



The Contra Costa Health Plan Provider Bulletin

Covered California

Great News! As of October 1, 2013, enrollment is underway for California's new health benefit exchange, Covered California. Contra Costa Health Plan (CCHP) is one of 12 plans statewide participating in the exchange. Member coverage will begin January 1, 2014. These members will be issued a unique Covered California CCHP ID card. Covered California members services will be reimbursed under the commercial product line in your contract. The same process for verification of eligibility, claims submission and authorization requests will apply. Covered California members can access a dedicated Member Services line at **1 (855) 957-2247 (Press 2)** for any member concerns including changing Primary Care Providers. If any of your patients are interested in applying for the Exchange or have questions, they can access the Covered California Call Center at 1 (800) 300-1506.

As of January 1, 2014, the Basic Health Care program for Adults (BHC) and the Health Care Coverage Initiative (HCCI) recipients will qualify for one of the Exchange coverage and the programs will be discontinued. The Basic Health Care program will still be available for undocumented children. Most Medi-Cal Expansion (MCE) program recipients will transition from the Low Income Health Program (LIHP) into the Medi-Cal program.

For more information on Covered California visit the website at <http://www.coveredca.com>.



Table of Contents

Covered California	1
CCRMCAAD Clinic	2
Tidbits from Utilization Management Team	3
Pharmacy and Therapeutics News	4, 5
HIPAA	6
Quality Management Unit	7
Claims Submission Timeframe	8
Welcome CPN Providers	9
Provider Relations Tidbits	10
Bulletin Board, CCHP Contact Numbers	11, 12

Contra Costa County Regional Medical Center's CAAD Clinic (Clinic for ASD & ADHD Diagnostics)

The CAAD Clinic is available for CCRMC and CPN provider referrals. However, along with providers throughout the county, they are currently overwhelmed with referrals. In order to ensure only the most appropriate referrals, please use the following guidelines:

Referrals appropriate for CAAD include the following (please note insurance info too):

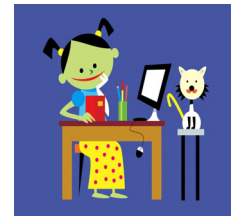
R/O ADHD (4-14 years) CAAD sees CCHP Commercial and Medi-Cal patients. Child should not have additional concerns of depression, anxiety, Oppositional Disorder or other MH co-morbidities. (There is a 4-6 month wait to evaluation.)

R/O Autistic Spectrum Disorder (2-16 years) CAAD sees CCHP Commercial for ASD only evaluations. If child has concern of ADHD & ASD, with Medi-Cal, CAAD *may* see as RCEB doesn't address ADHD evaluations. (There is a 4-6 month wait to evaluation.)

ADHD Medication Management Consultation (4-16 years) If referring for ADHD Med Management, please provide *diagnosis and history*. If no diagnosis, only mark referral as R/O ADHD. (There is a 2-4 month wait list for medication consult.)

The following are types of inappropriate CAAD referrals:

- ADHD with concerns of ODD and/or Conduct Disorder and/or, "Destructive behaviors"
- Aggression or Mood Disturbance
- Anxiety or Depression
- "Behavior problems/issues"
- Children outside of our identified specified age range (i.e. 2 y/o for ADHD eval or med management or 17 y/o for ND evaluation.)
- "Dyslexia"
- "Eval and tx" (no clinic information provided to know reason for referral)
- Insurance we don't take (CPN's send Anthem Blue Cross, United Health, etc.)
- "Learning/School problems"
- Medication consultation for STABLE patients doing well on prescribed medication
- Psychotherapy
- "Refer to Regional Center" (providers don't differentiate if Regional Center of the East Bay or Contra Costa Regional Medical Center as term "Regional Center" is used interchangeably)
- Speech/Language delays (no clinical support to be concerning of ASD)

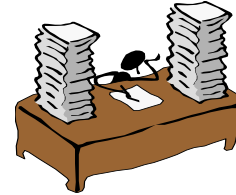


Resources for the above issues:

- Learning difficulties/School Problems: REFER TO SCHOOL FOR EVALUATION
- Speech/Language Delay: REFER TO REGIONAL CENTER OF THE EAST BAY IF < 3 Y/O OR REFER TO SCHOOL DISTRICT IF > 3 Y/O
- Aggression or Mood Disturbance, Behavior Problems, Need for Psychotherapy: PROVIDER TO CALL Mental Health Access Line 1 (888) 678-7277
- Regional Center of the East Bay Intakes for <3 years: (510) 618-6195 and fax: (510) 618-7769. Advise parent to call.

Tidbits from the Utilization Management Team

Speed up the Authorization Process by...



Providing adequate information – requests should include a brief:

- clinical history relating to the request
- pertinent primary provider and/or specialist evaluation(s) including exam, lab or x-ray findings
- results of treatment or therapy to date
- **CODES – must be accurate with correct modifiers, as applicable.**

Provide a reason for the proposed test, consultation, or procedure – reviewers cannot guess as to the reason or the potential benefit to a specific member.

Please send clinical information including exam, lab and x-ray findings to the consultant together with the reason you are requesting a consult. **It is very disconcerting to have a member arrive for a consultation without information from the primary care provider.** Please **DO** contact the proposed consultant concerning any special test information that might be helpful prior to the consult.

Medical Necessity - What is it?

Section 1862(a)(1)(A) of the Social Security Act states in part: No payment may be made under Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

The concept of medical necessity or necessary care (as opposed to criteria for reasonable and appropriate care) was developed by Medicare and then refined and implemented by the managed care industry over the last two decades. It is used as a standard criterion for payment for medical care services by most insurers. Medical necessity may be defined as a service, procedure, and/or level of care that is essential and indispensable to ensure the health and safety of the patient.

Documentation of commonly accepted criteria is a critical element in any review (prospective or retrospective) for the medical necessity of any aspect of medical care.

All medically necessary care is reasonable and appropriate, but all reasonable and appropriate care may not be medically necessary. This seemingly simple basis for defining those services that are a covered benefit is often a source of misunderstanding and frustration by many health care providers.

Medical Necessity definition

Medically necessary services may be characterized implicitly as “doing the right thing in the right place at the right time for the right reason because it makes a difference”. Procedures are considered medically necessary if there is a significant physical functional impairment and the procedure can be reasonably expected to improve the physical functional impairment.

In general, medically necessary services are those that:

1. are adequate and essential for the evaluation or treatment of a disease, condition or illness; and
2. can reasonably be expected to improve an individual’s condition or level of functioning; and
3. are in keeping with national standards for medical care as defined by the medical literature; and
4. are provided at the most cost effective level of care that will meet the requirements of the medical care evaluation and treatment plan.

Some sections adopted from Apollo Medical Review Criteria Guidelines for Managing Care, 12th Edition, 2013. Retrieved on August 29, 2013.

Pharmacy and Therapeutics News

Preferred Drug List (PDL) changes should be effective around October 15, 2013

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

- Vitamin B-12 100mcg, 250mcg, 500mcg, 1000mcg tablets
- Magnesium Oxide 400mg tablets

Other formulary changes:

- Quantity limits of 240ml (8 oz) per fill of promethazine/codeine syrup
-

A printable copy of the CCHP preferred drug list can be found here:

<http://cchealth.org/healthplan/pdf/pdl.pdf>

A searchable CCHP preferred drug list can be found here:

<http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>

In response to the national epidemic of narcotic abuse, DEA has begun scrutinizing pharmacists' role in dispensing controlled substances. DEA wants to ensure prescriptions are issued for a legitimate medical purpose. Pharmacies and pharmacists are requiring more information including but not limited to: diagnosis, previous medications tried, and length of expected treatment. They will apply more scrutiny to narcotics prescriptions which exceed 120mg/day of morphine equivalent. Prescribers should be aware that they may be informed should a pharmacy discover possible issues during a CURES lookup of the patient.

EPOCRATES – *free* mobile & online formulary resource

How to add the CCHP formulary to your epocrates user profile:



1. Go to www.epocrates.com.
 2. Click on "My Account" in the top right.
 3. Sign in with your Epocrates username and password, if needed.
 4. Click on "Edit Formularies."
 5. Follow the on screen instructions to select and download formularies or to remove formularies.
- For the 'Select State' filter, click **California**
 - For the 'Select Category' filter, click **Health Plan**
 - Choose the **Contra Costa Healthplan** formulary; click the 'Add' button
 - Click the "Done" button when you've finished.
6. Update your device, and the formularies on your mobile device will be changed accordingly.

Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms. If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at goldsupport@epocrates.com or at 1 (800) 230-2150.

Pharmacy and Therapeutics News continued on next page

Pharmacy and Therapeutics News continued...

CCHP Proposal to Increase Threshold Limits for Early Refill of Controlled Substance Schedules 2 thru 4 (C2-C4 or CII-CIV)

Controlled substances are medications with potential for abuse and diversion. Federally regulated by Controlled Substance Act and enforced by Drug Enforcement Administration. Individual drugs are listed on specific “schedules” depending upon their potential for harm. Lower schedule numbers have greater potential harm and more severe penalties for trafficking.

Examples of drugs in various schedules follow (list not comprehensive):

Schedule I: (No medically accepted use): LSD, marijuana, mescaline, heroin

Schedule II: codeine, hydrocodone (pure), hydromorphone, oxycodone, oxymorphone, methadone, methylphenidate, amphetamine, methamphetamine

Schedule III: phendimetrazine, anabolic steroids, hydrocodone/APAP mixtures, buprenorphine

Schedule IV: benzodiazepines, zolpidem, zaleplon, modafinil, phentermine

Schedule V: codeine cough syrups (not affected by this proposal)

Currently CCHP’s pharmacy claims processor allows refills once 80% of submitted days supply has elapsed. When a pharmacy fills a prescription, they submit estimated days supply based upon the quantity and directions issued by the prescriber. The days supply is used to calculate when the prescription may be refilled. For example, a prescription for fluoxetine 20mg qd, #30 would have an estimated 30 day supply. Therefore, using an 80% threshold, that prescription may be refilled 24 days later.

If CCHP increases the threshold to 90% or uses a T-minus-4-day method, then members could refill medication before running out but would curtail members obtaining additional medication beyond prescribers’ intent by taking advantage of the early refill threshold.

CCHP would also like to implement a max of 60 days supply to limit the amount of controlled substances a member may possess at any time. The following table shows the days that must elapse between refills using the current 80% threshold, a proposed 90% threshold or a proposed T-minus-4-days threshold.

	80% threshold (currently)	90% threshold (proposed)	T-minus 4 days (proposed)
30-day supply	24 days	27 days	26 days
60-day supply	48 days	54 days	56 days
90-day supply	72 days	81 days	86 days

The question for you to ask as a prescriber is, “Do I want my patients whom I’ve prescribed a 30 day supply of Norco to be able to get refills from the pharmacy every 24 days?”

This would potentially affect around 100-500 members.

There are two issues CCHP would like you to consider regarding controlled substances CII-CIV:

1. Changing the early refill threshold to either 90% of days supply or T-minus 4 days of days supply.
2. Changing the max days supply from 90-days to 60-days.

Please send comments, responses, and suggestions to luke.lim@hsd.cccounty.us

HIPAA Compliance

The Department of Health and Human Services (HHS) released new regulations in January 2013 that made important changes to the privacy and security requirements under the Health Insurance Portability and Accountability Act (HIPAA). These new regulations, known as the HIPAA Omnibus Rule, implement many of the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Covered entities have until September 23 to comply with these changes.

Physician offices will, at minimum, need to review and update their business associate agreements, office privacy and security policies and notice of privacy practices.



Some of the key changes made by the HIPAA Omnibus Rule include, but are not limited to, an updated definition of a business associate, new rules surrounding certain permitted uses and disclosures of protected health information (PHI), such as the sale of PHI and the use of PHI for fundraising and marketing, and rules controlling how patients can obtain medical records that are kept by a physician electronically. It also made significant changes to the breach notification rule.

For more information and for an updated sample notice of privacy practices and business associate agreement, see the California Medical Association's (CMA) On-Call documents #4101 "HIPAA ACT SMART. Introduction to the HIPAA Privacy Rule" and #4103 "Business Associates." These documents are available free to members in CMA's online health law library at www.cmanet.org/cma-on-call.

ccLink Update

Contra Costa Health Plan implemented the ccLink Provider Portal, our on-line web tool, in July of 2012. ccLink Provider Portal is a communication tool between the Community Provider Network (CPN) and Contra Costa Health Plan and 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, it will be made available to you as one of our CPN physician offices.

For Primary and Specialty providers in CCHP's Community, the ccLink Provider Portal will:

- Allow on-line access to CCHP Member information
- Provider real-time eligibility inquiries about CCHP members
- Allow contracted providers to submit and check the status of any required referral (future enhancement)
- Allow community providers to check the status of a submitted claim
- Allow for contracted provider to attach documentation to a referral being sent to CCHP for evaluation of an authorization (future enhancement)
- Include a list of patients that are assigned to you if you are the member's PCP or if you are the referred to specialist.
- Facilitate communication and streamline patient care across location and disciplines
- Decrease repetitive calls to Health Plan for eligibility, referral and claim status.

For the new exchange members, providers will be able to see a list of all covered benefits, co-pay and co-insurance amounts, the deductible for a specific service, and the members out of pocket accumulator.

For more information call: CCHP Provider Relations at (925) 313-9500, or email ProviderRelations@hsd.cccounty.us.

Quality Management Unit

The Quality Management Program at Contra Costa Health Plan ensures that our members receive high quality health care services. The quality management staff regularly gathers and analyzes data about quality, access, safety, and satisfaction. Practitioners play an integral role in the Quality Management program. They provide oversight through membership and participation in the Clinical Leadership Group, Quality Council, Credentialing Committee, Utilization Management Committee, Pharmacy and Therapeutics Committee, Appeals Committee, and Joint Conference Committee. They develop practice guidelines and participate in selection and execution of quality improvement projects, among other initiatives.

If you would like to know more about the Quality Management Program, a summary of activities will be posted shortly on the provider website <http://cchealth.org/healthplan/providers/>, or you may call (925) 313-6917 for a written copy of our complete Quality Program Description, Quality Program work plan and Quality Program Annual Evaluation. If you would like to be more involved in quality management activities please contact the Medical Director, James Tysell, MD.

Practice Guidelines

Practice Guidelines are updated at least every 2 years and are provided as a resource to help Contra Costa Health Plan members and contracted providers make decisions about appropriate health care for specific clinical circumstances.

Guidelines are developed based on recognized sources and reviewed by a physician team with involvement from board-certified practitioners from appropriate specialties. Guidelines are then approved by the Contra Costa Health Plan Medical Director and Medical Consultants and adopted by the Quality Council.

CCHP reviewed the top 10 diagnoses in emergent and ambulatory care. After analysis and discussion with practitioners about which guidelines would be effective in reducing morbidity, the following guidelines were developed or adopted.

Diabetes

Basic Guideline for Diabetes Care developed by the Diabetes Coalition of California and the California Diabetes Program, revised June 2012.

Childhood Obesity

“Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity, 2007”. As published in *Pediatrics*, 2007.

Adult Preventive Guidelines

2013 Adult Prevention Guidelines based on USPSTF recommendations.

Child Preventive Guidelines

2012 Prevention Guidelines for Children and Adolescents based on USPSTF recommendations.

Normal Pregnancy Guidelines

2013 Normal Pregnancy Guidelines, based on American Congress of Obstetricians and Gynecologists. These guidelines can be found on the Plan’s website under Clinical Guidelines in the For Providers section and in the Documents section of the Plan’s section of iSite (our Intranet).

Outpatient Heart Failure Management and Asthma Management are expected to be approved and listed in the next month. Please call the Quality Management office at (925) 313-6917 for a copy of a guideline.



Contra Costa Health Plan Claims Submission Timeframe

(Effective dates of service on or after 7/1/2013)

Claim Submission Requirements:

Timeframe for Claim Submission

Claims must be submitted timely:



- Participating (contracted) providers must submit clean claims within 365 calendar days post service, or post date from Explanation of Benefits (EOB), if other coverage exists.
- Non-Participating (non-contracted) providers must submit clean claims within 365 calendar days post-service, or post date from Explanation of Benefits (EOB), if other coverage exists.
- Corrected claim previously denied by CCHP as an incomplete claim: The claim must be submitted correctly for reconsideration of payment within 365 days of the date of the original denial by CCHP. A corrected claim may be mistaken as a duplicate claim submission unless it is clearly identified as such.

Submitting Claims Outside of the Filing Period

If a claim is submitted outside of the timeframes stated above, proper documentation, also known as “proof of timely filing”, must be attached to the late claim.

Acceptable proof of timely filing includes:

- Certified mail receipt proving claims were received by CCHP.
- Copy of the Remittance Advice or EOB from the primary payer indicating the date of resolution (payment, date of contest, denial, or notice) if the claim was denied for untimely EOB.
- Copy of the CCHP EDI Preprocessing Acceptance or Error Report for claims originally submitted electronically.
- Copy of CCHP’s Remittance Advice (RA) indicating the date and reason for the original denial for unclean claim denials.
- Documentation/Explanation of the cause for the delay in submitting a claim to CCHP when the provider experiences exceptional circumstances beyond his/her control.

Send All Claims to:

Contra Costa
Health Plan
P.O. Box 2157
San Leandro, CA
94577

Visit our CCHP Provider & Pharmacy Online Search Engine (OSE) at:

www.contracostahealthplan.org

CCHP Provider Manual has been updated and is located on our
web site at www.contracostahealthplan.org

If you have any comments or to request a hard copy please contact
Provider Relations at ProviderRelations@hsd.cccounty.us or call
(925) 313-9500.

Welcome New CPN Providers...

Diablo Valley Pediatrics Medical Group - PCP-Pediatrics, Sarit Shtivelman, MD,
Christine Mayor, NP



Chao Sun, MD - PCP Family Medicine

Jose Arias-Vera, MD - PCP-Internal Medicine

LifeLong Medical Care - PCP-Family Medicine, Amy Gordon, MD

La Clinica de La Raza - PCP-Geriatric Medicine, Mara Saunders, NP,
Sarah Alder-McDonald, NP

Brenda Ramos, DC - Chiropractic

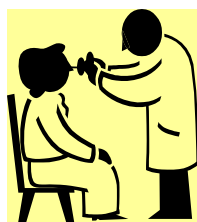


East Bay Aids Center - HIV/Aids, Tara Vijayan, MD

Professional Healthcare at Home - Home Health & Hospice

Diablo Valley Oncology and Hematology Medical Group - Oncology, David Wu, MD,
Maria Fucanan, NP

Congratulations to Planned Parenthood -
Concord
100% in both their Facility Site Review (FSR)
and
Medical Record Review (MRR)



Walnut Creek Surgical Associates

Dr. Arash Mohebati is one of the general surgeons with Walnut Creek Surgical Associates. He is board certified in general surgery, and has completed a fellowship in head and neck oncologic surgery at Memorial Sloan Kettering Cancer Center. During his surgical oncology fellowship he was awarded an NIH T32 research grant, has published multiple manuscripts in peer reviewed journals, and has presented at national and international meetings. Dr. Mohebati has a strong interest in treating oral and parathyroid adenomas. Walnut Creek Surgical Associates telephone number is (925) 933-0894, and their website is located at wcsurgeons.com.

Provider Relations Tidbits

Affordable Care Act Rate Increase Update

As we announced previously, the Patient Protection and Affordable Care Act (PPACA), as amended by H.R. 4872-24 Health Care and Education Reconciliation Act of 2010, Section 1202, requires payments to be increased to the Medicare equivalent for certain primary care services. **The state has now informed us that they will release the additional funding to Health Plans in October 2013.** When state (DHCS) funding is received by CCHP, we will adjust all qualified claims for the difference between your CCHP contract and Medicare rate.

To be eligible, physicians must attest to practicing in the area of general internal medicine, family medicine, pediatric medicine, or a subspecialty under one of those specialty designations. Second, physicians must attest to either Board certification in a covered specialty or subspecialty or that 60% of the services billed during the most recently completed calendar year fall within the range of services specified as primary care for purposes of this increase. Newly eligible physicians must provide self-attestation based on the Medicaid codes billed during the prior month. Services provided at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible and will continue to receive their prospective payment system (PPS) rate.

Physicians must attest online to be eligible for the increased payments. The ACA Increased Medicaid Payment for Primary Care Physicians page on the Medi-Cal website now includes a downloadable copy of self-attestation instructions and a self-attestation form. CCHP will honor the state attestation form and will not develop or require a unique duplicate attestation.

For additional questions/information regarding the ACA self-attestation process, please contact the Telephone Service Center (TSC) at **1 (800) 541-5555**, choose options 4 and 2, and then follow the prompts to speak with the POS/Internet Help Desk. The POS/Internet Help Desk is available from 6 a.m. to midnight, seven days a week.

Ensuring Access To Transgender Services

A reminder to our network providers that transgender services is a benefit available to Medi-Cal beneficiaries. The term “transgender services” refers to the treatment of “gender identity disorder”, which may include psychotherapy, continuous hormonal therapy, laboratory testing to monitor hormone therapy and gender reassignment surgery that is not cosmetic in nature.

Preventive Services

No co-payment is required for any preventive services including routine physical exams and immunizations.



The Bulletin Board

Mark your Calendar for our next PCP Community Provider Network Meeting.
We encourage and appreciate your participation!

West County October 15, 2013
West County Health Center
13601 San Pablo Ave., Administrative Conference Room A
San Pablo, CA 94806
7:30 - 9:00 AM

Central/East County October 29, 2013
1350 Arnold Drive, Conference Room #103
Martinez, CA 94553
7:30 - 9:00 AM

CPN Meeting Materials
are available on our
website at:

www.contracostahealthplan.org

* Please note next CPN meeting dates: West County Tuesday, January 21, 2014
Central/East Tuesday, January 28, 2014

Holiday Observed by CCHP

Thanksgiving Holiday, November 28, 29, 2013

Christmas Day, December 25, 2013

Welcome New CCRMC Providers

Renan Sagum, FNP
Antioch Health Center

Christine Gomez-Mira, MD
Mahsheed Shariati, MD
Kaitlyn Van Arsdell, MD
Jessica Jade Lee, MD

New Concord Health Center 2
3024 Willow Pass Road, Concord

Joanna Chin, MD, Brandy Danison, FNP
Martinez Health Center

Katherine Porter, DO
Pittsburg Health Center

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.

Providers needing help with arranging face
to face ASL (American Sign Language)
interpretation services call
1 (877) 800-7423 Press 4.

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





595 Center Avenue, Suite 100
Martinez, CA 94553
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

Terri Lieder Director of Provider Relations/Credentialing (925) 313-9501 Terri.Lieder@hsd.cccounty.us

Jenny Galindo, RN Provider Liaison/FSR Nurse (925) 313-9513 Jenny.Galindo@hsd.cccounty.us

Ronda Arends Credentialing Supervisor (925) 313-9522 Ronda.Arends@hsd.cccounty.us

Nicole Meyer Contracts Secretary (925) 313-9521 Nicole.Meyer@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