



The Contra Costa Health Plan Provider Bulletin

Contra Costa Health Plan selected to participate in state insurance exchange

*Our County Health Plan one of 13 statewide approved for Covered California -
Press Release May 23, 2013*

Contra Costa Health Plan (CCHP) has been selected to participate in California's health benefit exchange, the state announced on May 23, 2013. CCHP is one of only 13 plans statewide chosen to be offered through Covered California, the new state insurance marketplace created by the Affordable Care Act (ACA) to help insure access to health care coverage starting in 2014.

CCHP has a long history of serving Contra Costa County residents through its extensive county and community contracted provider networks and celebrates its 40th anniversary in July, said CCHP Chief Executive Officer Patricia Tanquary.

"We are very pleased to be able to participate in Covered California. We have been providing health care coverage to our community for 40 years and this helps us to continue doing so, allows our members to keep their doctors and for others to join us," Tanquary said. "Being selected recognizes the quality services we provide and our mission to care for those who are most vulnerable."



Participation in the exchange provides CCHP the opportunity to continue and expand its long legacy of ensuring the community has health care coverage. CCHP was the first county-sponsored health plan in the nation to receive federal qualification and to offer Medicare. CCHP began enrollment of Medi-Cal patients in 1973, and as part of integrated health system, became a model for managed care health plans nationwide. The plan cares for many populations of low-income and vulnerable populations in addition to Medi-Cal and group insurance. Today, CCHP provides coverage to 120,000 people, including county employees, small and large business groups, seniors, people with disabilities, children and low-income patients.

CCHP's two provider networks across Contra Costa County allow members to choose from more than 5,000 contracted physicians and specialists, including providers with Contra Costa Health Services' Contra Costa Regional Medical Center and Health Centers, and many contracted providers, community clinics and hospitals throughout the community.

Currently, CCHP cares for the county residents in the Low Income Health Plan (LIHP), many of whom will become eligible for Covered California. By participating in the exchange, CCHP is able to offer these LIHP members the opportunity to stay with their current doctor and medical home.

CCHP offers 24/7 Advice Nurse assistance, as well as Case Management and Transition Care nurses to assist patients being discharged from hospitals to receive timely appointments with their doctors. Contra Costa Health Services has implemented an electronic health record last year.

For more information on the Contra Costa Health Plan, visit: <http://cchealth.org/healthplan/> and for more information on Covered California and this announcement, visit: <http://www.coveredca.com/>

Contra Costa Health Plan's Disease Management Program - Adult Diabetes and Pediatric Obesity

Do you ever wish that you could get more help addressing the needs of patients with diabetes? Do you find yourself frustrated by your inability to motivate change in patients with pediatric obesity? Contra Costa Health Plan has developed two new disease management programs aimed at improving care for our members and providing additional support for their providers. The programs, focused on adult diabetes and pediatric obesity, offer best practice guidelines, referrals, tracking, and education to both providers and patients/families faced with these conditions.

Referral Guidelines:

The following patients are eligible for the program:

- **Pediatric Obesity**-children must be ages 2-11, with a BMI percentile greater than or equal to 95
- **Diabetes**- All members with type I or II diabetes ages 18-75 are eligible



Community Providers can access the Disease Management Program referral form on the website provider section under “Forms and Resources”.

The programs will send patients quarterly information about their disease, and help them understand how to use both lifestyle and medical tools to address these problems. Providers will be given feedback about return visits, labs, and referrals relevant to their patient. Patients will also be offered special programs, such as classes, incentives and self-help and community resources. A multidisciplinary team has developed this program and will be available to both patients and physicians for case management. The disease management nurse, Lourdes Jensen RN, is reaching out to patients and providers to provide feedback and resources. We want people to improve their health on this program, and outcomes will be monitored according to NCQA guidelines.

For more information please call Contra Costa Health Plan Disease Management Program at (925) 313-6968. Referral Forms are available on our website at www.contracostahealthplan.org.

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Pharmacy and Therapeutics News

Preferred Drug List (PDL) changes should be effective around July 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*:

- **Rizatriptan** 5mg and 10mg tablet (Maxalt)
- **Enoxaparin** injection (Lovenox) quantity limit increased to 14 syringes twice per 6 months
- **Cilostazol** 50mg and 100mg tablet (Pletal)

The committee approved **removal** of the following agents from the Preferred Drug List. These agents *will require Prior Authorization*:

- **Ticlopidine** 250mg tablet (Ticlid)

Other formulary changes:

- Fenofibrate 54mg, 160mg tabs (Lofibra) and 67mg, 134mg, 200mg capsules (Lofibra) subject to step-therapy of any statin or gemfibrozil within the past 6 months

In response to the national epidemic of narcotic abuse, the Drug Enforcement Administration (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 (800) 230-2150.

Claim's Unit Update...

The CCHP claims unit is pleased to announce that we have met timely payment compliance for the last 3 consecutive months. The California Department of Managed Healthcare defines claims payments timely when 95% of received claims have a determination within 45 working days. As of June 25, 2013 we are over 95% complete with April received claims (and all previous months) 84% complete with May received claims and 76% with claims already received in June.

Please remember that we calculate the 45 working days from the date of receipt of a claim, not from the date of service. If you ever have questions or need assistance, our Claims phone lines are open Monday through Friday from 8am-1pm. Feel free to contact our Provider Call Center toll free number at 1 (877) 800-7423 option 5 to request claim status, create a claim adjustment request or check on payment status. Additionally we offer a Provider Portal where you can view and review all of your claims information online. Please contact Provider Relations at (925) 313-9500 or send an email to ProviderRelations@hsd.cccounty.us for more information on the Provider Portal Access.

Coding Information:

To be consistent with Centers for Medicare & Medicaid Services guidelines, consultation codes are no longer reimbursable by Medicare and have been removed from our prevailing plan fee schedule. This change applies to all providers who are contracted to receive a Medicare payable rate. The affected consult codes are:

- 99241 - 99245 (see next page for code crosswalk)
- 99251 - 99255

Send All Claims to:
Contra Costa Health Plan
P.O. Box 2157
San Leandro, CA 94577

CCHP Billing Procedures For Modifier 50 (Bilateral Procedures):

CCHP elects to follow Medi-Cal billing procedures (see below for further information). Using modifier 50 on a single line will REDUCE your payment by 50%, not increase it. If you still have questions regarding this modifier please feel free to contact the Claims unit main line.

Surgery: Billing With Modifiers: (from Medi-Cal manual)

Providers use modifier 50 when bilateral procedures add significant time or complexity to patient care at a single operative session. To use modifier 50, providers identify the first procedure by its listed procedure code with modifier AG for the primary surgeon. Identify the bilateral procedure on another claim and Treatment Authorization Request (TAR) line and add modifier 50 to the procedure code.

For bilateral procedures requiring a separate incision performed at the same operative session, providers should bill the first procedure on the first claim line with the appropriate CPT-4 code followed by modifier AG, which indicates that the procedure is the primary surgery.

Providers should bill the second procedure on the next billing line with the appropriate CPT-4 code followed by modifier 50, which indicates the procedure was bilateral.

For example, to bill for bilateral inguinal hernia surgery in a child under 5 years of age, the provider would enter CPT-4 code 49500 and modifier AG on the first claim line (indicating service is the primary surgery), then enter CPT-4 code 49500 and modifier 50 on the second claim line, indicating that a bilateral procedure was performed.

Claims Unit Update continued next page

Claims Unit Update Continued

CONSULT CODE CROSSWALK

***** Please note this crosswalk is only for providers contracted at the Medicare rate only**

Old Consult Code	Patient type	Correct New Medicare Code
99241	New	99201
	New	99201-Facility
	Established	99211
	Established	99211-Facility
99242	New	99202
	New	99202-Facility
	Established	99212
	Established	99212-Facility
99243	New	99203
	New	99203-Facility
	Established	99213
	Established	99213-Facility
99244	New	99204
	New	99204-Facility
	Established	99214
	Established	99214-Facility
99245	New	99205
	New	99205-Facility
	Established	99215
	Established	99215-Facility
99251	Inpatient Consult	99221
99252	Inpatient Consult	99222
99253	Inpatient Consult	99223
99254	Inpatient Consult	99224
99255	Inpatient Consult	99225

Tidbits from the Utilization Management Team...

Top Six Types of Authorization Requests for Contra Costa Health Plan

Background – Contra Costa Health Plan is firmly committed to utilizing evidenced based nationally recognized criteria sets to determine the appropriateness and medical necessity of services for health plan members requesting services requiring prior authorization. The list of those services is available in CCHP Policy 15.003. The purposes of criteria based, utilization management are basically twofold:

- To ensure that plan members receive services for which there is strong evidence of benefit so that patient safety is maximized and beneficial outcomes for patients is optimized.
- Secondly, to help ensure that the plan's limited resources are utilized in the most beneficial manner.

However, as we very well know, the authorization process can sometimes be challenging for patients as well as their providers. This document will identify six common types of requests received by CCHP on behalf of its members, the criteria the plan uses to determine the medical necessity of those services, what the plan needs from the requesting providers to determine whether the services meet criteria and any additional comments about the process. It is our expectation that this information will assist both providers and plan staff to efficiently adjudicate these types of requests.

Type of Service	Summary of Plan's Criteria	Information Needed from Requesting Provider as applicable	Comments
PET/CT Scans	National Comprehensive Cancer Network criteria. These are available to providers after registration on the site. http://www.nccn.org	• Diagnosis – type of cancer • Initial staging or ongoing monitoring • If PET/CT is not the recommended imaging study for this patient additional clinical justification about how the service will alter therapy.	CCHP recognizes that criteria for PET/CTs are fluid and change as new evidence becomes available. Please contact the plan if you would like to discuss a case.
Referral to Tertiary Care Centers (e.g. UCSF)	Per CCHP's policy #UM15.004 - Specialist Referrals, referrals to tertiary care center are made to accommodate the unusual medical needs of the member.	• The diagnosis • The unusual medical needs of the patient requiring tertiary care • If known, whether the service is available within the RMC or contracted network	• CCHP is working on a grid to define which services are available within each network and will notify you once the data is collected. • Many services are available with our contracted network at John Muir or Alta Bates. • Preferred tertiary care centers are Cal Pacific (Sutter West Bay) for GI conditions and UC Davis for oncology services. • Stanford University Medical Center and Lucille Packard are not contracted with CCHP. UM Tidbits continued on next page

Tidbits from Utilization Management continued...

Neuropsychiatric Testing	Per CCHP policy #UM 15.002, Aetna's Clinical Policy Bulletin for Neuropsychiatric Testing is used in decision-making. Testing is only provided for members in active neuropsychiatric care when the testing is needed to clarify or aid in the diagnosis or treatment for the member.	• The diagnosis • The names of treating neurologist and/or psychiatrist • Documentation from the treating specialist that the testing is needed to aid in the diagnostic work up and/or the development of The treatment plan.	• Services requested for administrative (e.g. disability evaluations) or educational (e.g. School performance) reasons are considered the financial responsibility of the entity needing the evaluations (eg. Social Security Administration). • Services for members where mental health services are the responsibility of County Mental Health Dept., (not the responsibility of CCHP. such as Medi-Cal members) are authorized and reimbursed by County Mental Health.
		• The diagnosis • The names of treating neurologist and/or psychiatrist • Documentation from the treating specialist that the testing is needed to aid in the diagnostic work up and/or the development of the treatment plan.	• Services requested for administrative (e.g. disability evaluations) or educational (e.g. school performance) reasons are considered the financial responsibility of the entity needing the Evaluations (eg. Social Security Administration). • Services for members where mental health services are the county responsibility of County Mental Health Dept., (not the responsibility of CCHP such as Medi-Cal members) are authorized and reimbursed by County Mental Health.
Genetic Evaluation and Testing	Per CCHP policy #UM 15.002, Aetna's Clinical Policy Bulletin for Genetic Consult and Genetic Testing guidelines are used in decision-making: • Genetic testing is Considered medically necessary to establish a diagnosis of an inheritable disease when: • The member displays clinical features, or is at direct risk of inheriting the mutation in question (pre-symptomatic); and • The result of the test will directly impact the treatment being delivered to the member; and	• The diagnosis • Specific justification about how the service will directly alter the treatment being delivered to the member or how the service will affect the member's family.	UM Tidbits continued on next page

Tidbits from Utilization Management Team continued...

	After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain, and one of several specific diagnoses is suspected. EXCEPTION: CCHP uses Medi-Cal's BRCA 1 and BRCA 2 guidelines for Medi-Cal members (Provider Manual, General Medicine, Part 2, Pathology: Billing and Modifiers)		
Pain Management Evaluation	CCHP policy #UM15.002 and Apollo's Pain Management Guideline. Criteria for a consult are when pain is persistent >3 months and is "unresponsive to active management by the primary physician or in-plan specialists evidenced by adjustment/escalation in medication management and failure of other appropriate conservative modalities". Pain management services include a) medications, b) interventional techniques such as epidural injections or spinal cord stimulators, c) behavioral methods, d) physical treatments, such as physical therapy, acupuncture or chiropractic.	- The etiology of the pain if known - What specialist and/or diagnostic work up That have been performed - What services have been provided by the PCP and/or treating specialists - Documentation that the patient has had a trial of conservative PCP management including a pain contract, periodic urine toxicology screening and assessment for aberrant drug behaviors. - The duration and dates of conservative therapy especially Physical Therapy.	Generally, CCHP considers management of chronic pain to be within the scope of primary care. The plan in conjunction with PCP and specialty providers is developing a Pain Management Policy to define the scope of responsibilities based on nationally recognized standards of care. Therapeutic injections are generally provided by pain management specialists. CCHP may consider exceptions to the criteria for patients requiring therapeutic injections with clear documentation that this service is medically appropriate.
Nutritional Supplements for Children	CCHP Clinical Guidelines for the Use of Nutritional Products and Supplements. Criteria are: - The nutrition product is used as a therapeutic regimen to prevent serious disability or death in members with a medically diagnosed condition that preclude The full use of regular foodstuffs and/or the member is diagnosed with inborn errors of metabolism. - The nutrition product is not used as a supplement to the daily caloric intake.	- The diagnosis or clinical indication for oral nutritional supplements. - Documentation of tube feedings - The duration and amount of previous treatment with supplements. - Documentation that the member has received Registered Dietician services and the RD recommendations.	As members transition to CCHP from other plans and from the State Medi-Cal Program, it may be necessary for providers to work collaboratively with the Plan to explain to members and their caregivers about the Plan's criteria, the benefits of ordinary foodstuffs to meet the nutritional needs of young members along with the benefits of a RD consultation. UM Tidbits continued on next page

Tidbits from Utilization Management Team continued...

	3. The nutrition product is used on an outpatient basis and for a specified quantity and period of time, <u>not to exceed six months</u> . Extension of the time period requires documentation of a periodic re-evaluation of the need and effectiveness of the nutritional product by a Health Plan PCP or Registered Dietician.		
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It is our hope that this information will assist providers and staff as we endeavor to efficiently administer services requiring authorization by the plan. Please feel free to contact the CCHP Utilization Department at 1 (877) 800-7423 option 3 for questions, comments or suggestions.

Conflict of Interest Statement

Contra Costa Health Plan's (CCHP) Utilization Management Unit (UM) provides oversight and monitoring of services provided to members. UM decisions are based only on appropriateness of care and service and the member's benefit package. CCHP does not compensate or reward the Medical Director, UM Manager, Medical Consultants or line staff members for issuing denials nor offer incentives to encourage denials.

The UM Unit's normal business hours are Monday through Friday from 8:00am to 5:00pm.

After normal business hours, on weekends and holidays, the phone lines are routed to the Advice Nurse Unit for urgent matters or messages can be left on the UM phone lines for the next business day.

Providers can request, free of charge, copies of clinical guidelines used for decision-making. When requested services are denied or modified, providers have the opportunity to discuss the UM decision. Providers are notified (via Notice of Action, Notice of Non-Coverage, etc.) on how to contact the reviewer and when the reviewer is available to discuss the decision.

Any individual who has been professionally involved in the original decision of a request for service, does not participate in the appeal/reconsideration process.

**Congratulations !
Planned Parenthood - El Cerrito
100% Facility Site
Review Score**



Welcome New CPN Providers...

La Clinica De La Raza, Robert Elliott, MD - Pediatrics

LifeLong Brookside San Pablo, Marie Giarratana Young, NP, Edwin Munich, MD - PCP - Family Medicine

Wanyi He, Lac, - Acupuncture

RAI Care Centers of Northern California I, LLC - Dialysis

Healthy Living At Home, Inc., - Home Health

Infinity Care Services, Inc., - Home Health

Noble Hospice & Home Health Care, Inc., - Home Health

Alliance Imaging - Diagnostic Imaging

East Bay Nephrology Medical Group, Alexis Chettiar, NP, Celine Fua, NP, Nadereh Sarnevesht, PA, Gee Tsou, PA - Nephrology

Muir Ophthalmology, Ivan P. Hwang, MD, Ophthalmology

Discovery Eye Care Optometry, Melanie Mook, OD - Optometry

Optometry by the Bay, Yarigtnetzilem Diez Gonzalez, OD, S. Gabriel Respicio, OD - Optometry

Muir Orthopaedic Specialists, Christine Martinez, PA - Orthopaedic Surgery Assistant

Falcon Critical Care Transport - Non-Emergency Medical Transportation

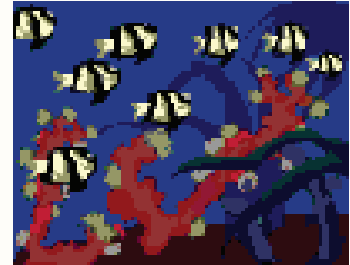
Larry Atkins - Non-Emergency Medical Transportation

Integrated Pain Management, Jessica Jang, NP - Pain Management

Patricia Cummings, PsyD - Psychology

John R. Toth, DO - Undersea & Hyperbaric Medicine

Pacific Urology, Wei Zheng, MD - Urology



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.

The Bulletin Board

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

West County July 16, 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 July 23, 2013
1350 Arnold Drive, Conference Room #103
Martinez, CA 94553
7:30 - 9:00 AM

* Please note next CPN meeting dates: West County Tuesday, October 15, 2013
Central/East Tuesday, October 22, 2013

CPN Meeting Materials
are available on our website at:
www.contracostahealthplan.org.



Holiday Observed by CCHP
Labor Day, September 2, 2013

Welcome New CCRMC Providers...

Christina Gomez-Mira, MD,
Kaitlyn Van Arsdell, MD - PCP - Family Medicine
Concord Health Center

Joanna Chin, MD - PCP
Elizabeth Berryman, MD,
Christine Henneberg, MD,
Tamara McBride, MD, Jennifer Owen, MD,
Mana Pirnia, MD - PCP - PCP Family Medicine
Martinez Health Center

Kathryn Hamlin, MD, Christy Martinez, MD,
Marcie Richmond, MD - PCP Family Medicine
Pittsburg Health Center

Denice Tai, PCP - Family Medicine/Pediatrics
Allison Berger, MD, Kendra Berger, MD,
Jonathan Powell, MD, Neal Sheran, MD,
David Carey, MD - PCP - Family Medicine
West County 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

Richmond Health Center has changed their
name and location to:



West County Health Center
13601 San Pablo Ave.
San Pablo, CA 94806

Phone: (510) 231-9400



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 Provider Network Manager (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

