** interfere with, or reduce the quality of, social, school, or work functioning.
4. The symptoms are not better explained by another mental disorder

DSM-5-TR ADHD Symptoms

1. Inattention(5+ symptoms for adults)

- a. Often fails to give close attention to details or makes careless mistakes
- b. Often has trouble holding attention on tasks or play activities.
- c. Often does not seem to listen when spoken to directly.
- d. Often does not follow through on instructions and fails to finish (e.g., loses focus, side-tracked).
- e. Often has trouble organizing tasks and activities.
- f. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- g. Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- h. Is often easily distracted
- i. Is often forgetful in daily activities.

2. Hyperactivity and Impulsivity (5+ symptoms for adults)

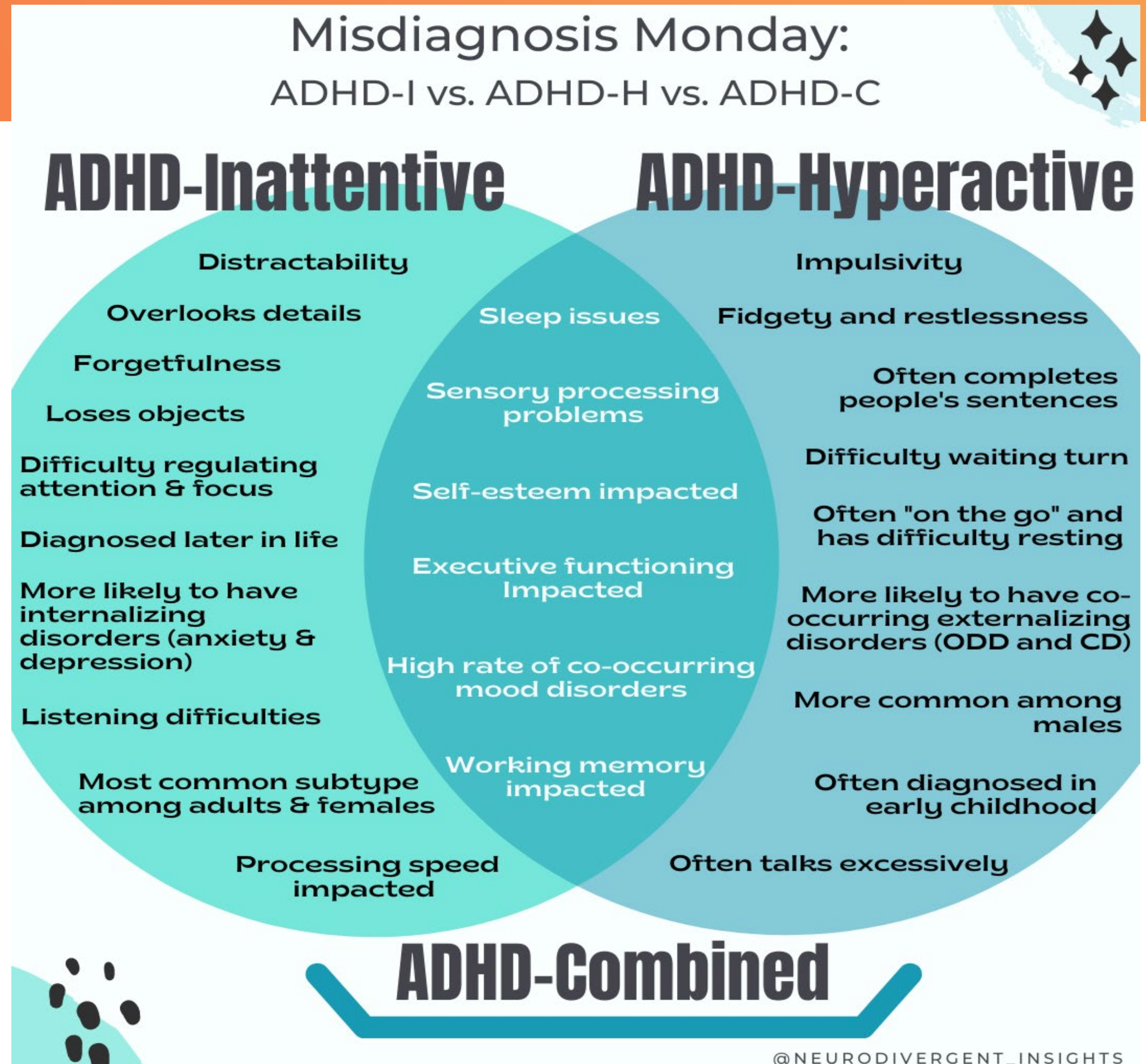
- a. Often fidgets with or taps hands or feet, or squirms in seat.
- b. Often leaves seat in situations when remaining seated is expected.
- c. Feels restless frequently
- d. Often unable to play or take part in leisure activities quietly.
- e. Is often “on the go” acting as if “driven by a motor”.
- f. Often talks excessively.
- g. Often blurts out an answer before a question has been completed.
- h. Often has trouble waiting their turn.
- i. Often interrupts or intrudes on others (e.g., butts into conversations or games)

ADHD Subtypes

- ADHD-Inattentive
- ADHD-Hyperactive
- ADHD-Combined

What's missing from the DSM?

- Sensory processing problems
- Communication difficulties



Common Co-Occurring Conditions

Standalone ADHD is the exception rather than rule

Medical Co-Occurring Conditions

- Thyroid dysfunction
- Bipolar disorder
- Autism spectrum disorder
- Klinefelter syndrome
- Neurofibromatosis and other genetic conditions
- Mod to Severe brain injury
- Epilepsy
- Sleep disorders
- Lead toxicity

Psychiatric Co-Occurring Conditions

- Obsessive-compulsive disorder
- Tourette syndrome
- Developmental coordination
- Developmental dyspraxia
- Dyslexia
- Speech-sound disorder
- Depression
- Anxiety

Neurodivergent Insights

Megan Neff, PhD is a neurodivergent clinician with readable clinical materials helpful for clinicians and patients alike.

The next few slides are using images from Dr. Neff

www.neurodivergentinsights.com



Neurodivergent Clinician

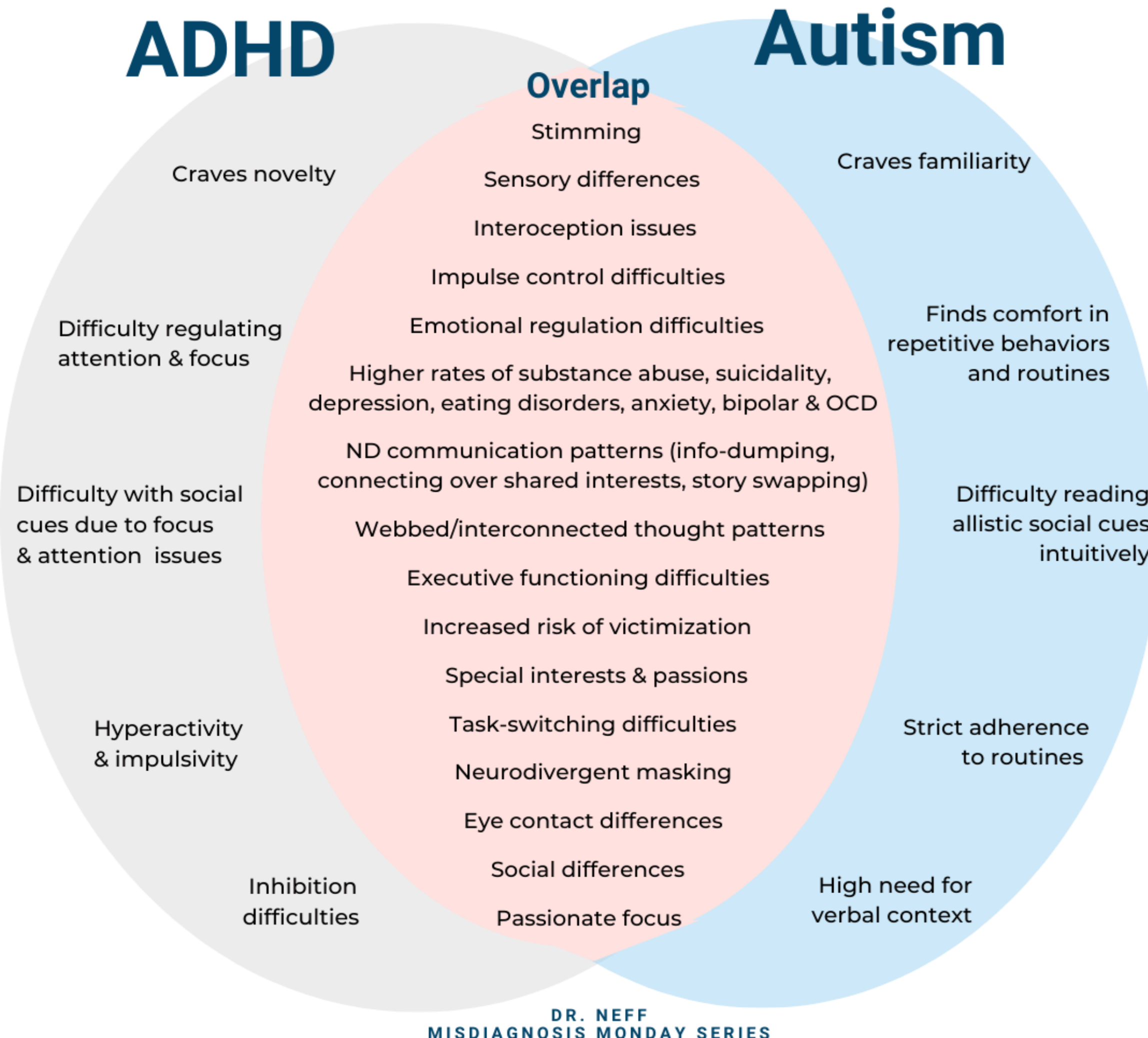
Hi. I'm Dr. Neff.

I am a neurodivergent (Autistic-ADHD) clinician, parent, and advocate.

I work with late-in-life diagnosed Autistic and ADHD people and create mental health and wellness resources with the neurodivergent person in mind.

[Explore the Blog](#)

ADHD vs. Autism



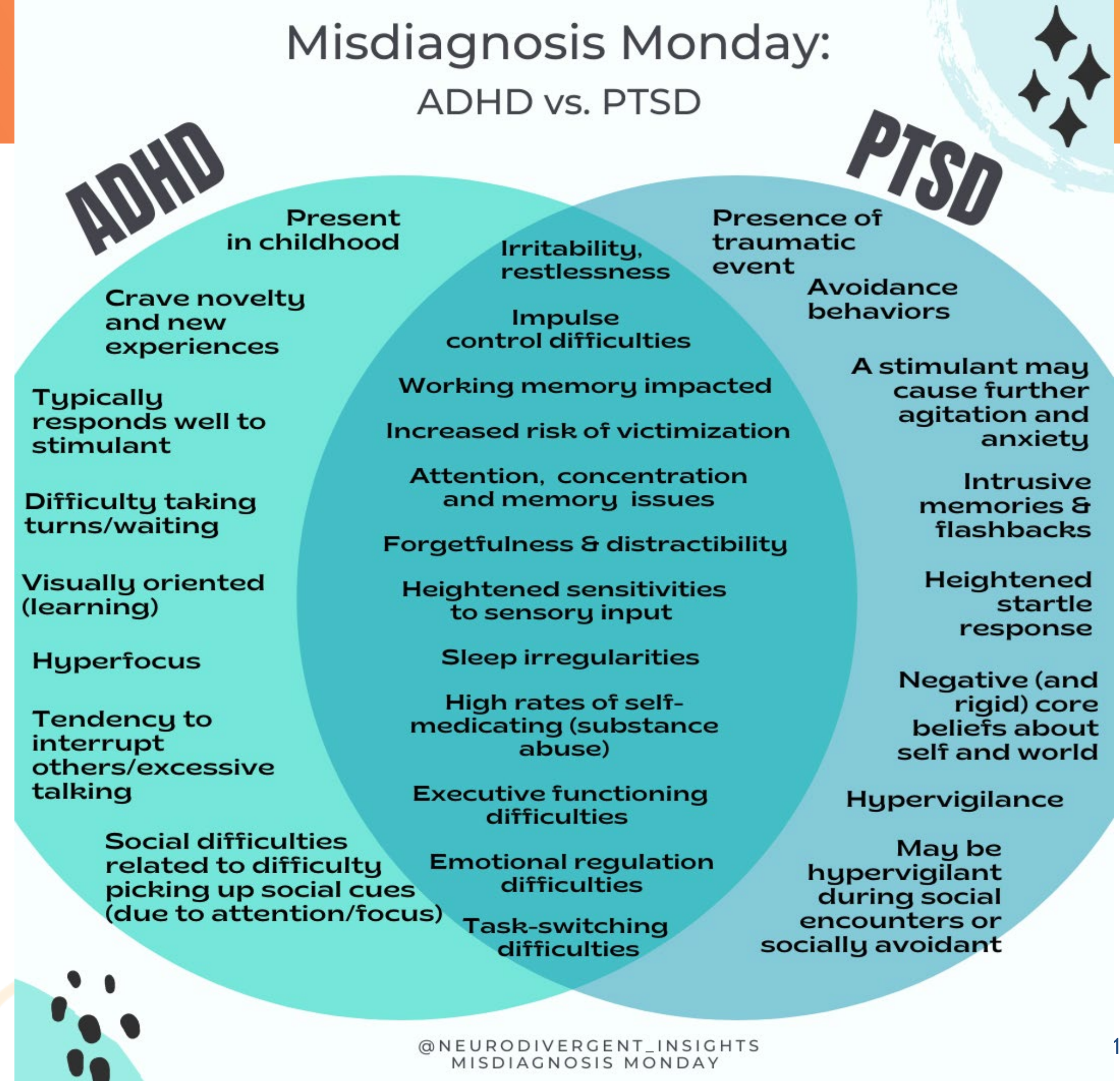
Article found [here](#)

ADHD and Autism often co-occur

ADHD is characterized by difficulty regulating attention and difficulty with hyperactivity/impulsivity (American Psychiatric Association 2013). ADHD is estimated to have a prevalence rate of 5-11% (Allely, 2014; Visser et al., 2014)

Article found [here](#)

- As a neurodevelopmental condition, ADHD is considered an innate neurodivergence (meaning a person is born with it).
- The parts of the brain that regulate emotions, attention, and focus are impacted by ADHD. ADHD has the following characteristics:
 - Difficulty regulating attention
 - Hyperactivity and impulsivity



Epidemic?



Cognitive Profile

ADHD does not have a specific profile, but we commonly see:

- Deficits in executive functioning
- A large contrast between obtained scores and daily functioning
- Non-timed tasks > timed (working memory, processing speed)

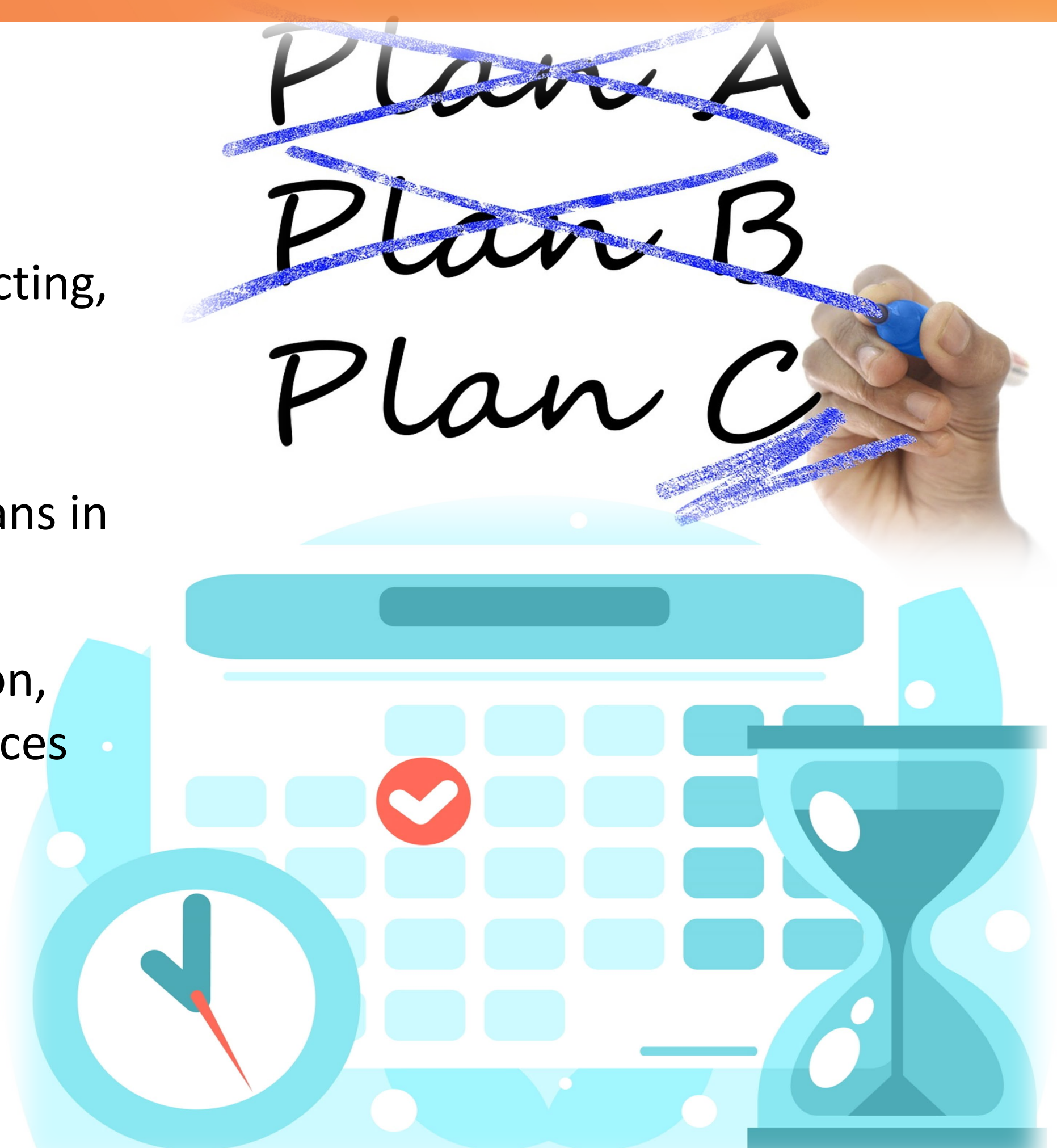


Executive Functions

Executive functions are skills such as organizing, directing, managing, and integration a variety of important cognitive abilities.

Individuals develop, adjust and follow-through on plans in order to achieve a goal.

Executive functions include the regulation of attention, the ability to think flexibly while juggling multiple pieces of information at once, and the use of planning and organizational skills in approaching tasks.



Case Example

SUMMARY

Ms. Antoinette Franklin is a MID 20s, right-handed, single, Black American, cisgender woman. She was referred for an evaluation by her primary care provider to assess for ADHD...

Ms. Franklin's test scores indicate significant deficits in processing speed, attention, and executive functions, specifically organization and planning. Ms. Franklin has difficulty managing time, organizing tasks, and sustaining attention. In addition, she is easily distracted and forgetful without the aid of lists and reminders. Excess energy and difficulty concentrating and organizing have been present since early childhood. Ms. Franklin meets the criteria for ADHD, combined subtype.

Recommendations:

- I do not recommend repeat neuropsychological testing for at least five years. Future assessments can document any changes in the clinical picture and update diagnostic impressions. These results may serve as a baseline against which to compare future performances.

- Individual Psychotherapy. I recommend Ms. Franklin finds a therapist for weekly psychotherapy with a person experienced in working with ADHD. Often people with ADHD also have anxiety related to completing tasks. Therapy or support groups may be a useful resource to normalize feelings and learn strategies to cope.
- Medication may to be a beneficial tool that Ms. Franklin could use when working or to complete schoolwork. She is encouraged to speak with a primary care physician or psychiatrist about options for treatment.
- Peer support. Ms. Franklin is encouraged to explore what ADHD means for her. She will likely find it helpful to find social supports who also identify with neurodivergent (ND) traits. Finding ND peers can greatly help Ms. Franklin see her traits as normative and she can learn through peers about communicating needs with non-ND individuals.
- Follow-up appointment will be scheduled for two months to assess progress in finding an appropriate therapist and assess whether work recommendations for increased productivity have been useful.

Resources

Organizations, Books, Media

- [Children and Adults with Attention-Deficit/Hyperactivity Disorder \(CHADD\)](#)
 - [CHADD of Northern California](#)
- Facebook group- [ADHD for Smart Ass Women](#)
- ADHD subreddit- <https://www.reddit.com/r/ADHD/>
- Youtube- [How to ADHD](#)
- Workbooks
 - Mastering Your Adult ADHD by Perlman, Otto & Safran
 - ADHD Adult Planner by The Blokehead
- [ADHD and EF](#) article by Dr. Liz Angoff
 - Great start to learning about yourself and gaining language about your difficulties and strengths

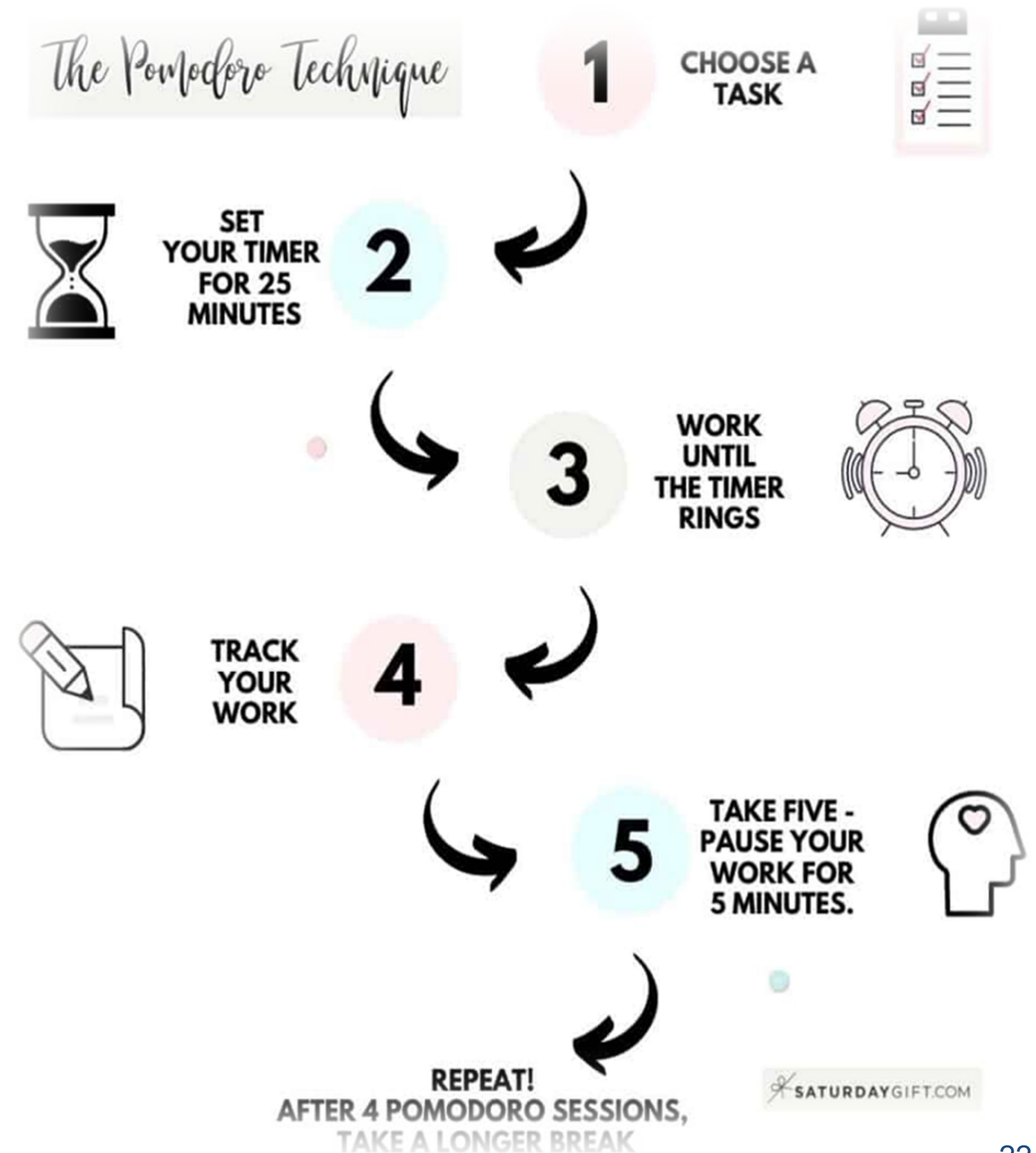
More tools, resources

Accommodations information for ways to manage work

- Job Accommodation Network <https://askjan.org/a-to-z.cfm>

Tools

- Stimming- *Doing two things at once, it turns out, can actually help focus-*
[ADDitude](#)
 - Here is a list of common fidgets that some find helpful. A fidget is something that helps you maintain focus, if it is distracting it is not the right fit. Fidget spinners are not recommended for this reason. Here are some examples:
 - [Fidget Ring](#)
 - [Infinity Cube](#)
 - [Sensory Fidget Toy pack](#)
 - [Spiky Sensory Finger Rings](#)- helps with nail biting, nail picking
- Time management
 - Timers are your friend!
 - Time Timer – visual timer to help manage time
 - Physical timer - [amazon](#)
 - Desk/phone app
 - [Cube Timer](#) 1, 3, 5, 10 or 15, 20, 30, 60 minutes
 - Pomodoro Method- *Concentration takes work! You need to work at expanding your tolerance for tasks by practicing.*



Interventions for ADHD

Appendix III – Sample work organization chart

Create a few templates to line up products before starting your task. Label each box so you can quickly fill boxes. Put away item after each one is used. This is just a starting point, there may be a better way to set yourself up.

Making an ADHD referral

Checklist	Example 1	Example 2
Able to take an assessment <ul style="list-style-type: none"> - Stable housing - Labs complete - No active intense MH symptoms 	Yes	Yes
Symptoms	Difficulty completing work tasks, explosive anger	I am always missing things. I am constantly bored in conversations
Was present from childhood? (not recent start)	Sxs have “always been there”	“I remember in HS taking hours to complete a simple assignment”
What is the impairment?	I feel anxious all the time. I have problems completing tasks that should be ingrained.	I am worried I will lose my job
How can I help you? <ul style="list-style-type: none"> - Med management - Differential dx 	Would meds be helpful? Is this PTSD?	Would meds be helpful?

Making an ADHD Referral

Checklist	Example 1	Example 2
Able to take an assessment <ul style="list-style-type: none"> - Stable housing - Labs complete - No active intense MH symptoms 		
Symptoms		
Was present from childhood? (not recent start)		
What is the impairment?		
How can I help you? <ul style="list-style-type: none"> - Med management - Differential dx 		



Making a Referral

- . Medical checklist? Please send along or highlight in your referral note so I can find it.
- . Recent imaging
- . Medication management problems?
- . Functional impairment
- . History of brain injury, stroke, infection

Questions?

K. Wortman, PhD ([she/they](#))

Clinic: 510-485-0008

Direct line: 510-480-3151

Fax: 510-485-0009

Next Steps Neuropsychology

[55 Santa Clara Avenue, Suite 165, Oakland, CA 94610](#)

kw@nextstepsnp.com

www.nextstepsnp.com



NEXTSTEPS
NEUROPSYCHOLOGY



Nicolas E. Barcelo, M.D.
Medical Director, CCHP
Behavioral Health

BEHAVIORAL HEALTH

Neuropsych Testing

- Medical necessity determinations are guided by Medi-Cal Non-Specialty Mental Health Provider Manual and include consideration of:
 - What is the clinical concern?
 - Is cognitive testing necessary for this diagnosis?
 - Are known conditions sufficient to account for presentation?
 - What is the differential under consideration?
 - Would co-morbid conditions undermine validity of testing?
 - How will testing impact medical management? - "what is the clinical question being asked"
 - What preliminary steps have been taken?
 - Which consultations have been considered?
 - Why shouldn't the patient go first to _(mental health / neurology / sleep study)_, and cognitive testing should be authorized at this juncture?



Mild/Moderate Mental Health

- No Authorization required for OP Mental health Services – psychiatry and psychotherapy
- To initiate mental health services – multiple avenues:
 1. Internal (Integrated) Behavioral Health Orders
 2. Portal Referrals to Access
 3. Member Calls to Access (Medi-Cal Only)
- ***Transitions of Care Tool*** for coordination of patient care across delivery systems ** Reminder to mild/mod providers (including integrated behavioral health in Primary Care clinics)



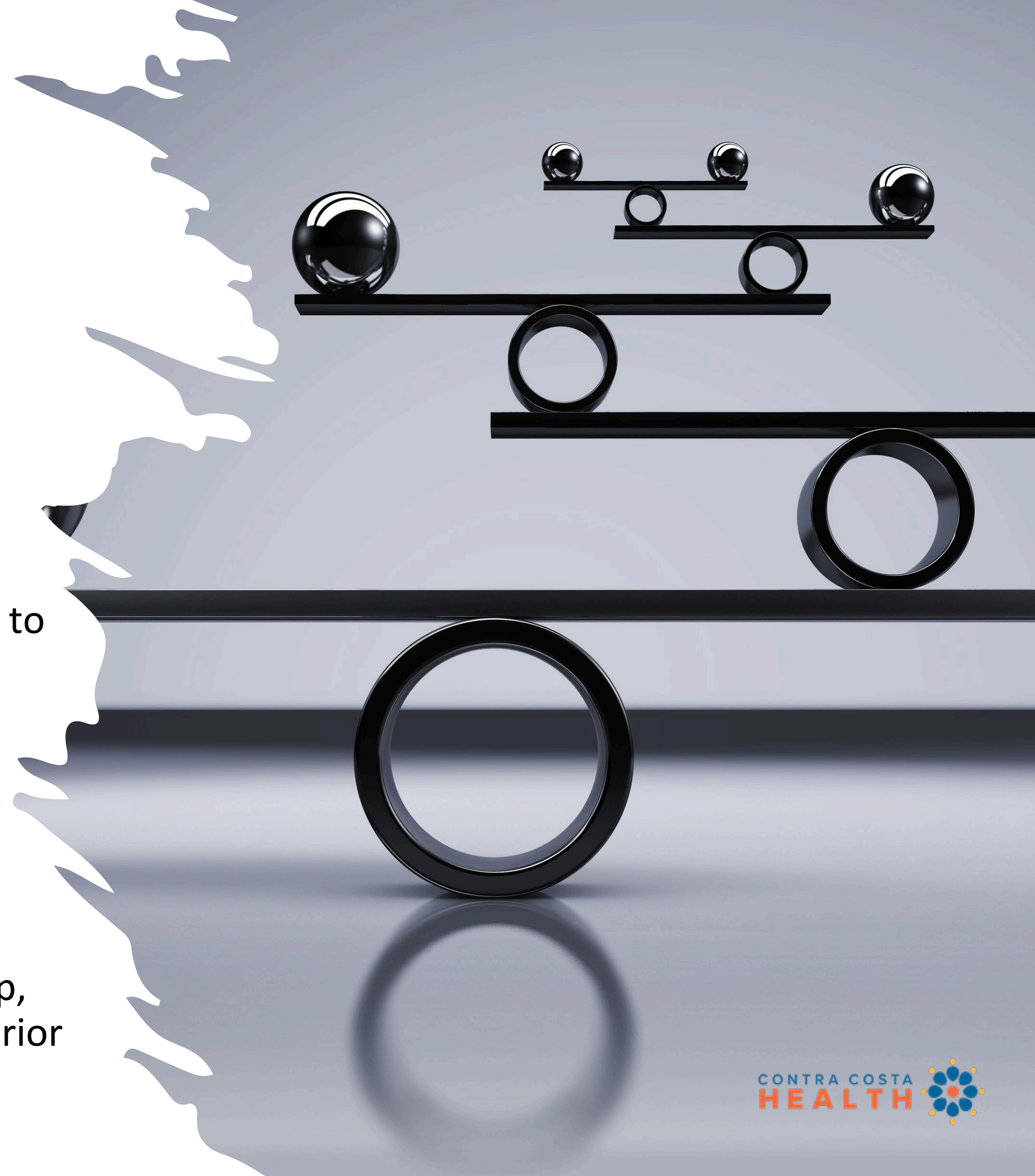
Behavioral Health Treatment

- Active efforts to improve member experience in receiving services
 - CHW referrals
 - CCHP Internal Audit
- Authorization required for 1) CDE, 2) FBA, 3) Ongoing ABA
- CHW Providers supporting BHT processes including appointment confirmation, follow up, and new referral reminders.
- ***BHT Coordination Audit:***
 - Inquiry into
 - Time to service
 - Time to next referral
 - Prelim findings
 - CDE: "Request report from family..." - Report already present in media.
 - ABA: Continued opportunity for anticipatory guidance prior to initiation (regarding parental involvement, reinforcement between sessions)



Provider Identification – Neuropsych Testing and CDE

- For *all* services requiring authorization, CCHP will expect referring providers to identify referral destination (for all referral types)
- * Current effort to update CCHP Provider Directory to reflect
 - 1) Neuropsychological Testing Providers and
 - 2) Comprehensive Diagnostic Evaluation
- Anticipated Go-Live End of Q2 2024
- CCHP BHD will request this information as follow up, but in the case it is not received, will not approve prior authorization requests



QUALITY UPDATES

Elizabeth Hernandez, MS, CPHQ
Director of Quality, CCHP

Timely Access to Care

- All California Residents have a right to timely access to appointments, according to the following timelines.
- Appointment timeframes can be shortened/extended as clinically appropriate.
- If extended, it must be **documented within the member medical record** that it is not determinantal to the members health and provider must notify member of their right to file a grievance

Urgent Care

prior authorization
not required by health plan

 **48** hours

prior authorization
required by health plan

 **96** hours

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN

 **10** business days

SPECIALTY CARE PHYSICIAN

 **15** business days

Mental Health Appointment (non-physician¹)


 **10** business days

Appointment (ancillary provider²)

 **15** business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment (non-physician)

 **10** business days from prior appointment

Initial Health Appointment

Establishing care with patients newly enrolled in Medi-Cal

New Medicaid members should have an Initial Health Appointment (IHA) completed within **120 days** from plan enrollment to establish care.

At a minimum, the IHA must include:

- Physical and mental health history
- Identification of risks
- Assessment of need for preventive screening or services (including immunizations, all USPSTF screenings, alcohol/drug screening)
- Individual health education
- Diagnosis and plan for treatment of any diseases

All USPSTF screenings are still required but do not all need to be completed in the initial appointment.

The Staying Health Assessment is no longer a required screening.

Shared Decision Making Tools

What are Shared Decision Making Tools?

- Collaborative process between patients and providers to make decisions about tests, treatments, and care plans

Resources for your Practice

- Mayo Clinic – Diabetes Medication Choice in deciding on antihyperglycemic agents - [Diabetes Medication Choice \(mayoclinic.org\)](https://www.mayoclinic.org/healthy-lifestyle/diabetes/type-2-diabetes/diabetes-medication-choice/faq-20180801)
- University of Pittsburgh Medical Center – Optimal medication or lifestyle change to control hypertension - [Deciding About Taking Blood Pressure Medicine \(healthwise.net\)](https://www.healthwise.net/patients/andfamily/decision-making/deciding-about-taking-blood-pressure-medicine)
- Cancer Center Ontario – Treatment for Kidney failure - [ORN- Shared Decision-Making: Supporting Patients and Families Living with Chronic Kidney Disease \(youtube.com\)](https://www.youtube.com/watch?v=ORN-Shared-Decision-Making-Supporting-Patients-and-Families-Living-with-Chronic-Kidney-Disease)
- American Medical Association – Heart Disease interactive video for aortic stenosis - [Shared Decision-making Training Video | Clinical Decision Support | JN Learning | AMA Ed Hub \(ama-assn.org\)](https://www.ama-assn.org/education/continuing-medical-education/shared-decision-making-training-video)
- American College of Cardiology – Atrial Fibrillation, aortic stenosis, and heart failure -- [Shared Decisions | CardioSmart – American College of Cardiology](https://www.cardiosmart.org/Shared-Decisions)
- SAMSHA – Decisions in Recovery – Treatment for Opioid use Disorder Handbook - [Decisions in Recovery: Treatment for Opioid Use Disorders | SAMHSA](https://www.samhsa.gov/decisions-in-recovery)

More information on Shared Decision Making

- AHRQ: [The SHARE Approach—Essential Steps of Shared Decisionmaking: Quick Reference Guide | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patient-engagement/patient-engagement-guides/share-approach)

TRANSITIONAL CARE SERVICES

Sara Levin, MD
Medical Director - CalAIM, CCHP

What are Transitional Care Services? (TCS)

Care Transitions Definitions: When a member transfers from one setting or level of care to another

Support members to transition to the least restrictive level of care that meets their needs and is aligned with their preferences

TCS provides the support and coordination needed to have a safe and secure transition by connecting them to the supports and connections to services that make them successful in their new environment with the least burden on the member as possible.

Transitional Care Services are available to all

Transitional Care: Program Goals

Prevention of Readmission, Institutionalization or Re-institutionalization or Relapse.

Identify appropriate institutionalized members for transition to the community

Ensure timely, high-quality, relevant care and services in the vulnerable period after a transition.

How Transitional Care Services Works

CCHP TCS Responsibilities

CCHP is notified of admissions, discharges and transfers

Ensures a single point of contact (e.g. TCS CM) for high-risk members and a dedicated number for member contact for low-risk members

TCS Care Manager Responsibilities for High-Risk

Coordination with the discharging facility

Ensure discharge planning document is shared with patient, PCP, and other providers

Ensure follow-up doctor appointments, medication reconciliation and referrals are complete

End Services or Enroll in Longer Term Care Management/Community Supports

Requirements for Low-Risk TCS

If discharging facility assesses member as high-risk, CCHP will flag up higher-risk transition

PCP/Ambulatory F-up Visit with Medication Reconciliation within 30 days

TCS services available for 30 days post-discharge. Referrals to longer term care management, if qualified, and enrollment in ECM/CCM and/or Community Supports

Transitional Care Services – How To Refer

❖ By Portal – REF162

❖ By Phone - (925)313-6887

❖ By Fax - (925)252-2609

CCHP Case Management (CM) Referral ✓ Accept ✗ Cancel

Priority: Urgent **Routine** Elective

Class: **External Referral**

Provider Specialty:

Referral Reason:

Process Instructions:
 have the right to participate or decline participation. Estimated time enrolled in complex case management is less than 6 months with the ultimate goal of successful self-management of complex conditions. An initial assessment is completed, and a care plan is created. The care plan requires monthly updates. Members may require weekly or more contacts.
 Care Coordination:
 CCHP is the care coordination resource of last resort if clinic SW's, care coordinators, or other case management programs are unable to provide time-sensitive interventions as necessary. Care coordination is the process of utilizing care strategies including health information technology and other tools to communicate and coordinate with the member and other caregivers to facilitate the member's care is safe and efficient. Cases should be open for an estimated average of 1-8 weeks and closed when services have been coordinated and confirmed. Frequency of contacts will be variable depending on the needs of the member. Every contact will be documented. No long-term care plan is required.

Reason for referral: Care Coordination Complex Case Management **Transitional Care Services**

Presenting Problem?


Comments:

Status: Normal Standing **Future**

Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months Approx.

Expires: 1 Month 2 Months 3 Months 4 Months 6 Months **1 Year**

Next Required ✓ Accept ✗ Cancel

A child's toy car, light blue with black wheels, is positioned on a grey plastic road that curves through a green playset landscape. The background includes various playset elements like trees, a building, and other roads. The text is overlaid on this scene.

Medi-Cal Transportation Benefit

Contra Costa Health Plan
April 30, 2024

Medi-Cal Transportation Benefit

CCHP Transportation Line: 1-855-222-1218
(or through CCHP Member Services: 1-877-661-6230
(Option 2))

Medi-Cal Benefit

- Only for members without any other means of getting to their Medi-Cal covered service.
- Medi-Cal service = generates a Medi-Cal claim

Types of Transportation

- **Non-Medical Transportation (NMT)** for members who can get in/out of a car sedan on their own or who use Paratransit (i.e., Paratransit, Bus, Lyft/Uber, Taxi)
- **Non-Emergency Medical Transportation (NEMT)** for non-ambulatory members unable to safely take NMT (i.e., wheelchair van, gurney / litter van, non-emergency BLS ambulance, air)



Non-Emergency Medical Transportation (NEMT)



Wheelchair Van
Gurney / Litter Van
BLS ambulance
Air transportation

NEMT: For members who cannot safely take NMT.
(e.g., using crutches or a wheelchair and cannot take / not
registered for Paratransit, Altered mental status,
Shortness of breath requiring oxygen and monitoring, etc.)

WHEELCHAIR VAN



- Incapable of sitting in a car or public transportation for the period of time needed to transport.
- Requires transportation in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.
- Requires specialized safety equipment above what is in cars or other public transportation.
- Examples: Uses a wheelchair, altered mental status, oxygen without monitoring, etc.
- “Dialysis” by itself is something that we are investigating – guidance is unclear from DHCS (vs NMT)

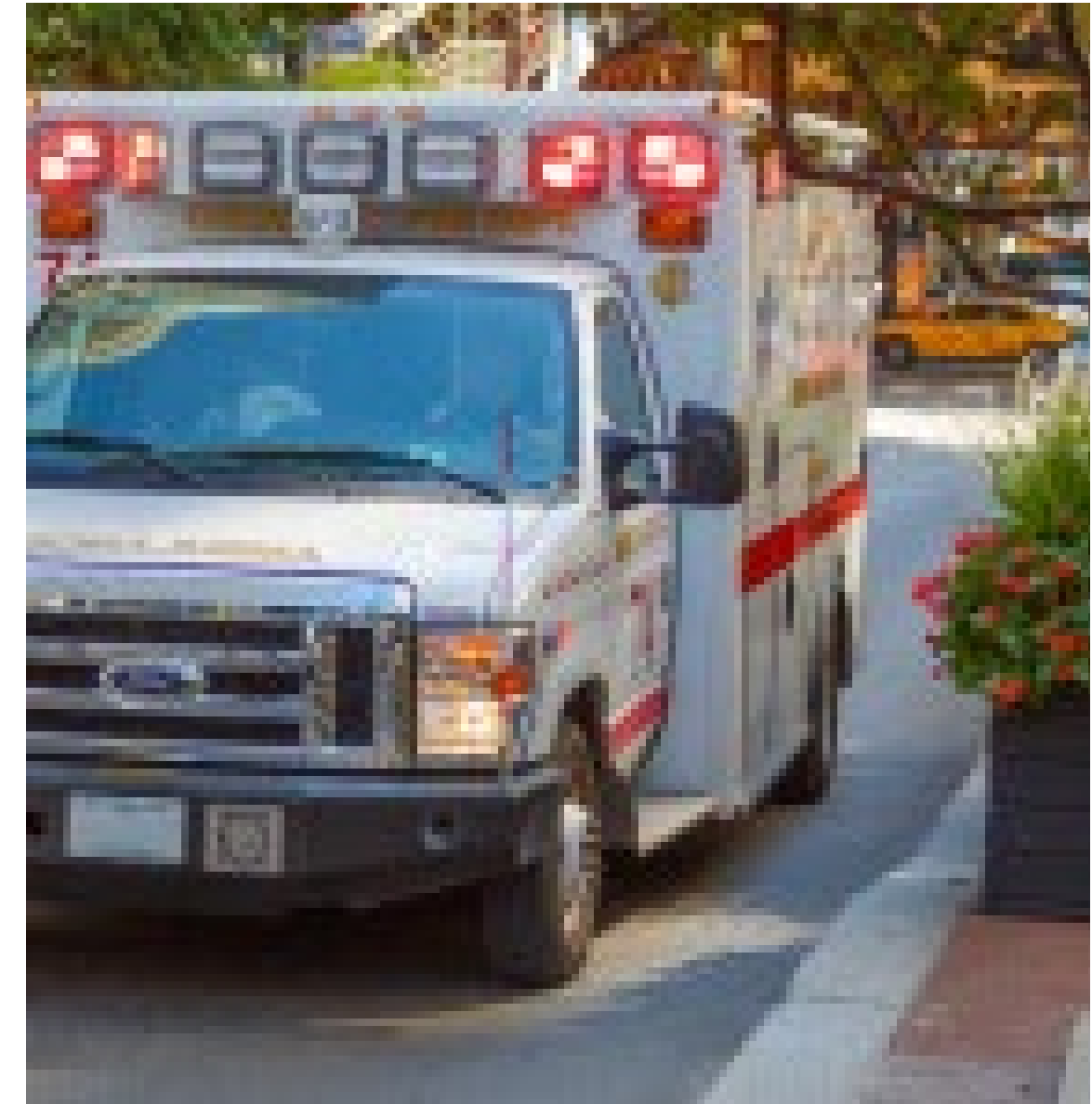
GURNEY

Member requires transportation in a prone or supine position, cannot sit, bedbound, non-ambulatory, cannot use a wheelchair.



BASIC LIFE SUPPORT (BLS) AMBULANCE

New oxygen, chronic condition with oxygen monitoring, IV medications, medical monitoring, transportation between two inpatient healthcare facilities, transfer between facilities requiring observation.



NEMT Requirements (Before Booking A Ride)

NEMT Prior Authorization & PCS Form

Submit **NEMT order** via ccLink / ccLink Provider Portal

- Date range (up to 1 year)
(Can estimate & request number of rides needed for year)
- What mode(s) requested
- Why the patient needs the NEMT (clinical justification as to the specific mode)
- Certification statement and signature by a prescriber (MD, DO, NP, PA, dentist, podiatrist, mental health professional, SUD treatment professional, etc).



NEMT Prior Authorization Process



Prior Authorization Turn Around Times

Urgent: 72 hours

Routine: 5 business days

CCHP takes into account reasonable emergency needs to authorize NEMT prior to the patient's need for a ride.



Providers may contact **CCHP Provider Line** for assistance **(1-877-800-7423, option 3 for UM)**



If clinical criteria met, CCHP will authorize, at minimum, the lowest cost type of NEMT service that is adequate for the member's medical needs, as determined by the medical professional



Member & provider will receive a notice regarding prior authorization decision. (CCHP working with IT to get all prior authorization notices to appear in member's MyChart.)



Upon approval, member or member representative may **contact CCHP Transportation Line to get assistance with arranging ride** or call NEMT transportation vendor(s).

Booking NEMT Rides via CCHP Transportation Line

- Transportation hotline is available 24 / 7 for members or providers
- Request rides **7 – 10 business days in advance** or for **urgent rides, as soon as possible.**
- Upon calling, must have ride details ready (date & time of appointment, pick up & drop off address, length of appointment, requested mode of transportation).
- NEMT prior authorization approval & Physician Certification Statement (PCS) form must be on file.
- If CCHP is unable to confirm appointment with member, NEMT might not be arranged.
- Remember to call CCHP to cancel ride when cancelling / rescheduling appointments.
- Challenges? Contact Transportation Line.

**Submit via ccLink order
(requires prescriber co-sign) in
ccLink provider portal
(prescriber co-sign).**



OPEN FORM

The screenshot shows the top navigation bar of the Contra Costa Health system. The user is logged in as DENNIS H. Compass Rose. A dropdown menu is open, showing options: CRM Search, Chart, Orders Only (highlighted with a red box), Referral Entry, and Encounter. Below the menu, there are buttons for Open Orders, Care Teams, Print AVS, Preview AVS, and a More dropdown. At the bottom, there is a checkbox for Show Permanent Comments and a My Quick Buttons button.

TYPE IN NAME OR
MEDICAL RECORD
NUMBER

The screenshot shows the Patient Lookup form. The 'Select Patient' tab is active. The 'Name/MRN' field contains the text 'rabbit, test'. The 'EPI ID' field is highlighted with a red box. Below these fields are input fields for SSN, Birth date, and Sex. There are checkboxes for 'Use sounds-like' and 'My patients'. At the bottom, there are buttons for New, Find Patient, and Clear. Below the buttons is a table titled 'Open Patients'.

PATIENT NAME	MRN	Sex	DOB
Rabbit, Test	300902917	M	4/28/2022

SELECT PATIENT

Patient Select

Search: rabbit, test

%	PATIENT NAME	MRN	Sex	DOB	Age	PCP
<input checked="" type="checkbox"/>	Rabbit, Test	300902917	M	4/28/2022	12 m.o.	
<input type="checkbox"/>	Test, Rabbit	300182584	F	1/9/2001	22 y.o.	Sam, Michel, MD
<input type="checkbox"/>	Test, Rabbit	300589620	F	1/1/2001	22 y.o.	

ADD ORDER

Uninsured

Hover Info

☐ No Known Allergies Never Up

Add a new agent A

No Allergies on File
You can use the box to the upper

Review Complete ☒

TYPE
NEMT

CLICK TO
OPEN

☐ No Known Allergies Never Updated History

Add a new agent + Add

? No Allergies on File
 You can use the box to the upper left to add an allergy or a contraindication

🏠 Non Emergency Medical Transportation (NEMT) EXT REF - External Referral, Routine, Transportation, Consultation

Review nemt + ⌵ + ADD DX (0)

Order Search

NEMT 🔍

⌵ Panels (No results found) Search panel

🏠 Medications (No results found)

🏠 Procedures ⌵

Name	Fre...	Type	Px Code	1
🏠 Non Emergency Medical Transportation (NEMT) EXT REF		Refer...	REF496	

Select And Stay
✔ Accept
 ✖ Cancel

FILL OUT FORM
AND INDICATE
REASON FOR
NEMT

ENTER DATE
RANGE for up to
1 year

Non Emergency Medical Transportation (NEMT) EXT REF Accept Cancel

Priority:

Class:

Provider Specialty:

Ref to Department:

Referral Reason:

Process Instructions:

PLEASE NOTE: If a Non-Medical need, please have patient call Transportation Line
PLEASE contact the transport company to make sure they are able to provide the service requested for the day and time needed, BEFORE submitting the referral.
CCHP Patients: Please complete ALL questions listed below for Authorization.
Please note: Not having all the information entered will cause delay in authorization of the request.
Thank You
BARIATRIC
Wt Readings from Last 1 Encounters:
No data found for Wt

Is the patient currently at a skilled nursing facility?

Transport Company:

Transport From Date (transport date range up to 1 year):

Transport To Date (transport date range up to 1 year):

From: Pickup location

To: Destination

If outside Contra Costa, why is transport to a more distant facility needed?

Next Required Accept Cancel

Is the patient currently at a skilled nursing facility?

Transport Company:

Other:

Transport From Date (transport date range up to 1 year):

Transport To Date (transport date range up to 1 year):

From: Pickup location

To: Destination

INDICATE MODE AND REASON Describe in detail

Non Emergency Medical Transportation (NEMT) EXT REF ✓ Accept ✗ Cancel

If patient does meet NEMT medical necessity, select all that apply below:

- ☐ Airway monitoring ☐ Abnormal vital signs monitoring ☐ Cardiac monitoring
- ☐ Mental status monitoring due to abnormal behavior, altered mental status, CVA, medication, or syncope
- ☐ Orthopedic/medical device monitoring ☐ Palliative support related to hospice care
- ☐ Passive/manual restraint to prevent patient injury or medical device movement/tampering
- ☐ Flight risk due to dementia or altered mental status and unable to follow commands
- ☐ Flight risk due to 5150 hold (must include a copy of the 5150 form) ☐ Isolation/infection precautions due to:
- ☐ Oxygen administration (medical attendant required to regulate) ☐ Suction as needed
- ☐ Restraints needed during transport ☐ IV meds or fluid - Describe ☒ Other treatment/device not listed - Describe

Isolation/infection precautions due to:

IV meds or fluid - Describe

Other treatment/device not listed - Describe

uses a wheelchair

Describe in detail the mode of NEMT requested and why the patient can only be transported by NEMT. Specifically, why member cannot reasonably ambulate with assistance or be transported by NMT.

uses a wheelchair

Mode

One Way **Round Trip**

Roundtrip

BLS (Basic Life Support): A0428 x2, A0425 x2

BLS bariatric: A0428 SC x2, A0380 x2, A0425 SC x2, A0428 E66 SC x2, A0425 E66 SC x2, A0424 x2

Gurney Van: T2005 x2, T2049 x2 **Wheelchair Van: A0130 x2, A0380 x2**

Gurney Van bariatric T2005 SC x2, A0425 SC x2 ALS: A0426 x2, A0425 x2 CCT: A0434 x2, A0425 x2

Number of trips - One way/Roundtrip

50

Is the patient bed-confined? "Bed-confined" means unable to stand, ambulate and sit in a chair.

yes **no**

Next Required ✓ Accept ✗ Cancel

Non Emergency Medical Transportation (NEMT) EXT REF

Accept Cancel

Other treatment/device not listed - Describe

uses a wheelchair

Describe in detail the mode of NEMT requested and why the patient can only be transported by NEMT. Specifically, why member cannot reasonably ambulate with assistance or be transported by NMT.

uses a wheelchair

Mode

One Way Round Trip

Roundtrip

BLS (Basic Life Support): A0428 x2, A0425 x2

BLS bariatric: A0428 SC x2, A0380 x2, A0425 SC x2, A0428 E66 SC x2, A0425 E66 SC x2, A0424 x2

Gurney Van: T2005 x2, T2049 x2 Wheelchair Van: A0130 x2, A0380 x2

Gurney Van bariatric T2005 SC x2, A0425 SC x2 ALS: A0426 x2, A0425 x2 CCT: A0434 x2, A0425 x2

Number of trips - One way/Roundtrip

50

Is the patient bed-confined? "Bed-confined" means unable to stand, ambulate and sit in a chair.

yes no

Reference Links:

PDF version of Form NEMT Specialty List

Comments:

Additional Information :

Status:

Normal Standing Future

Expected Date:

Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months

Expires:

7/10/2023 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year 18 Months

Next Required

Accept Cancel

CLICK "ACCEPT" AND
"SIGN ORDERS" TO
PLACE ORDER

View Procedure-Allergy Interactions

Dx Association Edit Multiple Estimate Options

Outpatient

Non Emergency Medical Transportation (NEMT) EXT REF

External Referral, Routine, Transportation, Consultation

Select a pharmacy

PEND

SIGN ORDERS (1)

COMMUNITY HEALTH WORKERS

Stephanie Strizver Schram PHN, BSN, MSHCA
Nurse Program Director
Long-Term Care Liaison



Community Health Workers (CHW)

- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- CHWs can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and provide key linkages with other similar and related community-based resources.
- CHWs can encourage early detection of disease through health education about appropriate screening, and promote effective, timely management of chronic conditions, which helps people avoid unnecessary care and complications that lead to costly emergency room visits.



Community Health Worker Services

Health Education

Promotion of member health by addressing barriers to health care services.

Health Care Navigation

Provide information, education & referrals to community supports/community resources.

Assists in establishing & maintaining enrollment in social assistance programs, (ie Medi-Cal).

Screening & Assessment:

Collaborates with the member to determine social & healthcare needs & connect to services in alignment with those needs & the members priorities.

Individual Support &/or Advocacy:

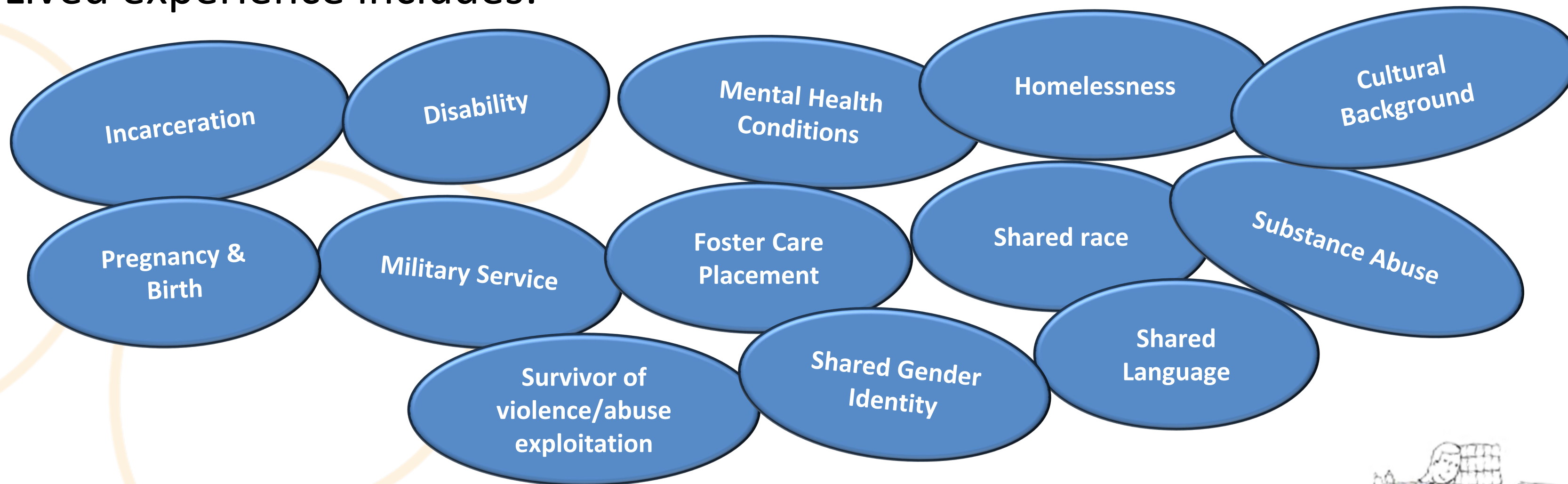
Acts as the link for the member to health care services to decrease exacerbation, injury prevention, violence prevention.

Lived Experience:

Serves as a cultural liaison between the member & services. CHW have a level of understanding of the challenges faced in communities when accessing health care. This understanding of barriers helps establish effective relationships.

Community Health Worker (CHW) – Criteria

CHWs must have “lived experience” that aligns with the targeted population.
Lived experience includes:



Having lived experience with member's helps CHWs establish rapport with members in their communities.

This helps the CHW accurately assess individual needs & work with the member to establish needed health care access, community supports, & community resources.



CHW – Criteria



CHW Required Qualifications can come from one of the following:

CHW Certificate

For more information on obtaining a CHW certificate go to

<https://www.dvc.edu/academics/allied-health/index.html>

- * Violence Prevention Certificate
- * Work Experience Pathway (2,000 hours of CHW services in the last three years)


CHWs must complete a minimum of six hours of additional training annually.

CHWs are not required to enroll as Medi-Cal Providers.

Community Health Worker (CHW) Referral

✓ Accept ✗ Cancel

✓ Accept ✗ Cancel

Name	Frequ...	Type	Px Code	TAT (days)	Pref List	Resulting Agencies
 Community Health Worker (CHW) Referral (aka CHW)		Referral	REF377		CCHS AM...	

CHW What Is Covered



The initial referral covers four (6) hours per member for any Community Health Worker (CHW) provider.



Additional hours are available upon establishment of medical necessity and UM authorization. If additional hours are necessary, the CHW needs to provide a written plan of care for the member.



Claims to CCHP must be submitted by a Medi-Cal enrolled supervising provider.

PROVIDER DISPUTES and CLAIMS

Erin Mellas, Director of Operations, CCHP

Provider Dispute Resolution

Claim Disputes can be submitted on claim denials, underpayments, overpayment, authorization, or other billing and/or reimbursement issues.

Claims must be disputed within 365 days from the last determination date. All requests for consideration must accompany supporting documentation to support the dispute.

Providers are encouraged to submit disputes via the ccLink Provider Portal

<https://www.cchealth.org/home/showpublisheddocument/7795/638262423385870000>

Providers can also submit via Certified Mail to:

Contra Cost Health Plan

Attn: Claims Department, Provider Disputes

595 Center Avenue, Suite 100

Martinez, CA 94553

Claims

The CCHP Claims Unit ensures the timely payment of clean claims with primary responsibilities including:

- Claims processing,
- Responding to claims inquiries, and
- Returning claims to the provider if there is missing information.

Availity is CCHP's EDI clearinghouse.

To submit EDI claims, please register with Availity at <https://www.availity.com/provider-portal-registration> with the following CCHP Payer ID:

o **Contra Costa Health Plan - Payer ID: CCHS**

Providers must sign up for CCHP's ccLink Provider Portal to review claims status and submit claims where appropriate.

Please visit <https://www.cchealth.org/home/showpublisheddocument/909/638240903887870000> complete the ccLink Provider Portal Access Agreement form, and e-mail it the CCHPportalsupport@cchealth.org. If you have already signed up for ccLink Provider Portal access, please reference the website for instructions regarding submitting claims.

If you must submit paper claims, please mail your claims to the following address:

o P.O. Box 5122, Lake Forest, CA 92609

Reminders

Check on your **original claims status** before calling or submitting duplicate claims, duplicate submissions create unnecessary work for all parties involved. If you have not received payment within 45 business days you can call CCHP to check claim status or use ccLink Provider Portal for the fastest response.

CONTRA COSTA HEALTH



CMO Updates

Irene Lo, MD, FACS

April 30, 2024

Outline



2024 Transitions



Authorization/Utilization Management
Updates



Member Appeals, Member Grievances

2024 Transitions

Transition Populations

Single Plan Model (SPM)

- Anthem Blue Cross Medi-Cal

Long Term Care (LTC)

- Members at Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- Members at Subacute/Pediatric Subacute Care facilities

Adult Expansion

Members transitioning from Fee-for-Service (FFS) to Managed Medi-Cal



Communicating/Collaborating

Communicating/collaborating with Providers and Members before, during, and after the transition

- Provider Bulletin
- Provider Portal
- Provider Network trainings
- Joint Operation Meetings
- Ad hoc meetings



Maintaining

Maintaining Continuity of Care

- Created new policies/procedures and workflows to help the management of continuity of care
- Conducted training sessions on the transition for all relevant staff
- Types of Continuity

Transitions

What have we been doing?

Authorization/ Utilization Management Updates

Policies Update – Utilization Management

- The following changes were effective **11/1/2023**
- **Note:**
 - Services must be completed within the patient's network for authorization not to be required
 - Any services performed outside of the patient's network will always require authorization

Policies Update – Utilization Management

Specialty Office Visits

- Consults and follow ups for all specialties except for neurosurgery and transgender services will no longer require authorization
- Any specialty procedures will continue to require authorization.

Bariatric Surgery Guidelines

- Bariatric consults and follow ups will no longer require authorization
- Procedures/surgeries will continue to require authorization.
 - One dietician consult prior to surgery will be required for CCHP to approve surgery
 - Mental health evaluation no longer required

Pain Management

- Pain management consultations and follow-ups will no longer require authorization
- Procedures for pain management will still require authorization

Policies Update – Utilization Management

If you have any questions about these changes, please reach out to the CCHP Auth/UM Department at CCHPAuthorizations@cchealth.org or call our Provider Call Center at 877-800-7423.

For any urgent issues or escalation of issues, please e-mail auth-umsupport@cchealth.org

Member Appeals and Member Grievances



Member Appeals and Member Grievances

- If members are dissatisfied with the service delivered by the provider, they are able to file a complaint or grievance
- If a member believes that a service or payment for a service has been denied, deferred, or modified inappropriately, the member may submit an appeal

Ways to File a Grievance or Appeal

- Call Member Services, Monday – Friday, 8AM – 5PM, at 1-877-661-6230 (Option 2) (TTY 711)
- If clinically urgent, members can reach out to CCHP's 24-hour Advice Nurse Line at 1-877-661-6230 (Option 1) (TTY 711)
- Write about the issue in a letter or on a Member Grievance/Appeals form that can be downloaded and printed
 - <https://www.cchealth.org/home/showpublisheddocument/6625/638258414383170000>
- Mail or fax to:
 - Contra Costa Health Plan
 - Attn: Grievance/Appeal
 - 595 Center Avenue, Suite 100
 - Martinez, CA 94553
 - Fax: 925-313-6047
- Submit online:
 - <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/file-a-complaint>

Ways to File a Grievance or Appeal

- If a member wants someone else, such as a family member or friend, to help them file a grievance or appeal on their behalf, CCHP will contact the member for verbal permission to process the grievance or appeal
- Providers can file a member appeal on behalf of their patients. However, the provider will need to submit a signed member consent form to file the appeal
 - <https://www.cchealth.org/home/showpublisheddocument/6623/638258414381070000>

Process

- Members will receive a letter to inform them that CCHP has received their grievance or appeal
- CCHP will review and resolve the case within thirty (30) calendar days



Expedited Grievances and Appeals

- A member can ask CCHP for an expedited review (72 hour) when they file a grievance.
- The Plan will provide an expedited review if waiting thirty days for a resolution could seriously harm the health of the member.
- For cases requiring expedited review, the Plan will make a decision no later than 72 hours after the request is received
- If CCHP denies the request for an expedited review, the member will be notified in writing and CCHP will then follow the thirty (30) day process



Questions?

CONTRA COSTA
HEALTH



Thank You