



The Contra Costa Health Plan Provider Bulletin

Healthy Family Transition into Medi-Cal Managed Care

Beginning in January, 2013, all Healthy Families children will be transitioned into Medi-Cal over a year period in California. The Contra Costa Health Plan (CCHP) children already in the Healthy Family program will transition during the months of January, 2013. **CCHP** currently has 4800 children who will transition into Medi-Cal members. **CCHP** will continue the same PCP assignment in the CPN and CCRMC networks for continuity of care.

All Healthy Family benefits remain the same with less or no premiums, fewer co-pays but under the Medi-Cal program.

- Medi-Cal will collect premiums only for those above 150% FPL with a fixed amount per month.
- Dental care will be provided under the Denti-Cal Program.
- Mental health will be provided by the County Mental Health Departments.
- Vision services (exams/eyeglasses) will be provided through the managed care plan not a separate vision plan.

These changes mirror the current carve-outs of dental and mental health under Medi-Cal managed care. **STATE NOTICES** will be sent to current enrollees beginning at 90 days, 60 days and 30 days prior to enrollment. Therefore, notices will go out to CCHP Healthy Family children with explanations beginning October 1, 2012. CCHP Member Services will be prepared to assist parents with these changes and respond to questions.

CCHP and providers will then receive Medi-Cal rates rather than the contracted Healthy Family rate beginning in January, 2013.

CCHP will give further updates on these transitions as they are clarified with Department of Health Care Services (DHCS) and MRMIB.

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Quality Management

Health Education Group Needs Assessment Executive Summary: Medi-Cal and Healthy Families

The goal of this survey is to improve the health outcomes of our members by using the information provided to identify health risks, health needs, and prioritizing health education, cultural and linguistic services, quality improvement programs, and resources.

Percent of members who:	902 surveys returned
• felt were treated with respect when accessing medical services	94%
• prefer information by mail from health plan	83%
• prefer information by email from health plan	16%
• prefer information via health plan website	15%
• report using internet either “Frequently” or “Sometimes”	62%
• reported <u>not</u> speaking English “Very Well” (LEP)	54%
• reported needing an interpreter	33%

In General-members like to learn about health topics from:

- Written materials
- A video or DVD
- Talking with medical provider

Members’ health topics of most interest:

- healthy eating
- exercise
- healthy teeth
- weight loss
- diabetes, cholesterol, heart health

What members have done in the last year to learn more about their health:

- Talked to their doctor
- Used a self care handbook
- Called the advice nurse line
- Spoke to a nutrition specialist
- Looked up health advice off the internet

Problems reported in getting information to stay healthy:

- Member reported not knowing what is available to them
- Health Education appointments are difficult to get
- Problems with transportation

Interpreter Services-Medi-Cal members:

- Members who reported needing an interpreter when talking to their provider (33%)
- Who most interpreted for members-office staff 54%, professional interpreter 18%, family or friend 12%, 6 members reported no one had interpreted for them in their preferred language.
- Language preference for members-English 53%, Spanish 45%, Other 2%

Community Based Adult Services CBAS Transition

What Doctors Need to Know About the CBAS Transition from the Department of Health Care Services (DHCS)

The Adult Day Health Care (ADHC) Program a licensed community-based day health program that provided services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care ended March 31, 2012. Effective April 1, 2012, the Community Based Adult Services (CBAS) Program has begun under California's "Bridge to Reform" 1115 Medicaid waiver. The new CBAS program continues the DHCS focus on ensuring delivery of high quality services to vulnerable Californians. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, skilled social services, skilled therapies, personal care, family and caregiver training and support, meals, and transportation, using an interdisciplinary team approach. With limited exceptions, Medi-Cal beneficiaries will have to enroll in a managed care health plan by October 1, 2012, to receive CBAS services.

Access to CBAS services through an effective provider community is an important element of the CBAS program design. The primary objectives of the CBAS program are to restore or maintain optimal capacity for self-care to frail elderly persons or adults with disabilities; and delay or prevent inappropriate or personally undesirable institutionalization. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, and the community in working toward maintaining personal independence.

Medicare/Medi-Cal beneficiaries (dual eligibles) enrolled in CBAS have received letters from DHCS instructing them on how to enroll in a Medi-Cal Managed Care health plan to keep their CBAS Medi-Cal benefit. This transition will not affect their Medicare insurance benefits. Clients will not need to change their Medicare Primary Care Provider. Providers can continue to bill Medicare as the primary insurance.

For more information on the CBAS benefit, visit http://bit.ly/DHCS_CBAS

Additional information on the CBAS program may be found at the following websites:
DHCS CBAS/ADHC Transition website at <http://DHCS.ca.gov/ADHCtransition>
CDA CBAS website at www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

To contact the CDA CBAS Branch call (916) 419-7545 or email cbascda@aging.ca.gov.

Regional Medical Center Centralized Fax Number

Good News! Contra Costa Health Plan (CCHP) would like to inform you that as of July 1, 2012, you can now fax in your specialty reports, clinical notes and discharge summaries to the referring Contra Costa Regional Medical Center Primary Care Provider to one central fax number.

Fax Number: (925) 370-5239.



These reports will be scanned into the member's permanent medical record and reviewed by the primary care provider.

Pharmacy and Therapeutics News

- Abbott Labs has reformulated Vicodin by reducing acetaminophen amounts. The reformulated Vicodin will be available as 5/300, 7.5/300, and 10/300 and is expected to be available 3rd quarter 2012. Given the price differential CCHP expects between the reformulated Vicodin and generic Norco, ***CCHP will not cover reformulated Vicodin.*** CCHP will continue to cover generic Norco at all available strengths: 5/325, 7.5/325, 10/325 and generic Lortab at 5/500, 7.5/500, and 10/500 strengths
- CCRMC prescribers may wish to follow these steps to submit Rx Prior Authorization requests to CCHP:
 - In the patient chart, click on the Visit Navigator tab and under “Orders” click on “Meds & Orders”
 - In the medication search box, type “PBMPX” and press enter
 - Press the “F7” button or click on the “Database Lookup” tab
 - Select the PBMPX referral, this will open a referral dialog
 - Complete the referral, associate the referral with a diagnosis, and sign the order.
 - Signing the order will send the PA request electronically to CCHP

Preferred Drug List (PDL) changes should be effective around November 1, 2012

The CCHP Pharmacy and Therapeutics committee approved ***addition*** of the following agents to the Preferred Drug List. These agents *will not require Prior Authorization*:

- Venlafaxine immediate-release (Effexor) 25mg, 37.5mg, 50mg, 75mg, 100mg tablet
 - No longer required to be initiated by psych
- Venlafaxine extended-release (Effexor XR) 37.5mg, 75mg, 150mg extended-release *capsule*
 - No longer required to be initiated by psych
 - The venlafaxine extended-release *tablet* formulation is still ***non-preferred***.
- Fluoxetine (Prozac) 40mg capsules
 - No longer required to double 20mg capsules to achieve 40mg daily dose
 - Fluoxetine 20mg *tablets* still ***non-preferred***, please prescribe capsule formulation
- Bupropion XL (Wellbutrin XL) 300mg tablets
 - Bupropion XL 150mg tablet still ***non-preferred***
- Olanzapine (Zyprexa) 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg tablets
 - Orally-dissolving tablets (Zyprexa Zydis) and intramuscular injection (Zyprexa RelPrevv) still ***non-preferred***
- Montelukast (Singulair) 4mg and 5mg chewable tablet, 10mg tablet
4mg granules still ***non-preferred***

The committee approved ***removal*** of the following agents from the Preferred Drug List.

These agents *will require Prior Authorization*:

- Chloral hydrate (Somnote) 500mg capsules
 - Current patients to be requested to switch for preferred agents
- Bupropion sustained-release (Wellbutrin SR) 200mg tablet
 - Current patients and prescribers to be asked to use bupropion SR 100mg or SR 150mg tablets
- Lurasidone (Latuda) 40mg, 80mg
 - Current patients to be grandfathered indefinitely

continued on next page...

Pharmacy and Therapeutics News continued...

Other formulary changes:

- Smoking cessation benefits will **expand**
 - Nicotine patches will be authorized up to *six months* (previously only 3 months) with patient participation in smoking cessation support program or other behavioral modification therapy and techniques (e.g. 1-800-NO-BUTTS)
 - Varenicline will be authorized up to *six months* (previously only 3 months) with patient participation in smoking cessation support program or other behavioral modification therapy and techniques (e.g. 1-800-NO-BUTTS)
 - Nicotine gum and nicotine lozenges will be authorized up to *six months* contingent upon recent 90-day claims history of nicotine patches
 - Multimodal therapies allowed and encouraged, for example prescribers could treat patients for 1 year following this plan:
 - Long-acting craving control through nicotine patches with nicotine gum to control breakthrough craving combined with bupropion to encourage cessation for first six months followed by varenicline to maintain abstinence for next six months.

Prescription Drug Focus: Antidepressants

CCHP has received many requests for duloxetine (Cymbalta) at doses greater than 60mg daily for treatment of major-depressive disorder, generalized anxiety, fibromyalgia, diabetic peripheral neuropathy, and chronic musculoskeletal pain. CCHP would like to remind prescribers to first try traditional preferred agents for these indications.

Cymbalta for MDD and GAD

Although 120mg daily is FDA-approved for major-depressive disorder and generalized anxiety, the manufacturer's package insert states, ***"There is no evidence that doses greater than 60mg/day confers additional benefit, while some adverse reactions were observed to be dose-dependent."*** It may be reasonable to question FDA's rationale for approving the 120mg daily dosage.

Cymbalta for fibromyalgia

The efficacy of Cymbalta for the management of fibromyalgia was established in two randomized, double-blind, placebo controlled, fixed-dose studies in adult patients meeting the American College of Rheumatology criteria for fibromyalgia (a history of widespread pain for 3 months, and pain present at 11 or more of the 18 specific tender point sites). Study FM-1 was three months in duration and enrolled female patients only. Study FM-2 was six months in duration and enrolled male and female patients. Approximately 25% of participants had a comorbid diagnosis of major depressive disorder (MDD). Both studies compared Cymbalta 60 mg once daily or 120 mg daily (given in divided doses in FM-1 and as a single daily dose in FM-2) with placebo.

Neither study demonstrated a benefit of 120 mg compared to 60 mg, and a higher dose was associated with more adverse reactions and premature discontinuations of treatment.

Citations

FM-1 study: Arnold LM, Pain. 2005 Dec 15;119(1-3):5-15

FM-2 study: Russell IJ, Pain. 2008 Jun;136(3):432-44

* entire report posted on our website at www.contracostahealthplan.org.

Hantavirus Alert in Yosemite Valley

Following is a news release for the public and providers regarding a recent alert for Hantavirus in Yosemite Valley in California. The Public Health Alert provides **Public Health Recommendations** for patients who may present with concerns or non-specific symptoms:

Public Health Recommendations

1. If a patient presents with concerns or non-specific symptoms well after 6 weeks from their stay in Yosemite, the patient most likely does not have hantavirus infection and testing for hantavirus infection is not indicated.
2. If a patient presents with non-specific symptoms within 6 weeks of their stay in Yosemite and hantavirus infection is **not** suspected, the patient should be followed as clinically indicated, but testing for hantavirus infection is not indicated.
3. If a patient presents with fever and mild symptoms suspicious for early hantavirus infection within 6 weeks of their stay in Yosemite, then a complete blood count (CBC) and chemistry panel should be done at baseline and hantavirus serology should be requested. The patient should be followed closely for development of tachypnea and other symptoms of HPS, and serial CBC may show progressive thrombocytopenia, leukocytosis, and hemoconcentration, which are strongly suggestive of progressing HPS.
4. If a patient presents with fever, shortness of breath, and other symptoms suggestive of HPS within 6 weeks of their stay in Yosemite, or if the patient in #3 above progresses to having symptoms and laboratory results suggestive of HPS, the patient should be transferred to a hospital emergency department for full evaluation and cardiopulmonary monitoring and support if needed. Hantavirus serology should be requested, and Contra Costa Public Health should be notified as soon as possible at (925) 313-6740.

Tell Your Medi-Cal Patients Who Smoke About a Great New Reason to Quit!

Ask every patient, every visit: *"Do you smoke?"*

Advise your patients who smoke to quit.

"Make it a priority to quit; it's important for your health."

Refer smokers to the California Smokers' Helpline: **1-800-NO-BUTTS** for FREE cessation counseling and a personalized plan to quit smoking.

Motivate your Medi-Cal patients to call. **They can get a \$20 gift card** when they enroll and participate in Helpline counseling.

To qualify for the \$20 gift card, your patients must:

- Be a current Medi-Cal member
- Have their Beneficiary Identification Card (BIC) number ready when they call
- Ask for the \$20 gift card
- Complete the first counseling session

For more information please visit this website at <http://www.caldiabetes.org>

Welcome CPN Providers...

BAART Community Healthcare - Mid-Level General Practice, Christina Ramsden, PA

Apria Healthcare, Inc. - DME Full Service

LifeCare Solutions, Inc. - DME, Respiratory/Oxygen Equipment and Services

East Bay AIDS Center - HIV/AIDS, Veronica Ramirez, NP

Northern California Hematology & Oncology Consultants - Hematology & Medical Oncology, Robin Fernandes, NP

Epic Care - East Bay Medical Oncology-Hematology Associates, Medical Oncology, Amanpreet Buttar, MD, Jason Sun, MD, Frank Santoli, MD

Endurance-A Sports Psychology Center, Mental Health Services, Shannon Rucker, MFT

Planned Parenthood - Family Planning, Khadija Robinson, NP, Katherine Raffetto, NP

La Clinica De La Raza - Optometry, Christina Trifiletti, OD

Vision Care Optometry - Optometry, Michael Makedonsky, OD

Michael Sutton, OD - Optometry

Tung Nguyen, OD - Optometry

Behavior Analysts, Inc., - Mental Health Services-Behavior Analysis, Melissa Brown, BCBA, Holli Henningsen-Jerdes, BCBA, Nissa Intarachote Van Etten, BCBA, Carmen Martin, BCBA, James Partington, PhD, BCBA-D

First Steps for Kids-Bay Area - Mental Health Services-Behavior Analysis, Andrea Hagglund, BCBA, Jennifer Harris, BCBA-D, MFT, Darren Sush, PsyD

Comprehensive Psychiatric Services - Mental Health, Psychiatry, Elizabeth Lobel, MD, Dan Yang, MD

Touchstone Counseling - Mental Health Services, Joanne Marzioli, MFT

Diablo Neprology Medical Group - Nephrology, Chenyin He, MD

Joseph Rose, MD - Specialist-OB-GYN

Integrated Pain Management - Pain Management, Angela Danko, NP

East Bay Cardiac Surgery Center Medical Group - Surgery -Thoracic Cardiovascular, David Rabkin, MD

Jonathan Chin, MD - Specialist-Urology

Big Redd Transportation - Non-emergency medical transportation

ProTransport-1, LLC - Non-emergency medical transportation



Enteral Nutrition Products

Contra Costa Health Plan has updated our authorization process for enteral nutrition products to meet standards published by the Department of Health Care Services, MMCD Policy Letter 12-005. The guidelines below pertain to enteral nutrition products for our **Medi-Cal members**. Please note that periodic physical assessment and follow up evaluation with the primary care provider (PCP) are required for continued authorization of enteral nutrition products.

A. Requirements for Medical Authorization of Enteral Nutrition Products

1. A prescription by a licensed provider is required.
2. Decisions and appeals regarding therapeutic enteral formula will be performed in a timely manner based on the sensitivity of medical conditions and rendered as:
 - a. Emergency requests: no prior authorization required when there is a bona fide emergency requiring immediate treatment.
 - b. Expedited requests: within three (3) working days for services if a provider or a plan determines that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.
 - c. Non-emergency requests: within five (5) working days when proposed treatment meets objective medical criteria, and is not contraindicated.
 - d. Regimen already in place: within five (5) working days for review of a currently provided regimen as consistent with urgency of the member's medical condition.

B. Referrals to Women, Infants and Children's (WIC) Program

1. Members should be referred to WIC for basic formula needs. Request for therapeutic enteral formulas should be sent to the Health Plan for review.
2. Women who are pregnant, breastfeeding, or postpartum, or the parent/guardian of a child less than 5 years of age should be referred to a local WIC agency for food supplement and nutrition education program services, with documentation of the referral made in the member's medical record.
3. Providers must provide a current hemoglobin (Hgb) or hematocrit (Hct) laboratory value with the WIC referral, and periodically as needed for ongoing WIC program participation, and document the value in the member's medical record.
4. To find a local WIC office, use the following link:
http://www.apps.cdph.ca.gov/wic/resources/laSearch/results_sites.asp?agencyID=105

C. Formulary list of approved therapeutic formulas

1. Refer to DME lists for approved vendors.



Provider Corner

East Bay Cardiac Surgery Center - Dr. Juniad Khan

CCHP would like to congratulate our CPN cardio-thoracic surgeon Dr. Junaid Khan on being honored with the American Heart Association's 2012 Heart of Gold Medical Honoree award.

Dr. Khan was presented this award for his years of work to improve the heart health of the Bay Area community.



Dr. Khan is one of the physicians who led California's battle to ban trans fats in restaurants. The law, passed in 2008 and effective in 2011 changed the way high-fat foods such as French fries and doughnuts were cooked, and gave California the distinction of being the first state in the nation to ban trans fats in restaurants.

Since 1998, Dr. Khan has served as the managing partner of the East Bay Cardiac Surgery Center in Oakland. In addition to his role as Thoracic Cardiac Surgery Services Chief with Alta Bates Summit Medical Center, Dr. Khan serves as Vice President of the Summit Medical Staff, where he specializes in endoscopic (minimally invasive) valve repair surgery. He was President of the American Heart Association Board of Directors from 2006 to 2010, and still serves on the board today.

Welcome New CCRMC Providers...

Smriti Shrestha, MD, Kristen Setliff, MD,
Swapnaja Chandrachood, MD
Pittsburg Health Center

Dan Thwaites, MD
North Richmond Health Center



La Clinica de La Raza - Monument

Congratulations for receiving 100% on their
Facility Site Review completed on
April 17, 2012.

ccLink Update



ccLink Provider Portal is live! ccLink is a communication tool between the Community Provider Network (CPN) and Contra Costa Health Plan and the Specialty Care Providers and Primary Care Providers at Contra Costa

Regional Medical Center (CCRMC) and Health Centers. CCHP is not requiring our CPN doctors to utilize the ccLink (Epic) electronic records for our members.

However, you will be happy to note the benefits included in ccLink Provider Portal listed below. **For Primary and Specialty providers in CCHP's Community Provider Network (CPN), the ccLink Provider Portal will:**

- Allow on-line access to CCHP member information.
 - Provide real-time eligibility inquiries about CCHP members.
 - Include a list of patients that are assigned to you if you are the member's primary care provider or if you are the "referred to specialist".
 - Allow contracted providers to submit and check the status of any required referral.
 - Allow for contracted providers to attach documentation to a referral being sent to CCHP for evaluation of an authorization.
 - Allow community providers to check the status of a submitted claim.
Note: To set up electronic claims submission, contact Chuck Adams at Docustream, Inc. at (510) 264-0900.
 - Facilitate communication and streamline patient care across locations and disciplines.
 - Decrease repetitive calls to Health Plan for eligibility, referral and claims status.

Our implementation:

1. ccLink Provider Portal is based on best practices from other medical centers and health plans.
2. CCHP created a single fax number so reports and notes about consultations with the CCHP contracted specialty providers can be received and included in the CCRMC and Health Centers' patient electronic health record. Fax number (925) 370-5239.
3. CPN providers that would like access to the ccLink web portal **must complete** and return required paper work to be assigned a user name and password. The documents can be downloaded from the CCHP website listed below or requested by calling CCHP Provider Relations (925) 313-9500, or e-mailing Provider.Relations@hsd.cccounty.us.
4. Provider Relations will be mailing access information and user booklets to the CPN providers that have already submitted the paper work. This will be an ongoing process
5. * Beginning July 1, you will be able to access the ccLink Provider Portal by going to the CCHP website: www.contracostahealthplan.org. For more information call: CCHP Provider Relations (925) 313-9500, or e-mail Provider.Relations@hsd.cccounty.us.



The Bulletin Board

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



Our **URAC** accredited **Advice Nurse Unit** is available for our members 24 hours a day, 7 days a week including holidays. Members can call The Advice Nurse Unit at **1 (877) 661-6230 Press 1.**

Providers needing help with translation services call **1 (877) 800-7423 Press 4.**



Holiday Observed by CCHP

Veterans Day, November 12, 2012
Thanksgiving Day, November 22, 2012
Day After Thanksgiving, November 23, 2012
Christmas Day, December 25, 2012



Visit our CCHP Provider & Pharmacy Online Search Engine (OSE) at:
www.contracostahealthplan.org

Find available on our web site;
ccLink Provider Portal access,
Provider Manual, Provider Directory,
and Prior Authorization Forms.





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Ph: (925) 313-9500
Fax (925) 646-9907
E-mail us: ProviderRelations@hsd.cccounty.us
Website: www.contracostahealthplan.org

Contra Costa Health Plan Provider Relations/Contracts Staff Contact Information

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<i>Lisa Diangson</i>	Contracts Assistant	(925) 313-9504	Lisa.Diangson@hsd.cccounty.us

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