

The Contra Costa Health Plan Provider Bulletin

New Interim CEO for Contra Costa Health Plan

Patricia Tanquary has retired after more than 13 years as the CEO of the Contra Costa Health Plan (CCHP). Patricia's accomplishments during her tenure greatly benefited our members, system and community. The men and women of CCHP are very grateful for her leadership. We wish Patricia the best, and CCHP will continue to further the mission of our Department, to care for and improve health with special attention to those who are most vulnerable.



Sharron Mackey is the Interim Chief Executive Officer of CCHP. Sharron has served as Chief Operations Officer for the past 2 years.



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New USPSTF Recommendations: Intimate Partner Violence (IPV)

Grade B Recommendation

The latest US Preventive Services Task Force (USPSTF) recommendation statement details the importance of patient screening for “Intimate Partner Violence (IPV), Elder Abuse, and Abuse of Vulnerable Adults.”

“Intimate Partner Violence” (IPV) denotes “physical violence, psychological aggression, stalking by a romantic or sexual partner, including spouses, boyfriends, girlfriends, dates, and casual ‘hookups’.”

“Elder abuse” occurs when “a trusted person (eg. a caregiver) causes or creates risk of harm to an older adult (a person 60 years or older).”

In general, a “vulnerable adult” is considered to be one “who is or may be mistreated and who, because of age, disability, or both, is unable to protect him or herself.”

In discussing IPV, the USPSTF recommends that health care providers screen childbearing-aged female patients for intimate partner violence (IPV) as a Grade B recommendation. In addition, the task force recommends that clinicians provide or make provisions (refer patients who screen positive) for related continuing support services for affected patients. Support that has proven successful included psychotherapy, house calls, and special attention paid to risk factors other than IPV while simultaneously addressing the IPV.

Risk factors for IPV may include “exposure to violence as a child, young age, unemployment, substance abuse, marital difficulties, and economic hardships.”

With regard to elder abuse, risk factors include solitude, inadequate community connection, physical disability, and poor general health. Risk factors for older adults include income insufficiencies and residence-sharing with several people other than a marital partner.



Please visit the USPSTF website at the following link for the full recommendation and related article (JAMA October 23/30, 2018 Volume 320, Number 16) at:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1>



Diabetes Prevention Program– New Benefit for Medi-Cal Members

Beginning January 1, 2019, the Diabetes Prevention Program (DPP) became a benefit to eligible Medi-Cal members. The DPP is a lifestyle change program designed to prevent or delay the onset of type 2 diabetes in pre-diabetic patients.

The benefit requires health plans to cover a minimum of 22 DPP sessions for the first 12 months of the DPP benefit. Months 1 through 12, known as the core services period, typically consist of weekly core sessions in the first 6 months (months 1 through 6) followed by monthly core maintenance sessions in the next 6 months (months 7 through 12). Thereafter, 12 months of ongoing maintenance sessions (months 13 through 24) are part of the benefit to qualified members to promote continued healthy behaviors. A member qualifies for the ongoing maintenance sessions if: (1) the member achieves and/or maintains minimum weight loss of five percent from the first core session, and (2) the member meets the attendance requirement, as outlined in the Medi-Cal Provider Manual.

Patient Eligibility

To be eligible, Medi-Cal members must meet the Centers for Disease Control (CDC) Diabetes Prevention Recognition Program (DPRP) requirements. Participant criteria includes:

- 18 years of age or older and not pregnant at time of enrollment and
- Body mass index (BMI) of $\geq 25 \text{ kg/m}^2$ ($\geq 23 \text{ kg/m}^2$, if Asian American) and
- Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment and
- Have a blood test result in the prediabetes range within the past year:
 - a recent blood test meeting one of these specifications:
 - Fasting glucose of 100 to 125 mg/dl
 - Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
 - A1c of 5.7% to 6.4%
 - Or ▪ Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy

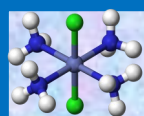
Authorization Requirements

Prior Authorization is required. Submit supporting documentation with Prior Authorization Request form to authorization department.

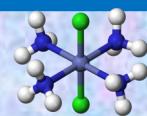
¹ CDC DPRP participant eligibility requirements can be found at:

<https://www.cdc.gov/diabetes/prevention/lifestyle-program/deliverers/eligibility.html>





Pharmacy and Therapeutics Committee News



**The CCHP P&T committee met on 1/4/2019. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-February 2019******

Updates/Announcements:

1) CCHP Opiate Program Update:

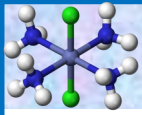
- a. To date, CCHP has implemented 3 out of the 4 elements of the CCHP opiate program, including the inception of a benzo/opiate provider notification program, implementation of a 120mg MME limitation for all opiate prescriptions, and complete removal of Soma from the CCHP formulary.
- b. The 4th and final element of the CCHP opiate program will be implemented on 4/1/19, and will be a 7 day limit on all new prescriptions for immediate release opiates for opiate naïve members.
- c. Preliminary data shows positive results thus far: since the inception of the CCHP opiate program (March 2018) benzo/opiate co-prescribing has decreased >20% for CCHP members, and >40% of CCHP members taking opiate doses >120mg MME are actively tapering.
- d. Reminder: members on palliative care, hospice, or undergoing chemotherapy are exempt from the requirements of the CCHP opiate program.

2) Angiotensin Receptor Blocker (ARB) Recalls:

- a. Over the past few months, there have been a number of ARB recalls due to potential impurities in manufacturing. Unfortunately some of the recalls were for CCHP preferred formulary agents losartan and valsartan. In an effort to proactively mitigate potential shortages, CCHP has added Avapro (irbesartan) and Avalide (irbesartan/HCTZ) to the formulary as tier 1 preferred agents – full details can be found below in the formulary updates section.

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):

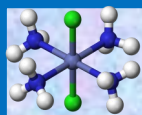
<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Freestyle Libre flash glucose monitor system Entyvio (vedolizumab) Epidiolex (cannabidiol) Trelegy Ellipta (fluticasone/vilanterol/umeclidinium)
Modified PA criteria:	Entresto (sacubitril/valsartan) Ajoyv (fremanezumab-vfrm) Emgality (galcanezumab-gnlm)
Added to the CCHP formulary:	Avapro (irbesartan) Avalide (irbesartan/HCTZ) Patanol (olopatadine)



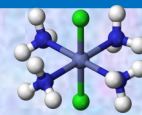
Pharmacy and Therapeutics Committee News



- **Creation of new criteria for Freestyle Libre flash glucose system:**
 - Criteria for the Freestyle Libre flash glucose system will require a diagnosis of type 1 or type 2 diabetes AND current insulin therapy requiring multiple injections per day and/or frequent changes in insulin dose AND a documented medical need to check glucose more frequent than 4 times per day (such as frequent hospitalizations, hypoglycemia, GD, DKA, etc.) AND there is documented contraindication/inability to use finger stick testing (such as decreased dexterity). Requests that meet criteria will be approved for 6 months; continuation of therapy will require documentation showing an in-person visit with the prescribing provider to assess adherence to CGM regimen and diabetes treatment plan.
- **Creation of new criteria for Entyvio (vedolizumab):**
 - Criteria for Entyvio will require prescription to be written by a GI specialist AND a diagnosis of moderate to severe active ulcerative colitis or fistulizing Crohn's Disease AND age is 18 years or older AND must have tried and failed or intolerant to at least 2 of the following: DMARD (such as azathioprine, MTX, 6MP, cyclosporine), aminosalicylate (such as sulfasalazine, mesalamine, balsalazide) or corticosteroid AND trial and failure or intolerance to Humira. Requests for continuation of therapy beyond 14 weeks will require submission of documentation showing therapeutic benefit.
- **Creation of new criteria for Epidiolex (cannabidiol):**
 - Criteria for Epidiolex for a diagnosis of Lennox-Gastaut Syndrome will require the appropriate diagnosis, AND that the member is currently taking a stable dose of at least 1 other antiepileptic medication AND trial and failure or intolerance to clobazam AND at least 3 of the following within the member's lifetime: felbamate, lamotrigine, topiramate, rufinamide, valproate, and levetiracetam.
 - Criteria for Epidiolex for a diagnosis of Dravet Syndrome will require the appropriate diagnosis, AND that the member is currently taking a stable dose of at least 1 other antiepileptic medication, AND trial and failure or intolerance of at least 2 of the following within the member's lifetime: clobazam, valproate, or topiramate.
- **Creation of new criteria for Trelegy Ellipta (fluticasone/umeclidinium/vilanterol):**
 - Criteria for Trelegy Ellipta will require a diagnosis of COPD AND trial and failure of any LAMA/LABA or LABA/ICS within the past 90 days.
- **Modification of criteria for Entresto (sacubitril/valsartan):**
 - Criteria for Entresto will no longer require trial and failure or concurrent use of aldosterone antagonist. Requests will still need to include the specific reason why aldosterone antagonist isn't indicated or appropriate in order to be approved.



Pharmacy and Therapeutics Committee News



- **Modification of criteria for Calcium Gene-Related Peptide Receptor (CGRP)**

- **Antagonists:**

- Criteria for Aimovig (erenumab-aooe) has been expanded to apply to new agents in class including Ajovy and Emgality. Criteria for all CGRP antagonists will require prescriptions to be written by a neurologist or headache specialist AND diagnosis of migraine headache with at least 4 migraine days per month or one or more severe migraines lasting for >12 hours despite use of abortive therapy (eg triptan, NSAID) AND documented trial and failure, intolerance or contraindication to at least 1 drug from 2 of the following categories: beta blockers, topiramate or divalproex, amitriptyline or venlafaxine, or frovatriptan, zolmitriptan, or naratriptan (for menstrual migraine prophylaxis). Requests for continuation of therapy will require documentation showing a reduction in the number of headache days by at least 1 day during the initial authorization period.

- **Addition of Avapro (irbesartan) and Avalide (irbesartan/HCTZ) to the formulary:**

- All strengths have been added to the CCHP formulary as tier 1 preferred agents.

- **Addition of Patanol (olopatadine 0.1% ophthalmic) drops to the formulary:**

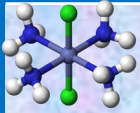
- Patanol has been added to the formulary with quantity limit of 1 bottle/month. Note: Pataday remains non-formulary.

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

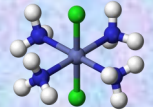
CCHP updates the Preferred Drug List (PDL) after each quarterly Pharmacy & Therapeutics Committee meeting. CCHP invites and encourages practitioners to access each update through the following means:

- 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>





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- **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 or simply open the Epocrates application on your mobile device.
 - Sign in with your Epocrates username and password, if needed.
 - Click on "Edit Formularies" or the "Formulary" umbrella icon, and then click "Add new formulary".
 - Follow the on screen instructions to select and download formularies or to remove formularies (plan name in Epocrates is "Contra Costa Health Plan Medi Cal" for Medicaid patients, and is "Contra Costa Health Plan - Commercial" for county employees).
 - 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~~

~~Andrew.Haydon@cchealth.org~~



Health Advisory- Seasonal Influenza

SUMMARY:

Annual influenza (flu) season has just begun. Now is the time to prepare while flu is circulating at low levels within California and Contra Costa County. During the 2017-2018 flu season, 34 flu outbreaks in congregate settings were reported to Public Health. Public Health staff were able to assist facilities in managing outbreaks by maintaining line lists of cases, advising on infection control and prevention practices, and testing patients with suspected illness. Planning and prevention can reduce morbidity and mortality from influenza illness and get facilities back up and running as quickly as possible.

WHAT'S NEW:

- Reporting: requirements for flu reporting have changed.
 - **Only individual cases of laboratory-confirmed influenza deaths in pediatric patients 0-17 years of age are reportable.**
 - **Outbreaks in congregate living and health facilities continue to be reportable.**

Actions Requested of Healthcare Professionals:

1. **Vaccinate** all staff and patients/residents.
2. **Test** patients/residents with compatible illness: fever, headache, cough, muscle aches, sore throat, chills, runny nose or congestion and/or new onset confusion, weakness or fatigue.
3. **Report** when there is one lab-confirmed case of influenza or ≥ 2 cases of influenza-like illness in a 72 hour period in a healthcare or congregate living facility.
4. **Treat** with antivirals prior to laboratory confirmation if suspicion is high or an outbreak has been confirmed.
5. Provide **chemoprophylaxis** to patients/residents until 2 weeks after the last case in the facility has been identified. Consider offering chemoprophylaxis to employees and having **standing orders** for prophylaxis for patients/residents ready to go at the start of flu season.

CURRENT RECOMMENDATIONS:

TESTING

- Laboratory testing with **real-time reverse-transcription polymerase chain reaction (rRT-PCR)** is the preferred testing method when there is strong clinical suspicion of influenza, even if the rapid test is negative.
- Rapid influenza tests may vary in terms of sensitivity and specificity, when compared with rRT-PCR, with sensitivities ranging from 50-70%. This means that false positives are common when influenza prevalence is low and false negatives can occur when influenza prevalence is high.
- Influenza testing by rRT-PCR is encouraged in the situations listed below:
 - A patient is hospitalized or in the intensive care unit (ICU)
 - A patient lives in a congregate living facility
 - A patient has recently traveled
 - A patient exposed to animals such as pigs or poultry that can be infected with variant influenza viruses

Health Advisory- Seasonal Influenza Cont.

REPORTING

- Influenza-related deaths in pediatric patients 0-17 years of age: please submit the Severe Influenza Case History form available at:
www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9070.pdf
- Outbreaks in healthcare and congregate living facilities: call Public Health Communicable Disease Programs at 925-313-6740. An outbreak is defined as:
 - One lab-confirmed influenza case in a healthcare or congregate living facility.
 - ≥ 2 cases of new onset respiratory illness within 72 hours in a healthcare or congregate living facility.
- More information is available on our website at: <https://cchealth.org/flu/providers.php>

INFECTION CONTROL

- **Standard** and **Droplet** precautions should be implemented immediately for suspected flu cases.
- Isolate patients for at least 7 days after onset of flu symptoms or 24 hours after all symptoms resolve (with the exception of cough), whichever is longer.
- Additional Guidance Documents: link

CLINICAL MANAGEMENT

- When there is high clinical suspicion of disease, influenza is active in the community, or a patient is in an outbreak setting, **treat empirically** until the results of definitive testing are known.
- Patients at high risk of complications from influenza who have been exposed to an active case should be treated with chemoprophylactic doses of antiviral medications for at least 2 weeks or 1 week after the last case has been identified in an outbreak setting.
- Medications and dosing for treatment and chemoprophylaxis:
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

ADDITIONAL QUESTIONS:

Contra Costa Public Health, Communicable Disease Programs can be reached at: 925-313-6740 (phone) or 925-313-6465 (fax).



Grievance Issues

Why Using Family Members as Interpreters is Not a Good Idea?

CCHP has received grievances from non-English speaking members which led to misunderstanding and miscommunication. These members used family members as interpreters instead of a qualified interpreter.

Providers are required by regulations and by HSD Policy #402 – PCS to discourage members from using their own interpreters, such as family members, friends or minors. If patient asks to use their adult family member, you must call HCIN Health Care Interpreter Network to have the interpreter present by phone or video in case the family member does not interpret correctly.



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 due to embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake
- May create liability issues

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

The RMC Network and clinics have procedures to use interpreter services through HCIN (Health Care Interpreter Network). Providers should ask the clinic coordinator/manager for specific instructions.



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Clarinda Garcia, DNP	Internal Medicine	Axis Community Health, Pleasanton
Gia Gray, MD	Internal Medicine	Axis Community Health, Pleasanton
Joanna Hahn, NP	Family Medicine	BASS-Maureen Mbadike-Obiora, MD, Concord
Barsam Gharagozlou, MD	Pediatrics	Barsam Gharagozlou, MD, Pittsburg
Lisa Asta, MD	Pediatrics	Casa Verde Pediatrics, Inc., Walnut Creek
Stanley Ng, MD	Pediatrics	Diablo Valley Pediatrics Medical Group, Antioch and Concord
Ana Iten, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Susan Adler-Bressler, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Anastasia Coutinho, MD	Family Medicine	La Clinica de la Raza, Concord and Pittsburg
Jessica Filosa, NP	Family Medicine	La Clinica de la Raza, Oakley
Carly Waterstraub, NP	Family Medicine	La Clinica de la Raza, Pittsburg
Jeanette Leon, NP	Internal Medicine	La Clinica de la Raza, Pittsburg
Bishoy Wassef, MD	Family Medicine	La Clinica de la Raza, Pittsburg
Danielle Dexter, NP	Family Medicine	LifeLong Medical Care, Berkeley
Dana Gersten, MD	Family Medicine	LifeLong Medical Care, Berkeley
David Pakter, MD	Family Medicine	LifeLong Medical Care, Berkeley
Galadriel Bonnel, NP	Family Medicine	LifeLong Medical Care, Berkeley
Jhankhana Shah, MD	Family Medicine	LifeLong Medical Care, Berkeley
Kelley Stewart, NP	Family Medicine	LifeLong Medical Care, Berkeley
Lynmarie Knight, NP	Family Medicine	LifeLong Medical Care, Berkeley
Lisa Netherland, MD	Family Medicine	LifeLong Medical Care, Berkeley
Sandeep Lehil, NP	Family Medicine	LifeLong Medical Care, Berkeley
Yui Nishiike, NP	Family Medicine	LifeLong Medical Care, Berkeley
Vanessa Mayen, NP	Family Medicine	LifeLong Medical Care, Berkeley
Kalamaoka'aina Niheu, MD	Family Medicine	LifeLong Medical Care, Pinole and Richmond
Nathan Stern, MD	Family Medicine	Lifelong Medical Care, Richmond
Vinita Jain, MD	Internal Medicine	Vinita Jain, MD, Concord

Specialty Care Providers

Elizabeth Valjalo, NP	Mid-Level OB/GYN	Axis Community Health, Pleasanton
Usha Chundru, MD	Radiology	BASS- Bay Radiology San Ramon, San Ramon
Garrett Roney, MD	Anesthesiology	Children's Anesthesia Medical Group, Inc., Oakland
Elie Richa, MD	Hematology/Oncology	Contra Costa Oncology, Concord, Danville, and Walnut Creek
Mark Jacobs, PA	Mid-Level Cardiothoracic Surgery Assistant	East Bay Cardiac Surgery Center Medical Group, Oakland
Jessica Warner, PA	Mid-Level Cardiothoracic Surgery Assistant	East Bay Cardiac Surgery Center Medical Group, Oakland
Salvador Guevara, MD	Surgery- Colon & Rectal	Epic Care, Antioch and Walnut Creek

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Dorea Martin, MD	Pediatrics	East Bay Newborn Specialists Inc., Oakland
Nandita Mandhani, MD	Neonatal-Perinatal Medicine	East Bay Newborn Specialists Inc., Oakland
Sarah Beaudoin, DO.	Neonatal-Perinatal Medicine	East Bay Newborn Specialists Inc., Oakland
Vivian Le-Tran, DO	Surgery-General	Epic Care, Antioch, Dublin, Emeryville and Walnut Creek
Michael Cho, MD	Diagnostic Radiology	Epic Care, Emeryville
Iris Maoz, DPT	Physical Therapy	Integrated Pain Management, Walnut Creek
Drew Schembre, MD	Gastroenterology	John Muir Physician Network, Berkeley and Walnut Creek
Frank Shic, MD	Urgent Care/Internal Medicine	John Muir Physician Network, Berkeley, Brentwood, Concord, Orinda, Pleasanton, San Ramon and Walnut Creek
Samuel Oommen, MD	Surgery- Colon & Rectal	John Muir Physician Network, Walnut Creek
Emily Seferovich, RD	Dietician	Lifelong Medical Care, Berkeley
Jeremy Stanek, MD	Physical Medicine and Rehabilitation and Sports Medicine	Lucile Salter Packard Children's Hospital, Emeryville
Debra Ikeda, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital, Pleasanton and Palo Alto
Deepti Dronamraju, MD	Gastroenterology	Lucile Salter Packard Children's Hospital, Pleasanton
Mircea Dobre, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital, Pleasanton and Stanford
Sachin Malik, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital, Pleasanton and Stanford
Sunita Pal, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital, Pleasanton and Palo Alto
Wendy Demartini, MD	Diagnostic Radiology	Lucile Salter Packard Children's Hospital, Pleasanton
Daniel Sloven, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Helen John-Kelly, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Michelle Rook, MD	Pediatrics and Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Rebecca Cherry, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Sara Moassesfar, MD	Pediatric Gastroenterology	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Talal Seddik, MD	Infectious Disease	Lucile Salter Packard Children's Hospital, San Francisco and Walnut Creek
Mark Bigder, MD	Surgery- Neurological	Lucile Salter Packard Children's Hospital, Walnut Creek
Bonnie Zeiger, DPT	Physical Therapy	Muir Orthopaedic Specialists, Walnut Creek
Marissa Kummerling, MD	Family Planning	Planned Parenthood, Concord
Kin Yuen, MD	Sleep Medicine	SleepQuest, Inc., San Carlos

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Lisa Ding, PA	Urogynecology & Pelvic Reconstructive Surgery	Sutter East Bay Medical Group, Oakland
Chirag R. Patel, MD	Ophthalmology	Turner Eye Institute, Concord
Ryan Thomas, DPM	Podiatry	Vallejo Foot & Ankle Clinic, Vallejo
Paul Weiner, DPM	Podiatry	Vallejo Foot & Ankle Clinic, Vallejo
Rajni Mandal, MD	Dermatopathology	Wound MD, Glendale

Behavior Analysis

Jaclyn Brooks, BA, RBT	A Behavioral Health Cooperative, LLC, San Pablo
Allaina Douglas, BCBA	A Behavioral Health Cooperative, LLC, San Pablo
Leslie Gonzalez, BA	A Behavioral Health Cooperative, LLC, San Pablo
Valeria Gonzalez, RBT	A Behavioral Health Cooperative, LLC, San Pablo
Nika Peng, BCBA	Autism Learning Partners, LLC, San Ramon and San Leandro
Kimberly Allen, PsyD	Aspire Neuropsychological Services Inc., Walnut Creek
Richard Couch, PhD, BCBA-D	Bay Area Behavior Consultants LLC, Richmond
Ashley Hazel-Langeliers, PhD, BCBA-D	Behavior Treatment and Analysis, Inc., Walnut Creek
Edwin Cruz, BCBA	Behavior Treatment and Analysis, Inc., Walnut Creek
Jaclyn Marchio, BA	Behavior Treatment and Analysis, Inc., Walnut Creek
Karen Ojeda, MD	Behavior Treatment and Analysis, Inc., Walnut Creek
Nicole Hall, BA	Behavior Treatment and Analysis, Inc., Walnut Creek
Oliver Solis, MS	Behavior Treatment and Analysis, Inc., Walnut Creek
Travis Watson, BA	Behavior Treatment and Analysis, Inc., Walnut Creek
Jonathan Orozco BCBA	Center for Autism and Related Disorders, LLC, Antioch
Sarah Spofforth, BCBA	Center for Autism and Related Disorders, Antioch
Samantha Mathew, BCBA	Center for Autism and Related Disorders, LLC, Antioch
Charlotte Cropper, MS, RBT	FirstSteps for Kids- Bay Area, Walnut Creek
Alyssa Di Dio, MS	FirstSteps for Kids- Bay Area, Walnut Creek
Caitlin Wineman, M.Ed., RBT	FirstSteps for Kids- Bay Area, Walnut Creek
Samantha Hightower, M.Ed.	FirstSteps for Kids- Bay Area, Walnut Creek
Alessandro Briones Valdivia, BA, RBT	Gateway Learning Group, Concord
Cynthia Bravo, MS, RBT	Gateway Learning Group, Concord
Tamar Cohen, BCBA	Gateway Learning Group, Concord
Dilpreet Anand, BS, RBT	Gateway Learning Group, Concord
Kelsey Dodson, BA, RBT	Gateway Learning Group, Concord
Karla Hernandez, RBT	Gateway Learning Group, Concord
Karina Montano, RBT	Gateway Learning Group, Concord
Lorena Vera, BA, BCABA	Gateway Learning Group, Concord
Michelle Bunting, RBT	Gateway Learning Group, Concord
Nayelle Rios, BA, RBT	Gateway Learning Group, Concord

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Amanda Terry, BCBA	Goals for Autism, Inc., Danville
Matthew Garrett, BCBA	Juvo Autism & Behavioral Health Services, Concord
Nicole Nirva, BCBA	Juvo Autism & Behavioral Health Services, Concord
Jacelyn Mendes, BCBA	Positive Pathways, LLC., San Francisco
Taylor Ganster, BCBA	Positive Pathways, LLC., San Francisco
Linda Leong, BCBA	Trumpet Behavioral Health, LLC., Dublin

Facilities

Bellaken Health Group Inc., dba: Bellaken Skilled Nursing Center	Skilled Nursing Facility	Oakland
Berkeley Pines Skilled Nursing Group, Inc. dba: Berkeley Pines Skilled Nursing Center	Skilled Nursing Facility	Berkeley
Dialysis Access Center, A Medical Corporation dba: Dialysis Access Center, Inc.	Ambulatory Surgery Center	Oakland
Fresenius Medical Care- West Glendale	Dialysis Center	Glendale
Marina Garden Nursing Group, Inc., dba: Marina Garden Nursing Center	Skilled Nursing Facility	Alameda
Pathways Home Health and Hospice	Hospice	Oakland, S. San Francisco and Sunnyvale
Pleasanton Diagnostic Imaging, Inc.	Diagnostic Imaging	Pleasanton
Pittsburg Skilled Nursing Group, Inc., dba: Pittsburg Skilled Nursing Center	Skilled Nursing Facility	Pittsburg

Mental Health

Iman Kanj, LCSW	Endurance- A Sports and Psychology Center, Inc., Berkeley and Pinole
Olga Rule, MFT	Endurance- A Sports and Psychology Center, Inc., Berkeley and Pinole
Kaitlin Doran, PsyD	Integrated Pain Management, Walnut Creek
Jean Marsters, MD	LifeLong Medical Care, Oakland
Neil Solomon, MD	MedZed Physician Services, Culver City
Nancy Some, NP	MedZed Physician Services, Culver City
Jacqueline Tulskey, MD	MedZed Physician Services, Culver City
Dana Yousef, NP	MedZed Physician Services, Culver City
Vania Zuniga, NP	MedZed Physician Services, Culver City
Jeffrey Gould, MD	MedZed Physician Services, Culver City
Ronald Blustein, MD	MedZed Physician Services, Culver City
Anna Davis, NP	MedZed Physician Services, Culver City
Shayne Mason, NP	MedZed Physician Services, Culver City
Lizel Craig, NP	MedZed Physician Services, Culver City
Camilo Martinez, MD, PhD	MedZed Physician Services, Culver City
Daniella Bermudez, MFTI	Planned Parenthood, Concord
Joana Van Iderstein, MFT	Planned Parenthood, Concord
Draven Garrett, MFT	Touchstone Counseling, Pleasant Hill

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

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.



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.



HOLIDAYS OBSERVED BY CCHP

January 21, 2019
February 18, 2018
May 27, 2019
July 4, 2019

Dr. Martin Luther King Jr. Day
President's Day
Memorial Day
Independence Day



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

Phone: (925) 313-9500 Fax: (925) 646-9907

E-mail: ProviderRelations@cchealth.org

Website: www.cchealth.org

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

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Stephanie Fullerton, BS, MHA	Screening and Enrollment	(925) 313-9512	Stephanie.Fullerton@cchealth.org
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Patricia Cline	Contracts Supervisor	(925) 313-9532	Patricia.Cline@cchealth.org
Alejandro Fuentes, RN, BSN	Community Liaisons	(925) 313-9527	ProviderRelations@cchealth.org
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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