

The Contra Costa Health Plan Provider Bulletin

HPV and Oropharyngeal Cancer: Prevalence and Prevention

According to the Centers for Disease Control and Prevention (CDC), Human Papillomavirus (HPV) is the most frequently contracted sexually transmitted infection in the United States. Approximately 79 million people in the United States currently have an HPV infection and about 14 million adults and adolescents become newly infected every year. Most HPV infections resolve without medical intervention within two years and the majority of people infected with HPV never exhibit symptoms. However, HPV infections can persist and can cause other diseases, including cancers such as cervical, vaginal, vulvar, penile, anal, and **Oropharyngeal Cancer or OPC**.

While information published by the CDC categorizes cervical cancer as the most common HPV-associated cancer among women, oropharyngeal cancers are the most common HPV-associated cancers among men.

Some people with OPC are asymptomatic. Others may have symptoms such as:

- An ongoing sore throat
- Ear pain
- Hoarse voice
- Lymph node swelling
- Pain with swallowing
- Unexplained weight loss

It usually takes years after being infected with HPV for cancer to develop, if cancer develops at all. It is not known if just being infected with HPV is sufficient enough to trigger the development of Oropharyngeal Cancers or if there are other dynamics or influences, such as alcohol or tobacco product use, that may contribute to the development of these cancers. The CDC recommends limiting alcohol consumption, abstinence related to tobacco product use, and avoidance of second hand cigarette smoke.

Oral cancers have increased more than three-fold in the United States over the past two decades. According to the CDC, seven of ten OPC cases are linked to HPV and six of ten cases are linked to a specific type of HPV (HPV 16) that is covered by the HPV vaccine. The CDC recommends that providers take opportunities to administer HPV vaccine in accordance with CDC/ACIP recommendations, provide education about the HPV vaccination in terms of cancer prevention, and be prepared to provide answers to questions parents may have about the HPV vaccine.

The following are CDC recommendations for the Human Papillomavirus Vaccination:

General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
 - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
 - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart:** Administer 1 dose
 - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart:** No additional dose is needed

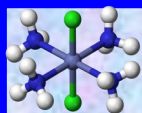
Special populations

- Adults with **immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Pregnant women** through age 26 years: HPV vaccination is not recommended during pregnancy, but there is no evidence that the vaccine is harmful and no intervention needed for women who inadvertently receive HPV vaccine while pregnant; delay remaining doses until after pregnancy; pregnancy testing is not needed before vaccination.

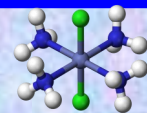
See the most current CDC/ACIP/AAP recommendations for the HPV vaccine. Here are some helpful links:

<https://www.cdc.gov/hpv/hcp/clinician-factsheet.html>
https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

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Pharmacy and Therapeutics Committee News



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

The CCHP P&T committee met on 7/6/2018. Updates from the meeting are outlined below:

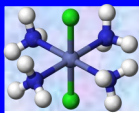
****Changes to the PDL will be effective by mid-August 2018****

Updates/Announcements:

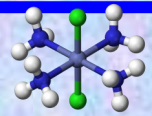
- 1) Shingrix (shingles vaccine): CCHP has added Shingrix to the formulary effective immediately. For further details, please read the full Shingrix article in this bulletin.
- 2) Hepatitis C Criteria Update: The Department of Health Care Services (DHCS) has updated their criteria for approval of Hepatitis C medications to align with the American Association for the Study of Liver Disease guidelines. The new criteria will authorize Hepatitis C treatment for all Medi-Cal members who are at least 12 years of age with a diagnosis of chronic Hepatitis C infection (without regard to fibrosis level or co-morbidity), excepting those with a life expectancy less than 12 months.
- 3) Opiate containing cough & cold preparations – age limitations: On January 11, 2018, the FDA issued a drug safety communication on labeling changes for prescription opioid cough and cold medicines. The FDA has increased the age for these medications to at least 18 years due to elevated risk of misuse, abuse, overdose, and death in children younger than 18. Effective Immediately, CCHP has added an age limit of 18 years to codeine and hydrocodone containing combination cough & cold products (such as promethazine with codeine, guaifenesin with codeine, Tussionex, etc.).

<u>Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria</u> <u>(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:	Daliresp (roflumilast) Pazeo (olopatadine) Pennsaid (diclofenac) Onfi (clobazam) Belsomra (suvorexant)
Modified PA criteria:	Topical Testosterone Pataday (olopatadine)
Added to the CCHP formulary:	Differin OTC (adapalene) Firvanq (vancomycin oral solution) Vancocin (vancomycin capsules) Metaglip (metformin/glipizide) Glucovance (metformin/glyburide) Personal Best Peak flow meter Shingrix (shingles vaccine)
Removed from the CCHP formulary:	Soma (carisoprodol)

- **Creation of new criteria for Daliresp (roflumilast):**
 - Criteria for Daliresp will require a diagnosis of severe COPD/chronic bronchitis, and a history of exacerbations with continued worsening despite current therapy with LABA, ICS and LAMA.
- **Creation of new criteria for Pazeo (olopatadine 0.7% ophthalmic):**
 - Criteria for Pazeo will require a diagnosis of allergic conjunctivitis and a trial and failure of ketotifen, cromolyn, Patanol, and Pataday.
- **Creation of new criteria for Pennsaid (diclofenac 2% topical):**
 - Criteria for Pennsaid will require a diagnosis of osteoarthritis of the knee and a trial and failure of at least 2 formulary oral NSAIDs, topical 1% diclofenac, topical 1.5% diclofenac, and medical necessity determination by the CCHP medical director.
- **Creation of new criteria for Onfi (clobazam):**
 - Criteria for Onfi will require that the member is at least 2 years of age with a definitive diagnosis of Lennox Gastaut Syndrome, must be currently receiving treatment with at least 1 other antiepileptic medication in combination with Onfi, and a trial and failure of at least 1 of the following: valproic acid, topiramate, lamotrigine, felbamate, or rufinamide.



Pharmacy and Therapeutics Committee News



- **Creation of new criteria for Belvomra (suvorexant):**

- Criteria for Belvomra will require that the member is at least 18 years of age with a diagnosis of insomnia, and a trial and failure of zolpidem, eszopiclone, zaleplon, and zolpidem ER.

- **Modification of criteria for testosterone therapy:**

- Injectable testosterone (cypionate or enanthate) are still the preferred formulary agents. Topical agents such as Androderm (patch) and Androgel (gel) are available through the PA process, and will require trial and failure of injectable testosterone OR documented clinical reason why injectable formulation can't be used (such as extreme needle phobia, etc.).

- **Modification of criteria for Pataday (olopatadine ophthalmic):**

- Criteria for Pataday will require trial and failure of ketotifen, cromolyn, and Patanol.

- **Addition of Personal Best Peak Flow Meter to the formulary:**

- No prior authorization required – limited to #1 peak flow meter per member per 180 days.

- **Addition of metformin/sulfonylurea combination products to the formulary:**

- No prior authorization required – Metaglip (metformin/glipizide) & Glucovance (metformin/glyburide) added to the formulary with tier 1 status.

- **Addition of oral vancomycin to the formulary:**

- No prior authorization required – Firvanq (vancomycin 25mg/mL solution) and Vancocin (vancomycin 125mg and 250mg oral capsules) added to the formulary with tier 1 status.

- **Addition of Differin OTC (adapalene 0.1% topical gel) to the formulary:**

- No prior authorization required – Differin OTC added to the formulary with tier 2 status. Limited to members <40 years of age, and limited to 15gm per 30 days.

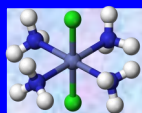
- **Addition of Shingrix (shingles vaccine) to the formulary:**

- No prior authorization required – Shingrix added to the formulary with tier 2 status. Limited to members >50 years of age, and limited to 2 injections per lifetime.

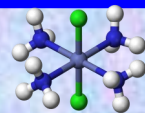
- **Removal of Soma (carisoprodol) from the CCHP formulary:**

- **Due to marked potential for abuse, and safety concerns regarding synergistic adverse effects when used with opiates (such as respiratory depression), Soma will be completely removed from the CCHP formulary on 1/1/2019.**
 - Effective immediately, Soma will no longer be covered for new-start members ("new start" is defined as not having filled a Soma prescription within the past 60 days).
 - Members currently taking Soma will be notified via letter by CCHP that this medication will no longer be covered as of 1/1/19, and that they will need to work with their provider to formulate a taper plan.
 - CCHP will begin provider education & outreach immediately.
 - Preferred formulary alternatives to Soma include: baclofen, cyclobenzaprine, methocarbamol, and tizanidine.





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 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

The Contra Costa Health Plan Coordination of Benefits (COB) Definitions & Requirements

Coordination of Benefits (COB) is a method for determining the order in which benefits are paid and the amounts which are payable when a Member is covered under more than one health benefit plan. It is intended to prevent duplication of benefits when an individual is covered by multiple health benefit plans providing benefits or services for medical or other care and treatment. Providers are responsible for identifying the primary payer and for billing the appropriate party. If a Member's CCHP plan is not the primary payer, then the claim should be submitted to the primary payer. If a Member's CCHP plan is the secondary payer, then the primary payer payment must be specified on the claim, and an Explanation of Payment (EOP) needs to be submitted as an attachment to the claim.

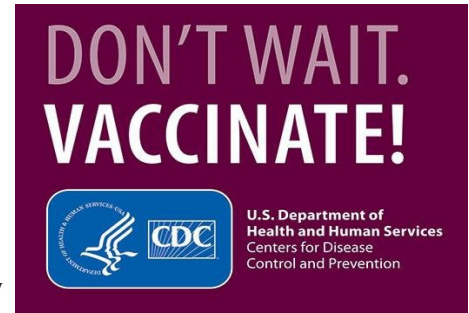


CCHP Adds New Shingles Vaccine to the Formulary

**Andrew Haydon, PharmD – CCHP Pharmacy Director
Director**

Almost all adults over the age of 40 carry the chickenpox virus. In most people the virus is dormant and doesn't cause any problems as we get older, but unfortunately in others the virus may reawaken and cause shingles. Shingles usually develops on one side of the body (often the face or torso), and causes a red blistery rash that can be extremely painful. Typically shingles rashes clear up within 4 weeks, but may last longer in some people. In fact, about one in five people with shingles will go on to develop long-lasting nerve pain (known as post-herpetic neuralgia), which is nerve pain that can linger for months or even years after the rash goes away. According to the Centers for Disease Control and Prevention (CDC), shingles affects about 1 million people in the U.S. every year, and nearly one in three adults will experience a bout of shingles in their lifetime.

Zostavax was approved in 2006 as the first shingles vaccine, and was recommended by the Advisory Committee on Immunization Practices (ACIP) to be used in patients 60 years and older. Zostavax is given as a single shot, and has been shown to decrease the chances of getting shingles by approximately 51 percent (aggregate risk reduction over all age groups). Zostavax effectiveness in preventing shingles diminishes quickly in the aged population, with manufacturer data showing effectiveness in individuals 60-69 years of age, 70-79 years of age, and 80 years of age and older at the time of vaccination of 34%, 29%, and 36%, respectively in the fifth year post-vaccination (some recent data has actually hinted that Zostavax efficacy may wane substantially in as little as the 3rd year post-injection). This has led to the development of a second shingles vaccine.



In late 2017, a new shingles vaccine called Shingrix was licensed by the U.S. Food and Drug Administration (FDA). The CDC/ACIP finalized their recommendations in early 2018, and stated that Shingrix should be used as the preferred shingles vaccine over Zostavax. Shingrix is given as two doses, two to six months apart, and has been shown to be much more effective in preventing shingles and post-herpetic neuralgia than Zostavax. Shingrix effectiveness in preventing shingles doesn't diminish as dramatically in the aged population, with manufacturer data showing effectiveness in individuals 50-69 years of age, and 70 years and older at the time of vaccination of 97% and 91% respectively. Most importantly, Shingrix protection remains high (more than 85%) in people 70 years and older at least four years post-vaccination.

The CDC recommends that all healthy adults 50 years and older should get Shingrix even if:





- they had shingles in the past
- they received Zostavax in the past
- they are not sure if they had chickenpox in the past

It is also important to note that there is no maximum age for getting Shingrix, and there is no specific length of time that you need to wait after having shingles before you can receive Shingrix (but generally you should make sure the shingles rash has gone away before getting vaccinated). Also, if you received Zostavax in the past, you should wait at least eight weeks before getting Shingrix.

Because Shingrix has been shown to be much more effective than the older vaccine, and because the CDC recommends that Shingrix be given instead of Zostavax, CCHP has added Shingrix to the formulary for all of our members effective January 1, 2018. Please contact the CCHP pharmacy unit with any questions.

Zoster Vaccine Quick Reference:

	 SHINGRIX <small>HERPES ZOSTER VACCINE (NON-LIVE RECOMBINANT, AS01, ADJUVANTED)</small>	 ZOSTAVAX <small>Zoster Vaccine Live</small>
CDC/ACIP Preferred Zoster Vaccine	YES	NO
Eligible Patients	50 years and above	60 years and above
Series	2 shots (2-6 months apart)	1 shot
Administration	Intra-muscular	Sub-Q
Live vaccine?	NO	YES
Contains an adjuvant booster?	YES	NO
Efficacy	Superior (short/long-term)	Inferior
On the CCHP formulary?	YES	YES

Member Rights and Responsibilities Annual Notice

CCHP distributes Member Rights and Responsibilities to all new members upon enrollment, existing members annually, new providers when they join the network and existing providers annually. The document is distributed by mail, fax or e-mail and is available on the CCHP website at www.contracostahealthplan.org. For those members or providers without access to a fax, e-mail or internet, the document is mailed.

Member rights include, but are not limited to, the following:

- The right to receive care with respect and recognition of their dignity and their right to privacy regardless of race, religion, education, sex, cultural background, physical or mental handicaps, or financial status.
- The right to receive appropriate accessible culturally sensitive medical services.
- The right to choose a Primary Care Physician in Contra Costa Health Plan's network who has the responsibility to provide, coordinate and supervise care.
- The right to be seen for appointments within a reasonable period of time.
- The right to participate in health care decisions with practitioners including the right to refuse treatment, to the extent permitted by law.
- The right to receive courteous response to all questions from Contra Costa Health Plan and its Health Partners.
- The right to voice complaints or appeals about Contra Costa Health Plan or the care it provides orally or in writing; and to disenroll.
- The right to health plan information which includes, but is not limited to; benefits and exclusions, after hours and emergency care, referrals to specialty providers and services, procedures regarding choosing and changing providers; types of changes in services and member rights and responsibilities.
- Medi-Cal recipients have the right to seek family planning services outside the network without a referral if the member elects to do so.
- The right to formulate advanced directives.
- The right to confidentiality concerning medical care.
- The right to be advised as to the reason for the presence of any individual while care is being provided.
- The right to access personal medical record.
- The right to have access to emergency services outside of the Plan's provider network.
- Medi-Cal recipients have the right to request a fair hearing.
- The right to interpreter services.
- The right to access Federally Qualified Health Centers and Indian Health Services Facilities.
- The right to access minor consent services.
- The right to receive written Member informing materials in alternative formats, including Braille, large size print and audio format upon request.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- The right to freely exercise these rights without adversely affecting how the Member is treated by the health plan, providers or the state.
- The right to candid discussion of appropriate or medically necessary treatment options, regardless of cost or benefit coverage.
- The right to make recommendations regarding Contra Costa Health Plan's Member's Rights and Responsibility policy.

Member Rights and Responsibilities Annual Notice Cont.

Member responsibilities include, but are not limited to:

- The responsibility to provide complete and accurate information about past and present medical illnesses including medication and other related matters.
- The responsibility to follow the treatment plan agreed upon with your health care practitioner.
- The responsibility to ask questions regarding condition and treatment plans until clearly understood.
- The responsibility to keep scheduled appointments or to call at least 24 hours in advance to cancel.
- The responsibility to call in advance for prescription refills.
- The responsibility to be courteous and cooperative to people who provide health care services.

Initial Health Assessment (IHA)

The performance of an Initial Health Assessment (IHA) is essential for Primary Care Providers (PCPs) to develop a complete picture of the member's health status in order to formulate a plan of care based on the patient's acute, chronic, and preventive health care needs. According to the Department of Health Care Services (DHCS), the required IHA includes:

- A complete physical, mental health exam, and a comprehensive medical history including a complete social history (History and Physical).
- An Individual Health Education Behavioral Assessment (IHEBA), such as the DHCS-approved Staying Healthy Assessment (SHA).
- The provision of appropriate preventive services in accordance with the United States Preventive Screening Task Force (USPSTF).

The completion of the History and Physical (H&P) should occur within 120 days of the effective date of the member having been assigned to the provider. If the H&P is not completed as required, then the reasons for this (e.g. member declined or appointment was missed, etc.) and efforts to reschedule should be documented in the medical record.

Similarly, the member's completion of an age-appropriate IHEBA (Staying Healthy Assessment or other DHCS-approved tool) should occur within 120 days of the member having been assigned to the provider. If the IHEBA is not completed as required, then the reasons for this and efforts to reschedule any missed appointments that interfered with the completion of the IHEBA should be documented in the medical record.

It is important to note that the practitioner's signature with the date must be included on the IHEBA to indicate practitioner review of the patient's entries and so that follow-up may be done as needed. The DHCS requires Medical Record reviewers to assign a score of zero when the practitioner's signature and/or date are not found on the IHEBA. This can negatively impact the overall review score and result in a Corrective Action Plan (CAP).

In addition to the H&P and IHEBA, PCPs should ensure that the appropriate USPSTF screenings are conducted and that patient refusal or other reasons for them not having been done are documented in the medical record.

For additional information regarding the IHA, please refer to the following internet link:

<http://www.dhcs.ca.gov/provgovpart/Documents/AB340AB340MediCalManagedCareScreeningTools.pdf>

For the most current USPSTF Recommendations, please refer to the following link:

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Debbie Brachman, NP	Family Medicine	Axis Community Health, Pleasanton
Brigit Bingula, NP	Pediatrics	Concord Pediatric Care, Antioch and Concord
Minta M. Sanchez, MD	Pediatrics	John Muir Physician Network, Brentwood
Angela Missaggia, NP	Internal Medicine	La Clinica de la Raza, Concord, Oakley and Pittsburg
Melissa Allen	Internal Medicine	Lifelong Medical Care, Berkeley
Nicole Bores, MD	Family Medicine HIV/ AIDS	Lifelong Medical Care, Berkeley
Denise Scholz, NP	Internal Medicine	Lifelong Medical Care, Berkeley

Specialty Care Providers

Toral Kamdar, MD	Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area, Berkeley and Vallejo
Lima Cranford, NP	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area, Walnut Creek
Christie Martinez, NP	Mid-Level Allergy & Immunology	Allergy & Asthma Medical Group of the Bay Area, Walnut Creek and Vallejo
Pieter Lagaay, DPM	Podiatry	Axis Community Health, Pleasanton
Chirag R. Patel, MD	Ophthalmology	Bay Area Ophthalmic Medical Corporation, Concord
Artemio Perez, DO	Sports Medicine	Bay Area Orthopedic Surgery & Sports Medicine, Inc. Pinole and Vallejo
Britton Hart, NP	Mid-Level Nephrology	Diablo Nephrology Medical Group
Jeffrey Zweig, MD	Hematology/Oncology	Diablo Valley Oncology & Hematology Medical Group, Pleasant Hill
Aditi Choudhry, MD	Hematology/Oncology	Diablo Valley Oncology & Hematology Medical Group, Pleasant Hill
Rahitha Thomas, NP	Mid-Level Nephrology	East Bay Nephrology Medical Group, Berkeley and Vallejo
Hina Ahmad, MD	Dermatology and Surgery- MOHS- Micrographic	East Bay Skin Cancer Center, Walnut Creek
Patricia Loo, PA	Mid-Level Dermatology	East Bay Skin Cancer Center, Walnut Creek
Hemangini Patel, PA	Mid-Level Dermatology	East Bay Skin Cancer Center, Walnut Creek
Rupert Horoupian, MD	Surgery-General	Epic Care- East Bay Medical Oncology & Hematology Associates, Berkeley and Oakland
Giovanni Begossi, MD	Surgery-General Surgery-Oncology	Epic Care- East Bay Medical Oncology & Hematology Associates, Berkeley, Castro Valley and Oakland
Ajay Upadhyay, MD	Surgery-General	Epic Care- East Bay Medical Oncology & Hematology Associates, Hayward and Oakland
Gilbert K. Chang, MD	Cardiovascular Disease	John Muir Cardiovascular Services, Brentwood
Samuel Choi, MD	Diagnostic Radiology	John Muir Physician Network, Berkeley, Brentwood, and Orinda
Sunil Gandhi, MD	Diagnostic Radiology	John Muir Physician Network, Berkeley, Brentwood, and Orinda

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Kirk Chottanapund So, MD	Diagnostic Radiology	John Muir Physician Network, Berkeley, Brentwood, and Orinda
Emily Birenbaum, MD	OB/GYN	Lifelong Medical Care, Berkeley
David Levinson, MD	Urgent Care	Lifelong Medical Care, Berkeley
Harry Green, OD	Optometry	Lifelong Medical Care, San Pablo
Amy DiPietro, MD	Pediatric Cardiology	Lucile Salter Packard Children's Hospital Medical Group, Emeryville, San Francisco and Walnut Creek
Allison De Young, NP	Surgery- Orthopaedic	Lucile Salter Packard Children's Hospital Medical Group, Walnut Creek and Pleasanton
Ryan Daugherty, NP	Diagnostic Radiology	Lucile Salter Packard Children's Hospital Medical Group, Pleasanton
Tanvi Patel, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital Medical Group, Pleasanton
Helena Wong, DPT	Physical Therapy	Muir Orthopaedic Specialists, San Ramon
Marisol Martinez, PA	Mid-Level Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek
Kelsey Burlington, DPT	Physical Therapy	Muir Orthopaedic Specialists, Walnut Creek
Christina Hopson, DO	Infectious Disease	Christina T. Hopson, DO, Dublin
Robert Weingarten, MD	Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
Christy Hollis, PA	Mid-Level Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
Keith Johnson, MD	Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
James Wengert, MD	Urgent Care	STAT Med Urgent Care, Concord, Lafayette and Livermore
Edward Youn, DPM	Podiatry	Sun Healthcare & Surgery Group Inc., Martinez
Melissa Burroughs Pena, MD	Cardiovascular Disease	UHA-Cardiovascular Consultants Medical Group, Castro Valley and Oakland
Iroque Igbiosa, MD	OB/GYN	UHA- OBGYN Partners for Health Medical Group, Berkeley, Lafayette, Oakland and San Pablo

Behavior Analysis

Kelly Baier, PsyD. BCBA-D	A Behavioral Health Cooperative, LLC, San Pablo
Lindsay Glugatch, BCBA	A Behavioral Health Cooperative, LLC, San Pablo
Kelly Ward, RBT	A Behavioral Health Cooperative, LLC, San Pablo
Sean Taylor, BCBA	A Behavioral Health Cooperative, LLC, San Pablo Bay Area Behavior Consultant, LLC, Richmond
Mariella Chichizola, RBT	Bay Area Behavior Consultant, LLC, Richmond
Jamie Bray, BCBA	Center for Autism and Related Disorders, Antioch
Krystle Pulido, BCBA	Center for Autism and Related Disorders, Antioch
Jamie Goodrich, BCBA	Center for Autism and Related Disorders, Antioch and Walnut Creek

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Andrea Spence, BCBA	Center for Autism and Related Disorders, LLC, Sacramento
Karen McCrary, BCBA	Center for Social Dynamics, Alameda and Vallejo
Rafael Portuges, MFT	Center for Social Dynamics, Alameda and Vallejo
Sehaj Cheema, RBT	Gateway Learning Group, Concord
James Evangelista, RBT	Gateway Learning Group, Concord
John Lindquist, RBT	Gateway Learning Group, Concord
Abigail Hanks, BCBA	Gateway Learning Group, Concord
Merari Siguenza, BCBA	Gateway Learning Group, Concord
Shelbe Gilder, BA, RBT	Gateway Learning Group, Hayward
Angela Case, BCBA	Goals for Autism, Inc. Brentwood and San Ramon
Erika Dawn, BCBA	Juvo Autism and Behavioral Health Services, Oakland
Rachel Harmon, BCBA	Juvo Autism and Behavioral Health Services, Oakland
Anna Munivez, BABA	Juvo Autism and Behavioral Health Services, Oakland
Melanie Verrico, BCBA	Juvo Autism and Behavioral Health Services, Oakland
Jessica Victor, BCBA	Juvo Autism and Behavioral Health Services, Oakland
Megan Wilhelmy, M.Ed	Positive Pathways, LLC, San Francisco
Staci Saylor, BCBA	Therapeutic Pathways, Inc., Dublin
Galina O'Keefe, BCBA	Trumpet Behavioral Health, Antioch and Dublin

Facilities

Fresenius Medical Care Solano County	Dialysis	Dixon
Lifespring Home Care of Bay Area	Home Health	Pleasanton
Seva Home Care, LLC dba: Lifespring Home Care of Bay Area Home Health		Pleasanton
Sutter Visiting Nurse Association dba: Sutter Care at Home	Hospice	Alameda
Sutter Visiting Nurse Association dba: Sutter Care at Home	Home Health	San Francisco
Wheelcare Express Inc.	Non-Emergency Transportation (Wheelchair transportation only)	Oakland

Mental Health

Anne DeJesus, MFT	Axis Community Health, Livermore and Pleasanton
Andrew Tran, MD	Comprehensive Psychiatric Services, San Mateo
Evangelina Camarena, LCSW	Endurance- A Sports & Psychology Center, Inc. Berkeley
Scott Ralston, LCSW	Lifelong Medical Care, Berkeley
William Boutelle, MD	Lifelong Medical Care, Berkeley
Diana Dopchiz de Martin, MFT	River Counseling Center, Antioch



THE BULLETIN BOARD

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

September 3, 2018

November 12, 2018

November 22, 2018

November 23, 2018

Labor Day

Veterans Day

Thanksgiving

Day after Thanksgiving 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**

