



The Contra Costa Health Plan Provider Bulletin

Contra Costa County residents who have symptoms of COVID-19 can now get a **FREE TEST** at one of four drive thru sites located in Concord, Martinez, Pittsburg and San Pablo. Testing is available to anyone, even if no health insurance. To schedule an appointment call (844) 421-0804.

2019 NOVEL CORONAVIRUS INFECTIOUS DISEASE (COVID-19)

PROVIDER HEALTH ALERT UPDATE – APRIL 24, 2020

Since shelter-in-place, social distancing and universal masking practices have been put in place in Contra Costa County and other Bay Area Counties, our communities have successfully “flattened the curve”, slowing the rate of increase of new COVID-19 cases. As Public Health leaders in the Bay Area consider relaxing shelter-in-place to allow increased economic activity in the coming weeks, providers need to be vigilant for any increases in cases of COVID-19.

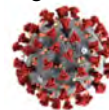
A key strategy in controlling the disease throughout the community must be to dramatically increase testing compared to current practice. We now have increased capacity to test for COVID-19 in our county, in the region and state. **Please consider testing all patients** who have symptoms concerning for COVID-19.

Typical symptoms include:

- fever (may be subjective) or
- symptoms of acute lower respiratory illness such as cough and shortness of breath

Patients may also present with atypical symptoms:

- Fatigue, chills, myalgias
- Headache, sore throat, rhinorrhea
- New loss of taste or smell
- Vomiting, nausea, diarrhea



Elderly patients may also present with weakness, confusion, dizziness, falls or a subtle change from their baseline, all consistent with a febrile syndrome, without evidence of clinical fever.

COVID-19 testing for symptomatic patients in a **high priority group** -- patients who are most vulnerable to severe disease, and patients who may expose vulnerable people -- should have **expedited testing**, with results in 24 hours or less. Expedited testing may be available through provider network or commercial labs, or through the Contra Costa Public Health Lab (CCPHL).

High priority groups include:

1. Persons who live or work in **congregate facilities**:
 - Skilled nursing, board and care, assisted living and other senior living facilities
 - Shelters, group homes, residential treatment programs, and jails
2. **Homeless persons** regardless of current status of shelter
3. **Healthcare workers** and **first responders**
4. Persons who receive **dialysis** or **chemotherapy** in clinic settings
5. Persons who are **hospitalized**

For more information and updates for:

For providers: <https://www.coronavirus.cchealth.org/healthcare-providers>

For general information about coronavirus: <https://www.coronavirus.cchealth.org/>

- For information about Drive-in community testing, [COVID-19 Testing by appointment](#)
- For information about [Health Care Worker and First Responder testing](#)
- For information about [SNF mobile testing](#)

Serological testing for SARS COV 2 has become available through the FDA Emergency Use Authorization (EUA), and many unauthorized serology tests are also available. Please be aware that at this time, **serology testing must not be used for diagnosis** of acute COVID-19 infection. The only tests which are authorized for use in diagnosis of COVID-19 are nucleic acid amplification tests, such as PCR.

Actions Requested of Healthcare Professionals:

1. **Identify and test** all patients with symptoms concerning for COVID-19. Consider both typical and atypical symptoms, and unusual presentations particularly in the elderly.
2. **Isolate** patients with suspected disease and implement appropriate infection control including recommended PPE for health care workers (see website for more details).
3. **For patients in high priority groups** listed above, used **expedited testing** for rapid results. If sending for expedited testing through Contra Costa Public Health Lab:
 - **Obtain a PUI #** from Contra Costa Public Health (or your Infectious Disease leads)
 - **Complete the COVID-19 CMR form and CCPHL requisition form.** CCPHL will test specimens ONLY if received with a completed COVID-19 CMR including PUI #, and lab requisition form.
 - **Send specimen with both forms to CCPHL**
4. **Test other patients through network or commercial labs** with routine priority:
 - **If COVID-19 result is positive, report to Contra Costa Public Health** by submitting a completed **COVID-19 CMR** form by FAX to Public Health at (925) 313-6465. PUI# is not required for these tests and reporting.
5. **If you are concerned that an outbreak may be occurring in any congregate setting**, please call Public Health immediately at 925-313-6740.



WELL VISITS AND IMMUNIZATIONS

The continuity of immunization services, wherever services can be conducted under safe conditions, is imperative to prevent outbreaks of vaccine preventable diseases especially for vulnerable groups.

- [World Health Organization](#)

A REMINDER OF RESOURCES FOR MCPs



Provider Tips

- ▶ **Prioritizing Vaccinations:** Under safe conditions, maintain vaccination of infants and young children (through 24 months of age).
- ▶ **Engineering Control:** Separate well visits in the mornings and sick visits in the afternoons or conduct visits at different clinic locations. Sanitize environment in between visits.
- ▶ **Drive Thru Visits:** Maximize screening using text messaging or phone calls while members await clinical services in their cars. Use drive thru for immunization by RNs.
- ▶ **Data Targeting:** Based on county data, immunize vulnerable groups (tier 1 population).



Reminders for Members

- ▶ **Messaging:** Target messaging regarding well-child immunization guidance and tips to vulnerable groups. Assure members that they can safely continue to receive vital well visits and immunizations.
- ▶ **Respiratory Hygiene:** Inform caregivers attending well visits with their children about COVID-19 preventive measures, including the use of respiratory hygiene and the importance of social distancing.
- ▶ **Bundling of Visits:** Encourage members to attend bundled medical examination and vaccination services, as able.

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Telehealth Information

Contra Costa Health Plan (CCHP) follows all applicable Federal and State laws in the use of Telemedicine services to provide consultation, access and quality of care to our Medi-Cal and Commercial members. Due to the COVID-19 outbreak, CCHP is providing the following guidance on providing essential services by Telehealth:

- Telehealth services may be provided at a physician office, clinic setting, hospital, skilled nursing facility, residential care setting or patient home or other setting.
- The treating health care provider at the distant site believes the services being provided are clinically appropriate to be delivered via telehealth based upon evidence-based medicine and/or best clinical judgment.
- The member has provided verbal or written consent and it is documented in the medical record.
- The medical record documentation substantiates the services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service.
- The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.
- The patient is not precluded from receiving in-person health care services after agreeing to receive telehealth services.

More information about Telehealth services is available at the following websites:

- Contra Costa Health Plan:
 - <https://cchealth.org/healthplan/providers/>
- Department of Health Care Services:
 - <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

In addition, the latest COVID-19 information is available at the county website at:

- <https://www.coronavirus.cchealth.org/>



Telehealth Video Best Practices

Here are just a few suggestions from the Telehealth Video Best Practices list, but for the complete list of go to: <https://cchealth.org/healthplan/providers/telehealth.php>:

- Lighting is the single most important thing you can do to optimize your equipment and your video scene.
 - Keep it bright.
 - Use daylight type bulbs, rather than incandescent bulbs.
 - Face into the light and minimize or avoid windows behind you.
- Position your phone at eye level by setting it on an elevated surface and/or use a stand. There are various stands available, for example; gooseneck, kickstand, & monitor mounted.
- Consider ways to diffuse sound with rugs, carpets, drapes, furniture, etc.
- Use a headset or earbuds with a microphone to protect patient privacy and to improve your sound quality for the patient.

Waiving of Cost-Sharing Amounts

Contra Costa Health Plan (CCHP) has removed all cost sharing amounts for our commercial members. This includes, but is not limited to, co-pays, deductibles, or coinsurance for all medically necessary screening and testing for COVID-19, including hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.

If you have any questions, please e-mail ProviderRelations@cchealth.org.



Prior Authorization Updates Q1 2020

Contra Costa Health Plan's (CCHP) Interactive No Authorization Required List located on our website at <https://cchealth.org/healthplan/providers> states which services do not require prior authorization.

The No Authorization Required List is accurate as of 4/20/2020, the codes are in our Claims system and will not be denied. We expect providers to check the No Authorization Required List prior to sending in a prior authorization request. No other written documentation will be provided.

CCHP conducted a thorough review of CPT codes on the No Authorization Required List at the end of February. We found that there were many codes that were not Medi-Cal benefits, and we removed these codes from the list.

It is expected that all services requiring prior authorization must be authorized **PRIOR** to providing the service, except for services that might be necessary on an emergent basis. The list of codes requiring prior authorization is updated regularly to reflect current clinical guidelines and regulatory requirements.



If you have any questions, please e-mail the Authorizations Unit at CCHPAuthorizations@cchealth.org.

Submitting Provider Payment Disputes & Provider Appeals Over Encrypted Email

Providers that have the ability to send secure, encrypted emails are allowed to submit their provider payment disputes and appeals to CCHP in this manner. Electronic submissions are preferred over submissions via USPS mail. However, providers that do not have the ability or fail to send encrypted emails protecting our members' Protected Health Information (PHI) will not be allowed to email their disputes and appeals.

We will notify providers about other means of electronic submission as they are developed.

Instructions for Submitting Provider Payment Disputes & Provider Appeals Over Encrypted Email:

- For **Provider Payment Disputes**, send a secure, encrypted email with a completed [Provider Dispute Form](#) along with associated documents (except medical records) to: Providerdispute@cchealth.org
 - Please do not include medical records in your email for the Provider Payment Dispute. Provider Payment Disputes are not to be used for:
 - Pre-Service Appeals – Denial of a request for pre-authorization or referral based on medical necessity.
 - Post-Service Appeals – Denial of claim due to absence of prior authorization when an authorization is required.
- For **Provider Appeals**, send a secure, encrypted email with a completed [Provider Appeal Form](#) along with any associated documents, including any additional clinical documentation to support your appeal to: Appeals@cchealth.org



Pharmacy and Therapeutics Committee News

The CCHP P&T committee met on 3/19/2020. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by 5/1/2020****

Updates/Announcements:

1. Updates to the CCHP Opiate Program:

- a. Effective in mid-to-late 2020, CCHP will be making the following changes to the Opiate Program (the exact dates will be announced prior to implementation):
 - i. **Decreasing the MME limit from 120mg to 90mg:** Just as was done at the onset of the CCHP opiate program in 2018, when a cumulative opiate dose exceeds the 90mg limit, prior authorization will be required. Initial 3 month approvals will be granted with the first prior authorization request – after that, taper plans or medical justification must be submitted to continue doses above the threshold.
 - ii. **Implementing a 7 day limit for immediate-release (IR) opiates for new-starts:** Edits will be put into place to limit all initial immediate release opioid prescriptions for opiate naïve members to a seven (7) day supply (using a lookback period of 180 days).
- b. As a reminder, the existing CCHP Opiate Program has 4 distinct elements:
 - i. A plan to reduce the number of CCHP members taking concurrent opioids and benzodiazepines. **Over the past 24 months, CCHP has measured a 53.4% reduction in co-prescribing across all membership.**
 - ii. A plan to reduce the number of CCHP members on opioid doses >120mg MME (morphine milligram equivalent). **Over the past 24 months, CCHP has measured a 48.2% reduction in the prescribing of opiate doses >120mg MME across all membership.**
 - iii. Soma (carisoprodol) has been removed from the CCHP formulary.
 - iv. A plan to reduce the duration of initial immediate release opioid prescriptions for opiate naïve members (new starts). This element of the program will go-live in mid-2020 (see item a(ii) above).

*****Reminder: Patients receiving chemotherapy, palliative care, hospice, or those managed by a pain specialist are exempt from the restrictions of the CCHP Opiate Program*****

2. COVID-19 Updates:

- a. In an effort to ensure that CCHP members are able to continue receiving adequate supplies of their medications during this time of emergency, the health plan has deactivated the RTS (refill-too-soon) logic within our pharmacy system. What this means is that members will be able to fill their prescriptions early if wanted/needed.
- b. CCHP also allows 90 day supplies to be filled at the pharmacy (for non-controlled substances).
- c. Additionally, the health plan has been directed to add gloves & disinfectant solutions to the formulary. We are working diligently to implement this change, and we anticipate that it will be available by 3/31/2020.
- d. Pharmacy delivery options: Walgreens, Rite Aid, and a number of independent pharmacies in the CCHP network are able to deliver and/or mail prescriptions to members' homes during this pandemic. Please call pharmacies directly with questions (or call CCHP at the number below).
- e. If you have any questions or concerns regarding anything pharmacy-related, please remember that the CCHP pharmacy unit remains open for business! We are here to answer your questions Monday – Friday from 8:00am to 5:00pm and our phone number is (925) 957-7260 x1.
- f. **FAQs regarding CCHP Pharmacy Benefits for COVID-19 can be found here:**
<https://cchealth.org/healthplan/pdf/provider/COVID19-Pharmacy-FAQ.pdf>

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:	Parsabiv (etelcalcetide) Vitamin B3 (nicotinamide) Generic compound medication policy
Modified PA criteria:	Dupixent (dupilumab) Rozerem (ramelteon)
ADDED to the CCHP formulary:	Lyrica (pregabalin) Xarelto 2.5mg (rivaroxaban) Onfi (clobazam) Novolog (insulin aspart) Pulmicort Respules (budesonide) Pulmicort Flexhaler (budesonide) Incruse Ellipta (umeclidinium) Stiolto Respimat (tiotropium/olodaterol) Baqsimi (glucagon intranasal)

Pharmacy and Therapeutics Committee News

Creation of new criteria for Parsabiv (etelcalcetide):

- Prior authorization requests for Parsabiv must meet the following criteria: member has a diagnosis that is FDA approved AND a serum calcium level ≥ 8.4 mg/dL AND the patient must have one of the following documented clinical conditions:
 - Hypercalcemia in patients with Parathyroid Carcinoma (PC)
OR
 - Hypercalcemia leading to symptoms or end organ damage in patients with primary HPT who are unable to undergo parathyroidectomy
OR
 - Secondary Hyperparathyroidism (HPT) in patients with chronic kidney disease (CKD) on dialysis-For this indication, the member must also meet all of the following conditions:
 - Patient must have tried and failed or been intolerant to, or have a medical reason not to use at least one phosphate binder
 - Patient must have tried and failed or been intolerant to, or have a medical reason not to use calcitriol or paricalcitol
 - iPTH level must be at least $< 2-9\times$ the ULN for the PTH assay
- AND
- The member must have also tried and failed (or be found intolerant to) Sensipar tablets. An adequate trial would be defined as at least 90 consecutive days of Sensipar (as seen in claims data) within the past 120 days with adequate titration of dose.

Creation of new criteria for Vitamin B3 (nicotinamide):

- Prior authorization requests for nicotinamide must meet the following criteria for approval: member has a history of non-melanoma skin cancer and/or actinic keratosis.

Creation of new criteria for compounded medication:

- Prior authorization requests for compounded medications must meet the following criteria for approval: member has tried and failed commercially available FDA approved formulary alternatives for the prescribed condition, compound contains at least one active drug ingredient approved by the FDA, the compound is not a copy of a commercially available FDA approved product, and the prescribed indication is supported by FDA approval and/or adequate evidence in the medical literature.

Modification of criteria for Dupixent (dupilumab):

- Additional indications were added to the criteria, including Asthma and Chronic Rhinosinusitis with Nasal Polyps.
- For asthma, members must have a diagnosis of moderate-to-severe eosinophilic asthma as defined by a baseline peripheral blood eosinophil level ≥ 150 cells/microL OR patient is currently dependent on oral corticosteroids, must be at least 12 years of age, and must have been using a high-dose inhaled corticosteroid (ICS)/long-acting beta2 agonist (LABA) such as Advair, Symbicort, or Breo Ellipta or a combination of ICS and LABA within the past 90 days (and will continue to be used in combination with dupilumab).
- For chronic rhinosinusitis with nasal polyps, members must be at least 18 years of age, have a diagnosis of chronic rhinosinusitis with nasal polyps with documentation of prior sino-nasal surgery OR dependency on systemic corticosteroids within the past year, and have tried and failed ALL of the following agents: nasal saline irrigations, at least 2 different intranasal corticosteroids, and montelukast. Dupixent is to be used as add-on therapy in combination with intranasal corticosteroids.

Modification of criteria for Rozerem (ramelteon):

- Rozerem remains a non-preferred product, but may be approved as an alternate first line agent if the member has a history of substance abuse OR is currently taking chronic opioids.

Addition of Lyrica (pregabalin) to the CCHP formulary:

- Lyrica 25mg, 50mg, 100mg, 150mg, 200mg, 225mg and 300mg capsules have been added to the CCHP formulary as tier 1 products for all members.

Addition of Xarelto 2.5mg (rivaroxaban) to the CCHP formulary:

- Xarelto 2.5mg tablets have been added to the CCHP formulary as a tier 2 product with a quantity limit of 60 tablets per 30 days for all members.

Addition of Onfi (clobazam) to the CCHP formulary:

- Onfi 10mg and 20mg tablets have been added to the CCHP formulary as tier 2 medications with a quantity limit of 60 tablets per 30 days for all members.

Addition of Novolog (insulin aspart) to the CCHP formulary:

- Insulin aspart vials & pens have been added to the CCHP formulary as tier 1 products for all members.

Pharmacy and Therapeutics Committee News

Addition of Pulmicort Respules (budesonide) to the CCHP formulary:

- Pulmicort Respules have been added to the CCHP formulary as a tier 2 product with a quantity limit of #120mL per 30 days for all members.

Addition of Pulmicort Flexhaler (budesonide) to the CCHP formulary:

- Pulmicort Flexhaler has been added to the CCHP formulary as a tier 1 product for all members.

Addition of Incruse Ellipta (umeclidinium) to the CCHP formulary:

- Incruse Ellipta has been added to the CCHP formulary as a tier 2 product with a quantity limit of #30 per 30 days for all members.

Addition of Stiolto Respimat (tiotropium/olodaterol) to the CCHP formulary:

- Stiolto Respimat has been added to the CCHP formulary as a tier 1 product for all members.

Addition of Baqsimi (glucagon intranasal) to the CCHP formulary:

- Baqsimi has been added to the CCHP formulary as a tier 1 product for all members.

Addition of Eliquis (apixaban) dose pack to the CCHP formulary:

- Eliquis dose pack has been added to the CCHP formulary as a tier 2 product with a quantity limit of #74 tablets per 30 days for all members.

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:
 - Open the Epocrates application on your mobile device.
 - Click on the “formulary” button on the home screen.
 - Click “add new formulary” button on the bottom of the screen.
 - Use the search box to locate “Contra Costa Health Plan” Medi-Cal or Commercial formulary. Click on each formulary that you would like to add, and then click the “add formulary” button.



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 x1, or via the email listed below.

P&T updates and DUR educational bulletins 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@cchealth.org

Major Update to Facility Site Review and Medical Record Review Audit

The Department of Health Care Services (DHCS) has updated the site review process, including Facility Site Review (FSR) and Medical Record Review (MRR) tools and policies. Beginning July 1, 2020, all site reviews will use the updated criteria and standards when scoring Facility Site and Medical Record Reviews.

State law requires Contra Costa Health Plan (CCHP) to have adequate facilities and service site locations available to meet contractual requirements for the delivery of primary care. All Primary Care Provider (PCP) sites must have the capacity to support the safe and effective provision of primary care services. To ensure compliance, CCHP is required to perform initial and subsequent site reviews every three years, consisting of an FSR and an MRR, using the updated DHCS FSR and MRR tools and standards. The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations. MRRs are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services.

Below is a **sampling of the more substantial updates** to the FSR and MRR tools that will be used to audit PCP sites. Some criteria have been augmented from the previous version of the tools, while other criteria consist of existing guidelines that are new to the FSR and MRR tools. Language that is new to the tool appears in bold. To view the full version of the new tool, visit <https://cchealth.org/healthplan/provider-fsr-tool.php>.

Facility Site Review Tool – Sample of new items

I. Access and Safety Criteria

- **Fire Fighting Equipment in accessible location**
- **An employee alarm system.**
- Airway management: oxygen delivery system, nasal cannula or mask, **bulb syringe** and Ambu bag
- Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), **Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose.** Appropriate sizes of ESIP needles/syringes and alcohol wipes.

II. Personnel Criteria

- **Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.**
- There is evidence that site staff has received training on the following: **Cultural and linguistics**

III. Office Management Criteria

- Medical records are retained for a minimum **of 10 years**

IV. Clinical Services Criteria:

- Pharmaceutical Services Criteria
 - **Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer**
 - **Site utilizes California Immunization Registry (CAIR) or the most current version.**

VI. Infection Control Criteria

- Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:
 - Cold chemical sterilization/high level disinfection:
 - **Confirmation from manufacturer item (s) is/are heat-sensitive.**
 - **Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill.**

Medical Record Review Tool – Sample of new items

I. Format Criteria

- **Person or entity providing medical interpretation is identified.**
- **Signed Copy of the Notice of Privacy.**

II. Documentation Criteria

- Appropriate consents are present:
 - **Consent for treatment**

Major Update to Facility Site Review and Medical Record Review Audit

III. Pediatric Preventive Criteria

Well-child visit

- **Alcohol/Drug Misuse: Screening and Behavioral Counseling**
- **Anemia Screening**
- **Autism Spectrum Disorder Screening**
- **Blood Pressure Screening**
- **Dental Assessment**
 - **Dental Home**
 - **Fluoride Supplementation**
 - **Fluoride Varnish**
- **Depression Screening**
 - **Maternal Depression Screening**
- **Developmental Surveillance**
- **Dyslipidemia Screening**
- **Folic Acid Supplementation**
- **Hepatitis B Screening**
- **HIV Screening**
- **Intimate Partner Violence Screening**
- **Nutrition assessment/Breast Feeding support**
- **Obesity Screening**
- **Psychosocial/Behavioral Assessment - Sexual Activity Assessment**
 - **Contraceptive Care**
 - **STI screening on all sexually active adolescents, including chlamydia, Gonorrhea, and Syphilis**
- **Skin Cancer Behavior Counseling**
- **Tobacco Products Use: Screening and Prevention and Cessation Services**



Fraud, Waste and Abuse Training Requirements

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

A copy of the training materials is included in our provider manual appendix H and on our website located at www.contracostahealthplan.org, under For Providers-Provider Manual-Appendix H. A hard copy of the material can be mailed upon request by e-mailing Provider Relations at ProviderRelations@cchealth.org.

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

Case Management Program

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

What is the CM Program?

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

Who are our clients?

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

How do I refer?

Simply complete the referral form and fax it to the CM Unit at (925) 313-6284. Telephone referrals can also be made by calling (925) 313-6887. Leave a message including times you may be reached and someone will return your call promptly.

Referral forms can be found on our website in the Provider Relations Provider Manual Appendix C located here: <https://cchealth.org/healthplan/providers/manual.php>.



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

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

Interpreter Services

Are some of your Patient's struggling with Speaking English?

If so, Make Sure you Offer them Free Interpreter Services!

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 patient interactions



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

CCHS Has Video Interpreting Available!

Video units are installed in each health center exam room and at each bedside at CCRMC

- Use speed dial for Spanish, ASL or All other languages.
- When recording comes on for all languages, choose from the attached list or badge card at any time
- State your name and where you are calling from and speak directly to your patient/client – use first person.
- Document in the medical record, include interpreter ID#

World TB Day – March 24

March 24 was World TB Day, an annual event that commemorates the announcement in 1882 of Dr. Robert Koch's identification of *M. tuberculosis* as the causative agent of TB. In our current moment, as we collectively confront the challenges of the COVID-19 pandemic, it is worth remembering the context in which Koch made his profound discovery. In the 1880s, average life expectancy in the U.S. was 39 years. In 1900, an estimated 450 Americans, most aged 15-44, died of tuberculosis each day. Although the impact of Koch's work in bacteriology was seismic, the first antibiotic treatments for TB were still more than 50 years away.

The global response to the latest emerging infectious disease, COVID-19, highlights a universal truth – public health interventions and comprehensive safety nets are essential to community health. TB and COVID-19 are both caused by respiratory pathogens; controlling them will demand the same commitment to support new interventions, accessible diagnostics, preventive vaccines, treatment innovations, and the public health infrastructure needed to investigate, respond to, and contain outbreaks.

In recognition of On World TB Day 2020, we take a moment in the current storm to recognize our health care colleagues – past, present, and future – who play a central role in protecting our health and safety. If you are a TB physician, nurse, outreach worker, researcher, epidemiologist, or administrator, you follow in the legacy of Robert Koch. Whether your "frontline" is currently a TB clinic, a primary care office, an ER, or an ICU, you are a champion – when the world is paying attention, and when it is not.

On March 24, and every day, you humble and inspire us. **We thank you, one and all.**



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Chrissy Milhomem - Roualdes, PA	Family Medicine	La Clinica De La Raza, Concord
Jennifer Espinoza, NP	Family Medicine	LifeLong Medical Care, San Pablo
Linda Clem, PA	Internal Medicine	BASS - Diablo Valley Specialists in Internal Medicine, Concord, Brentwood
Bryan Tsujimoto, PA	Internal Medicine	BASS - Walnut Creek Urgent Medical Care (PCP SERVICES ONLY), Walnut Creek
Patricia Conolly, MD	Internal Medicine	LifeLong Medical Care, Oakland

Specialty Care Providers

Claudia Graetsch - Vasquez, RD	Diabetes Education, Dietitian	John Muir Physician Network, Walnut Creek, Brentwood
Maryna Seifi	Electrolysis	Solo, San Ramon
Christin DeStefano, MD	Hematology/Oncology	Epic Care, Emeryville
Jean Kusz, CRNA	Mid-level - Anesthesiology	Insite Digestive Health Care, San Pablo
Angela Leverich, NP	Mid-level - Cardiothoracic Surgery Assistant	BASS Medical Group, Inc., Walnut Creek
Jasmine Verret, NP	Mid-level - Family Planning	Planned Parenthood, Concord
Kevin Byrne, PA	Mid-level - Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek, Brentwood, San Ramon
Serena Bhela, MD	Nephrology	Diablo Nephrology Medical Group, Concord, Walnut Creek
Shelby Edgar, OT	Occupational Therapy	Muir Orthopaedic Specialists, Walnut Creek
Melanie Wong, PT	Physical Therapy	Muir Orthopaedic Specialists, San Ramon
Elizabeth Cuento Miyamoto, BA	Qualified Autism Professional	Positive Pathways LLC, San Francisco, Oakland
Amber Sobrio-Ritter, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Maegan Pisman, PhD, BCBA-D	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Shannon Kong, SLP	Speech Pathology	Seven Bridges Therapy, Martinez, Oakland, Walnut Creek



Welcome Community Provider Network (CPN) Providers



Applied Behavior Analysts

Walita Powell, BA	Qualified Autism Professional	A Behavioral Health Cooperative, LLC, El Sobrante
Brianna Burkhard, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Connie Nguyen, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Monica Patel, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Martine Sinkondo, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Samantha Bueno, BCBA	Qualified Autism Provider	Behavior Treatment and Analysis, Inc, Walnut Creek
Matthew Hoang, MS	Qualified Autism Provider	Behavior Treatment and Analysis, Inc, Walnut Creek
Emilie Wall, BA	Qualified Autism Professional	Behavior Treatment and Analysis, Inc, Walnut Creek
Kaitlyn White, BA	Qualified Autism Professional	Behavior Treatment and Analysis, Inc, Walnut Creek
Zairin Hussain, BCBA	Qualified Autism Provider	Behavioral Health Works, Inc., Hayward
India Izidoro, BCaBA	Qualified Autism Professional	Center for Autism and Related Disorders, LLC, Antioch
Breanna Da Sylveira, BA	Qualified Autism Professional	Gateway Learning Group, Concord
Shelly Najera, RBT	Qualified Autism Paraprofessional	Gateway Learning Group, Concord
Carson Baxter, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Andrew Green, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Maegan Pisman, PhD, BCBA-D	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Amber Sobrio-Ritter, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
Elizabeth Cuento Miyamoto, BA	Qualified Autism Professional	Positive Pathways LLC, San Francisco, Oakland

Facilities

DaVita - Curtela Home Training Dialysis Center Vallejo

Welcome Community Provider Network (CPN) Providers

Mental Health Providers

Martha Radetsky, MFT	Planned Parenthood, Richmond
Sandra Stultz, MFT	Solo, Oakland
Nicole Wagenberg, PhD	Solo, Berkeley



Welcome Contra Costa Regional Medical Center (CCRMC) Providers

Josephine Agbowo, MD	Family Medicine
Erika Choy, DO	Pediatrics
Sekhar Eadula, MD	Family Medicine
Michael Feddersen, DO	Psychiatry
Mariam Hasan, MD	Family Medicine
Erik Mendoza, MD	Family Medicine
Runjhun Misra, DO	Family Medicine
Manveen Sekhon, MD	Family Medicine
Jennifer Seymour, DO	Emergency Medicine
Haniel Shen, MD	Psychiatry
Nathan Singh, MD	Family Medicine
Jennifer Stanziale, MD	Family Medicine, Hospitalist



THE BULLETIN BOARD

Contra Costa Health Services (CCHS) Coronavirus Call Center

844-729-8410
(8 a.m. – 5 p.m.)

PCP Community Provider Network (CPN) Meetings

are on hold until the shelter in place order is lifted. We will notify all providers once the next meeting is scheduled.

Reminder!

**Non-Medical Transportation
for CCHP Members
855-222-1218**

Telehealth Information

<https://cchealth.org/healthplan/telehealth.php>

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
(877) 661-6230 Option 1.



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

HOLIDAYS OBSERVED BY CCHP

May 25, 2020 - Memorial Day

July 3, 2020 - Independence Day



Visit our CCHP website for resources:

www.cchealth.org/healthplan/providers

Electronic Provider Directory
Preferred Drug List (PDL)
Provider Manual
Provider Web Portal (ccLink)
Prior Authorization Forms
Clinical and Preventive Guidelines
No Prior Authorization List
Interpreter Services

Uninsured individuals:
www.cchealth.org/insurance



Contra Costa Health Plan
595 Center Ave. Suite 100
Martinez, CA 94553
www.cchealth.org

Provider Relations Department: Phone: (925) 313-9500
Fax: (925) 646-9907

E-mail Accounts:

- | | |
|------------------------------------|--|
| ▪ Provider Relations: | ProviderRelations@cchealth.org |
| ▪ Contracts Management: | CCHPcontracts@cchealth.org |
| ▪ Credentialing: | CCHPcredentialing@cchealth.org |
| ▪ Claims Department: | ClaimStatus@cchealth.org |
| ▪ Authorization Department: | CCHPauthorizations@cchealth.org |

Provider Call Center (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**

***NEW* Prior Authorization Requests Fax Numbers:**

- **Commercial Member – Prior Authorization Requests Fax: (925) 252-2620**
- **Commercial Member – Confidential Mental Health Fax: (925) 313-6196**

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