



PROVIDER NETWORK *NEWS*

Volume 18 Issue 3
Fall 2020

DHCS Medi-Cal Rx Transition — Effective 1/1/21

The Department of Health Care Services (DHCS) Medi-Cal Rx transition of all administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from Contra Costa Health Plan (CCHP) to the new Medi-Cal Rx vendor, Magellan Medicaid Administration, Inc. (MMA), goes into effect January 1, 2021.

All Medi-Cal Rx providers, including pharmacies, prescribers, and their staff, must register for the Medi-Cal Rx portal. Providers should go to www.medi-calrx.dhcs.ca.gov/provider or uac.magellanrx.com to register for the portal. DHCS has provided education about the portal and Medi-Cal Rx through the DHCS website. All education and outreach events will be posted in a calendar on the DHCS website, and providers will have the ability to enroll in web-based instructor-led or computer-based training. The website is now live and can be accessed at www.medi-calrx.dhcs.ca.gov/home/education.

(Please note: Medi-Cal Rx website links function in Chrome and Firefox browsers)

For additional information regarding this transition, billing, and to Register for training please go to:
<https://medi-calrx.dhcs.ca.gov/home/education>

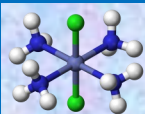
CCHP also has a link to the information here, along with materials you can use to educate your patients about this change and how it impacts them: <https://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

What does this mean? **Effective 1/1/2021, CCHP will no longer manage the retail pharmacy benefit for Medi-Cal members.** CCHP will still manage the medical benefit (medications/services provided and not billed through a retail pharmacy) for Medi-Cal members after 1/1/2021, and will also retain responsibility for care-coordination, inpatient drugs, long-term care facility drugs (e.g. skilled nursing facility), physician administered drugs, etc. after the carve-out occurs. CCHP will also maintain responsibility for the entirety of the CCHP pharmacy & medical benefit for commercial members (county employees).

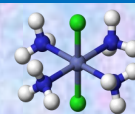
DHCS has been educating/notifying providers and members of the change. CCHP will also be conducting some education and outreach over the next few months, but could use your assistance with informing Medi-Cal beneficiaries about this change as well. You may use the patient education materials we've posted on the cchealth link above. Please direct all questions to the CCHP pharmacy department at 925-957-7260, option 1 or email DHCS at RxCarveOut@dhcs.ca.gov.

For any DHCS Medi-Cal Rx support prior to January 1, 2021, visit the Provider Portal on www.medi-calrx.dhcs.ca.gov or the Medi-Cal Rx Transition page on the [DHCS website \(www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx\)](http://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx).

For general questions related to Medi-Cal Rx, please send an email to RxCarveOut@dhcs.ca.gov.



Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 9/3/2020. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-October 2020****

Updates/Announcements:

1. **Medi-Cal Rx:** *(see page 1)*
2. **Medical Rx update information from the state:** Contra Costa Health Plan (CCHP) has received new information from the Department of Health Care Services (DHCS) that we would like to share with you regarding Medi-Cal Rx.

The Medi-Cal Rx Prescriber Communication, which provides a brief, 2 page overview about Medi-Cal Rx for providers can be found at:

https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2020/10/2020.10_NF_Medi-Cal_Rx_Prescriber_Communication_v1.0_FINAL.pdf

We hope that you will sign up for the Medi-Cal Subscription Service to start receiving these communications from Medi-Cal Rx. To sign up, please visit:

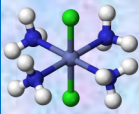
<https://mcrxsspages.dhcs.ca.gov/Medi-CalRxDHCSgov-Subscription-Sign-Up>

Please contact the CCHP Pharmacy Unit at (925) 957-7260, option 1 if you have any questions.

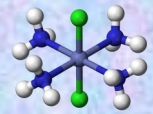
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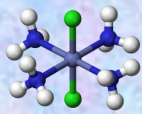
Pharmacy and Therapeutics Committee News



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:	Rukovia (fostemsavir) Nexletol (bempedoic acid) Nexlizet (bempedoic acid/ezetimibe)
Modified PA criteria:	Veltassa (patiromer)
ADDED to the CCHP formulary:	Lokelma (sodium zirconium cyclosilicate) Durezol (difluprednate) eye drops Propranolol ER capsules Budesonide EC 3 mg capsules

- **Creation of new criteria for Rukovia (fostemsavir):**
 - Prior authorization requests for Rukovia must meet the following criteria for approval:
 - Trial and failure of a previous antiviral therapy regimen
 - Criteria applies to commercial members as this is a fee for service carve out for Medi-Cal members
- **Creation of new criteria for Nexletol (bempedoic acid) & Nexlizet (bempedoic acid/ezetimibe):**
 - Prior authorization requests for the above agents must meet the following criteria for approval:
 - Diagnosis of familial hypercholesterolemia or ASCVD with LDL>70
 - Trial and failure or intolerance to high intensity statin (atorvastatin, rosuvastatin) for 3 months AND ezetimibe
- **Modification of criteria for Veltassa (patiromer):**
 - Added to the CCHP formulary as a tier 2 product with Lokelma step therapy. Quantity limit of 30 packets per 30 days.
- **Addition of Lokelma (sodium zirconium cyclosilicate) to the CCHP formulary:**
 - Has been added to the CCHP formulary as a tier 2 product with a quantity limit of 34 packets per 30 days.
- **Addition of Durezol (difluprednate) eye drops to the CCHP formulary:**
 - Added to the CCHP formulary as a tier 2 product with prednisolone acetate 1% eye drops step therapy.
- **Addition of Propranolol ER capsules to the CCHP formulary:**
 - All strengths of propranolol ER capsules have been added to the CCHP formulary as tier 1 medications without restriction.
- **Addition of Budesonide EC 3 mg capsules to the CCHP formulary:**
 - Has been added to the CCHP formulary as a tier 2 medication with a quantity limit of 90 capsules per 30 days.



Pharmacy and Therapeutics Committee News



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

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

- An interactive searchable formulary is available within Epic (contact the Epic team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: <http://cchealth.org/healthplan/pdf/pdl.pdf>
- A searchable copy of the CCHP PDL can be found here: <http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>
- **EPOCRATES – free mobile & online formulary resource**
 - CCHP providers may add the CCHP formulary to their mobile devices using the following steps:
 - 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 by emailing joseph.cardinalli@cchealth.org

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 joseph.cardinalli@cchealth.org



COVID-19 and the Flu

With COVID-19 still circulating in our community, getting the flu vaccine is more important than ever to protect yourself and your loved ones from the flu and help save limited medical resources for COVID-19 patients and other people who need hospitalization.

Why should I get a flu vaccine?

The flu and COVID-19 will be spreading at the same time – so getting a flu shot this year is more important than ever. It reduces your risk of serious illness and hospitalization, and helps lower overall infection rates, so we can care for our sickest patients.

Is it possible to get flu and COVID-19 at the same time?

Yes, it's possible to get the flu, as well as other respiratory infections, and COVID-19 at the same time. Being sick with the flu and COVID-19 at the same time could increase your risk for severe illness and hospitalization.

Can the flu vaccine protect me from getting COVID-19?

No, the flu vaccine only protects you from the flu. However, getting a flu shot can help you stay healthy because if you do get sick with the flu, your body may be weakened against fighting other infections, including COVID-19.

How do I know if I have COVID-19 or flu?

Both flu and COVID-19 are respiratory illnesses with similar symptoms, such as cough, fever and congestion. People with COVID-19 sometimes experience symptoms different from the flu, including loss of taste or smell and stomach upset. [Click here to view a symptom comparison chart.](#)

For other FAQs related the COVID-19 go to: <https://www.coronavirus.cchealth.org/frequently-asked-questions>

COVID-19 Testing at Pharmacies

CVS

<https://cvshealth.com/covid-19/testing-locations>

Walgreens

<https://www.walgreens.com/findcare/covid19/testing>

Other County COVID-19 testing resources:

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

Immunizations for Children

During the pandemic, many families are afraid to receive their regular care. This has put a lot of children at risk for otherwise preventable conditions. We are asking providers to do what they can to reassure patients that precautions are in place and that coming in for care is safe. We are also asking you to encourage families to bring in their children to catch up on immunizations.

If you have any questions or concerns, email us at

ProviderRelations@cchealth.org.



New DHCS Blood Lead Screening Regulations

The California Department of Health Care Services (DHCS) recently issued guidance related to the importance of blood lead testing in young children. As a result, Contra Costa Health Plan must ensure that our providers:

1. Provide oral or written guidance to the parent(s) or guardian(s) of a child member that, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This guidance must be provided to the parent or guardian at each well child visit, starting at 6 months of age and continuing until 72 months of age.
2. Order or perform blood lead screening tests on all child members:
 - a. At 12 months and at 24 months of age.
 - b. When the provider performing a well visit becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
 - c. When the network provider performing a well visit becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
 - d. At any time a change in circumstances has, in the professional judgement of the provider, put the child member at risk.
 - e. If requested by the parent or guardian.
3. Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees available at: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>.
4. Network providers are not required to perform a blood lead screening test if either of the following applies:
 - a. In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning.
 - b. If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

The provider must document the reason(s) for not performing the blood lead screening test in the child member's medical record. Per the guidance, we will be sending lists of members who have missed a screening or who have no record of screening, for providers to follow up on quarterly.

Timely Access to Care & Interpreter Services

The California Department of Managed Health Care (DMHC) has regulations set forth in Title 28, Section 1300.67.2.2 for health plans to provide timely access to care for our members.

Timely access standards include:

- ❖ Urgent care appointments not requiring prior authorization: within 48 hours
- ❖ Urgent care appointments requiring prior authorization: within 96 hours
- ❖ Appointments for Initial Prenatal Care: within 10 business days
- ❖ Non-urgent appointments for primary care: within 10 business days
- ❖ Non-urgent appointments with specialists: within 15 business days
- ❖ Non-urgent appointments with a non-physician mental health care provider: within 10 business days
- ❖ Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness or other health conditions: within 15 business days
- ❖ Waiting time to have telephone call answered not to exceed 10 minutes
- ❖ Call back waiting time not to exceed 30 minutes

Please see your CCHP Provider Manual Section 3 Utilization Management which explains in detail the process for you to obtain timely referrals to specialists for your patients. If you have a timely access concern, you can contact CCHP's Utilization Management at 1-877-800-7423, option 3 or file a complaint with the California Department of Managed Health Care by calling the DMHC Toll-free provider complaint line at: 1-877-525-1295.

DMHC also requires access to interpretation services for all members. Interpreter services are available at all CCHP points of contact where members may reasonably need such services. If you need assistance with using interpreters for Telehealth appointments you can email Otilia.Tiutin@cchealth.org or call 925-313-6063.

Initial Health Assessment (IHA)

The performance of an Initial Health Assessment (IHA) is essential for Primary Care Providers (PCPs) to complete in order 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) - done within **120 days** of the member being 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.
- An Individual Health Education Behavioral Assessment (IHEBA), such as the DHCS-approved Staying Healthy Assessment (SHA), should be completed within **120 days** of the member being assigned to the provider.
- If the IHEBA/SHA is not completed, then the reasons for this and efforts to reschedule any missed appointments that interfered with the completion of the IHEBA/SHA should be documented in the medical record.
- The provision of appropriate preventive services in accordance with the United States Preventive Screening Task Force (USPSTF) A and B recommendations.

The practitioner's signature with the date must be included on the IHEBA/SHA to indicate practitioner review of the patient's entries and so that follow-up may be done as needed. DHCS considers an IHEBA/SHA incomplete when the practitioner's signature and/or date are not found on the IHEBA/SHA.

In addition to the H&P and IHEBA/SHA, 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/AB340/AB340MediCalManagedCareScreeningTools.pdf>

SHA Questionnaires by Age:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

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

<https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>



Interpreter Services

Are some of your Patient's struggling with speaking or understanding English? If so, make sure you offer them *free* interpreter services!

A few months ago we sent a survey to our primary care physicians and asked if they knew how to access interpreter services? 21.4 % of the providers who responded said they did not know how to access an interpreter.

We want to make sure you are aware of these important services. To access interpreter services, go to our website for specific details regarding our telephonic interpreter services and when a face-to-face interpreter would be approved: <https://cchealth.org/healthplan/provider-interpretation.php>

If you need assistance with using interpreters for Telehealth appointments you can email otiutin@cchealth.org or call 925-313-6063.

Benefits of using proper interpreter services:

- 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



Annual UM Affirmative Statement

As part of the NCQA requirements (UM4-G)

The Utilization Management (UM) department, which includes the Authorization, Utilization Management and Pharmacy Management departments would like to inform you of the following:

- UM Decisions are made only on appropriateness of care and service and service and existence of coverage.
- Contra Costa County and the Health Plan do not reward practitioners or other individuals for issuing denials of coverage.
- There are no financial incentives for UM decision makers to make decisions that result in underutilization.



Providers can request, free of charge, copies of clinical guidelines used for decision-making, through any of the following distribution methods: Phone, Fax, Email, Internet Access, Mail, or in person.

Contact the CCHP UM Department at:

Phone: (925) 957-7260

Fax: (925) 313-6058

Email: ProviderRelations@cchealth.org

CCHP website: <https://cchealth.org/healthplan/providers/>

Mail/Location: CCHP Utilization Management Department, 595 Center Avenue, Suite 100, Martinez, CA 94553

When requested services are denied or modified, providers may have an opportunity to discuss the UM decision. Providers are notified (via Notice of Action, Notice of Non-Coverage, etc.) on how to contact reviewer, and when the reviewer is available to discuss the decision.

Criteria of UM Decisions

The Utilization Management (UM) department at Contra Costa Health Plan uses the following Clinical Criteria and Guidelines for all UM decisions:

- State Department of Health Care Services - DHCS (Medi-Cal) Noridian Administrative Services - DMERC Reg D
- Center for Medicare/Medicaid Services (CMS)
- Health Plan established clinical authorization guidelines
- Apollo Guidelines or InterQual Intensity of Service and Severity Illness Criteria
- Aetna Clinical Policy Bulletins
- Anthem/Blue Cross of California Clinical Utilization Management Guidelines
- United Healthcare Coverage Determination Guidelines
- National Guideline Clearinghouse
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources
- American Academy of Pediatrics
- American Congress of Obstetricians and Gynecologists
- National Institute for Health
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- National Comprehensive Cancer Network



Non-Emergency Medical Transportation Physician Certification Statement Forms

Requirements from DHCS All Plan Letter 17-010

Non-Emergency Medical Transportation (NEMT) services are a covered Medi-Cal benefit when a member needs to obtain medically necessary covered services and when prescribed in writing by a physician, dentist, podiatrist, nurse practitioner, physician's assistant, mental health provider, substance use disorder provider, registered nurse, discharge planner, or other healthcare provider. NEMT services are subject to a prior authorization, except when a member is transferred from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility or an intermediate care facility licensed (Health and Safety Code (HSC) Section 1250).

NEMT Provider Certification Statement (PCS) Forms

The Department of Healthcare Services (DHCS) requires that providers complete a Provider Certification Statement (PCS) form for NEMT. There is only ONE approved form. The form is available on our website at www.cchealth.org/healthplan/pdf/provider/Appendix-M-Physician-Certification-Statement-for-NEMT.pdf. If you have any questions about the PCS form contact the authorization unit at 1-877-800-7423, option 3.

NEMT Criteria:

Contra Costa Health Plan (CCHP) is required to authorize the lowest cost type of NEMT transportation (see modalities below) that is adequate for the member's medical needs. CCHP is required to provide medically appropriate NEMT services when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.

CCHP's NEMT Criteria:

1. **NEMT ambulance services** for:
 - Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
 - Transfers from an acute care facility to another acute care facility.
 - Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
 - Transport for members with chronic conditions who require oxygen if monitoring is required.
2. **Gurney services** when the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
 - Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport.
 - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.

Non-Emergency Medical Transportation Physician Certification Statement Forms Requirements from DHCS All Plan Letter 17-010

(continued from page 10)

3. **Wheelchair van services** when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:

- Renders the member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport.
- Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation.
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- Members who suffer from severe mental confusion.
- Members with paraplegia.
- Dialysis recipients.
- Members with chronic conditions who require oxygen but do not require monitoring.

4. **NEMT by air** only under the following conditions:

When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

Non-Emergency Transportation Minor Consent form

The Department of Health Care Services (DHCS) requires a parent or guardian to give consent for a minor child (17 and under) to travel on Non-Emergency Medical Transportation (NEMT) unaccompanied. The purpose of the consent form for NEMT is for a Parent/Guardian to consent that the minor will be unaccompanied. Non-emergency Transportation companies are not allowed to transport unaccompanied minors without this form completed.

Please have the Parent/Guardian complete the form and attach to the Prior Authorization request for Non-Emergency Transportation. When submitting a Prior Authorization for Non-Emergency Transportation for a minor child that may be unaccompanied, the signed consent form must be included with the request. The form can be found on our website at www.cchealth.org/healthplan/pdf/provider/Appendix-M-Transportation-Minor-Form.pdf.

Electronic Claims

Tired of billing claims on paper? Let's go electronic! Contra Costa Health Plan can now accept claims via Electronic Data Exchange (EDI) - the computer-to-computer exchange of business documents. EDI is a fast, secure, and most efficient way to submit claims.

The benefits of EDI include not only reduced costs, time and improved accuracy, but when set up electronically, you can also receive funds through electronic funds transfer (EFT) which will greatly decrease payment time and cashflow.

CCHP encourages you to transition to EDI and are ready to update our Claims process by assisting you to submit claims electronically. To participate in EDI, you will need to use one of the following clearinghouses for claims submittal:

- Claim Remedi now eSolutions
- ClaimSource now OS Health
- Relay Health now Change Healthcare
- SSI Group
- Turbo TAR
- ZirMed now Waystar
- Office Ally
- Trizetto

We have staff available to assist you in this transition. If you are interested in getting connected for EDI claims submission with CCHP please send e-mail to EDISupport@cchealth.org.



DHCS Encounter Data Reporting Mother and Newborn Coding Guidance

CCHP received the following coding guidance from the Department of Health Care Services for newborns. Newborns are covered under the mother's health plan ID for the first 30-days of life and are then assigned their own unique identifier. This means that hospitals will be reporting labor and delivery encounters for both the mother as well as the newborn(s) under the same health plan ID. In addition, providers of professional services, such as the obstetrician and pediatrician, will report encounters for their provision of childbirth services under the mother's health plan ID. Services provided Alternative Birthing Centers (ABCs) would also code all services under the mother's health plan ID.

To view the full document please click here: <https://cchealth.org/healthplan/providers/claims.php>

This document provides guidance on coding and reporting standards as they relate to mother and newborn services provided during the course of childbirth, which includes labor and delivery.

If you have any questions, please email the CCHP Claims Unit at ClaimStatus@cchealth.org.

Provider Bill Review Requirements

Effective March 6, 2020, CCHP require providers to submit a detailed bill with claims that exceeds 300K total billed charges or meets the stop loss threshold. All reports and supporting documents listed below are **required** for bill review.

Full Medical Record Documents

- History and Physical
- Emergency Room records
- OR Nurses notes
- Recovery Room Records
- Blood administration records signed by RN's
- Respiratory, Physical, Occupational and Speech Therapy records
- Medication Administration Record - **Must be the complete version NOT a summary of start and stop times**
- Discharge Summary
- Procedure and Operative Notes
- Anesthesia records with drugs administered
- Lab results
- Radiology reports

We do not need the items listed below unless that is the only documentation for RT, PT, OT and ST:

- Physicians progress notes
- Nursing flow sheets

Incomplete Medical Records: CCHP will attempt to obtain the documents by reaching out to the providers. Below is the timeframe for submission:

1st Request - Provider has 7 days from initial request date to submit

2nd Request - Provider has 3 days from 2nd request date to submit

Note: Failure or incomplete submission of these documents **may** result in delay of claim process, decrease in reimbursement and/or denial of billed items, etc.

Other Health Care Coverage

- DHCS has issued/released an All Plan Letter (APL-20-010) to all Medi-Cal Managed Care Health Plans on April 20, 2020. The purpose is to guide Medi-Cal Managed Care Health Plans (MCPs) with respect to the requirements for cost avoidance and post-payment recovery when an MCP member has Other Health Coverage (OHC)
- As per the APL, Medi-Cal members with OHC must utilize their OHC for covered services prior to accessing their Medi-Cal benefits.
- CCHP Network Providers should ask the member about OHC either when the member schedules an appointment or during the visit. If the member has any OHC along with Medi-Cal, then the provider can collect the information using a CRM. The links for the CRM Questionnaire and Tip Sheet on how to use this questionnaire will be available in the CCHP ccLink Provider Portal. For Providers who need access to the ccLink Provider Portal, the form to request access is located on our website at <https://cchealth.org/healthplan/providers>. For questions regarding the ccLink Provider Portal, email CCHPPortalSupport@cchealth.org.
- From now till January 1st 2021, Providers can access the necessary member OHC information utilizing the DHCS Automated Eligibility Verification System at (800) 427-1295, or the Medi-Cal Online Eligibility Portal <https://www.medi-cal.ca.gov/Eligibility/Login.asp>.
- Beginning January 1st 2021, CCHP will include OHC information in their notifications to providers such as Claims Denial Letters and Remittance Advice (RA/EDI 835) due to the presence of OHC.
- Beginning January 1st 2021, Providers can also utilize the CCHP ccLink Provider Portal or Real time Eligibility (RTE/EDI 270/271) to verify OHC. Tip Sheet will be available in the Provider Portal.

Claims Submission Timeline

As a friendly reminder, Contra Costa Health Plan (CCHP) is accepting claim submission one-hundred and eighty (180) days after the date of service for both contracted and non-contracted providers. The same timeline applies to all corrected claims. Claims received after one-hundred and eighty (180) days will be denied for non-timely filing. The three-hundred and sixty-five (365) days to appeal, remains the same.

The corrected claim submission guideline is located on our website:

<https://cchealth.org/healthplan/pdf/provider/Appendix-D-Corrected-Claim-Submission-Guideline.pdf>



ccLink Provider Portal

Contra Costa Health Plan highly encourages our providers to utilize the free CCHP ccLink Provider Portal, where you can check verification of eligibility, claims status, and authorization status online 24 hours a day, 7 days a week. You can now also enter prior authorizations/referrals via the ccLink Provider Portal if requested. If you are interested in signing up, please [click here](https://cchealth.org/healthplan/providers/index.php#Forms) (<https://cchealth.org/healthplan/providers/index.php#Forms>) and look for this logo:

The access request forms are located under the logo. Please note that there is 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.



- Eligibility can be checked using either of the following links:
 - CCHP ccLink Provider Portal (<https://cclinkproviderportal.cchealth.org>)
 - DHCS Medi-Cal Eligibility Portal (<https://www.medi-cal.ca.gov/MCWebPub/Login.aspx>)
- For PCP assignment changes, members may submit the request through our website at ContraCostaHealthPlan.org. Just look for “Request a PCP Change” link under the “I Want” tab.
- For Other Health Coverage (OHC) Questions, please utilize the Automated Eligibility Verification System at (800) 427-1295 or the Medi-Cal Online Eligibility Portal above.

It is important to log in after access is granted and then to maintain access, log in at least one time per year. Users that do not log in or have not accessed the web portal in a year will be inactivated and would need to reapply for access. Any issues with ccLink functionality refer to the training tip sheet posted within the ccLink Provider Portal application. If this does not resolve the issue or you require log in or password assistance, contact the HELP Desk at (925) 957-7272. Questions can be directed to CCHPPortalSupport@cchealth.org.

Provider Relief Fund Expanded

DHCS wanted all Providers to be aware that the Department of Health and Human Services (HHS) announced through the Health Resources and Services Administration (HRSA) that the latest Provider Relief Fund (PRF) application period has been expanded to include provider applicants such as residential treatment facilities, chiropractors, and eye and vision providers that have not yet received Provider Relief Fund distributions. These providers and all Phase 3 applicants **will have until 11:59 PM EST on November 6, 2020** to submit their applications for payment consideration.

List of Eligible Practices and Types of Providers:

HHS is expanding the pool of eligible Phase 3 applicants to include providers across a broad category of practices. Many providers who accept Medicare and Medicaid within these categories have already received a PRF payment, but others have not and HHS is working to ensure even more providers are able to receive Phase 3 funding. The list below includes eligible practices where providers may now apply for Phase 3 funding regardless of whether they accept Medicaid or Medicare.

- Behavioral Health Providers
- Dental Providers
- Chiropractors
- Hospice Providers
- Emergency Medical Service Providers
- Residential Treatment Facilities
- Ambulatory Health Care Facilities
- Physician Assistants & Advanced Practice Nursing Providers
- Podiatric Medicine & Surgery Service Providers
- Allopathic & Osteopathic Physicians
- Assisted Living Facilities
- Nursing Service and Related Providers
- Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- Hospital Units
- Laboratories
- Eye and Vision Services Providers
- Nursing & Custodial Care Facilities

Updated Reporting Requirements:

In response to concerns raised, HHS is amending the reporting instructions to increase flexibility around how providers can apply PRF money toward lost revenues attributable to coronavirus. After reimbursing healthcare related expenses attributable to coronavirus that were unreimbursed by other sources, providers may use remaining PRF funds to cover any lost revenue, measured as a negative change in year-over-year actual revenue from patient care related sources.

Links to Information:

- Press Release can be found [here](#)
- A policy memorandum on the reporting requirement decision can be found [here - PDF*](#).
- The amended reporting requirements guidance can be found [here - PDF*](#).
- For updates and to learn more about the Provider Relief Program, visit: hhs.gov/providerrelief.



Managed Care Operations Division
Department of Health Care Services

MMCDPMB@dhcs.ca.gov | www.dhcs.ca.gov

Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Provider	Specialty	Practice Name & Location
Jacqueline Idun, NP	Family Medicine	Brighter Beginnings Family Health Clinic, Antioch, Richmond
William Chen, DO	Family Medicine	John Muir Physician Network, Walnut Creek
Zhi Dai, DO	Family Medicine	John Muir Physician Network, Concord
Susan Fang, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Katrina Koslov, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Rachel Oliver, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Eric Ottey, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Michael Silva, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Sway Wu, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Fanny Xu, MD	Family Medicine	John Muir Physician Network, Walnut Creek
Gisselle Suazo, NP	Family Medicine	La Clinica De La Raza, Concord
Jabeen Karimjee, NP	Family Medicine, Mid-level - HIV/Aids	East Bay AIDS Center Medical Group, Oakland
Sukhjinder Kaur, MD	Family Medicine, Urgent Care	John Muir Physician Network, Concord, Walnut Creek, Orinda, Brentwood, San Ramon, Berkeley, Pleasanton
Tesiah Coleman, NP	Internal Medicine	Brighter Beginnings Family Health Clinic, Richmond, Antioch

Specialty Care Providers

Provider	Specialty	Practice Name & Location
Benjamin Thompson, Au.D.	Audiology	Center For Early Intervention on Deafness, Berkeley
Edward Becker, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek
Vikas Patel, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek
Jay Zimmerman, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek, Brentwood
Sanya Wadhwa, MD	Gastroenterology	BASS Medical Group, Inc., Concord, Antioch
Shireen Ghorbani, MD	Gastroenterology	John Muir Physician Network, Walnut Creek
Tedmond Szeto, MD	Gastroenterology	John Muir Physician Network, Concord, Walnut Creek
Patrick Ryan, MD	Hospitalist, Radiology	Bay Imaging Consultants Medical Group, San Ramon, Walnut Creek, Antioch, Berkeley, Brentwood, Castro valley, Concord, Fairfield, Vacaville, Saint Helena, Orinda, Oakland, Vallejo
Jessica Lee	Lactation Consultant	Jessica Lee, Pittsburg
Elaine Lim, PA	Mid-level - Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek
Mary Baumann, NP	Mid-level - Family Planning	Planned Parenthood, San Ramon
Stacy Welcome, PA	Mid-level - Infectious Disease	BASS - Infectious Disease Doctors Medical Group, Walnut Creek
Helen Mwanza, NP	Mid-level - Nephrology	East Bay Nephrology Medical Group, Inc., Berkeley, Vallejo
Benjamin Hubbard, PA	Mid-level - Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek, Brentwood
Gabriela Tirado, CNM	Midwife	Planned Parenthood, Napa
Amy Kane, MD	Obstetrics And Gynecology	LifeLong Medical Care, Berkeley, Richmond, San Pablo
Elizabeth Marlow Lehrburger, MD	Ophthalmology	Bay Area Retina Associates, Walnut Creek, Oakland
Anita Ko, OD	Optometry	Etwaru Eye Center, Pittsburg
Celesti Hao, OD	Optometry	Vallejo Optometry Group, Vallejo
Erica Benson, DPM	Podiatry	Sun Healthcare and Surgery Group, Inc., Martinez
Beverly Spurs, DPM	Podiatry, Wound Care	John Muir Wound Care, Walnut Creek
Hemal Parekh, MD	Pulmonary Disease	Diablo Pulmonary Medical Group, Concord
Zachary Fellows, MD	Rheumatology	Northern California Arthritis Center, Walnut Creek, San Ramon
Poornima Vanguri, MD	Surgery - Colon And Rectal	BASS - Bay Area Colon & Rectal Surgeons, Walnut Creek
Enkhee Tuvshintogs, MD	Urgent Care	John Muir Physician Network, Walnut Creek, Orinda, Concord, Pleasanton, Berkeley, San Ramon, Brentwood
Dawud Lankford, MD	Urology	BASS Medical Group, Inc., Walnut Creek, Oakland
Daniel Oberlin, MD	Urology	Golden Gate Urology, Berkeley
Catherine Hurt, MD	Wound Care	John Muir Wound Care, Walnut Creek
Ellen Leng, MD	Wound Care	John Muir Wound Care, Walnut Creek
Chi Perlroth, MD	Wound Care	John Muir Wound Care, Walnut Creek

Mental Health

Provider	Specialty	Practice Name & Location
Roser Camats Falip, MFT	Mental Health Therapist/Counselor	LifeLong Medical Care, Richmond

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Provider	Specialty	Practice Name & Location
Anna Alinea, BCBA	Behavior Analyst	ABA Plus Inc., San Ramon
Sofia Guerra, BCBA	Behavior Analyst	ABA Plus Inc., San Ramon
Marian Sanchez- Arvizu, MA	Behavior Analyst	Adapt A Behavioral Collective, Inc., San Francisco, Stockton
Katie Hubik, BCBA	Behavior Analyst	Animate Behavior LLC, Emeryville
Alyssa Salazar, BCBA	Behavior Analyst	Autism Intervention Professionals, Fremont
Denis Sanpedro Duarte, MS	Behavior Analyst	Autism Intervention Professionals, Fremont
Josette Mata, MS	Behavior Analyst	Autism Intervention Professionals, Fremont
Monica Krukov, BCBA	Behavior Analyst	Autism Learning Partners, LLC, San Leandro, San Ramon
Lynn Cho, BCBA	Behavior Analyst	Autism Learning Partners, LLC, San Ramon, San Leandro
Zhe Fan, BCBA	Behavior Analyst	Autism Learning Partners, LLC, San Ramon, San Leandro
Deona Mendoza, RBT	Behavior Analyst	Bay Area Behavior Consultants, LLC, Richmond
Miriam Martinez, RBT	Behavior Analyst	Bay Area Behavior Consultants, LLC, Richmond
Edwin Cruz, BCBA	Behavior Analyst	Behavior Treatment and Analysis, Inc, Walnut Creek
Jennifer Harmon, BCBA	Behavior Analyst	Behavior Treatment and Analysis, Inc, Walnut Creek
Serena Solorzano, BA	Behavior Analyst	Behavior Treatment and Analysis, Inc, Walnut Creek
Jia Qiu, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Antioch
Taylor Kollo, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Antioch
Anumita Sarkar, BA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Brentwood
Shabnam Vossoughi, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Brentwood
Laura Valtierra, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Elk Grove
Nicole Torneros, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Elk Grove
Dawn Oliveira, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Walnut Creek
Parnian Ram, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Walnut Creek
Taban Heidarzadeh, BCBA	Behavior Analyst	Center for Autism and Related Disorders, LLC, Walnut Creek
Angela Watkins, BCBA	Behavior Analyst	Center for Social Dynamics, Martinez, Alameda
Angela Granger, RBT	Behavior Analyst	Gateway Learning Group, Concord
Josephine Nwankwu, RBT	Behavior Analyst	Gateway Learning Group, Concord
Anaraly Contreras, M.Ed.	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Angelique Gomez, RBT	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Bianca Naguit, MA	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Madeleine Pizio, RBT	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Manuel Nevarez, RBT	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Mariah Harnish, BA	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Mary Soto, M.Ed.	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Richard Henry, RBT	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Talita Santos, RBT	Behavior Analyst	Goals for Autism, Inc., Walnut Creek
Chelsea Gourlie, BCBA	Behavior Analyst	Kids Overcoming, LLC, Lafayette
Bahareh Abhari, BCBA	Behavior Analyst	Positive Behavior Supports Corp, San Francisco
Scott Verzi, BCBA	Behavior Analyst	Positive Behavior Supports Corp, San Francisco
Jesus Munoz, BA	Behavior Analyst	Positive Pathways LLC, San Francisco
Rose Anne Fabillar, BCBA	Behavior Analyst	Positive Pathways LLC, San Francisco, Antioch

Facilities

Facility	Facility Type	Location
Creekside Healthcare Center	Skilled Nursing Facility	San Pablo
DaVita - Fairfield Downtown Dialysis	Dialysis	Fairfield
DaVita Fremont Dialysis	Dialysis	Fremont
DaVita San Leandro Dialysis	Dialysis	San Leandro
MedicalOne	Hospice and Home Health	Antioch
DaVita - El Sobrante	Dialysis	San Pablo

Welcome Contra Costa Regional Medical Center (RMC) Providers

Provider	Specialty
Catherine Wang, MD	Family Medicine

THE BULLETIN BOARD

Reminder!

HOLIDAYS OBSERVED BY CCHP

November 11, 2020	Veterans Day
November 26, 2020	Thanksgiving Day
November 27, 2020	Day After Thanksgiving
December 25, 2020	Christmas
January 1, 2020	New Year's Day

CCHP Online Resources:

www.cchealth.org/healthplan/providers

CCHP Provider & Pharmacy
CCHP Electronic Provider Directory
CCHP Preferred Drug List (PDL)
CCHP Provider Manual
CCHP Provider Web Portal
Prior Authorization Forms
Clinical and Preventive Guidelines
No Prior Authorization List

Uninsured individuals:

www.cchealth.org/insurance

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



Attention:

All Providers
Provider Network Meetings
(previously called CPN meetings)

Zoom Meetings:

January 26: 7:30 am—9:00 am

January 26: 12:00 pm—1:30 pm

January 26: 5:00 pm—6:30 pm

For questions or to RSVP, contact
Vanessa Piña by email
Vanessa.Pina@cchealth.org or phone
(925) 313-6169.



The ccLink
Provider Portal is a
free web-based tool
that allows you to
view your patients'

records, refer members, and request
authorizations from any computer, at
any time.

Request Access:

If you don't already have access to the
ccLink Provider Portal, complete the
ccLink Provider Portal Agreement at
[https://cchealth.org/healthplan/](https://cchealth.org/healthplan/providers/)
[providers/](https://cchealth.org/healthplan/providers/) and submit the request to
CCHPPortalSupport@cchealth.org.

Technical Issues: (925) 957-7272

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.

CCHP Directory

595 Center Ave. Suite 100
Martinez, CA 94553

www.cchealth.org



Authorization Department / Hospital Transition Nurse

- Phone: (877) 800-7423, option 3
- Fax Numbers for Prior Authorization Requests:
 - Medi-Cal Member** Authorization eFax Numbers:
 - ◊ Prior Authorizations/Outpatient/Routine: Fax: (925) 313-6058
 - ◊ Urgent/Additional Information: Fax: (925) 313-6458
 - ◊ Inpatient (Hospital)/Face Sheet: Fax: (925) 313-6645
 - ◊ Appeals: Fax: (925) 313-6464
 - ◊ Mental Health: Fax: (925) 313-6196
 - ◊ Specialty (CPAP): Fax: (925) 313-6069
 - Commercial Member** Authorization eFax Numbers:
 - ◊ Prior Authorization Requests: Fax: (925) 252-2620
 - ◊ Confidential Mental Health: Fax: (925) 313-6196
- Email Auth Questions (**do not email auth requests**): CCHPauthorizations@cchealth.org

Claims Department

- Phone: (877) 800-7423, option 5
- Email Claims Questions: ClaimStatus@cchealth.org
- Email Appeals Questions: Appeals@cchealth.org

Interpreter Services

- Phone: (877) 800-7423, option 4

Member Eligibility and Primary Care Physician Assignment

- Phone: (877) 800-7423, option 1

Member Services Department (calling on behalf of a member that is with you)

- Phone: (877) 800-7423, option 7

Pharmacy Department

- Phone: (877) 800-7423, option 2

Provider Relations Department

- Phone: (877) 800-7423, option 6
- Fax: Fax: (925) 646-9907
- Email General Questions: ProviderRelations@cchealth.org
- Email Contract Related Questions: CCHPcontracts@cchealth.org
- Email Credentialing Related Questions: CCHPcredentialing@cchealth.org

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