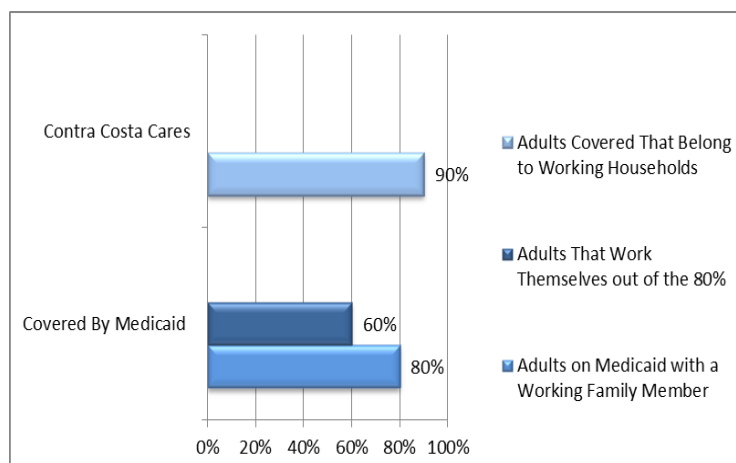


The Contra Costa Health Plan Provider Bulletin

CEO Report By Patricia Tanquary, CEO

The issue of how many adults on Medi-Cal actually work is a recurrent theme these days. Several states are writing waivers to the Centers for Medicare & Medicaid Services (CMS) to only provide Medicaid coverage to adults who work. Recently, Indiana, Kentucky, and Kansas, as well as Wisconsin expect approval for their waivers requiring work status for adults to obtain or retain Medicaid coverage.

New federal data verified that nationally – 80% of adults on Medicaid have someone in the family working and 60% of those adults work themselves. In California, those statistics are similar. People living below the Federal Poverty Level (FPL) also work due to low wages and high cost of living. Even in Contra Costa Cares, 90% of adults covered belong to working households.



We are relieved that the Department of Health Care Services (California) (DHCS) and the California Legislature understand these variables. They do not intend to seek a waiver to remove or prevent those adults under the FPL from Medi-Cal coverage due to an inability to work.

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Provider Issue Briefing

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

The CCHP P&T committee held an ad hoc meeting on 3/23/2018 to discuss changes related to the CCHP opiate program, and also met on 4/20/2018 for the scheduled quarterly meeting. Updates from both meetings are outlined below:

In response to the opiate epidemic, the CCHP P&T committee held an ad hoc meeting on 3/23/2018 dedicated to discussing a health-plan based opiate program. Below are the details of a 3 part program that was approved by the committee.

Note: changes related to the new opiate program will not be implemented until Q3 2018.



Quantifiable Goals of the CCHP opiate program include the following:

- Reducing the number of members on concurrent opioids and benzodiazepines.
- Reducing the duration of initial immediate release opioid prescriptions (new starts).
- Reducing the number of members on >120 morphine milligram equivalents (MME).
- Reducing the number of opioid users taking >120mg MME on an escalating dose.

The CCHP opiate program is made up of 3 main parts:

1. A plan to reduce the co-prescribing of opioids and benzodiazepines:

- a. CCHP will use a report to identify all members co-prescribed opioids, benzodiazepines ± Soma.
- b. A formal letter will be sent to providers on a monthly basis, clearly stating which of their CCHP patients is on this potentially deadly combination of drugs, and that the regimen should be re-considered immediately.

2. A plan to reduce the duration of initial immediate release opioid prescriptions (new starts):

- a. CCHP will limit all initial immediate release opioid prescriptions for acute pain treatment to a seven (7) day supply.
- b. Exceptions: patients with a paid claim for an opioid in the past 180 days (continuation of therapy), chronic pain patients, palliative care or hospice patients, and cancer patients.

3. A plan to reduce the number of CCHP members on opioid doses >120mg MME:

- a. CCHP will be placing quantity limits on all formulary opioids for each single-dose strength to a maximum of 120mg MME (single tablet doses that exceed 120mg MME will be removed from the CCHP formulary completely, such as MSER 200mg).
- b. CCHP will create a registry (managed by CCHP clinical pharmacist staff) of all high-dose opiate patients to track treatment plans. Continuation of therapy will require an explanation for all stable, high-dose opioids and/or a taper plan.
- c. Prior authorization requests for escalating doses >120 MME without valid medical justification will be denied.
- d. No more than 3 months of opioids are approved under any single authorization request (requires follow-up every 3 months for patients on chronic high dose opiates).

Note: exceptions will be made for cancer/hospice patients, patients supervised by a pain specialist, patients actively tapering or patients being treated for opioid addiction**

The committee approved the following changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria during the 4/20/2018 quarterly meeting:

****Changes to the PDL will be effective by late May 2018****

<u>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):</u>	
<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Ingrezza (valbenazine) Trintellix (vortioxetine) Viibryd (vilazodone) Rexulti (brexipiprazole) Lysteda (tranexamic acid) Vimpat (lacosamide)
Removed PA criteria (<u>added to the formulary</u>):	Zetia (ezetimibe) – statin step therapy (ST) Brilinta (ticagrelor) – quantity & duration limits Naloxone nasal spray – Medi-Cal carve-out Jardiance (empagliflozin) – metformin ST Synjardy (empagliflozin/metformin) – metformin ST Renvela (sevelamer) – calcium acetate ST

Provider Issue Briefing

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

- **Creation of new criteria for Ingrezza (valbenazine):**
 - Criteria for Ingrezza will require a diagnosis of moderate to severe tardive dyskinesia, an order written by a psychiatrist, an inadequate treatment response, intolerance or contraindication to a benzodiazepine (clonazepam) or a second generation antipsychotic, and documentation of baseline TD symptoms using either AIMS (Abnormal Involuntary Movement Scale) or ESRI (Extrapyramidal Symptom Rating Scale).
- **Creation of new criteria for Trintellix (vortioxetine):**
 - Criteria for Trintellix will require a clinical diagnosis of major depressive disorder, the order to be placed by a psychiatrist, and trial and failure of at least two among three of the following classes: SSRI (citalopram, fluoxetine, etc.), SNRI (venlafaxine, duloxetine), or one other anti-depressant from a different class (bupropion, trazodone, mirtazapine, nortriptyline, etc.).
- **Creation of new criteria for Viibryd (vilazodone):**
 - Criteria for Viibryd will require a clinical diagnosis of major depressive disorder, the order to be placed by a psychiatrist, and trial and failure of at least two among three of the following classes: SSRI (citalopram, fluoxetine, etc.), SNRI (venlafaxine, duloxetine), or one other anti-depressant from a different class (bupropion, trazodone, mirtazapine, nortriptyline, etc.).
- **Creation of new criteria for Rexulti (brexipiprazole):**
 - Criteria for Rexulti will require a clinical diagnosis of schizophrenia or major depressive disorder by a psychiatrist, and must have tried and failed or intolerant to at least 2 formulary atypical antipsychotic agents (such as olanzapine, quetiapine, risperidone, etc.). For MDD, must be used as adjunct treatment to ADT and not as monotherapy. Note: this is a Medi-Cal carve-out drug.
- **Creation of new criteria for Lysteda (tranexamic acid):**
 - Criteria for Lysteda will require a diagnosis of heavy menstrual bleeding and a trial and failure of hormonal therapy or the provider indicates clinical inappropriateness of hormonal therapy (hormonal therapy includes: oral contraceptives/hormone replacement products, IUDs, hormonal injections).
- **Creation of new criteria for Vimpat (lacosamide):**
 - Criteria for Vimpat will require that the member is at least 4 years of age, a diagnosis of partial seizures, and a trial and failure of at least 2 preferred formulary anti-convulsants.
- **Addition of Zetia (ezetimibe) to the formulary:**
 - Prior authorization criteria for Zetia has been retired, and this product has been added to the formulary with tier 2 status – claims will process if a member is currently taking a statin, or has taken a statin within the past 120 days.
- **Addition of Brilinta (ticagrelor) to the formulary:**
 - Prior authorization criteria for Brilinta 90mg has been retired, and this product has been added to the formulary with tier 2 status – quantity and duration limits apply (limited to #60 tablets per month, and a duration of 12 months of therapy). Brilinta 60mg remains non-formulary.
- **Addition of Adapt Pharma nasal Narcan (naloxone) to the formulary:**
 - Prior authorization criteria for Adapt Pharmac nasal naloxone (4mg/0.1mL) has been retired, and this product has been added to the formulary with tier 2 status – limited to 2 doses per 180 days. Note: this is a Medi-Cal carve-out drug.
- **Addition of Jardiance (empagliflozin) and Synjardy (empagliflozin/metformin) to the formulary:**
 - Prior authorization criteria for these drugs has been retired, and they have been added to the formulary with tier 2 status – claims will process if a member is currently taking metformin, or has taken metformin within the past 120 days.
- **Addition of Renvela (sevelamer) to the formulary:**
 - Prior authorization criteria for sevelamer 800mg has been retired, and this product has been added to the formulary with tier 2 status – claims will process if a member has used calcium acetate within the past 120 days. Renagel remains non-formulary.

Provider Issue Briefing

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

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 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 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

New Medicare Information

This year, the Centers for Medicare and Medicaid Services (CMS) is required to remove Social Security Numbers (SSNs) from all Medicare cards. A new **Medicare Beneficiary Identifier** will replace the SSN-based Health Insurance Claim Number on new Medicare cards, which will be issued to beneficiaries starting in April.

Please remember, For CCHP members with Medicare primary, CCHP cannot pay for services until **Medicare has been billed**, and CCHP receives either an Explanation of Medicare Benefits (EOMB) or a denial from Medicare along with a Claim.

Fraud, Waste and Abuse

On an annual basis, CCHP is required to notify all contracted providers of the Fraud, Waste and Abuse training requirements. The Centers for Medicare and Medicaid Services (CMS) requirements for Fraud, Waste and Abuse (FWA) training for all contracted entities became effective January 1, 2009. The requirements can be found in 42 C.F.R. 422.503 (b) (4) (VI) and 42 C.F.R. 423.504 (b) (4) (VI). Accordingly, Contra Costa Health Plan (CCHP) is providing you a copy of training materials you can use to conduct FWA training to satisfy these federal requirements.

A copy of the training materials is included in our provider manual appendix H and on our website located at www.contracostahealthplan.org, under For Providers-Provider Manual-Appendix H. A hard copy of the material can be mailed upon request by calling Provider Relations at 925-313-9500 or by e-mail to ProviderRelations@hsd.cccounty.us.

CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. A provider or downstream contractor may submit a potential or suspected FWA case directly to the CCHP Provider Relations Unit or CCHP Director of Compliance. Submissions may also be made in the suggestion box located in Suite 100, 595 Center Avenue, Martinez. Furthermore, FWA may also be reported to the Office of Inspector General at: 800-HHSTips or for cases involving Medicare prescription drugs, to the Health Integrity unit at: 877-7 SafeRx. (Any such report should always contain a complete description of the incident with a reminder to staff that confidentiality of the individual reporting the fraud will be maintained.)

Case Management Program

Introduction

Contra Costa Health Plan's Case Management Program was created to provide outreach and case management services for clients that over/under utilize services or have difficulty adhering to a treatment plan. Our goal is to promote quality collaborative standards of care through increased coordination of services, decreased fragmentation of care, efficient utilization of resources, and patient/family involvement and satisfaction.

What is the CM Program?

A diverse staff representing a wide spectrum of professional backgrounds round out the CM Program team. Combining skills in registered nursing, clinical social work, and health education, our team works closely together with the client, family and primary care provider to achieve the highest positive health outcomes for each individual.

Who are our clients?

Our clients are CCHP members who meet one or more of the following criteria:

- Medical non-adherence (e.g. frequent missed appointments, misuse of medications, poor dietary practices)
- High utilization of Emergency Room services
- Frequent hospital admissions
- Readmissions (<30 days after discharge) for ambulatory care sensitive conditions (e.g. diabetes, asthma, congestive heart failure, hypertension)
- Social Determinants of Health negatively impacting health
- Cognitive changes as evidenced by significant fluctuations in memory, mood, personality or behavior by the geriatric client
- Unstable medical conditions warranting closer monitoring
- Self-care deficits requiring one-on-one health education to promote well-being

How do I refer?

Simply complete the referral form and fax it to the CM Unit at 925-313-6462. Telephone referrals can also be made by calling 925-313-6887. Leave a message including times you may be reached and someone will return your call promptly.

Referral forms can be found on our website @ cchealth.org/healthplan or in the Provider Relations appendix C.

Helpful Tips

In order to expedite referrals to Case Management and avoid unnecessary delays and the following “helpful tips” are offered:

- Fill out the referral form completely.
- Call the CM Unit at 925-313-6887 if you have any questions about the appropriateness of a referral
- Provide the CM Unit with detailed information about your referred patients and your primary concerns.
- Avoid referring a patient who requires immediate intervention (e.g. same day home visit.)

Interpreter Services Resources for CCHP Members

For Contra Costa Health Plan CPN (Community Providers)

Not including hospitals. Hospitals please use your own contracted vendor for interpreters.

Do you have patients whose primary language is not English?

You think that they understand you because they say yes and nod but they really don't?

WHEN YOU NEED AN INTERPRETER, YOU HAVE ACCESS FAST OVER THE PHONE:

1. **DIAL:** 1 (866) 874-3972
2. **PROVIDE:** your 6-digit Client ID 298935
3. **INDICATE:** the language you need or press
 - 1 for Spanish
 - 2 for all other languages and state the name of the language you need
 - 0 for assistance if you don't know what language you need
4. **PROVIDE:** Additional information, if required:
 - Patient Name
 - Patient Date of Birth
 - Doctor Name
 - Doctor Phone Number
5. **CONNECT:** to an interpreter, document his/her name and ID number in patient's chart for reference. Summarize what you wish to accomplish and give any special instructions.

When calling or receiving a call from a limited English proficient individual: Use the conference feature on your phone to make a 3-way call, and follow the instructions above to connect to an interpreter.

Face to Face Interpretation: CPN providers may also ask for in-person or face to face interpretation services for ASL (American Sign Language) or other languages. This service is only approved if the interpretation cannot be done over the phone such as ASL; is a sensitive topic such as serious diagnosis; requires visual explanation, etc. To arrange for Face to Face Interpreter Services call 1-877-800-7423 Press 4, Member Services will assist you.

We provide flyers for your reception area

We provide flyers you can post in your office which state: **Point to your language! We will get you an interpreter.**

To print a copy of the flyer, go to our website at:

www.cchealth.org/healthplan/pdf/point_to_your_language.pdf

If you have any problems accessing the Linguistic Services listed above you can call CCHP at: (925) 313-6063. The information above is also available on our web site

www.contracostahealthplan.org Go to section called "For Providers" and click on "Interpreter Services".

Group Needs Assessment (GNA) Survey Results

What are CCHP Members Saying about Interpreter Services?

- In the fall of 2016 we compiled the results of a member survey. We asked Spanish speaking households of adults and children the following questions:
- “Do you ever use a family member or friend to interpret for you?” 48 % said Yes.
- We also asked “What are the reasons why a family member or friend interprets for you?” 9% said that their doctor or office staff told them to bring a family member or friend to interpret for them.
- 12 % also said “My doctor's office didn't offer interpreter services for me”.
- By law, CCHP must ensure members have access to free interpreter services when English is not their primary language. CCHP provides free access to interpretation services see link of our web site. <http://cchealth.org/healthplan/provider-interpretation.php>
- Providers are required by regulations to discourage members from using their own interpreters, such as family members, friends or minors. Please remember to offer this service to ensure that the communication between the provider and patient is clearly understood.

Why are Family and Friends not Recommended as Interpreters?

- They can make serious mistakes
- May have their own agenda
- They may hold information from patient from embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake

Getting Proper Linguistic Access Helps to

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient member interactions

For instructions on using Interpreter Services, check your Provider Manual or go to our website:

<http://cchealth.org/healthplan/provider-interpretation.php>

Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Noelene Moonsamy, NP	Family Medicine	Brighter Beginnings Family Health Clinic
Daniel Thwaites, MD	Family Medicine	John Muir Physician Network
Alireza Rezapour, MD	Internal Medicine	La Clinica de la Raza, Concord
Theron Goudeau, NP	Family Medicine	La Clinica de la Raza, Concord
Sekai Chideya, MD	Family Medicine	Lifelong Medical Care, Oakland
Christine Salera, NP	Family Medicine	Lifelong Medical Care, San Pablo

Specialty Care Providers

Michelle Huffaker, MD	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area, San Ramon and Walnut Creek
Tina Dominguez, PA	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area, Pleasanton, San Ramon and Walnut Creek
Marci Bowers, MD	Surgery - Transgender (Bottoms only)	Bay Area Reproductive Healthcare, Burlingame
Corinne Colombo, NP	Mid-Level Urology	Bay Area Surgical Specialist, Inc., Walnut Creek
Rachael Cabreira, NP	Mid-Level Urology	Bay Area Surgical Specialist, Inc., Walnut Creek
Rosalyn Brewer, MD	Pediatric Anesthesiology	Children's Anesthesia Medical Group, Inc., Oakland
Kasra Eliasieh, MD	Pediatric Ophthalmology, Surgery- Oculoplastic	Rona Z Silkiss, MD, FACS, Oakland and Walnut Creek
Neha Nainani, MD	Nephrology	Diablo Nephrology Medical Group, Concord and Walnut Creek
Marjorie Bautista, PT	Physical Therapy	Spine and Sports Physical Therapy, Concord and Dublin
Rahitha Thomas, NP	Mid-Level Nephrology	East Bay Nephrology Medical Group, Inc., Berkeley and Vallejo
Kenneth Caldwell, MD	Surgery- Orthopaedic	East Bay Shoulder Clinic and Sports Rehabilitation, INC, Lafayette and Oakland
Sahar Berjis, RD	Dietitian	Inner Health & Wellness, Walnut Creek
Emily Seferovich, RD	Dietitian	Lifelong Medical Group
Kam Wong, DPM	Podiatry	La Clinica de la Raza, Oakland
Sudhathi Chichili, MD	Hematology/Oncology	Mt. Diablo Solano - Oncology Group Medical Associates, Concord and Vallejo

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Claire Van Rooyen, IBCLC	Lactation Consultant	Nurture and Nourish LLC, Concord
Kristin Mattingly, DC	Chiropractic Medicine	Oakley Chiropractic Clinic, Oakley
Gail Kang, MD	Neurology	Selena Ellis, MD, Berkeley
Selena Ellis, MD	Neurology (EMG Only)	Selena Ellis, MD, Berkeley
Rakesh Donthineni, MD	Surgery - Orthopaedic	Rakesh Donthineni, MD, Oakland
Iroque Igbinosa, MD	OB/GYN	UHA- OBGYN Partners for Health Medical Group, Oakland, Berkeley, Lafayette and San Pablo

Behavior Analysis

Keiko Miller, PsyD	Aspire Neuropsychological Services, Inc. (CDE only)
Laura Bowles, BCBA	Bay Area Behavior Consultants, LLC
Rosa Alonzo, RBT	Bay Area Behavior Consultants, LLC
Hitomi Wada, BCBA	Center for Autism and Related Disorders, Inc., Fremont
Katelyn Vaerten, BCBA	Center for Autism and Related Disorders, Inc., Sacramento
Chelsea Orquiz, BCBA	Center for Autism and Related Disorders, Inc., Hayward
Kristin Sigurdson, BCBA	Center for Autism and Related Disorders, Inc., Walnut Creek
Amelia Salazar, RBT	Gateway Learning Group, Concord
Diana Maldonado, RBT	Gateway Learning Group, Concord
Daisy Rios, RBT	Gateway Learning Group, Concord
Marcy Braidman, RBT	Gateway Learning Group, Concord
Jashmyn Caranto, RBT	Gateway Learning Group, Concord
Jennifer Lemus, RBT	Gateway Learning Group, Concord
Maria Ruiz Morales, RBT	Gateway Learning Group, Concord
Melina Espinoza- Fregoso, RBT	Gateway Learning Group, Concord
Paige Rosano, RBT	Gateway Learning Group, Concord

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

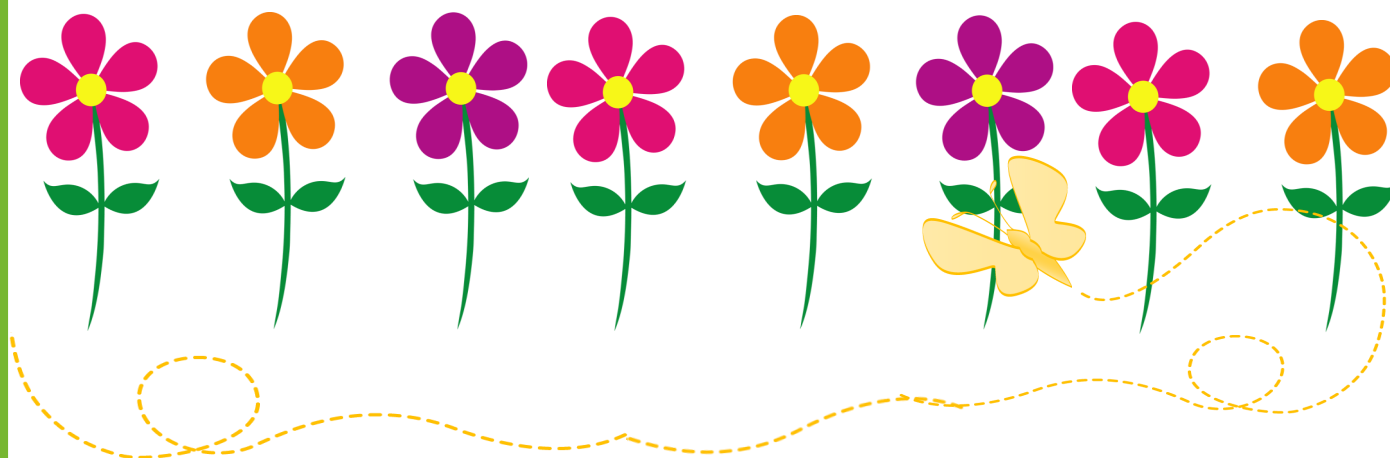
Pamela Kraintz, RBT	Gateway Learning Group, Concord
Sara McCracken, RBT	Gateway Learning Group, Concord
Elizabeth Peace, BCBA	Gateway Learning Group, Hayward
Jason Moreno, BCBA	The Behavior Center, Dublin
Bahram Shabani, BCBA-D,PHD	The Behavior Center, Dublin

Facilities

Bridge Hospice Bay Area	Hospice	Fremont
JMJ Home Health Services	Home Health	Brentwood

Mental Health

Anne Sachs, MFT	Alhambra Valley Counseling Center, Martinez
Linda Rae Hardwick, LCSW	Linda Rae Hardwick, LCSW, Walnut Creek
Jeffrey Kent, MFT	Jeffrey Kent, MFT, Walnut Creek
Michelle Pair, MFT	Michelle Pair, MFT, Walnut Creek
Lee Ann Morgan, MFT	Lee Ann Morgan, MFT, San Ramon



THE BULLETIN BOARD

Welcome

Contra Costa Regional Medical Center (CCRMC) Providers

Anita Gaind, MD
Michael Nguyen, MD
Allison Newman, MD
Digpal Chauhan, MD

Antioch Health Center
Antioch Health Center
Miller Wellness Center
Pittsburg Health 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.

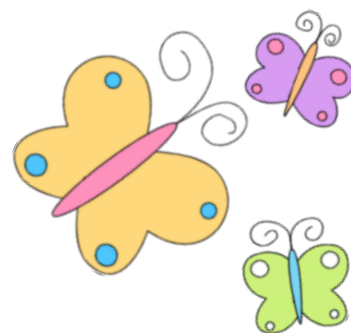
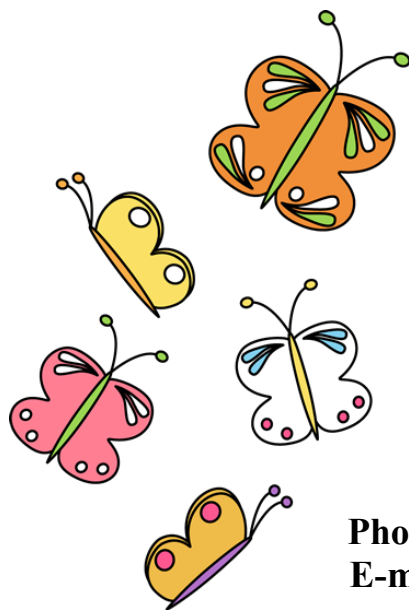


Providers needing help with interpreter services or needing help with arranging face to face American Sign Language interpretation services may call (877) 800-7423 option 4.

HOLIDAYS OBSERVED BY CCHP

May 28, 2018
July 4, 2018
September 3, 2018
November 12, 2018
November 22, 2018
November 23, 2018

Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day After Thanksgiving



**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

