



# Community Provider Network CARE MATTERS



## The Contra Costa Health Plan Provider Bulletin

### **Enrollment and Screening Update**

The Department of Healthcare Services (DHCS) mandated a new enrollment process that began January 1, 2018. (Refer to All Plan Letter 17-019 available at <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>). As part of the new enrollment process all existing providers contracted with Contra Costa Health Plan (CCHP) are required to enroll with DHCS Fee-For Service (FFS) Medi-Cal. The deadline to enroll is September 1, 2018, to allow 120 days to process the application by end of year, December 31, 2018. If applications are not completed by these timeframes, this could have an impact on your contract with CCHP.

#### **Managed Care Provider Enrollment Disclosure Background:**

Beginning January 1, 2018, federal law requires that all Managed Care network providers must enroll in the Medi-Cal Program if they wish to provide services to Medi-Cal Managed Care beneficiaries. Managed Care providers have two options for enrolling with the Medi-Cal Program. Providers may enroll through:

**Department of Healthcare Services (DHCS)**

**OR**

**Medi-Cal Managed Care plan (MCP)**

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

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

#### **Enrollment Options**

- **Enrollment through CCHP: Contact Provider Relations for details.**
- **Enrollment through a Managed Care Plan other than CCHP**
  - **Submit Verification of Enrollment to CCHP. CCHP will accept this verification as proof of enrollment.**
- **Enrollment through DHCS**
  - The provider will use DHCS' standardized application form(s) when applying for participation in the Medi-Cal program.
  - Applications can be found at the provided link.  
<http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>
  - Federal and state laws and regulations that apply to FFS providers will apply to the enrollment process for Managed Care providers.
  - Upon successful enrollment through DHCS, the provider will be eligible to contract with CCHP and provide services to FFS beneficiaries.

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

**If you have any questions, Please contact Provider Relations 925-313-9500.**

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## New Billing Code for Services Related to Alcohol Misuse (Formerly SBIRT)

Effective for dates of service on or after May 1, 2018, HCPCS codes H0049 and H0050 are replaced by HCPCS codes G0442 (annual alcohol misuse screening, 15 minutes) and G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).

- **G0442 for alcohol screening (\$24.00 for each qualifying member, one screening per year).**
- **G0443 for brief face-to-face behavioral counseling (\$48.00 up to 3 times per year).**

### Reminder for PCPs:

Based on the United States Preventive Services Task Force (USPSTF), it is recommended that Primary Care Providers (PCPs) provide screening and brief interventions (will be reimbursed) when a member aged 18 or older misuses alcohol.

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

The Department of Health Care Services (DHCS) recommends using the Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test-Consumption (Audit-C) as screening tools which are available on our website (Go to [www.cchealth.org](http://www.cchealth.org), then click on Health Plan, For Providers, and see Forms and Resources). If indicated, a **screening** should be done at least one time per year, per member. For persons who engaged in risky or hazardous drinking, the PCP can perform a brief **behavioral counseling interventions** (15 minutes in duration per session) up to three times per year unless otherwise medically necessary. If a member meets criteria for alcohol use disorder or the diagnosis is uncertain, they should be referred to the Contra Costa County Mental Health Services at 1-888-678-7277.

AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including, but not limited to a Licensed Physician, Physician Assistant, Nurse Practitioner, or Psychologist

**HCPCS code G0442 is limited to one screening per year, any provider, unless otherwise medically necessary. Code G0443 may be billed on the same day as code G0442 and is limited to three sessions per recipient per year, any provider, unless otherwise medically necessary.**

For any questions, please contact the CCHP Provider Relations Community Liaison Nurses by phone at (925) 313-9527 or by email at [providerrelations@hsd.cccounty.us](mailto:providerrelations@hsd.cccounty.us).

## ccLink Provider Portal

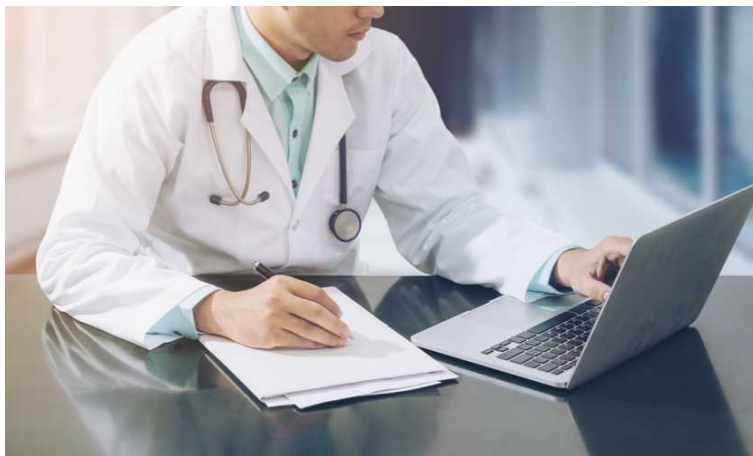
The ccLink Provider Portal, our on-line web tool, is a communication tool between the Community Provider Network (CPN) and Contra Costa Health Plan and Specialty Care Providers and Primary Care Providers at Contra Costa Regional Medical Center (CCRMC) and Health Centers.

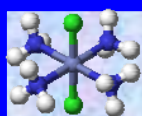
### **For Primary and Specialty providers in CCHP's Community, the ccLink Provider Portal will:**

- ◇ *Allow on-line access to CCHP Member information*
- ◇ *Provider real-time eligibility inquiries about CCHP members*
- ◇ *Allow community providers to check the status of a submitted claim*
- ◇ *Allow community providers to check the status of referrals*
- ◇ *Include a list of patients that are assigned to you if you are the member's PCP or if you are the referred to specialist.*
- ◇ *Decrease repetitive calls to Health Plan for eligibility, referral and claim status.*



This free web-based tool allows you to view your member's records from any computer, at any time. Go to our website at <http://cchealth.org/healthplan/providers/> for the forms located under the green ccLink logo to find the required documents to request access and the User Guide needed to navigate through the web portal once access is granted. Please note that there are additional forms needed for third party billers. After submitting completed documents, the request will be completed within 3-4 weeks and log in information will be sent to you. It is important to log in after receipt and then to maintain access, log in at least one time every 6 months. Users that do not log in or have not accessed the web portal in six months will be inactivated and would need to reapply for access. Any issues with ccLink functionality refer first to the on-line User Guide. If this does not resolve the issue or you require log in or password assistance, contact the HELP Desk at 925-957-7272.





## Pharmacy and Therapeutics Committee News



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

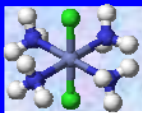
The CCHP P&T committee met on 7/6/2018. Updates from the meeting are outlined below:

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

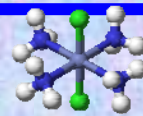
#### Updates/Announcements:

- 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.).

<b><u>Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria</u></b>	
<b><u>(for full details of each change, please see individual drugs listed below this table):</u></b>	
<b><u>Changes Made</u></b>	<b><u>Drug Name</u></b>
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)

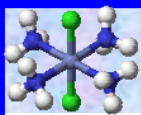


## Pharmacy and Therapeutics Committee News

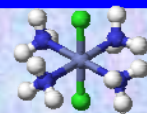


- **Creation of new criteria for Daliresp (roflumilast):**
  - Criteria for Daliresp will require a diagnosis of severe COPD/chronic bronchitis, and a history of exacerbations with continued worsening despite current therapy with LABA, ICS and LAMA.
- **Creation of new criteria for Pazeo (olopatadine 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.
- **Creation of new criteria for Belsomra (suvorexant):**
  - Criteria for Belsomra 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.).



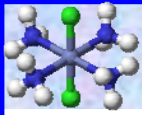


## Pharmacy and Therapeutics Committee News



- **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.





## Pharmacy and Therapeutics Committee News



- CCHP will begin provider education & outreach immediately.
- Preferred formulary alternatives to Soma include: baclofen, cyclobenzaprine, methocarbamol, and tizanidine.
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### **There are numerous ways to view the CCHP Preferred Drug List:**

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

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



Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms. If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at [goldsupport@epocrates.com](mailto:goldsupport@epocrates.com) or at (800)230-2150.

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

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P&T updates can be viewed online at

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

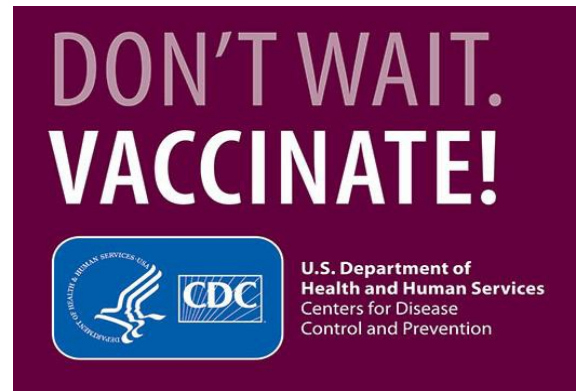
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Questions and comments may be directed to CCHP Pharmacy by emailing  
[cchp\\_pharmacy\\_director@hsd.cccounty.us](mailto:cchp_pharmacy_director@hsd.cccounty.us)

## 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.



## CCHP Adds New Shingles Vaccine to the Formulary (Cont.)

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:

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

## What Services Need an Auth?

Providers are sometimes confused about which services require an Authorization by CCHP before the services can be provided. Lack of a required Prior Auth can cause Claims denials and delays. The **Prior Auth Request** form can be found on our website at

<https://cchealth.org/healthplan/pdf/provider/Appendix-M-PA-Form.pdf>

See below a partial list of services that **DO** need an auth:

- Chemo/Radiation Therapy (not related to cancer), Cancer Clinical Trials
- Child Development Center, Craniofacial Clinic, Healthy Hearts (Children's Hospital Oakland)
- Dialysis
- Follow up visits
- Home Health Services including Hospice & Home Infusion Therapy
- Inpatient admissions including OB, Acute Rehab, SNF & Hospice
- Neurosurgery Consult & Procedures
- Non-contracted providers & Tertiary Care
- Non-emergency Transportation
- DME, including Oxygen, Non-reusable Medical Supplies & Hearing Aids
- EMG, NCS & ENG
- Genetic or DNA testing
- Organ Transplant Evaluations
- Out-of-area services
- Outpatient Surgery and Facility based procedure
- PET Scans, Total Body Scans & Cardiac MRI
- Prosthetics, Appliances, Braces & Orthotics
- Psychiatry (M.D.) visits
- Referral of PCP to self for special services (e.g. surgery)
- RAST or MAST testing
- Rehabilitation services including Physical, Occupational, Speech Therapy & Cardiac or Pulmonary Rehab
- Sub-specialty i.e. Pain Management, Urogyn, Weight Loss Clinic, Sleep Lab, etc.



## What Services Need an Auth? Cont.

There is an ongoing list of services that **DO NOT** require an auth here:

<https://cchealth.org/healthplan/pdf/provider/Appendix-M-No-Authorization-Required-List.pdf>

There are also special instances in which a **special worksheet** is required before an Auth request can be reviewed. Please call the Auth Unit at (925) 957-7260 for a copy of the worksheet.

These include:

- Bone growth Stimulator
- TENS Unit
- Manual Wheelchair
- Motorized Wheelchair/Power Operated Vehicle
- Anti-Obesity Medication
- Gastric Surgery
- Incontinence Supplies (Medi-Cal only)



For questions, Providers can reach the UM Department by calling the Provider Call Center at 1-877-800-7423, option 3. For urgent requests during off-hours, provider can opt to be transferred to

## PCP Referral Process

Reminder regarding PCP referrals to a specialist:

- PCP completes the PCP referral form (HP 200-7):
  - PCP office gives the yellow copy to the member
  - PCP office faxes the white copy to the referred specialist
  - PCP office faxes the white copy to CCHP's Authorizations Unit
- The member may call the specialist for an appointment or the specialist calls to schedule an appointment with the member.
- The specialist checks the member's eligibility prior to providing service
- The specialist faxes reports to the referring provider
- The referral is valid for one initial consultation which must be completed within **90 days** and two follow-up visits which must be completed within **one year** of the initial referral date (Prior authorization may be required for a procedure and/or additional visits).

## 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](http://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.

## **Member Rights and Responsibilities Annual Notice Cont.**

- 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 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.
- The responsibility to actively participate in their health and the health of the member's family. This means taking care of problems before they become serious, following provider's instructions, taking all medications as prescribed, and participating in health programs that keep one well.
- The responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the best degree possible.



# The Contra Costa Health Plan Complete Claim (Clean Claim)

## Definitions & Requirements

You are required to submit “complete claims” as defined in 28 CCR1300.71(a)(2) for the services provided. A “complete claim” must include the following information, as applicable:

- **Correct Form:** All professional claims should be submitted using the CMS-1500 and all facility claims (or appropriate ancillary services) should be submitted using the UB-04 based on CMS guidelines.
- **Standard Coding:** All fields should be completed using industry standard coding, including the use of ICD-10 code sets for outpatient dates of service and inpatient discharge dates on/after October 1, 2015.
- **Applicable Attachments:** Attachments should be included in the submission then circumstances require additional information.
- **Completed Field Elements for CMS-1500 or UB-04:** All applicable data elements of CMS forms, including correct loops and segments on electronic submission, should be completed.

In addition, depending on the claim, additional information may be necessary if it is “reasonably relevant information” and “information necessary to determine payer liability” (as each such term is defined in 28 CCR 1300.71(a)(10) and (11)). A claim is not considered to be complete or payable if one or more of the following exists:

- The format used in the completion or submission of the claim is missing required fields or codes are not active
- The eligibility of a Member cannot be verified
- The service from and to dates are missing
- The rendering Provider information is missing, and/or the applicable NPI is missing
- The billing Provider is missing, and/or the applicable NPI is missing
- The diagnosis is missing or invalid
- The place of service is missing or invalid, and/or the applicable NPI is missing
- The procedures/services are missing or invalid
- The amount billed is missing or invalid
- The number of units/quantity is missing or invalid



## **The Contra Costa Health Plan Complete Claim (Clean Claim)**

### **Definitions & Requirements Cont.**

- The type of bill, when applicable, is missing or invalid
- The responsibility of another payer for all or part of the claim is not included or sent with the claim
- Other coverage has not been verified
- Additional information is required for processing such as COB information, (these will be requested upon denial or pending of claim)
- The claim was submitted fraudulently



#### **NOTE:**

Failure to include all information will result in a delay in claim processing and payment and will be returned for any missing information. A claim missing any of the required information will not be considered a complete claim.

For further information and instruction on completing claims forms, please refer to the CMS website ([www.cms.hhs.gov](http://www.cms.hhs.gov)), where manuals for completing both the CMS-1500 and UB-04 can be found in the “Regulations and Guidance/Manuals” section.

## **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.



## Claims Disputes

**Contra Costa Health Plan actively encourages all providers to informally resolve any billing issues by directly contacting our Claims Unit.**

You may contact the CCHP Claims Unit directly at:

**1-877-800-7423 option 5**

If you are unable to resolve your issue informally, we have a Dispute Resolution Mechanism as directed by the California Department of Managed Healthcare. Please use the Provider Payment Dispute Form available in our Provider Manual, or on our website:

<https://cchealth.org/healthplan/pdf/provider/Appendix-D-Claims-Provider-Payment-Dispute-Form.pdf>

You may access the Dispute Resolution Mechanism to request review or reconsideration of a claim that has been denied, adjusted or contested; to seek resolution of a billing determination or other contract dispute; or to dispute a request for reimbursement of the overpayment of a claim.

Disputes must be submitted in writing and must include a detailed explanation of the issue and 1) name, 2) identification number, 3) contact information. If the dispute is regarding a claim, you must also supply specific claim information including 1) claim number, 2) dates of service, 3) procedure codes and 4) dollar amounts. If the dispute involves an enrollee, please provide the enrollee's name and identification number. Disputes may be submitted up to 365 calendar days from the date of CCHP's last action or inaction regarding the claim.

CCHP will notify you of the resolution within 45 working days of receipt of the dispute. To initiate the Dispute Resolution Mechanism, or to submit additional information, you may send your request in writing to:

Contra Costa Health Plan  
Attn: Claims Dispute Unit,  
595 Center Ave, Ste. 100  
Martinez, Ca 94553

**Reminder to avoid denials: Providers please be sure that you have requested Prior Authorization prior to billing, You may need to have the Authorization updated or get a retro Authorization prior to billing. If an Authorization is denied, you must APPEAL a service denial prior to billing to ensure your claim is not denied.**

## 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>

## 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 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.



## HPV and Oropharyngeal Cancer: Prevalence and Prevention Cont.

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

## 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 Igbinosa, 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

Attention: Primary  
Care Providers  
Community Provider Network  
Meetings



**T I M E: 7:30 AM - 9:00 AM**

## **West County July 17, 2018**

West County Health Center  
13601 San Pablo Avenue, Conference Room A  
San Pablo, CA 94806

## **East County July 18, 2018**

Pittsburg Health Center **\*NEW LOCATION**  
2311 Loveridge Rd. Cypress Conference Rm– 1st Flr.  
Pittsburg, CA 94565

## **Central County July 24, 2018**

Muir Parkway Office Center  
1340 Arnold Drive Conference, Suite 112  
Martinez, CA 94553



This free web-based tool allows you to view your patients' records from any computer, at any time. To access the portal, complete the Portal Access Agreement. For a copy of the agreement go to our website at [www.cchealth.org](http://www.cchealth.org)

1. Click on Health Plan
2. Select for Providers
3. Select Forms & Resources
4. Click on the ccLink Logo
5. Click on the pdf file ccLink Provider Portal Access Agreement and Attachment A

Visit our website for resources:

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

CCHP Provider & Pharmacy  
CCHP Electronic Provider Directory  
CCHP Preferred Drug List (PDL)  
CCHP Provider Manual  
CCHP Provider Web Portal  
Prior Authorization Forms  
Clinical and Preventive Guidelines

Uninsured individuals:

[www.cchealth.org/insurance](http://www.cchealth.org/insurance)

Our URAC accredited Advice Nurse Unit is available for our members 24 hours a day, 7 days a week including holidays. Members can call The Advice Nurse Unit at 1 (877) 661-6230 Option 1.



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

## **HOLIDAYS OBSERVED BY CCHP**

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](mailto:ProviderRelations@hsd.cccounty.us)**

**Website: [www.cchealth.org](http://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**

