

The Contra Costa Health Plan Provider Bulletin

CEO Report By Patricia Tanquary, CEO

The good news for insured Californians is that the Centers for Disease Control and Prevention (CDC) this month unveiled a report highlighting that the percentage of Californians covered by health insurance is **93.2%**. This brings the percentage of Californians without health insurance to a record low of **6.8%** during the first six months of 2017. This number is significantly lower than the **17%** uninsured rate in 2013 before the Affordable Care Act (ACA) was implemented. The report shows that the ACA is working well in California and that nearly the entire state population is covered.

The number of uninsured individuals eligible to enroll in Medi-Cal or individual insurance through Covered California may be even lower, approximately **3.4%**.

Between 2006 and 2014, the number of emergency department (ED) visits paid for by Medicaid rose from **26.5 MILLION TO 44.1 MILLION**, making the program the **MOST FREQUENT PAYER IN THE ED OVER PRIVATE INSURANCE**.

In a report on emergency room trends, the Agency for Healthcare Research and Quality (AHRQ) found the increase in ED visits covered by Medicaid (up **66.4%**) and Medicare (up **28.5%**) occurred at the same time privately insured ED visits decreased by more than **10%**.

The overall increase in ED visits over the time period of **14.8%** - rising to **137.8 MILLION VISITS** in 2014 – was driven in part by more visits among populations likely to be covered by Medicaid. Among patients living in low-income zip codes, the ED visit rate jumped **23%** from around 494 visits per 1,000 people to 607 visits per 1,000.

Additionally, Medicaid made up a greater percentage of ED visits by all types of first-listed diagnoses. It accounted for 27.6% of injury visits in 2014 (up from 17.4% in 2006), 32% of medical visits (up from 22.7%), 35% of mental health/substance abuse visits (up from 23.8%) and 58.1% of maternal/neonatal visits (up from 49%).

The report also listed which conditions saw the greatest increases and declines over the time period. **ABDOMINAL PAIN WAS THE MOST COMMONLY FIRST-LISTED DIAGNOSIS. THE SHARPEST INCREASE IN ED DIAGNOSES WAS SEEN IN "SUICIDAL IDEATION AND INTENTIONAL SELF-INFLECTED INJURY."** The biggest decrease among all diagnoses was seen with contraceptive and procreative management.

Notably, out of all 15 first-listed diagnoses included in the mental health and substance abuse category, all of them saw an increase in ED visits between 2006 and 2014.

With 1-in-3 Californians having Medi-Cal coverage and Medicaid Expansion nationally, Medicaid is now the largest insurance payer of ER services in the County. Therefore, more low-income patients are receiving ER services for appropriate care and less receiving ER services for contraceptive and procreative services since they have insurance to cover those services in primary care.

Excerpts from:

Gregory, John, Healthexec.com (2017, November 27) Medicaid surpassed private insurance as biggest ER payer (<http://healthexec.com/topics/care-delivery/medicaid-surpassed-private-insurance-biggest-er-payer>)

Hyatt, Gregg, CAHP Research Highlight (2017, November 29) California's Uninsured Rate Drops To A Historic Low of 6.8% (www.calhealthplans.org/pdfs/ResearchHighlight-11-29-17.pdf)

Palliative Care Services for Medi-Cal Members

Beginning January 1st 2018 - Palliative Care Services is a covered benefit for Medi-Cal members. Palliative care consists of patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Members who are chronically ill and have a life expectancy greater than 6 months are eligible for Palliative Care services. A member with a serious illness who is receiving Palliative Care services may choose to transition to Hospice care if they meet the hospice eligibility criteria. A member may not be concurrently enrolled in Hospice and Palliative Care.

Eligibility Criteria:

- Member has an advanced illness.
- Member's life expectancy is greater than 6+ months and not in hospice.
- Member has received the appropriate patient desired medical therapy, but it is no longer effective.

Disease Specific Eligibility Criteria:

1. Congestive Heart Failure (CHF):

- a. Member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned or meets criteria for the New York Heart Association (NYHA) heart failure classification III or higher; and
- b. Member has an Ejection Fraction of less than 30 percent for systolic failure or significant co-morbidities.

2. Chronic Obstructive Pulmonary Disease (COPD):

- a. Member has a Forced Expiratory Volume (FEV) 1 less than 35 percent of predicted and a 24-hour oxygen requirement of less than three liters per minute; or
- b. Member needs a 24-hour oxygen requirement of greater than or equal to three liters per minute.

3. Advanced Cancer:

- a. Member has a stage III or IV solid organ cancer, lymphoma, or leukemia; and
- b. Member has a Karnofsky Performance Scale (KPS) score less than or equal to 70% or has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).

4. Liver Disease:

- a. The member has evidence of irreversible liver damage, serum albumin less than 3.0, and International Normalized Ratio (INR) greater than 1.3, and
- b. Member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices; or
- c. Member has evidence of irreversible liver damage and has a Model for End Stage Liver Disease (MELD) score of greater than 19.

Palliative Care Services for Medi-Cal Members

CCHP's Palliative Care providers include clinicians who have Palliative Care training and/or certification to conduct palliative consultations or assessments such as; PCP's if Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) or Nurse Practitioner if a PCP, a Registered Nurse (RN), Licensed Vocational Nurse (LVN), and a Social Worker. Chaplain Services are recommended from the community to be part of the Palliative Care Team. Chaplain services are not a paid service under the Medi-Cal Benefit structure. CCHP has Palliative Care contracts with Hospice of the East Bay and Noble Hospice Care. If you have any questions about Palliative Care please call the Case Management Unit at 925-313-6887.

Throughout 2018, CCHP will make providers aware of various trainings on Palliative Care Services. DHCS has contracted with the California State University Institute for Palliative Care to fund palliative care training for qualified Medi-Cal providers and their clinician staff. Providers can apply for palliative care training, available for a limited time **at no charge**, through the following <https://csupalliativecare.org/education/sb1004/>

This free online training will prepare providers to deliver palliative care services to Medi-Cal beneficiaries, in accordance with Senate Bill 1004 (Hernandez, 2014). Starting January 1, 2018, DHCS will implement the Medi-Cal palliative care program through managed care and fee-for-service providers. The Institute's palliative care courses are available immediately.

The Institute's courses are geared toward doctors, nurses, social workers and other health professionals interested in building their palliative care skills.

Qualified Medi-Cal providers may apply today for this free palliative care training.
<https://csupalliativecare.org/education/sb1004/>

All courses are available online, 24/7 and provide Continuing Education Hours or Continuing Medical Education Hours for qualified applicants who complete all course requirements.

Enrollment will be granted to qualified Medi-Cal providers on a first-come-first-served basis. DHCS will continue to accept applications until all the funds have been committed. In addition, funding will be initially limited to four providers per provider organization, and one course per provider. DHCS may also limit subsidized to allow for geographic and provider-type diversity, and to stay within the budgeted funding amount.



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****New Mandatory Process for Network Providers****

Enrollment and Screening

Beginning January 1, 2018, federal law requires that all Managed Care network providers must enroll in the Medi-Cal Program if they wish to provide services to Medi-Cal Managed Care beneficiaries. The Department of Health Care Services (DHCS) has mandated this process in All Plan Letter 17-019 available at <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. As part of the new enrollment process all existing providers contracted with Contra Cost Health Plan (CCHP) are required to enroll with DHCS Fee-For Service (FFS) Medi-Cal or enroll with Contra Costa Health Plan to provide services to our Medi-Cal Managed Care members. Providers already enrolled with DHCS are not required to take any further action at this time.

Managed Care Provider Enrollment Disclosure Background

Managed Care providers have two options for enrolling with the Medi-Cal Program. Providers may enroll through the

Department of Health Care Services (DHCS)

OR

Medi-Cal Managed Care Plan (MCP)

If a provider enrolls through DHCS, the provider is eligible to provide services to Medi-Cal FFS beneficiaries and contract with CCHP to provide services to Medi-Cal Managed Care members. If the provider enrolls through CCHP, the provider may only provide services to Medi-Cal Managed Care members and may not provide services to Medi-Cal FFS beneficiaries. Both options require the completion of DHCS applications.

Generally, federal and state laws and regulations that apply to FFS providers will also apply to the enrollment process for Managed Care providers. Regardless of the enrollment option a provider chooses, the provider is required to enter into two separate agreements - the "Health Plan Provider Agreement" and the "DHCS Provider Enrollment Agreement." The Plan Provider Agreement is the contract between CCHP and a provider defining their contractual relationship. The DHCS Provider Enrollment Agreement is the agreement between DHCS and the provider and is required for all providers enrolled in the Medi-Cal program regardless of which option is chosen.

Enrollment Options

A. Enrollment through CCHP -The following provides an overview of the CCHP enrollment process:

- The provider will submit the same approved DHCS enrollment application to **CCHP**.
- As part of the application process, the provider will be required to agree that DHCS and the CCHP may share information relating to a provider's application and eligibility, including but not limited to issues related to program integrity.
- CCHP will be responsible for gathering all necessary documents and information associated with the Providers application.
- If the provider's application requires fingerprinting, criminal background checks, and/or the denial or termination of enrollment, these functions will be performed by DHCS and the results shared with CCHP.

Enrollment and Screening

- The provider should direct any questions it has regarding its application to CCHP by phone at 925-313-9500 or e-mail Providerrelations@hsd.cccounty.us.
- While CCHP's enrollment process will be substantially similar to the DHCS enrollment process, timelines relating to the processing of the enrollment application may differ. In addition, CCHP will not have the ability to grant provisional provider status nor to authorize FFS reimbursement.
- Providers will not have the right to appeal CCHP's decision to cease the enrollment process.
- CCHP will complete the enrollment process within 120 days of the provider's submission of its application. During this time, the provider may participate in CCHP's network for up to 120 days, pending approval from CCHP.
- Once CCHP places a provider on the Enrolled Provider List, the provider is eligible to contract with all Managed Care Plans (MCPs). However, an MCP is not required to contract with an enrolled provider. Only DHCS is authorized to deny or terminate a provider's enrollment in the Medi-Cal program.
- Accordingly, if CCHP receives any information that impacts the provider's enrollment, CCHP will suspend processing the provider's enrollment application and refer the provider to DHCS' FFS Provider Enrollment Division (PED) for enrollment where the application process will start over again.
- In order for the provider to participate in the Medi-Cal FFS program, the provider must first enroll through DHCS.

B. Enrollment through a Managed Care Plan other than CCHP

- Submit Verification of Enrollment issued from a Managed Care Plan to CCHP. CCHP will accept this verification as proof of enrollment.

C. Enrollment through DHCS

- The provider will use DHCS' standardized application form(s) when applying for participation in the Medi-Cal program. Applications can be found at the provided link. <http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>
- Federal and state laws and regulations that apply to FFS providers will apply to the enrollment process for Managed Care providers.
- Upon successful enrollment through DHCS, the provider will be eligible to contract with CCHP and provide services to FFS beneficiaries, in addition to Medi-Cal Managed Care beneficiaries.

There may be other important aspects of the enrollment process that are not set forth in this information bulletin. Please check the DHCS website for provider enrollment updates. Providers should consult with their own legal counsel before determining which enrollment process best suit its needs and objectives.

If you have any questions, Please contact Provider Relations 925-313-9500 or by e-mail to ProviderRelations@hsd.cccounty.us.

ALCOHOL MISUSE SCREENING AND COUNSELING (AMSC)

Alcohol Misuse Screening and Counseling (AMSC), formerly called SBIRT, has been a requirement for adult Medi-Cal members since January 1, 2014. AMSC provides comprehensive, integrated delivery of early intervention and treatment services for persons with alcohol abuse disorders and those who are at risk of developing them. Based on the United States Preventive Services Task Force (USPSTF), it is recommended that Primary Care Providers (PCPs) provide screening and brief interventions when a member aged 18 or older misuses alcohol.

PCPs should offer the AMSC to members who answer “yes” to the alcohol question in the Staying Healthy Assessment (SHA) **or at any time the PCP identifies a potential alcohol misuse problem.** Providers should document in the medical record the offer of the AMSC and any member refusal of the SHA or AMSC.

The Department of Health Care Services (DHCS) recommends using the Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test-Consumption (Audit-C) as screening tools which are available on our website (Go to www.cchealth.org, then click on Health Plan, For Providers, and see Forms and Resources). If indicated, a **screening** should be done at least one time and may be done up to three times per year, per member. Persons engaged in risky or hazardous drinking should then be given **brief behavioral counseling interventions** to reduce alcohol misuse. **Brief Interventions** consist of a provider interaction with a member that is intended to encourage a positive change in a health-related behavior. Brief Interventions may include an initial intervention, a follow-up intervention, and/or referral to Mental Health. **Follow-up Intervention** consists of reassessment of the member’s status, progress, and the promotion to sustain a reduction in alcohol use and/or to assess a member’s need for additional services.

Behavioral counseling intervention(s) typically include one to three 15-minute sessions. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Additional behavioral counseling interventions can be provided if medically necessary. If a member meets criteria for alcohol use disorder, or the diagnosis is uncertain, then he or she should be referred to the Contra Costa County Mental Health Services at 1-888-678-7277. The member may also be referred by using the forms available on our website at the following link: <http://cchealth.org/healthplan/providers/> then go to Forms and Resources under which clickable Mental Health referral forms are listed.

AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including, but not limited to a:

- Licensed Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist

It is recommended that at least one supervising licensed provider per clinic or practice take four hours of AMSC training after initiating AMSC services. The training is **not required** for reimbursement. However, it is recommended. Training is available at: <http://www.uclaisap.org/sbirt/> and AMSC and SHA documents are located on our website at <http://cchealth.org/healthplan/>

Breastfeeding Program

Contra Costa Health Plan now offers an enhanced benefit to its breastfeeding members. CCHP covers this service as an exception to fill an identified gap in services. Members who meet the criteria include breastfeeding mothers who don't qualify for WIC, need urgent assistance (within 24 hours), or need assistance after the first month (i.e. mom going back to work). The service allows for an Internationally Board Certified Lactation Consultant (IBCLC) to provide support and counseling to the breastfeeding mother in her home, up to 3 hours of service within a 12 month period post-partum. No prior authorization is required. Members can call the CCHP Advice Nurse line at 1-800-495-8885 (option 2) to be triaged for this service. Those who do not qualify for this program may still receive support by calling Family Maternal Child Health at 1-800-696-9644 or by accessing the Contra Costa County Breastfeeding Resource Guide online at <http://cchealth.org/healthplan/health-ed-breastfeeding.php>.



HIV PrEP and PEP Therapy as a Medi-Cal Benefit

The Department of Health Care Services (DHCS) has recently been made aware of numerous incidents of erroneous treatment delays and denials for HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prevention (PEP). Incidents generally involved pharmacies incorrectly billing PrEP or PEP, resulting in denied claims OR providers incorrectly telling patients that PrEP and PEP are not a covered benefit under Medi-Cal.

To clarify this issue, CCHP would like to remind providers of a few key points:

1. **PrEP and PEP are a covered benefit under Medi-Cal.**
2. Drugs used for PrEP and PEP, such as Truvada (emtricitabine/tenofovir) **must be billed to fee-for-service Medi-Cal** (often called traditional Medi-Cal or regular Medi-Cal), NOT CCHP.
3. When PrEP and PEP are billed to fee-for-service Medi-Cal, **no TAR is required.**

Please contact Andrew Haydon, PharmD, Contra Costa Health Plan Pharmacy Director with any questions: andrew.haydon@hsd.cccounty.us or (925) 608-7924.



Pharmacy and Therapeutics Committee News

Contra Costa Health Plan Pharmacy and Therapeutics Committee (P&T)

The CCHP P&T committee met on 10/6/2017. Updates from the meetings are outlined below:

****Changes to the PDL will be effective by mid-February 2018****

The committee reviewed the following changes to the formatting and layout of the Preferred Drug List (PDL) as required by CMS and DHCS regulation:

- **Creation of tier levels:**

- Recent regulatory changes require CCHP to assign tier levels to all drugs on the formulary. After much internal discussion, the health plan decided to go with a 3 tier structure as seen below:

Definition of Status

Icon	Status	Definition
	Preferred	Preferred Medication
	Preferred with Restriction	Preferred Medication with Restriction
	Non-Preferred	Non-Preferred Medication - Prior Authorization is Required
	Non-Formulary	Non-Formulary

- **Tier 1 drugs** are listed with a green 'T1' icon, and are covered without additional restrictions (most medications are still limited to a 90 day supply, and may have dollar limits).
- **Tier 2 drugs** are listed with a blue 'T2' icon, and are covered with utilization limits (may include quantity limits, step therapy, gender limits, age limits, code 1 restrictions, etc.).
- **Tier 3 drugs** are listed with an orange 'T3' icon, and will require prior authorization.
- **Non-formulary drugs** are listed with a red 'exclamation point' icon, and will generally require prior authorization.
- **NOTES:**
 - Creation of tier levels on the CCHP PDL does not change any coding related to copays or covered drug benefits - this change is simply semantics.
 - Drugs that are not listed on the PDL or on the online searchable formulary are considered non-formulary and will require prior authorization.



Pharmacy and Therapeutics Committee News

- **New PDL template:**

- The layout of the PDL will be changed as of February 2018 to allow for more consistent updates. A sneak peek at the updated format is below:

Vitamins		
<i>calcitriol oral</i>	T1	
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>	T2	QL (100 ML per 30 days)
<i>cyanocobalamin (vitamin b-12) injection</i>	T1	
MULTI-VITAMINS WITH IRON	T1	
<i>phytonadione (vitamin k1) injection</i>	T1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	T2	QL (1 EA per 1 day)

Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria (for full details of each change, please see section below):

Changes Made	Drug Name
Created new PA criteria:	Xolair (omalizumab) Jublia (efinaconazole) Xeljanz (tofacitinib) Latuda (lurasidone) Myrbetriq (mirabegron) Sklice (ivermectin topical) Malathion topical
Modified PA criteria:	Accolate (zafirlukast) Jardiance (empagliflozin) Synjardy (empagliflozin/metformin) Lyrica (pregabalin) Exelon Patch (rivastigmine) Entresto (sacubitril/valsartan) Qsymia (phentermine/topiramate) Contrave (naltrexone/bupropion) Strattera (atomoxetine)
Removed PA criteria (added to the formulary):	Vaseretic (enalapril/HCTZ) Lotrel (amlodipine/benazepril) Tiazac (diltiazem CR)
Removed from the CCHP formulary:	Lindane topical (zero utilization)

The committee approved the following changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria:

- **Creation of new criteria for Xolair (omalizumab) for chronic idiopathic urticaria:**
 - Criteria for Xolair for chronic idiopathic urticaria will now require the prescription to be written by a dermatologist, allergist, or immunologist, member must be at least 12 years of age, and have tried and failed at least one H1 antihistamine, at least one systemic glucocorticoid, at least one H2 antagonist, and at least one leukotriene antagonist.

Pharmacy and Therapeutics Committee News

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- **Creation of new criteria for Xolair (omalizumab) for chronic idiopathic urticaria:**
 - Criteria for Xolair for chronic idiopathic urticaria will now require the prescription to be written by a dermatologist, allergist, or immunologist, member must be at least 12 years of age, and have tried and failed at least one H1 antihistamine, at least one systemic glucocorticoid, at least one H2 antagonist, and at least one leukotriene antagonist.
- **Creation of new criteria for Jublia (efinaconazole):**
 - Criteria for Jublia will now require that the prescription be written by a dermatologist or podiatrist, a diagnosis of onychomycosis (confirmed by KOH preparation, fungal culture, or nail biopsy), trial and failure or intolerance to oral terbinafine for 12 weeks, then trial and failure of itraconazole and topical ciclopirox (both for 12 weeks).
- **Creation of new criteria for Xeljanz (tofacitinib):**
 - Criteria for Xeljanz will now require that the prescription be written by a rheumatologist, that the member is at least 18 years of age, and a trial and failure of methotrexate, Enbrel, and Humira.
- **Creation of new criteria for Latuda (lurasidone) for commercial plan members:**
 - Criteria for the treatment of schizophrenia: member must be 13 years of age or older, must have a diagnosis of schizophrenia, and a trial and failure of at least 3 formulary atypical antipsychotic agents.
 - Criteria for the treatment of Bipolar 1 acute depression: member must be at least 18 years of age, must have a diagnosis of bipolar 1 disorder with acute depression, and a trial and failure of at least 2 formulary atypical antipsychotic agents.

This drug remains a carve-out for all Medi-Cal members of overactive bladder with urge incontinence, and trial and failure of oxybutynin and tolterodine.

- **Creation of new criteria for Myrbetriq (mirabegron):**
 - Criteria for Myrbetriq will now require clinical documentation showing a diagnosis of overactive bladder with urge incontinence, and trial and failure of oxybutynin and tolterodine.
- **Creation of new criteria for Sklice (ivermectin):**
 - Criteria for Sklice will now require that the member is at least 6 months of age, and trial and failure of topical Nix and Rid OTC within the past 90 days (trial and failure must include a re-application of the preferred agents after 7 days).





Pharmacy and Therapeutics Committee News

- **Creation of new criteria for topical malathion:**
 - Criteria for malathion will now require that the member is at least 6 years of age, and trial and failure of topical Nix and Rid OTC within the past 90 days (trial and failure must include a re-application of the preferred agents after 7 days).
- **Modification of the Accolate (zafirlukast) criteria:**
 - Criteria for this drug now requires trial and failure of generic Singulair (montelukast).
- **Modification of the Jardiance (empagliflozin) criteria:**
 - Criteria for this drug will require step therapy with metformin and a trial and failure of preferred agent Invokana (canagliflozin) OR submission of rationale why Jardiance must be used instead of Invokana (such as increased risk of amputation).
- **Modification of the Synjardy (empagliflozin/metformin) criteria:**
 - Criteria for this drug will require step therapy with metformin and a trial and failure of preferred agent Invokamet (canagliflozin/metformin) OR submission of rationale why Synjardy must be used instead of Invokamet (such as increased risk of amputation).
- **Modification of the Lyrica (pregabalin) criteria:**
 - Addition of 'neuropathic pain, spinal cord associated' indication to the criteria as an FDA approved use of this medication.
- **Modification of the Exelon (rivastigmine) Patch criteria:**
 - Criteria for this drug now requires trial and failure of donepezil (including ODT donepezil) and memantine followed by 2nd line agent rivastigmine capsules.
- **Modification of the Entresto (sacubitril/valsartan) criteria:**
 - Criteria will now require members to be clinically diagnosed with chronic heart failure (NYHA Class II-IV) with a reduced ejection fraction ($\leq 40\%$), and must have tried and found to be tolerant of an ACE-I or ARB. Tolerability will be defined as at least a 4 week trial (of any dose) in the past 90 days.
- **Modification of Qsymia (phentermine/topiramate) weight loss criteria:**
 - Requirement to use constituent components will be removed. All members will be required to try and fail both phentermine and orlistat prior to approval.
- **Modification of Contrave (naltrexone/bupropion) weight loss criteria:**
 - Requirement to use constituent components will be removed. All members will be required to try and fail both phentermine and orlistat prior to approval.
- **Modification of the Strattera (atomoxetine) criteria:**
 - Criteria for this drug requires trial and failure of at least 2 preferred formulary stimulant products. Updates state that approval may be granted without trial and failure of stimulant agents if the member (or any other individual within the member's household) has a history of substance abuse.





Pharmacy and Therapeutics Committee News

- **Addition of generic enalapril/HCTZ (Vaseretic) to the formulary:**
 - Prior authorization criteria for generic Vaseretic has been retired, and this product has been added to the formulary with tier 1 status.
- **Addition of generic amlodipine/benazepril (Lotrel) to the formulary:**
 - Prior authorization criteria for generic Lotrel has been retired, and this product has been added to the formulary with tier 1 status.
- **Addition of generic diltiazem CR (Tiazac) to the formulary:**
 - Prior authorization criteria for generic Tiazac has been retired, and this product has been added to the formulary with tier 1 status.
- **Removal of Lindane topical from the formulary:**
 - This drug has been banned from use in California for safety reasons such as carcinogenic risk and neurotoxicity.



There are numerous ways to view the CCHP Preferred Drug List:

CCHP updates the Preferred Drug List (PDL) after each quarterly Pharmacy & Therapeutics Committee meeting. CCHP invites and encourages practitioners to access each update through the following means:

- An interactive searchable formulary is available within ccLink (contact the ccLink team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: <http://cchealth.org/healthplan/pdf/pdl.pdf>
- A searchable copy of the CCHP PDL can be found here: <http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>
- **EPOCRATES – free mobile & online formulary resource**
 - CCHP providers may add the CCHP formulary to their mobile devices using the following steps:
 - Go to www.epocrates.com and click on "My Account" in the top right.
 - Sign in with your Epocrates username and password, if needed.
 - Click on "Edit Formularies."
 - Follow the on screen instructions to select and download formularies or to remove formularies (plan name in Epocrates is Contra Costa Health Plan).
 - Update your device, and the formularies on your mobile device will be changed accordingly.



Epocrates mobile is supported on the iOS (iPhone, iPod, 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.

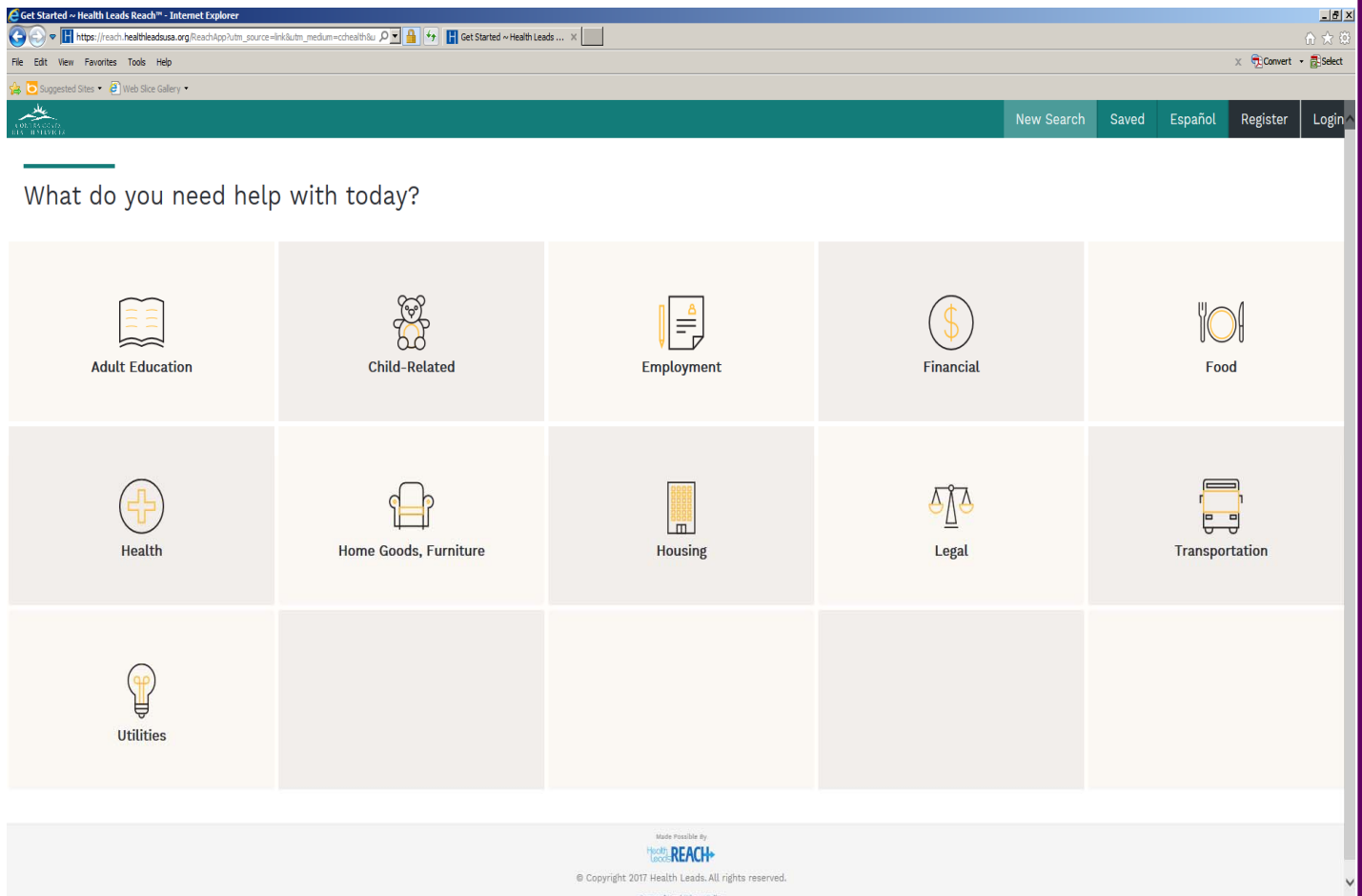
Providers may request a copy of CCHP pharmacy management procedures or specific drug PA criteria by contacting the pharmacy unit directly at 925-957-7260 x2, or via the email listed below:

P&T updates can be viewed online at <http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

Questions and comments may be directed to CCHP Pharmacy by emailing
cchp_pharmacy_director@hsd.cccounty.us

Health Leads

Health Leads is an organization with a mission to “connect low-income patients with the basic resources — such as food, housing, and heating assistance — that they need to be healthy. Health Leads has helped thousands of CCHP members with their extensive database of resources available in the community. The Health Leads program at CCRMC began with a volunteer-staffed desk at the West County Health Center in June 2014. In 2016 the program expanded, and Promotoras and Health Conductors began using the database of resources to make referrals to those resources. That database of resources has now been made available on the Web. The resources are in several categories, including food, housing, employment, utilities, and legal issues. The site can be found at healthneeds.org/cchealth.



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Paul Kiruuta, NP	Family Medicine	BASS - Full Care Medical Group, Antioch
Jasmin Moultrie, NP	Family Medicine	Brighter Beginnings Family Health Clinic, Antioch
Benjamin Sadoff, MD	Family Medicine	John Muir Physician Network, Concord
Nicholas Taylor, MD	Family Medicine	La Clinica de la Raza, Pittsburg
Edward H. Kim, MD	Family Medicine	La Clinica de la Raza, Oakley
Diana Gomez, NP	Family Medicine	La Clinica de la Raza, Pittsburg
Aisha Wagner, MD	Family Medicine	LifeLong Medical Care, Berkeley
Catherine Flanagan, NP	Family Medicine	LifeLong Medical Care, Berkeley
Laila Tannura, NP	Family Medicine	LifeLong Medical Care, Berkeley
Margaret Hsu, NP	Family Medicine	LifeLong Medical Care, Berkeley
Michelle Buchholz, NP	Family Medicine	LifeLong Medical Care, Berkeley
Ashley Ro, NP	Family Medicine	LifeLong Medical Care, San Pablo
Damara Luce, PA	Family Medicine	LifeLong Medical Care, San Pablo
Danielle Williams, MD	Family Medicine	Roots Community Health Center, Oakland
Sampath Ramakrishnan, MD	Internal Medicine	Bay Area Home Care Medical Group, Pleasanton
Bakul Roy, MD	Internal Medicine	John Muir Physician Network, San Ramon
Sandy Ly, NP	Internal Medicine	John Muir Physician, San Ramon
Jennifer Parma, DO	Internal Medicine	LifeLong Medical Care, Berkeley
Lauren Ruiz, PA	Internal Medicine	LifeLong Medical Care, Berkeley
Stephanie Roberts, MD	Internal Medicine	LifeLong Medical Care, Berkeley
Xaviera Ortiz Soto, MD	Internal Medicine	LifeLong Medical Care, Berkeley
Rebecca Hu, PA	Internal Medicine	LifeLong Medical Care, Oakland
Valorie Kolovos, NP	Internal Medicine	LifeLong Medical Care, Richmond
Christine Cave, NP	Internal Medicine	Springhill Medical Group, Pittsburg and Brentwood
Christine Downey, NP	Internal Medicine	Springhill Medical Group, Pittsburg and Brentwood
Stephanie Swenson, NP	Pediatrician	Diablo Valley Pediatrics Medical Group, Concord, Antioch and Brentwood
Kathleen King, DO	Pediatrician	John Muir Physician Network, Concord
Lisa Quinones, MD	Pediatrician	John Muir Physician Network, Concord
Nicole Nurse, DO	Pediatrician	John Muir Physician Network, Concord
Rachelle Hanft, MD	Pediatrician	John Muir Physician Network, Concord
Tina Singh, MD	Pediatrician	John Muir Physician Network, Concord
Sean Williams, MD	Pediatrician	La Clinica de la Raza, Oakley
Marianne Orton, NP	Pediatrician	Casa Verde Pediatrics, Inc., Walnut Creek
Desiree Espinoza, NP	Pediatrician	La Clinica de la Raza, Pittsburg, Concord, Oakley



Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Karrin Cheifetz, Lac	Acupuncture	LifeLong Medical Care, San Pablo
Meg McDowell, Lac	Acupuncture	Margaret Grafton McDowell, LAc, Kensington
Daniel Smeester, MD	Addiction Medicine	Diablo Valley Drug & Alcohol Services, San Ramon
Jessica Hamilton, MD	Family Planning	Planned Parenthood, Concord
Rock Liu, MD	General Surgery	Epic Care - East Bay Medical Oncology
		Hematology Associates, Oakland and Antioch
Anjali Sibley, MD	Hematology/Oncology	Epic Care - East Bay Oncology - Hematology Associates, Antioch
Aye Khyne, MD	Infectious Disease	Epic Care - East Bay Oncology - Hematology Associates, Pleasant Hill
Vipul Gupta, MD	Interventional Cardiology	Sutter East Bay Medical Foundation, Antioch and Brentwood
Mitul Kadakia, MD	Interventional Cardiology	UHA - Cardiovascular Consultants Medical Group, Oakland and Castro Valley
James Lai, MD	Interventional Cardiology	UHA-Cardiovascular Consultants Medical Group, Oakland
Tychelle Allen, NP	Mid-Level Nephrology	Diablo Nephrology Medical Group, Concord
Shara Chen, PA	Mid-Level OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Alison Ryan, PA	Mid-Level Oncology	Diablo Valley Oncology & Hematology Medical Group, Inc., Pleasant Hill
Roxie Kneen, NP	Mid-Level Oncology/Hematology	Contra Costa Oncology, Walnut Creek and Danville
Emily Crow, PA	Mid-Level Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Concord
Arturo Melgoza Ramirez, NP	Mid-Level Psychiatry	LifeLong Medical Care, Oakland
Laura Mata Lopez, NP	Mid-Level Psychiatry	LifeLong Medical Care, San Pablo
Vikram Suri, MD	Nephrology	East Bay Nephrology Medical Group, Inc., Berkeley, San Pablo, Oakland and Vallejo
Bonnie Zell, MD	OB/GYN	Brighter Beginnings Family Health Clinic, Richmond and Antioch
Nicole Steinmuller, MD	OB/GYN	John Muir Physician Network, Walnut Creek
Goldee Gross, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Lafayette and San Pablo
Carrie Duffy, DO	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Charlene Emmanuel, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Cheruba Prabakar, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Hon Fong, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Magdy Girgis, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Rachel Yakrus, MD	OB/GYN	UHA - OB/GYN Partners for Health Medical Group, Inc., Oakland, Berkeley, Lafayette and San Pablo
Jennifer Waters, OT	Occupational Therapist	Lucile Salter Packard Children's Hospital, Emeryville
Caesar Luo, MD	Ophthalmology	Bay Area Retina Associates, Walnut Creek and Antioch
Jennifer Parks, OD	Optometry	California Eye Clinic, Antioch and Walnut Creek
Misha Chi, OD	Optometry	California Eye Clinic, Antioch and Walnut Creek
Beth McKee	Pain Medicine	BASS - Pain Medicine Consultants, Pleasant Hill
Mahima Jain, PA	Pain Medicine	BASS - Pain Medicine Consultants, Pleasant Hill
Michael Geller, PA	Pain Medicine	BASS - Pain Medicine Consultants, Pleasant Hill
William Longton, MD	Pain Medicine	BASS - Pain Medicine Consultants, Pleasant Hill
Caroline Andler, MD	Pediatric Emergency Medicine	CFMG - Bay Children's Physicians - Emergency Medicine, Oakland
Geoffrey Kotin, MD	Pediatric Emergency Medicine	CFMG - Bay Children's Physicians - Emergency Medicine, Oakland
Reshem Agarwal, MD	Pediatric Emergency Medicine	CFMG - Bay Children's Physicians - Emergency Medicine, Oakland
Katie Carlberg, MD	Pediatric Hematology - Oncology	CFMG - Pediatric Hematology Oncology Medical Group, Oakland
Tabitha Cooney, MD	Pediatric Hematology - Oncology	CFMG - Pediatric Hematology Oncology Medical Group, Oakland
John Elliott, MD	Pediatric Hospitalist	CFMG - Bay Children's Physicians - Hospitalist, Oakland
Maria Jarkowiec, MD	Pediatric Hospitalist	CFMG - Bay Children's Physicians - Hospitalist, Oakland
Mohamed Hasan, MD	Pediatric Hospitalist	CFMG - Bay Children's Physicians - Hospitalist, Oakland
Jumi Yi, MD	Pediatric Infections Disease	CFMG - Bay Children's Physicians - Infectious Disease, Oakland
Sarada Sakamuri, MD	Pediatric Neurology	Lucile Salter Packard Children's Hospital Medical Group, San Pablo
Tianyi Wong, MD	Pediatric Surgery - Orthopaedic	Lucile Salter Packard Children's Hospital Medical Group, Emeryville 1 & 2
Ariel Palanca, MD	Pediatric Surgery - Orthopaedic	Lucile Salter Packard Children's Hospital Medical Group, Emeryville 2
Fajie Ma, MD	Physical Medicine and Rehabilitation	East Bay Spine & Joint Center, Walnut Creek and Antioch

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Mark Snyder, PT	Physical Therapy	BASS - Bell Sports Medicine, Pleasanton
Angela Traverso, DPT	Physical Therapy	Dublin Physical Therapy, Inc., Dublin and Concord
Humberto Estrella, DPT	Physical Therapy	Health-Pro Physical Therapy, Inc., Walnut Creek and Concord
Sandra Schall, PT	Physical Therapy	Health-Pro Physical Therapy, Inc., Walnut Creek and Concord
Mercedes Marchbanks, DPT	Physical Therapy	VibrantCare, Pinole
Grant Abbuhl, PTA	Physical Therapy Assistant	Health-Pro Physical Therapy, Inc., Walnut Creek and Concord
Rukhsana Khan, MD	Psychiatry	Comprehensive Psychiatric Services, Fremont
Indulatha Aramandla, MD	Psychiatry	Comprehensive Psychiatric Services, Walnut Creek
Jennifer Penney, PsyD	Psychology	Axis Community Health, Pleasanton
Andrew McClintock	Pulmonary Disease/Sleep	Sutter East Bay Medical Foundation, Oakland
Greenberg, MD	Medicine	
Uma Swamy, MD	Radiation Oncology	Epic Care - East Bay Medical Oncology, Hematology Associates, Dublin
Ravi Alagappan, MD	Radiology	BASS - Bay Radiology San Ramon, San Ramon
Renu Liu, MD	Radiology	BASS - Bay Radiology San Ramon, San Ramon
Christopher Govea, MD	Radiology	Tom H. Piatt, MD, Inc., Lafayette
Puja Thakkar, DO	Sleep Medicine	Golden Gate Sleep Centers, Danville and Fremont
Melissa Loja, MD	Surgery - Vascular	East Bay Cardiovascular and Thoracic Associates, Danville
Melissa Gerdes, MD	Urgent Care	John Muir Physician Network, Walnut Creek
Moira Rashid, MD	Urgent Care	LifeLong Medical Care, Berkeley

Behavior Analysis

Margarita Sison, BA	Gateway Learning Group, Concord
Tiffany Hendric, BA	Gateway Learning Group, Concord
Eric Shafarman, BCBA	Animate Counseling, LLC, Emeryville
Hsing-Hsiu Hsieh, BCBA	Animate Counseling, LLC, Emeryville
Jeanine Wilkinson, BCBA	Building Connections Behavioral Health, Danville
Alexandria Miller, BCBA	Center for Autism and Related Disorders, Inc., Antioch
Marcy Fibrow, BCBA	Center for Autism and Related Disorders, Inc., Antioch
Ashley Lara, BCBA	Center for Autism and Related Disorders, Inc., Fremont
Kelsy Johnson, BCBA	Center for Autism and Related Disorders, Inc., Roseville
Tina Vu, BCBA	Center for Autism and Related Disorders, Inc., Sacramento
Natalie Eloie, BCBA	Center for Autism and Related Disorders, Inc., Walnut Creek
Candice Hansard, BCBA	East Bay ABA, San Ramon
Adriel Wong, BCBA	Ed Support Services, Oakland
Alyssa Cruz, BCBA	Ed Support Services, Oakland
Kelly Knowles, BCBA	Gateway Learning Group, Hayward

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Kristin Sweatt, BCBA	Positive Pathways LLC, San Francisco
Nicole Nirva, BCBA	Trumpet Behavioral Health, LLC, Dublin and Antioch
Jessica Koernke, RBT	Gateway Learning Group, Concord
Luis Chavez, RBT	Gateway Learning Group, Concord

Facilities

PET-CT Imaging of Berkeley, LLC	Diagnostic Imaging Center	Berkeley
Prentke Romich Company	DME	Wooster, OH
Amavi Home Health & Hospice	Home Health	Brentwood
Essential Home Health	Home Health	Hayward
GIMAG Corp	Home Health	Livermore
Suncrest Hospice San Jose, LLC	Hospice	Fremont
Contra Costa Pathology Associates	Pathology Laboratory	Pleasant Hill

Mental Health

Jonathan Smith, LCSW	Alhambra Valley Counseling, Martinez
Daniel Pioletti, LCSW	Northern California Family Center
Kathryn Kapoor, LCSW	Planned Parenthood, Concord
Patricia Lacocque, LCSW	Solo Practice, Oakland and Antioch
Marian Okamura, LCSW	Solo Practice, Pleasant Hill and Oakland
Jonathan Newsum, MFT	Center for Social Dynamics, Vallejo and Alameda
Kelly Sharp, MFT	Endurance - A Sport & Psychology Center, Berkeley and Pinole
Halsey Simmons, MFT	Solo Practice, Concord
Cynthia Liuska, MFT	Solo Practice, El Cerrito
April Young, PhD	Pinnacle Mental Wellness Group, Pittsburg
Stephanie Marti, PsyD	Endurance - A Sport & Psychology Center, Berkeley and Pinole



The Bulletin Board

Welcome Contra Cost Regional
Medical Center (CCRMC) Providers

Maya Pandurangi, DO

Concord Health Center

Amy Buoncristini, MD

West County Health Center

Allison Newman, MD

Miller Wellness Center

Visit our website for resources:

www.cchealth.org/healthplan/providers

CCHP Provider & Pharmacy

CCHP Electronic Provider Directory

CCHP Preferred Drug List (PDL)

CCHP Provider Manual

CCHP Provider Web Portal

Prior Authorization Forms

Clinical and Preventive Guidelines

Uninsured individuals:

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 Option 1.



Providers needing help with interpreter services or needing help with arranging face to face American Sign Language interpretation services may call (877) 800-7423 option 4.

HOLIDAYS OBSERVED BY CCHP

January 15, 2018

Dr. Martin Luther King, Jr. Day

February 19, 2018

President's Day

May 28, 2018

Memorial Day

July 5, 2018

Independence Day



**595 Center Ave. Suite 100
Martinez, CA 94553**



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

**Provider Relations, Contracts Management & Credentialing
Staff Contact Information**



Terri Lieder, MPA, CPCS, CPMSM	Director of Provider Relations	(925) 313-9501	Terri.Lieder@hsd.cccounty.us
Stephanie Fullerton, BS, MHA	Screening and Enrollment	(925) 313-9512	Stephanie.Fullerton@hsd.cccounty.us
Ronda Arends	Credentialing Supervisor	(925) 313-9522	Ronda.Arends@hsd.cccounty.us
Patricia Cline	Contracts Supervisor	(925) 313-9532	Patricia.Cline@hsd.cccounty.us
Alejandro Fuentes, RN, BSN	Community Liaisons	(925) 313-9527	Provider.Relations@hsd.cccounty.us
Christine Gordon, RN, BSN, PHN			
Minawar Tuman, RN, MSN, PHN			

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

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

