

The Contra Costa Health Plan Provider Bulletin

HEDIS 2009-New Measure: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Contra Costa Health Plan will begin to report a new measure to assess provider counseling to prevent and address pediatric obesity in 2010. The newly required State HEDIS measure will assess the percentage of Children and teens 2 to 17 years of age who had an outpatient visit with Primary Care Practitioner (PCP) and who had evidence of body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.



The rapidly increasing prevalence of obesity among children is one of the most challenging problems currently facing primary care providers. In addition to the growing prevalence of obesity in children and adolescents, overweight children at risk of becoming obese are also of great concern. Screening for overweight or obesity **begins** in the provider's office **with the calculation of body mass index (BMI)**. With this new measure providers will also be asked to not only calculate and graph the BMI but also **promote regular exercise activity and healthy eating**, which are all essential elements in addressing this problem. These three elements BMI, exercise activity and healthy eating must be documented in the patient's medical record.

Within the last several months various tools for providers and patients have been created by Patricia Sanchez, Senior Health Education Specialist, Otilia Tiutin, Manager of Cultural and Linguistic Services and Dr. Diane Dooley, Pediatrician for CCRMC. These tools were created with the idea to help providers **negotiate behavior change** with their patients, and give providers **direct access** to programs already existing within our network and **community resources**. We encourage all providers and CCHS staff to access our new health education website section and become familiar with its new resources. To access the website go to http://www.cchealth.org/health_plan/. If you have any questions, suggestions, or concerns please contact Patricia B. Sanchez, MPH at (925) 313-6019.



See page 6 for more information.

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Medicare Annual Enrollment Period –AEP

Starting November 15, 2009 through December 31, 2009

At this time of year, many of your patients will be receiving information on enrolling in a Medicare Advantage plan. They will hear about the enrollment period on TV and radio and see advertisements in the newspaper. They will also be receiving information in the mail encouraging enrollment in a Medicare Plan. Contra Costa Health Plan (CCHP) also has a Medicare Advantage Plan called **SelectCare**, but our plan enrollment rules are quite unique.

SelectCare was created for people who receive both Medicare and full Medi-Cal benefits. We carefully designed a program to pull together the Medi-Cal, Medicare and Pharmacy benefits for this population under one plan. Applications for membership can be submitted at **any time** unlike other Medicare Advantage Plans. Additionally, **SelectCare** members are not locked in and do not have to wait until the 2010 Open Enrollment period to make a change. Membership in our plan is voluntary and folks can join on a monthly basis.

We know this time can be both confusing and stressful for Medicare beneficiaries and we are here to assist you and your patients. If you, your staff, and/or your patients have any questions about **SelectCare**, how it works, or the benefits of enrolling, please contact Wendy Mailer, Health Plan Sales/Outreach Manager at (925) 957-7224. We will be happy to help you.

New Urology Group-Pacific Urology

CCHP is pleased to announce that Pacific Urology has joined the CCHP network of providers. Pacific Urology was formed in 1995, when six urologists in solo practice joined together to form a group practice. This group now is comprised of six board certified physician/surgeons with expertise in all areas of urologic care encompassing men, women and children. The group has combined experience ranging from 5 to 40 years among them.



The group's mission was to provide "university quality of care" in a private practice setting in the patients' community - in other words, to deliver urological services as good as those available in the leading university hospitals, eliminating the requirement of patients to travel to such a facility.

In the years since its inception, Pacific Urology has acquired the latest technology available in ultrasound, microwave therapy, TUNA (Prostate Transurethral Needle Ablation), and computerized charting, to name a few. These services are offered in the convenience of their offices.

Their practice includes treatment of prostate/bladder/kidney cancer, kidney stones, laparoscopic surgery, vasectomies, vasectomy reversal, urinary incontinence in men and women, impotence, and infertility treatment.

Pacific Urology has several practice locations in East and Central Contra Costa County- Antioch, Brentwood, Concord, Walnut Creek, San Ramon and also a practice location in Livermore. For more information, visit their website at www.pacific-urology.com.

We are very excited to have Pacific Urology in our network and the quality of care they offer for our members.

Pharmacy and Therapeutics Update

The Pharmacy and Therapeutics committee at CCHP reviewed the efficacy, safety, cost and/or utilization of the following therapeutic categories/medications at the December 4, 2009 meeting. The changes are expected to be effective the week of January 20th, 2010.

The committee approved ***addition*** of the following to the Preferred Drug List (formulary):

Long Acting Insulin Agents	Anti-Influenza Agents	H2 Receptor Blockers
Sedative Hypnotics	Selective Norepinephrine Reuptake Inhibitors	Blood Glucose Test Strips
Low-Cost self injectables		

TrueTest[®] diabetic test strips. Since coding of the strips is not required with TrueTest, they should be easier to use and possibly improve accuracy. TrueTrack[®] will remain formulary and patients on TrueTrack[®] are not being asked to switch.

The following self-injectables:

Benadryl (Diphenhydramine HCL) 50mg/mL Syringe
Benadryl (Diphenhydramine HCL) 50mg/mL Vial
Calcijex (Calcitriol) 1 mcg/mL Vial
Calcijex (Calcitriol) 1 mcg/mL Ampule
Compazine (Prochlorperazine Edisylate) 5mg/mL Vial
D.H.E. 45 (Dihydroergotamine Mesylate) 1mg/mL Vial
D.H.E. 45 (Dihydroergotamine Mesylate) 1mg/mL Ampule
Inapsine (Droperidol) 2.5mg/mL Vial
Inapsine (Droperidol) 2.5mg/mL Ampule
Adrenalin Chloride (Epinephrine) 0.1mg/mL Syringe
Adrenalin Chloride (Epinephrine) 1mg/mL Vial
Adrenalin Chloride (Epinephrine) 1mg/mL Ampule
Adrenalin Chloride (Epinephrine) 1mg/mL Ampule (Preservative Free)
Vistaril (Hydroxyzine HCL) 25mg/mL Vial
Vistaril (Hydroxyzine HCL) 50mg/mL Vial
Methotrexate 25mg/nl vial (preservative-free)
Methotrexate 25mg/mL Vial
Tigan (Trimethobenzamide HCL) 100mg/mL Syringe
Tigan (Trimethobenzamide HCL) 100mg/mL Vial

The committee approved ***deletion*** of the following to the Preferred Drug List (formulary):

No Changes.

The following were reviewed and ***prior authorization criteria*** approved or updated (remain non-formulary):

No Changes.

FYI/REMINDERS:

The P&T committee discussed the appropriate use of long acting insulins (Lantus and Levemir) with NPH insulin. While no formulary changes have been made, we **encourage** providers to **consider using NPH insulin** in patients who exceed two vials per month of long acting Insulin.

(Cost per 10ml vial NPH = \$42.45, Lantus = \$131.55, Levemir = \$112.95)

340B reminder: there are 10 Rite Aid and 12 Walgreens pharmacies in our 340B network. We encourage use of these pharmacies in order to save the county money. BHC/HCI patients are still restricted to the 12 340B Walgreens pharmacies.

SelectCare News

SelectCare is a Medicare Advantage Special Needs Plan offered by Contra Costa Health Plan. It is designed for Medicare beneficiaries who are also enrolled in the California Medi-Cal program. More information about SelectCare can be found at http://www.cchealth.org/health_plan/selectcare/. The complete SelectCare formulary can be found at <http://selectcare.performrx.com/>. No negative formulary changes have occurred to the SelectCare formulary thru November 2009.

Tidbits from Utilization Management...

Medi-Cal and Medicare have updated their gastric (bariatric) surgery guidelines. Below are some highlights:

Medicare covers bariatric surgery with these limitations:

Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS), and laparoscopic adjustable gastric banding (LAGB) are covered for members who have a body mass index ≥ 35 , have at least one co-morbidity related to obesity, **and have been previously unsuccessful with medical treatment for obesity.**

Indications

1. The BMI is equal to or greater than 35. Documentation MUST include one ICD-9-CM V code **and** ICD-9-CM code 278.01 (morbid obesity). **V-codes related to body mass index** are V85.35, V85.36, V85.37, V85.38, V85.39, or V85.4. These codes should not be listed as the primary diagnosis code, AND
2. At least one co-morbidity (diagnosis) related to obesity such as diabetes or hypertension must present, related to obesity, **and surgery must be preferable to non-surgical management**, AND
3. There was previously unsuccessful medical treatment of obesity.
Medicare does not cover:
 - Gastric balloon surgery,
 - Intestinal Bypass;
 - Open adjustable gastric banding;
 - Open and laparoscopic sleeve gastrectomy;
 - Open and laparoscopic vertical banded gastroplasty; or
 - Bariatric surgery to treat obesity alone.

For detailed information, please go to the following Medicare weblink:

LOCAL (northern California) coverage guidelines for gastric surgery (revised in 5/09)

http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=28238&lcd_version=16&show=all

NATIONAL coverage guidelines for gastric surgery (implemented in 5/09)

Medi-Cal GBS guidelines, updated in August 09, 2009 include the following:

1. The member has a BMI of:
 - a. Greater than 40, or
 - b. Greater than 35 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems **likely to be alleviated by the surgery.**
2. The member has failed to sustain weight loss on conservative regimens. Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents. Examples of appropriate documentation of failure of conservative regimens include but are not limited to:
 - a. Severe obesity has persisted for at least five years despite a structured physician-supervised weight-loss program with or without an exercise program for a minimum of six months.
 - b. Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

For detailed information regarding above articles, please go to this Medi-Cal weblink:

http://files.medi-cal.ca.gov/pubsdoco/publications/mastersmtp/part2/surqdigest_m01o03.doc

http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=100.1&ncd_version=3&basket=ncd%3A100%2E1%3A3%3ABariatric+Surgery+for+Treatment+of+Morbid+Obesity

Tidbits....continued

Ophthalmologist and Optometrist Visits

Good News for OPTOMETRIST!!!

FOR MEDI-CAL MEMBERS: As you know, beginning July 1, 2009, Medi-Cal eliminated coverage for optometry services. However, Contra Costa Health Plan believes in the importance of annual diabetic retinal exams. Therefore, we will continue to reimburse contracted optometrists who are able to perform these routine exams for our diabetic members. Authorization is not required as long as the optometrist bills with a diabetes diagnosis code.

Please note, optometry services are still available to other CCHP members, the above-mentioned coverage elimination only affects Medi-Cal members.

Did someone say, “No Auth is Required”?

Upon review of our prior authorization history and as an ongoing effort to streamline our processes, CCHP has added several new CPT codes to our “no auth requirements”. The list below contains CPT codes that previously did not require and new codes that no longer require prior authorization from CCHP when performed by a contracted ophthalmologist:

CPT code	Brief Description	Applicable global period*	Comment
65855	Trabeculoplasty (laser surgery of the eye)	90 days	New! No PA required
66761	Laser PI (revision of iris)	30 days	New! No PA required
66821	Lasar capsulotomy (lasering secondary to cataract)	45 days	
67145	Laser prophylaxis (treatment of retina)	30 days	New! No PA required
67210	Focal laser (treatment of retinal lesion)	30 days	New! No PA required
67228	PRP laser (treatment of retinal lesion)	30 days	New! No PA required
67800	Chalazion removal, single (remove eyelid lesion)	15 days	New! No PA required
67801	Chalazion removal, multiple (remove eyelid lesions)	15 days	New! No PA required
67840	Excision of eyelid lesion		New! No PA required
68760	Laser punctal (closure of tear duct opening)	15 days	New! No PA required
68761	Punctal plugs (laser closure of lacrimal punctal)	10 days	New! No PA required
68801	Dilation & irrigation of NLD (dilation of lacrimal punctal)		New! No PA required
76519	A-Scan (Echo of eye)		
92083	Visual Field Exam		
92250	Fundus Photo		
92287	Fluoroscien Angiogram (internal eye photo)		

*Follow up office visits during global period is not separately payable.

Please note, as usual, authorization is required for Basic Health Care (BHC) program recipients.

Saturday February 27, 2010
8:00am—5:00pm
Milton Marks Conference Center, San Francisco

Childhood Obesity 2010: The Next Generation of Prevention and Management



Registration Information:

- **Registration costs include CMEs/CEUs***, breakfast and lunch, afternoon snack and conference materials.
- **The Early Registration Fee for individuals is \$85 through December 17, 2009.**
After that date and until 2-25-2010 the individual rate is \$100.
- **There is an on-going group rate of \$75 each for groups of 5 or more** registering and paying together.
- **There is a student rate of \$50** and includes a current valid student ID (photocopy).
- **All refunds** must be requested by 2-15-2010 minus \$25 processing fee. See website for details.
- **There will be no onsite registration.** Registration closes 2/25/2009.

To view the complete program and who should attend, please visit:

<http://www.sfbreastfeeding.org/events/CO2010>.

To register for the conference, please visit: <http://www.sfbreastfeeding.org/events/CO2010/register>.

Promoting Smoke Free Families—An Effective Tobacco Intervention

The Promoting Smoke Free Families Program (PSFF) provides training and educational resources to prenatal care, labor and delivery, and Contra Costa County pediatric providers to enable them to offer appropriate messages about tobacco use and secondhand smoke exposure to pregnant and parenting women. The PSFF Program aims to improve perinatal health outcomes and decrease disparities in low birth weight infants by encouraging families to stop and/or reduce tobacco use and identify strategies for reducing harms from secondhand smoke exposure for themselves and their children.

PSFF is a continuum of care model that trains clinicians before, between and beyond pregnancy on the perils of secondhand smoke. Prenatal care, labor and delivery, and pediatric providers are taught the evidence-based 5A's clinical protocol to utilize into their system of care. Through the use of the 5A's, providers identify tobacco use and secondhand smoke exposure among their pregnant and parenting clients and offer appropriate advice and referrals. PSFF Program activities include on-site trainings for providers, distribution of appropriate patient health education material, and Quality Assurance activities. Trainings include the following: overview of the 5A's clinical protocol; description of the new California smoke-free car law (enacted January 2008); description of health risks associated with maternal smoking and secondhand smoke exposure; overview of interventions that can be used with pregnant and postpartum women smokers, spontaneous quitters, or secondhand smoke exposed; tips for providers on strategies for integrating smoking cessation and secondhand smoke exposure protocols into the clinical practice; and a sample of screening tools for assessing all pregnant women and parents. Quality assurance activities include follow-up visits and medical chart reviews to ensure that providers are integrating the 5A's into their system of care.



FREE Telephone Interpreter Services for CCHP Members 24/7

For Community providers

If you have CCHP patients who do not speak English you can call us to help you.

Interpreter services for CCHP members:

The criteria to utilize CCHP Telephone Interpreter Services is:

- Be a contracted CCHP provider
- Be requesting interpreter services for a CCHP member
- For **sign language assistance** prior authorization is requested 48 hours in advance; the appointment date, time and member's name needed.



After meeting these criteria, CPN **call 1 (877) 800-7423 Press 4**. You will be connected to the advice Nurse who will connect you to an interpreter.

For CCRMC providers

Each county clinic and hospital has procedures for how to use interpreter services. There is a card printed with instructions on each phone or video unit that gives the number to call HCIN at 313-8360. If no HCIN interpreter is available, then you will be connected to Language Line, who will be asking for the ID # and Cost Center #. These numbers are also printed on that card.

Federal and State Guidelines:

- By law, we must ensure that members of our health plans have access to interpreter services if they do not speak English.
- Interpreter services must be available on a 24-hour basis for medical encounters. If the medical staff or providers do not speak the member's language, the health plan and provider cannot require or suggest to a member to provide their own interpreters.

You must inform the member of the right to free interpreter services. However, we discourage the use of family and friends. If they insist that they want to bring their own interpreter, you must document it in the patient's chart. Do not allow children under 18 to interpret under any circumstance.

We provide flyers you can post in your office which state: **Point to your language! We will get you an interpreter. To print a copy go to our website at:**

http://cchealth.org/health_plan/provider_interpretation.php

Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care

On May 1, 2007, The Alliance of Community Health Plans Foundation released the final report and 13 case studies on which the report is based for the project Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care. The findings included in the final report are based on information developed about business benefits achieved by different kinds of health care organizations that implemented projects addressing one or more of the National CLAS Standards published by OMH in 2000.

The full report is available at **<http://minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf>**



~Office of Minority Health

H1N1 Billing Update

Due to a late change in CPT coding for H1N1 administration and counseling by the AMA, the following is the updated reimbursement grid. These coding changes are effective immediately. The coding change only effect Commercial and the Healthy Family members.

Billing & Reimbursement for H1N1 Administration Only

Medicare	Commercial	Healthy Families	Medi-Cal	CHDP
HCPCS Codes G9141 \$27.43	CPT Code 90470 \$10.80	CPT Code 90470 \$9.90	CPT Code 90663-SK* \$9.00	ON PM 160 Code 84 \$9.45
ICD-9 Code V04.81	ICD-9 Code V04.81	ICD-9 Code V04.81	ICD-9 Code V04.81	ICD-9 Code V04.81
			*per DHCS -SK modifier is for the high -risk popula- tion only. Claims billed for code 90663 with- out -SK modifier will be denied.	

Claims submitted with code 90663 prior to 11/01/2009 will be paid, however we ask that you bill with the 90470 code for Commercial and Healthy Families effective immediately. We do apologize for this change in coding; however, we want to ensure coding is correct and reported appropriately.


If you have questions please do not hesitate to contact CCHP Provider Relations at (925) 313-9500.

Claims Unit Update

Good News from the Claim's Unit! There have been delays in your claims being processed due to unexpected changes in our staffing. We have several new claim's adjusters that are now in training and learning very quickly. Please continue to be patient. State regulators mandate claim's paid beyond the State's mandated time frames (60 days for Medi-Cal and 30 days for Medicare) include interest. We will adhere to this regulatory requirement. We are working diligently to improve our claim's processing time frames.

We appreciate your continued support.

Seasonal Flu Vaccine Matrix 2009-2010 - *UPDATE*

CCHP Medi-Cal Members	Healthy Families Program	Commercial Members	Medicare Members SelectCare SeniorHealth
CHDP Code on PM 160 Ages: 6 months to 18 years 53 Flu Vaccine 71 Flu Mist Vaccine Plan Payment \$9.45	Preservative Free Vaccine Ages: 6 months to 35 months CPT code 90655 \$20.58 90465 \$ 4.91 Plan payment \$25.49	Preservative Free Vaccine Ages: 6 months to 35 months CPT code 90655 \$22.45 90465 \$ 5.35 Plan payment \$27.80	Preservative Free Vaccine 90656 \$18.20 G0008 \$27.43 Plan payment \$43.67
CHDP-Privately Purchased Ages: 6 months to 20 years CHDP code 54 on PM 160 Plan payment \$ 13.76	Preservative Free Vaccine Ages: over age 3 90656 \$34.61 90471 \$ 4.91 Plan payment \$39.52	Preservative Free Vaccine Ages: over age 3 90656 \$37.76 90471 \$ 5.35 Plan payment \$43.11	Regular Flu Vaccine 90658 \$13.22 G0008 \$ 27.43 Plan payment \$38.69
For more information on the VSP program, please call (877) 243 - 8832	Regular Flu Vaccine Ages: 6 months to 35 months 90657 \$15.14 90465 \$ 4.91 Plan payment \$20.05	Regular Flu Vaccine Ages: 6 months to 35 months 90657 \$16.51 90465 \$ 5.35 Plan payment \$21.86	Nasal Vaccine Ages: to age 50 90660 \$26.72 G0008 \$27.43 Plan Payment \$52.19
Privately Purchased Vaccine Must bill on CMS 1500 	Regular Flu Vaccine Ages: over age 3 90658 \$15.14 90471 \$ 4.91 Plan payment \$20.05	Regular Flu Vaccine Ages: over age 3 90658 \$16.51 90471 \$ 5.35 Plan payment \$21.86	
Preservative Free Vaccine Ages: over age 3 90656 \$33.03 90471 \$ 4.46 Plan payment \$37.49	Nasal Vaccine Ages: to age 8 90660 \$24.50 90467 \$4.91 Plan payment \$29.41	Nasal Vaccine Ages: to age 8 90660 \$26.72 90467 \$ 5.35 Plan payment \$32.07	
Regular Flu Vaccine Ages: over age 3 90658 \$14.42 90471 \$ 4.46 Plan payment \$18.88	Nasal Vaccine Ages: 9 to 18 years 90660 \$24.50 90473 \$ 4.91 Plan Payment \$29.41	Nasal Vaccine Ages: 9 to 50 years 90660 \$26.72 90473 \$ 5.35 Plan Payment \$32.07	
Nasal Vaccine Ages: to age 50 90660 \$23.38 90473 \$ 4.46 Plan payment \$27.84			
Pneumococcal Reimbursement			
Ages: 2 and above 90732 \$59.52 90471 \$ 4.46 Plan Payment \$63.98	Ages: 2 and above 90732 \$62.36 90471 \$ 4.91 Plan Payment \$67.27	Ages: 2 and above 90732 \$68.03 90471 \$ 5.35 Plan Payment \$73.38	Ages: 2 and above 90732 \$32.70 G0008 \$27.43 Plan Payment \$58.17

Revision Date: 12/01/2009 Provider Relations Department.

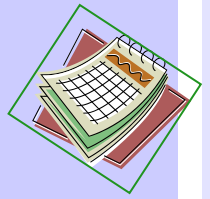
The Bulletin Board

Mark your Calendar for Our Next PCP Community Provider Network Meeting
We encourage and appreciate your participation!



West County January 19, 2010
Doctors Medical Center
2000 Vale Road, ACR 1st Floor
San Pablo, CA 94806
7:30 - 9:00 AM

Central/East County January 26, 2010
1350 Arnold Drive, Conf Room #103
Martinez, CA 94553
7:30—9:00 AM



HAVE A SAFE AND HAPPY NEW YEAR!

Holidays Observed

New Years Day
January 1

Martin L. King Jr. Day
January 18

Presidents' Day
February 15

Our accredited **Advice Nurse Unit**
is available for our members
24 hours a day, 7 days a week
Including holidays.
The Advice Nurse Unit can be reached
by calling
1 (877) 661-6230 (Press 1)



Find resources for uninsured
individuals at
www.cchealth.org/insurance

Welcome!

CCHP would like to welcome
the following providers.

Springhill Medical Group
Siamak Elasi, MD
Wengang Zhang, MD

Pittsburg Health Center
Cindy Su, MD

CLAIMS INFORMATION

Send All Claims to:
Contra Costa Health Plan
P.O. Box 2157
San Leandro, CA 94577
Courier Claims Address:
Contra Costa Health Plan
14860 Wicks Blvd
San Leandro, CA 94577
Electronic Filing:
Contact Docustream
510-264-0900

Flu Updates

Please keep watching for updated flu information being
sent to you on a regular basis via the **Fax Blasts**.



**Visit our New CCHP
Provider & Pharmacy Online Search Engine (OSE)**
Please visit our website at: www.contracostahealthplan.org

Contra Costa Health Plan **Provider Relations Contact Information**

595 Center Avenue, Suite 100, Martinez, CA 94553
(925) 313-9500 Main Number (925) 646-9907 Fax Number
Email us: ProviderRelations@hsd.cccounty.us

<i>Tracy Ann Ealy</i>	Director of Provider Relations	(925) 313-9501	tealy@hsd.cccounty.us
<i>Vicki Turner</i>	Administrative Assistant	(925) 313-9505	vturner@hsd.cccounty.us
<i>Terri Lieder</i>	Supervisor, Credentialing Team	(925) 313-9502	lieder@hsd.cccounty.us
<i>BJ Jacobs, FNP</i>	Provider Liaison	(925) 313-9503	jacobs@hsd.cccounty.us
<i>Mary Berkery, RN</i>	Facility Site Review Manager	(925) 313-9504	mberky@hsd.cccounty.us
<i>Maria Perez</i>	Credentialing Coordinator	(925) 313-9506	lperez@hsd.cccounty.us
<i>Jason Woodruff</i>	Provider Relations Representative	(925) 313-9507	jwooduff@hsd.cccounty.us

Provider Contracting Department

<i>Shenita Hurskin</i>	Director of Contracts	(925) 313-9521	shurskin@hsd.cccounty.us
<i>Nicole Meyer</i>	Contracts Secretary	(925) 313-9522	nmeyer@hsd.cccounty.us



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www.contracostahealthplan.org

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

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