



# CCRMC CARE MATTERS



Volume 16 Issue 3

Fall 2018

## The Contra Costa Health Plan Provider Bulletin

### CEO Report By Patricia Tanquary

Unfortunately, the Centers for Medicare and Medicaid Services (CMS) have decided to close all Medicare Cost Plans nationally in counties where two or more Medicare Advantage Plans exist. That new policy also affects CCHP. Therefore, the CCHP Senior Health Basic and Senior Health Plus plans will be closed on December 31, 2018.

We have notified all 429 affected members by mail. They will also receive similar letters from CMS in early October instructing them to either return to the "Original Medicare" where they could also purchase a Medicare Gap Plan or join a Medicare Advantage (MA) Plan in our county.

Those MA HMO Plans in Contra Costa County are:

- AARP Medicare Secure Horizons
- Golden State Medicare Gold
- Humana Gold Plus
- Kaiser Permanente Senior Advantage

Those joining an MA Plan would need to switch their care to those other providers outside of CCRMC under those HMOs.

Those opting to revert to "Original Medicare" could still see their CCRMC or CPN providers with Medicare as primary payor. They would be responsible for paying the 20% copay amounts unless they purchase their own Medi-Gap Plans additionally.

The few (24 current members)-who are duals could still remain with Medi-Cal in CCHP and Medicare Cost so could continue their care at either CCRMC or CPN at no additional cost to them.

These are difficult and complex choices for seniors; many of whom have been CCHP members for many years.

In order to assist them in these choices, our member letter directs them to contact our Marketing Department at 1-877-661-6230 press 6). We are working with HICAP (the Health Insurance Counseling & Advocacy Program) in EHSD who have completed special training for our Marketing and Member Services staff to be able to assist these 400 members in explaining options and deadlines for Medicare coverage. HICAP will also provide additional assistance to those seeking Medi-Gap or Part D information.

We have also sent copies of our member letter with this explanation to the PCPs of these 400 members since they may need to discuss medical care and medical record transitions with them.

CCHP regrets this CMS decision but will provide as much assistance as possible to assist these senior members with their Medicare insurance transition.

CEO Report	1
Criteria of Utilization Management Decisions	2
Annual Utilization Management Affirmative Statement	2
Utilization Management Model Change	2-3
Pharmacy and Therapeutics Committee News	4-7
New ID Cards Announcement	8
Flu Shot Update	9
Smile California	9
CCHP 2018- Accomplishments for CCHS Annual Report	10-11
Welcome Community Provider Network (CPN) Providers	12-14
The Bulletin Board	15
Contra Costa Health Plan Contact Information	16

## Criteria of Utilization Management Decisions

The Utilization Management department at Contra Costa Health Plan uses the following Clinical Criteria and Guidelines for all UM decisions:

- State Department of Health Care Services –DHCS (Medi-Cal)
- Noridian Administrative Services- DMERC Reg D
- Center for Medicare/Medicaid Services (CMS)
- Health Plan established clinical authorization guidelines
- Apollo Guidelines or InterQual Intensity of Service and Severity Illness Criteria.
- Aetna Clinical Policy Bulletins
- Health Net Medical Policies
- Anthem/Blue Cross of California Clinical Utilization Management Guidelines
- United Healthcare Coverage Determination Guidelines
- National Guideline Clearinghouse
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources
- American Academy of Pediatrics
- American Congress of Obstetricians and Gynecologists
- National Institute for Health
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- National Comprehensive Cancer Network



## Annual Utilization Management Affirmative Statement

As part of the NCQA requirements (UM4-G)-

The UM department, which includes the Authorization, Utilization Management and Pharmacy Management departments would like to inform you of the following:

- UM Decisions are made only on appropriateness of care and service and existence of coverage.
- Contra Costa County and the Health Plan do not specifically reward practitioners or other individuals for issuing denials of coverage.
- There are no financial incentives for UM decision makers to make decision that result in underutilization.

## Utilization Management Model Change

CCHP is excited to announce some major changes to our Utilization Management Department's Business Operating and Staff Models to ensure you are receiving top notch services as you provide high quality health care services to our members. Starting November 1<sup>st</sup>, 2018 there will be some significant changes to better serve you and improve our operations:

- Prior Authorizations New Business Operations and Staff Model is changing from Alpha individual assignments to Business Days to ensure Prior Authorizations meet our three (3) day Urgent Requests along with the standard fourteen (14) day approvals.
- Retired the outdated fax machines and switched to Cloud technology and **now** use e-Faxes; thereby improving submission requests for PR and avoiding duplicate faxes.
- Enhanced the management team by hiring a new Utilization Management Director and a Clerical Supervisor for the Health Plan Authorization Representatives (HPARs).
- Expanded access to all Health Plan Authorization Representatives (HPARs) and you will work with the entire team versus being assigned a specific HPAR.

# Utilization Management Model Change Cont.

## New Business Model Change for Utilization Management Department

### **ADVANTAGES to New Staff Model:**

- Expanded the access to providers to a team of 20 Health Plan Authorization Representatives with a diverse health care background.
- Stabilize the assignment of the provider workload and will not change every three months.
- Providers has access to a diverse team of para professionals (experienced in Health Plans, doctor's offices, pharmacy, and hospitals).
- Created a telephone team which will decrease the time on hold waiting to speak with the HPAR .

### **FEATURES:**

- An electronic FAX system which replaces outdated faxes.
- Expanded the use of technology in searching for specialty services by zip codes.
- New escalation point to solve issues by having a HPAR Clerical Supervisor to respond to your issues quickly .
- Redesigned the staff model into squads, and improved the training for the internal team and providers.

### **Major Highlights and Improvements To Utilization Management Department: EMPLOYED TECHNOLOGY EMPHASIZE TEAM WORK ENHANCED TRAINING**

### **Technology**

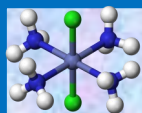
- Retired outdated fax machines and replaced with 21<sup>st</sup> century e-Faxes using cloud technology.
- Launched a geo access tool to search for Specialties based on zip codes to help PCPs to find the needed services based on the member's residence.
- Implemented daily metrics to meet the processing of Prior Authorization request with the priorities being
  - Processing of Hospital Face Sheets.
  - Urgent Requests that require a three (3) days and the standard fourteen (14) day turnaround timeframe.
  - Using electronic workflows and minimizing manual process (e.g. scanning process of documents to avoid manual input into UM system).
- Future Migration from Lotus Notes to Microsoft Office to enhance technological communications.
- Future creation of a weekly report to high volume providers that show their faxes were received and processed.

### **Team Work:**

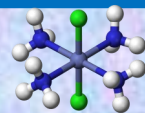
- Redesigned the Management Team with a new UM Director, Clerical Supervisor, and expanded the Charge Relief Nurse Team.
- Hired a Clerical Supervisor for the HPAR team to serve as the escalation point to ensure provider satisfaction.
- Designed a specialty team of HPARs who focus on DME, Hospital Face Sheets and CPAP, Behavioral & Mental Health Services.
- HPAR staff is divided into squads, and the work load is divided equally among the squads.
- Future creation of a Telephone Team for UM to triage questions and giving providers quick answers on the status of their faxes.

### **Training:**

- Redesigned the HPARs training program to ensure a broader understanding of CCHP's Provider Network.
- Monthly staff meeting and weekly huddles to ensure staff is aware of new changes to the benefit plans and any new regulatory changes.
- Quarterly trainings with the HPAR and Claims teams to enhance working relationship and collaboration.
- Quarterly training to Providers on changes to CPT codes and or new benefits.
- Targeted training to providers to reduce the number of Appeals and to educate on the Utilization Management Policies and Procedures.



## Pharmacy and Therapeutics Committee News



**The CCHP P&T committee met on 10/12/2018. Updates from the meeting are outlined below:**

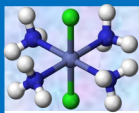
**\*\*Changes to the PDL will be effective by mid-November 2018\*\***

### **Updates/Announcements:**

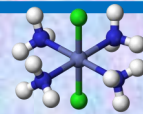
1. **Vaccines:** CCHP has added Vivotif (oral typhoid vaccine), Typhim (injectable typhoid vaccine) and VaxChora (cholera vaccine) to the formulary with age and quantity limits. YF-Vax (yellow fever vaccine) and Ixiaro (Japanese encephalitis vaccine) have also been added to the formulary with PA requirements.
2. **Biosimilar Products Update:** A biosimilar product is a biological product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product. The committee has tasked CCHP with reaching out to invested MD specialists in the RMC and CPN networks to obtain feedback regarding requiring biosimilar usage as preferred formulary products. The committee also decided to allow the approval criteria of innovator products to be used as the approval criteria for the biosimilar product.
3. **Blood Pressure Monitors:** CCHP has had blood pressure monitors as a pharmacy benefit since December 2016. Since that time, almost 2400 blood pressure monitors have been provided to members. The current formulary monitor has a wide range cuff that fits arms between 9"-17" in circumference. CCHP has identified a potential gap in that a member with an arm circumference larger than 17" is not able to use the available formulary meter. The P&T committee has approved the addition of a blood pressure monitor with an extra-large cuff to the formulary. However, at this time, no local network pharmacies carry a blood pressure monitor with an extra-large cuff in their retail stores. CCHP will continue to pursue options that will allow the addition of a blood pressure monitor with an extra-large cuff to the formulary that is readily accessible to members.

**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 individual drugs listed below this table):**

<b><u>Changes Made</u></b>	<b><u>Drug Name</u></b>
Created new PA criteria:	Breo Ellipta (fluticasone furoate/vilanterol) Rhopressa (netarsudil) Urea 40% cream Aimovig (erenumab) Finacea (azelaic acid) Butrans (buprenorphine)
Modified PA criteria:	Vesicare (solifenacin succinate) Enablex (darifenacin hydrobromide) Sanctura XR (trospium chloride) Detrol LA (tolterodine) Lovaza (omega-3 ethyl esters) Striant (testosterone buccal) Xeljanz (tofacitinib) Stelara (ustekinumab) Otezla (ampremilast) Simponi (golimumab) Enbrel (etanercept) Humira (adalimumab) Remicade (infliximab)



## Pharmacy and Therapeutics Committee News



**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 individual drugs listed below this table):**

<b><u>Changes Made</u></b>	<b><u>Drug Name</u></b>
Added to the CCHP formulary:	Vivotif (oral typhoid vaccine) Typhim (typhoid vaccine) YF-Vax (yellow fever vaccine)-PA required Ixiaro (Japanese encephalitis vaccine)-PA required VaxChora (cholera vaccine) Calcium carbonate/vit D3 250/125, 600/200, 600/400, 600/800, 1000/800 Fish Oil 1000 mg (300 mg) capsules Urea 20% cream
Removed from the CCHP formulary:	Methitest (methyltestosterone)

• **Creation of new criteria for Breo Ellipta (fluticasone furoate/vilanterol):**

- Criteria for Breo Ellipta with a diagnosis of asthma requires trial and failure of Symbicort or Dulera. Criteria for Breo Ellipta with a diagnosis of COPD requires trial and failure of Symbicort.

• **Creation of new criteria for Rhopressa (netarsudil 0.02% ophthalmic):**

- Criteria for Rhopressa will require a diagnosis of open-angle glaucoma or ocular hypertension and a trial and failure or contraindication to at least 2 other medications used for reducing IOP such as latanoprost, timolol, brimonidine, pilocarpine or dorzolamide.

• **Creation of new criteria for Urea 40% topical cream:**

- Criteria for urea 40% cream will require trial and failure of urea 20 % cream.

• **Creation of new criteria for Aimovig (erenumab):**

- Criteria for Aimovig requires that the medication is prescribed by a neurologist or headache specialist, a diagnosis of chronic or episodic migraines and adequate trial ( $\geq 2$  months) and failure, or inadequate response to 3 preventative agents including: amitriptyline, nortriptyline, metoprolol, propranolol, topiramate, or valproate. Quantity Limit: 2 pack of 70mg auto-injectors per month.

• **Creation of new criteria for Finacea (azelaic acid):**

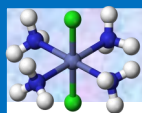
- Criteria for Finacea will require that the medication is prescribed by a dermatologist and a trial and failure or intolerance to topical metronidazole.

• **Modification of criteria for Striant (testosterone buccal):**

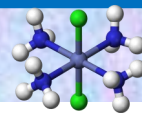
- Criteria for Striant will require trial and failure of injectable testosterone

• **Modification of criteria for Butrans (buprenorphine) patch for COMM members:**

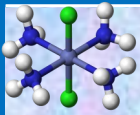
- Criteria for Butrans for COMM members will require a diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment AND a documented trial and failure or intolerance to at least three opioid or non-opioid formulary therapies such as oral NSAIDs, topical analgesics, corticosteroids and anticonvulsants. Quantity limit of #4 patches per 28 days.



## Pharmacy and Therapeutics Committee News



- **Modification of criteria for Vesicare (solifenacin):**
  - Criteria for Vesicare will require trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Enablex (darifenacin):**
  - Criteria for Enablex will require trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Sanctura XR (trospium ER):**
  - Criteria for Sanctura XR requires trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Xeljanz (tofacitinib):**
  - Criteria for Xeljanz will require trial and failure of corticosteroids, azathioprine or 6MP AND an aminosalicylate AND Humira
- **Modification of criteria for Stelara (ustekinumab):**
  - Criteria for Stelara requires a diagnosis by a rheumatologist of psoriatic arthritis and requires a trial and failure to at least one NSAID and one of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel and Humira. Crohn's disease criteria for Stelara requires a diagnosis of Crohn's disease by a gastroenterologist and a trial and failure to 2 of the following: corticosteroids, azathioprine or 6MP or methotrexate or an aminosalicylate AND Humira.
- **Modification of criteria for Otezla (ampremilast):**
  - Criteria for Otezla requires a diagnosis by a rheumatologist of psoriatic arthritis and requires a trial and failure to at least one NSAID and one of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel and Humira.
- **Modification of criteria for Simponi (golimumab):**
  - Criteria for Simponi for ankylosing spondylitis diagnosed by a rheumatologist will require trial and failure of at least one NSAID AND Humira AND Enbrel.
- **Modification of criteria for Enbrel (etanercept) and Humira (adalimumab):**
  - Modified criteria to remove requirement of tried a NSAID for rheumatoid arthritis indication.
- **Modification of criteria for Remicade (infliximab):**
  - Criteria for Remicade requires a diagnosis of psoriatic arthritis by a rheumatologist and a trial and failure of at least one NSAID AND a least two of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel AND Humira
- **Addition of Lovaza (omega-3 ethyl esters) to the formulary with step therapy:**
  - Requires step therapy with the trial and failure of fish oil 1000 mg in the past 120 days
- **Addition of Detrol LA (tolterodine ER) to the formulary with step therapy:**
  - No prior authorization required – requires step therapy of trial and failure of oxybutynin IR or ER
- **Addition of Fish oil (omega-3 fatty acids) 1000 mg (300 mg) to the formulary**
- **Addition of Calcium carbonate/vitamin D3 to the formulary**
- **Addition of urea 20% cream to the formulary**
- **Removal of Methitest (methyltestosterone) 10 mg tablets from the CCHP formulary**



## Pharmacy and Therapeutics Committee News



### **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 Epic (contact the Epic 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](http://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, 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](mailto:goldsupport@epocrates.com) or at (800)230-2150.

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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:

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

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Questions and comments may be directed to CCHP Pharmacy by emailing

[cchp\\_pharmacy\\_director@hsd.cccounty.us](mailto:cchp_pharmacy_director@hsd.cccounty.us)



## New ID Cards Announcement

### All CCHP Members Will Receive a New ID Card in Late-2018

- Why is CCHP sending new ID cards to all members?

Due to a pharmacy system upgrade, all Contra Costa Health Plan (CCHP) ID cards needed to be updated to include new information that pharmacists need in order to process prescriptions.

- What specific changes are being made?

The new pharmacy system will require retail pharmacies to bill medication to a different bank identification number (BIN number). Members' current cards list the BIN number as 600428 – this BIN number will no longer be active after the upgrade, so pharmacies will need to bill the new BIN number which is 019595.

**Note:** the information in the **RED** box below is the only part of the ID card that is being updated – no other information will be changed.



- Will this have any major effects on my patient's ability to get their medications?

No, there will be no changes in the way that your patients obtain their medications. Patients will be able to continue to use the same pharmacies that they have used in the past, and there will be no differences in the CCHP formulary due to the system upgrade. CCHP has already notified all of our network pharmacies of the change so that they can continue processing your patient's medications without difficulty.

**If you have any questions or comments, please contact the Contra Costa Health Plan pharmacy unit at 925-957-7260 (ext. 1).**

## Flu Shot Update

**The flu shot is now available at retail pharmacies for all CCHP members age 10 and over**

- All CCHP members age 10 and over can now go to any Walgreens or Rite Aid store to get their flu shot. No appointment is necessary, and there is no cost for CCHP Medi-Cal members.
- CCHP started offering the flu shot at retail pharmacies on 9/1/18, and members have already received almost 3,000 flu shots this season! (\*includes data from 9/1-10/10 2018)
- The flu shot will be available at retail pharmacies through April 2019.



### PREVENT THE SPREAD OF THE FLU

Besides getting vaccinated, the CDC recommends taking these steps:



■ **Avoid contact** with sick people.



■ If you have flu-like symptoms, **stay home** until 24 hours after the symptoms disappear.



■ Disinfect surfaces and **wash your hands** often with soap and water.



■ **Avoid touching** your eyes, nose and mouth, as germs spread faster that way.



■ **INSTEAD,** cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue away.

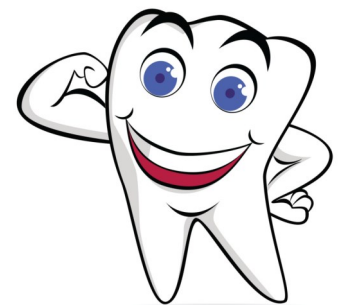
## Smile California

The Department of Health Care Services (DHCS) has officially launched the Smile California campaign and officially invites you to visit the backbone of the entire *Smile, California* campaign: [SmileCalifornia.org](http://SmileCalifornia.org). This is a new Medi-Cal dental campaign to help Medi-Cal members understand the importance of oral health by:

- Increasing awareness and knowledge of the dental services available
- Learning how to access care using their Denti-Cal benefits

If you have any questions about the campaign or how to obtain additional materials, please contact the *Smile, California* team at:

[hello@smilecalifornia.org](mailto:hello@smilecalifornia.org)



# **CCHP 2018 - Accomplishments for CCHS Annual Report**

**Patricia Tanquary, MSSW, MPH, PhD**  
**CEO of Contra Costa Health Plan**  
**September 24, 2018**

1. CCHP has improved the timely access to care for all of our members in 2018 partnering with (3) three providers' networks. Members are assigned to PCPs on enrollment by their preferences and needs to: CCRMC – 53%; CPN – 33 %; Kaiser – 18 %
2. CCHP has assured provider capacity by assisting East Bay providers such as La Clinica de la Raza and numerous small medical and Mental Health providers with less available services in East County receive higher rates and physician sign on bonuses at La Clinica de la Raza. CCHP membership by residence:  

East Bay – 43%; Central County – 28%; West County – 29%
3. CCHP has implemented Health Risk Assessments (HRAs) for all newly enrolling Medi-Cal members (approx. 5000/month). CCHP partnered with a technology company called Eliza who makes customized activated voice recognition calls to new members after hours and weekends. Responses are recorded and returned electronically to CCHP where they are scanned into records at CCRMC and faxed to CPN providers. Social Determinants of Health questions are included with either triage up to case management or resource information mailed to members. Nurses at CCRMC utilize these CCHP HRAs in their pre-visit calls to patients.
4. The non medical transportation NMT benefit was expanded in 2018 to include the provision of appropriate level of transportation based upon functional needs of all Medi-Cal members to all medical, dental, mental health, and Drug Medi-Cal Waiver appointments. In addition to meeting member direct calls to an 800 number for bus, paratransit vouchers and taxi trips, CCHP has contracted with Pro-transport (an ambulance company who has purchased vans with dedicated drivers) to meet member needs. Patients report high satisfaction and kept appointments are validated. Continuity of care particularly for repeat fragile members such as dialysis and radiation therapy trips by Van or taxi drivers has resulted in their staff notifying CCHP Case Managers of important changes in members' status.
5. CCHP, in coordination with CCRMC, expanded care for members with Autism being transitioned from East Bay Regional Center for ABA (Applied Behavioral Analysis) care in their homes. Comprehensive Diagnostic Exams were completed by the ABCD unit at CCRMC with developmental pediatrics, social work, occupational therapy, and speech therapy evaluations. Based upon these diagnoses, CCHP then referred those children for ongoing ABA care in the home interfacing with the schools by 136 contracted providers. Currently there are 500 CCHP children receiving such care throughout the County.

## CCHP 2018 - Accomplishments for CCHS Annual Report Cont.

6. CCHP, in partnership with CCRMC, implemented the Birthday Letter mailed to CCHP Medi-Cal members identifying needed prevention care and how to receive that care. FIT tests have also been mailed to the homes where members need colo-rectal preventive care as well.
7. CCHP participated in multiple CCHS efforts to decrease the opioid addictions in the county. Formulary changes to limit quantities of opioids were made, providers were trained and physician/panel reports of high opioid using patients were shared by CCHP Pharmacy. Additionally, CCHP implemented two opioid treatments (one w/CCRMC and one with a community provider-IPM), allowing additional acupuncture and chiropractic benefits for patients participating in opioid weaning.
8. CCHP Advice Nurses now assist a new Concussion Pilot with one of the contracted Urgent Care Centers – Stat Med in Central County. After hours and weekend calls from anxious patients and parents who are triaged to have potential concussions related to falls or injuries are referred to Stat Med to receive specialized scans and follow – up treatment by concussion experts. This service often prevents unnecessary trips to an Emergency room for CAT scans.
9. CCHP implemented a new benefit of Palliative Care for four diagnoses where members and their families can receive specialized social work, nursing and physician care in decision making and coping with serious life threatening medical conditions. CCHP contracts with an outpatient CCRMC clinic and 2 Palliative care/Hospice agencies for Palliative care at home.
10. CCHP has aligned with its pharmacy partner PerformRx where their trained pharmacists are calling CCHP asthmatic members who are failing to use their asthmatic medications, appropriately. Pharmacists train members with follow-up calls and refer identified special needs to CCHP Case Management.



## Welcome Community Provider Network (CPN) Providers

### Primary Care Providers

Mahsheed Shariati, DO	Family Medicine	BASS- Full Care Medical Group, Antioch
Gina Sobretudo, NP	Family Medicine	Brighter Beginnings Family Health Clinic, Richmond and Antioch
Robert Eidus, MD	Family Medicine	John Muir Physician Network
Alireza Rezapour, MD	Internal Medicine	La Clinica de la Raza, Concord
Christina Kinnevey, MD	Family Medicine	La Clinica de la Raza, Pittsburg
Danielle Gordon, PA	Family Medicine	Lifelong Medical Care, Berkeley
Deborah Simon-Weisberg, MD	Family Medicine	Lifelong Medical Care, Berkeley
Katherine Roller, MD	Family Medicine	Lifelong Medical Care, San Pablo

### Specialty Care Providers

Esther Molnar, MD	Infectious Disease	BASS- Infectious Disease Doctors Medical Group, Walnut Creek
Valy Boulom, MD	Surgery- Vascular	Bay Area Surgical Specialists, Walnut Creek
Melissa Ennen, MD	Anesthesiology	Bay Area Surgical Specialists, Walnut Creek
Selim Koseoglu, MD	Ophthalmology	Childeye Medical Associates (CFMG)
Uday Mukherjee, MD	Psychiatry, Geriatric Psychiatry	Comprehensive Psychiatric Services, Walnut Creek
My-Linh Nguyen, MD	Urogynecology & Pelvic Reconstructive Surgery	Diablo Valley Oncology & Hematology, Concord and Walnut Creek
Brian Kellert, DO	Perinatology	Diablo Valley Perinatal Associates, Walnut Creek
Merry Uchiyama, MD	Surgery- Thoracic	East Bay Cardiovascular and Thoracic Associates, Concord and Danville
Marissa Toma, MD	Surgery- Vascular	East Bay Cardiovascular and Thoracic Associates, Concord and Danville
Anthony Chan, MD	Surgery-General	Epic Care, Castro Valley and San Leandro
Azure Adkins, MD	Surgery-General	Epic Care, Oakland
Marcelina Silva, DO	Pain Medicine	Integrated Pain Management, Walnut Creek
Christine Pecci, MD	Obstetrics and Gynecology	John Muir Physician Network
Stephen Weinstein, MD	Obstetrics and Gynecology	John Muir Physician Network
Manton Hurd, NP	Mid-Level Psychiatry	Lifelong Medical Care, Richmond
Claudia Ruegg, OD	Optometry	Lifelong Medical Care, San Pablo
Michael Dake, MD	Diagnostic Radiology Vascular & Interventional Radiology	Lucile Salter Packard Children's Hospital
Volney Van Dalsem, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital

## Welcome Community Provider Network (CPN) Providers

### Specialty Care Providers

Michelle Nguyen, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital Medical Group, Pleasanton
Curtis Langlotz, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital Medical Group, Pleasanton
Michael Muelly, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital Medical Group, Pleasanton
Sonal Desai, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital Medical Group, Walnut Creek
Ibrahim Haddad, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital Medical Group, Walnut Creek
Sarika Aggarwal, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital Medical Group, Emeryville, San Francisco and Walnut Creek
Helena Wong, DPT	Physical Therapy	Muir Orthopaedic Specialists, San Ramon
Scott Turtle, DPT	Physical Therapy	Muir Orthopaedic Specialists, Walnut Creek
Kristin Waderich, DPT	Physical Therapy	Spine & Sports Physical Therapy, Dublin and Livermore
Dhwani Vyas, PT	Physical Therapy	Spine & Sports Physical Therapy, Dublin
Kellie Amador, NP	Mid-Level Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
Frances Prado, NP	Mid-Level Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
Kara Riley-Paull, MD	Surgery-General	West Coast Surgical Associates Medical Group, Walnut Creek

### Behavior Analysis

Rebecca Crowe, M.Ed., RBT	A Behavioral Health Cooperative, San Pablo
Edna DeLa Cruz Aguilar, BA, RBT	A Behavioral Health Cooperative, San Pablo
Teresa Ray, BA	A Behavioral Health Cooperative, San Pablo
Rachel Scott-Rosenbluth, BCBA	A Behavioral Health Cooperative, San Pablo
Rosin Thuruthickara, MA, RBT	A Behavioral Health Cooperative, San Pablo
Elizabeth Velarde, MA	A Behavioral Health Cooperative, San Pablo
Lisa Boster, BCBA	Animate Behavior, LLC, Emeryville
Lyzandra Nieves, BA, RBT	Applied Behavior Consultants, Walnut Creek
Rosa Alonzo, BA, RBT	Bay Area Behavior Consultants, LLC, Richmond
Michael Dyer, BCBA	Center for Behavioral Solutions, Pleasant Hill and Vallejo
Marcela Macias, BCBA	Center for Behavioral Solutions, Pleasant Hill and Vallejo
Patrick Hwang, BCBA	Center for Behavioral Solutions, Pleasant Hill and Vallejo

# Welcome Community Provider Network (CPN) Providers

## Behavior Analysis

Isabella Chen, BA, RBT	Gateway Learning Group, Concord
Tamar Cohen, BCBA	Gateway Learning Group, Concord
Eva Crummett, BA, RBT	Gateway Learning Group, Concord
Aubry Lope, BA, RBT	Gateway Learning Group, Concord
Jenifer Lopez-Flores, BA, RBT	Gateway Learning Group, Concord
Victoria Monzon, BA, RBT	Gateway Learning Group, Concord
Janelle Romero, BA, RBT	Gateway Learning Group, Concord
Subha Gajjala, RBT	Gateway Learning Group, Concord
Sarah Gelb, RBT	Gateway Learning Group, Concord
Ana Valencia, RBT	Gateway Learning Group, Concord
Megan Samsel, BA, RBT	Gateway Learning Group, Concord
Megan Crawford, BCBA	Goals for Autism, Brentwood and San Ramon

## Facilities

Dental Surgery Centers of America dba: Delta Surgical	Ambulatory Surgery Center	Stockton
Center for Elders' Independence	Adult Day Services	El Sobrante
Veracyte, Inc.	Molecular Diagnostic Laboratory	South San Francisco
Fresenius Medical Care, Anaheim	Dialysis	Anaheim
Fresenius Medical Care, Fresno Airport East	Dialysis	Fresno
Fresenius Medical Care, Potrero	Dialysis	San Francisco
Fresenius Medical Care, Woodland	Dialysis	Woodland

## Mental Health

Maria Esguerra, LCSW	Lifelong Medical Care, Oakland
Valerie Novak, MFT	Touchstone Counseling, Pleasant Hill

# THE BULLETIN BOARD

Welcome Contra Costa Regional Medical  
Center (CCRMC) Provider



Richelle Cruz, MD

Brentwood Health Center

Visit our website for resources:

[www.cchealth.org/healthplan/  
providers](http://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](http://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

November 12, 2018  
November 22, 2018  
November 23, 2018  
December 25, 2018

Veterans Day  
Thanksgiving  
Day after Thanksgiving Day  
Christmas Day





595 Center Ave. Suite 100  
Martinez, CA 94553

Phone: (925) 313-9500 Fax: (925) 646-9907  
E-mail: [ProviderRelations@hsd.cccounty.us](mailto:ProviderRelations@hsd.cccounty.us)  
Website: [www.cchealth.org](http://www.cchealth.org)

### Provider Relations, Contracts Management & Credentiali 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



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