

COVID-19 Vaccine Update

Contra Costa Health Services has received initial doses of the COVID-19 vaccine, and is in the process of offering safe, effective, no-cost vaccinations, following state guidelines to distribute vaccines equitably. Vaccine eligibility is rapidly expanding in California, and Contra Costa County is building capacity to fill thousands of new requests.

In response to new guidelines from the State, Contra Costa Health Services (CCHS) and other healthcare providers in the County are now offering safe, effective, no-cost COVID-19 vaccine to all residents who are 65 or older. [Click here to request an appointment from CCHS.](#)

For the most current information, please visit this website: <https://www.coronavirus.cchealth.org>

Additional details regarding eligibility visit: <https://www.coronavirus.cchealth.org/get-vaccinated>

As a reminder, if your practices **services or office hours change due to COVID-19 related** issues you must notify CCHP by emailing the details to ProviderRelations@cchealth.org. CCHP is required to notify DHCS regarding the changes and is also required to ensure the Provider Directory accurately displays practice details.

Highlights Inside This Issue	
COVID-19 Vaccine Update	1
Message from the CCHP Chief Medical Officer	2
Utilization Management Updates	3-4
Initial Health Assessments	4
CCHP Quality Department 2021 Initiatives and Priorities	5-6
Pharmacy and Therapeutics Committee News	7-8
Pharmacy Medi-Cal Rx Transition – Effective 4/1/2021	9
Primary Care Providers—Providing Behavioral Health Services Overview	9-10
Care Management	11
Reminder: Claims Submission Timeline & Corrected Claim Submission Guideline	11
Service Codes for EPSDT & Member Health Education	12
Member Health Education	13
CPN & CCRMC Interpreter Services	14
Adverse Childhood Experiences (ACEs)	15
Welcome Community Provider Network (CPN) Providers	16-19
The Bulletin Board & Contra Costa Health Plan Contact Information	20-21

Message from the CCHP Chief Medical Officer

Happy New Year everyone! It's been an unprecedented year. Thank you for all of your hard work. I've been here at CCHP for about four months now and have had the opportunity to meet many of you through provider trainings, meetings, and other forums. For those of you whom I have not had the opportunity to meet, my name is Dennis Hsieh, and I am the new Chief Medical Officer here at CCHP. I am an emergency medicine doctor by training. I did my medical school at UCSF and my residency at Alameda Health System – Highland General Hospital before spending the last four years in Los Angeles County at the Los Angeles County Department of Healthcare Services and Harbor-UCLA Medical Center where I was the Director of Social Medicine and Community Health.

I am excited to be here and to work with you during these challenging times. One of our top priorities during this time is ensuring that all members receive their preventive services, including new CCHP members getting their Initial Health Assessment (IHA) within 120 days of enrolling with CCHP, children getting their blood lead level screening at 12 months and 24 months of age as detailed in [APL20-16](#), and all age groups making it in for their annual health visits and receiving the appropriate immunizations and health screenings, including breast and colon cancer screening.

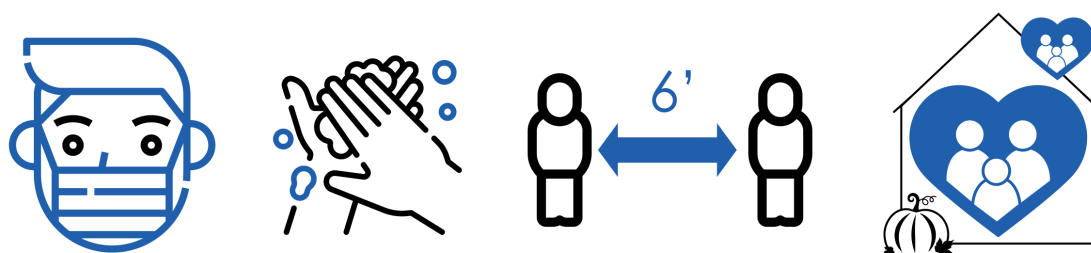
In this vein, we are kicking off an [Initial Health Assessment \(IHA\) Campaign](#) to work with all of you to ensure that you are aware of which of your new patients have not yet made it in for their IHA and how telehealth and other strategies can help with this alongside several other quality initiatives around Well-Child visits and vaccinations, helping individuals with HgbA1c > 9 better control their diabetes, and individuals with recent ED visits or hospitalizations better control their asthma. If you have any questions about these initiatives, please reach out to our new quality manager, Nicole Branning (nicole.branning@cchealth.org) for additional information.

Looking forward to partnering with all of you as we adapt to working and living with COVID-19.

In solidarity,

Dennis Hsieh, MD, JD

This holiday season



Habits that KEEP protecting those we care about!

Utilization Management Updates

We are making some big changes and updates in the Utilization Management (UM) Department along with a number of updates to the UM portion of the [Provider Manual](#). Medi-Cal has also updated a number of requirements. Finally, with the COVID-19 pandemic, we wanted to send out some reminders and highlights:

Turn-Around Timelines for Emergent, Urgent, and Routine Requests

CCHP has 3 categories of cases: emergent, urgent, and routine. Emergent are those that require clinical attention within 72 hours and thus do not require prior authorization. Urgent cases are those that require clinical attention within 7 days and CCHP will process the authorization within 72 hours of receiving all of the necessary clinical information. Routine cases are those that require clinical attention beyond 72 hours and CCHP will process the authorization within 5 business days of receiving all of the necessary clinical information. CCHP often faces a challenge in getting the necessary clinical information and this delays the ability to make a decision on the request. When submitting your request if you could be sure to include the best contact person's information that would be most helpful.



Members with CCHP Commercial Plan A/A2/A2-IHSS

Those who have CCHP Commercial Plan A/A2/A2-IHSS have their primary care doctors assigned to CCRMC. For specialty care, these members must stay in network and get their specialty care at CCRMC except when the services are not available. In those cases, CCHP will approve these members to go to providers outside of CCRMC to get specialty care. If there are concerns about timely access at CCRMC for these members, let CCHP know and Dr. Hsieh will work with Dr. Urcuyo and Dr. Sullivan to facilitate timely access.

Acute Care Hospitalization and Concurrent Review

For all CCHP members who are hospitalized, the hospital is responsible for notifying CCHP within 24 hours of acute care hospitalization so CCHP can do concurrent review on these cases. The hospital is responsible for providing relevant clinical records daily so that concurrent review can occur. Those hospitals who fail to provide notification and/or records in a timely manner will not be reimbursed for the hospitalization.

CCHP Provider Portal and Faxes

CCHP is moving towards eliminating the use of faxes. All hospitals and community network providers (CPN) should sign up for the [CCHP ccLink Provider Portal](#), which can be used to make prior authorization requests, checking on the status of prior authorization requests, hospitalization notifications, and providing records for concurrent review, among other things. If you have any concerns about the CCHP ccLink Provider Portal, please let email CCHPportalsupport@cchealth.org.

Care Management/High Utilizers

For individuals with challenging life or social circumstances and/or a heavy chronic disease burden and high-utilization of the emergency department and/or inpatient hospitalization, CCHP has care management services available. When you identify these individuals, please refer them to the CCHP care management department by emailing or messaging Deborah Hotting (Deborah.Hotting@cchealth.org) and cc'ing Pamela Lee (pamela.lee@cchealth.org). The CCHP care managers can help with coordination of care, access to resources, and navigation of the healthcare system.

Utilization Management Updates

Medi-Cal Updates and Reminders

Medi-Cal made a number of updates to covered services, the first is for those Medi-Cal members who are transgendered. CCHP will now cover services that are medically necessary to treat that member's gender dysphoria in addition to those services that meet the statutory criteria for reconstructive surgery. As stated in [APL20-18](#), reconstructive surgery is defined as "surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease...to create a normal appearance to the extent possible." Second, with respect to COVID-19, CCHP has waived prior authorization for COVID-19 related testing treatment services, and treatment supplies, services and treatment and will review these requests on a retroactive authorization basis. Providers should first submit for retroactive authorization through the same process as prior authorization and after receiving authorization, then submit a claim to the CCHP claims department.

Behavioral Health Reminders

All providers, including primary care providers and Federally Qualified Health Centers (FQHC), can provide up to 8 sessions (1 initial consult/evaluation + 7 follow-up sessions) of behavioral health treatment/services for patients with mild to moderate behavioral health needs with no authorization. Sessions beyond these 8 can continue to be provided by the same provider, but do require submission of an authorization to CCHP for ongoing treatment. The Access Line (1-888-678-7277) is available for CCHP Medi-Cal members that have mild to moderate behavioral health needs (including those who have Medicare and Med-Cal) and those who have specialty mental health needs. CCHP members with Commercial A/A2/A2-IHSS/B should reach out to CCHP's Behavioral Health Team if they need additional assistance by calling 1-877-661-6230, option 4.

Initial Health Assessments

CCHP is dedicated to ensuring timely and comprehensive initial assessments of all newly enrolled members. The Initial Health Assessment (IHA) for all newly assigned members is required to be completed within 120 days of enrollment at CCHP. The IHA is considered complete only when it includes all of the following:

- Completion of an age appropriate Staying Healthy Assessment, reviewed and signed by the provider
- A comprehensive history
- A comprehensive physical and mental exam
- Diagnoses, as needed
- Plan of care, including all follow up activities and referrals to address findings or risk factors discovered during the initial assessment and completion of the SHA
- Assessment of needed preventive care



While in person assessment is ideal, CCHP understands the benefit of telehealth during the on-going Covid-19 pandemic. If an in person visit is not possible, a telehealth visit to complete these activities is appropriate and encouraged.

CCHP is focused on improving the rate of timely Initial Health Assessments. This means we will be increasing our monitoring activities and communicating with providers on how to ensure this important part of quality care is completed.

For Staying Healthy Assessments by age and language, please [CLICK HERE](#).

CCHP Quality Department 2021 Initiatives and Priorities

CCHP is continuously monitoring and working to improve care for our patients. Many of our Quality Improvement Department strategies involved preventive and timely care. Detailed below are some of the initiatives and priorities for CCHP's Quality Department for 2021. If you have questions or would like to partner with us, contact Nicole Branning at Nicole.branning@cchealth.org.

Blood Lead Screening

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. CCHP must ensure that providers who perform Periodic Health Assessments do the following:

- Provide oral or written anticipatory guidance to parents or guardians about the dangers of lead exposure starting at 6 months of age and continuing until 72 months of age.
- Order or perform blood lead screening tests
 - 1) At 12 months and at 24 months of age;
 - 2) When the provider becomes aware the child is overdue for blood lead screening up to 72 months of age;
 - 3) Any time a change in circumstances has, in the professional judgement of the network provider, put the child at risk; and
 - 4) If requested by the parent or guardian
- Document the reason a blood lead screening was *not* performed if as a parent or guardian refuses or the screening poses a greater risk to the child member's health than the risk of lead poisoning. Providers must obtain a signed statement of voluntary refusal or document why a signed statement of voluntary refusal was not obtained.



Asthma Initiative

Contra Costa Health Plan in partnership with Public Health and local Energy Efficiency programs will be launching a three-year Asthma Home Visiting pilot. The program will provide comprehensive asthma services to 50 CCHP members with severe asthma each year. These services can include:

- Clinical treatment with Asthma & Allergy Specialists
- Patient and family education on asthma
- In-home trigger assessments
- Minor to moderate home remediation provided by energy efficiency programs

CCHP will work with RMC network pediatricians to identify members with the highest need and outreach directly to members that have had a recent asthma-related ED visit. Referrals can be received from various sources, including primary care providers, ED visit reports, and public health nurses.

CCHP Quality Department 2021 Initiatives and Priorities

Diabetes Control Project

CCHP will be launching a tech-enabled diabetes management pilot. The pilot will provide Gojji Meters, which are cellular-enabled glucose monitors, to allow members to test blood sugar levels and receive real-time feedback, education and hands-on support from a CCHP Certified Diabetes Educator Nurse. This pilot seeks to empower members to take control of their diabetes, while offering individual education and support to high risk members. The pilot will target members that have a most-recent HbA1c reading of 7 or above.



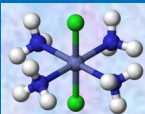
Well Child Visits

At CCHP, we know that many behaviors in adulthood have their roots in childhood. It is extremely important that children receive care at the appropriate time and consisting of the appropriate evaluations and screenings. These visits have the power to shape life-long health and development. Preliminary MY2020 HEDIS data showed a significant decline in Well Visit measures, most likely due to COVID-19. In 2021, CCHP is focused on pediatric measures, beginning with Well Visits. In the coming months, CCHP will identify providers to partner with to improve Well Visit attendance for MY2021.

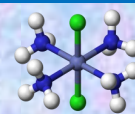
Perinatal Equity

The CCHP 2020 Population Health Needs Assessment identified disparities in Perinatal Outcomes including Cesarean rates, Preterm Birth and Breastfeeding rates for Black/African American members. CCHP will be partnering with Public Health, Regional Medical Center and Community Provider Network providers to develop an organizational plan to address systemic inequities in access, medical care and social determinants of health.





Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 12/4/2020. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-January 2021****

Updates/Announcements:

1. Fee-For-Service Medi-Cal Carve-Out (Medi-Cal Rx) has been delayed until April 1, 2021:
 - a. Given the ongoing challenges and constantly evolving health care landscape associated with the unprecedented COVID-19 public health emergency (PHE), the Department of Health Care Services (DHCS), after careful consideration and in close partnership and collaboration with Magellan Medicaid Administration, Inc., has decided to lengthen the transition time to the full implementation of Medi-Cal Rx by three (3) months, until April 1, 2021. In the interim, all current prescription drug service processes and protocols, both effectuated by DHCS and Medi-Cal managed care plans (MCPs), will remain unchanged and in place until Medi-Cal Rx launches. DHCS will be working diligently to update documents and resources on the Medi-Cal Rx website accordingly to reflect the new date of implementation.
2. Provider Instructions to Prepare for Medi-Cal Rx:
The Department of Health Care Services Medi-Cal Rx transition of all administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing intermediaries, Medi-Cal Fee-for-Service (FFS) or Managed Care Plan (MCP) providers, to the new Medi-Cal Rx vendor, Magellan Medicaid Administration, Inc. (MMA), goes into effect April 1, 2021.

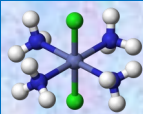
All Medi-Cal Rx providers, including pharmacies, prescribers, and their staff, will need to complete a registration process to access the Learning Management System (LMS), Saba. All education and outreach events will be posted in a calendar on the Saba LMS. To access the Saba LMS, providers will need to utilize the User Administration Console (UAC) application—a registration tool that controls and manages the user's access to the Medi-Cal Rx Web Portal and associated applications—at <https://medi-calrx.dhcs.ca.gov/provider/>

For additional information regarding this transition, billing, and to register please go to:

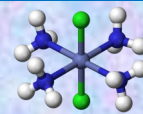
<https://medi-calrx.dhcs.ca.gov/home/education>

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):

Changes Made	Drug Name
Created new PA criteria:	None
Modified PA criteria:	Adapalene 0.1%/benzoyl peroxide 2.5% gel (Epiduo) Apremilast (Otezla) Exenatide (Byetta) 250mcg/ml prefilled pen Teriparatide (Forteo) Dimethyl Fumarate (Tecfidera) Fingolimod (Gilenya)
ADDED to the CCHP formulary:	None
Removed from CCHP formulary:	Aminophylline IV solution Theophylline IV solution Theophylline (Theolair) oral solution Theophylline (Elixophyllan) Calcitriol (Calcijex) IV Naftifine (Naftin) 1% gel Oxistat (oxiconazole nitrate) 1% lotion Oxiconazole nitrate (Oxistat) 1% cream Ertaczo (sertaconazole nitrate) 2% cream Sulfaconazole (Exelderm) 1% solution and cream



Pharmacy and Therapeutics Committee News



- **Modification of criteria for Adapalene 0.1%/benzoyl peroxide 2.5% gel (Epiduo):**
adapalene was added as an additional option that may also be tried and failed in addition to tretinoin
- **Modification of criteria for Apremilast (Otezla):**
other DMARDs may also be considered as alternative to methotrexate; topical tacrolimus or pimecrolimus or coal tar may also be considered as alternative to topical corticosteroids
- **Modification of criteria for Exenatide (Byetta) 250mcg/ml prefilled pen:**
new formulary medications Ozempic, Rybelsus were added as additional options to the trial and failure of either Victoza or Trulicity requirement
- **Modification of criteria for Teriparatide (Forteo):**
new formatting and minor edits to criteria
- **Modification of criteria for Dimethyl Fumarate (Tecfidera):**
no longer requires a trial and failure of Copaxone (glatiramer) and Avonex (IFN Beta 1a)
- **Modification of criteria for Fingolimod (Gilenya):**
no longer requires a trial and failure of Copaxone (glatiramer) and Avonex (IFN Beta 1a) for refractory multiple sclerosis

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 joseph.cardinalli@cchealth.org

Pharmacy Medi-Cal Rx Transition – Effective 4/1/2021

Given the ongoing challenges and constantly evolving health care landscape associated with the unprecedented COVID-19 public health emergency (PHE), the Department of Health Care Services (DHCS), after careful consideration and in close partnership and collaboration with Magellan Medicaid Administration, Inc., has decided to lengthen the transition time to the full implementation of Medi-Cal Rx by three (3) months, until **April 1, 2021**. In the interim, all current prescription drug service processes and protocols, both effectuated by DHCS and Medi-Cal managed care plans (MCPs), will remain unchanged and in place until Medi-Cal Rx launches. DHCS will be working diligently to update documents and resources on this website accordingly to reflect the new date of implementation, so we appreciate your patience.

Primary Care Providers Providing Behavioral Health Services Overview

Contra Costa Health Plan Primary Care Providers are required by contract to offer mental health screening to all Medi-Cal members assigned to their panel at least once a year. The provider can use the questions in the Staying Healthy Assessment (SHA) form to assess members' mental health. PCPs in outpatient settings may then provide and bill for medically necessary mental health services for Medi-Cal members, including counseling for mild to moderate mental health issues **that fall within the provider's scope of practice**. No Prior Authorization is required until after eight visits (consult and 7 visits). After eight visits, the service will then require that additional clinical/behavioral health information be sent to CCHP for approval of further visits, or decision to refer to a mental health professional.

1. Included in the member's mental health assessment is screening for alcohol misuse and behavioral health counseling interventions for alcohol misuse. PCPs must offer the member an expanded screening using a validated alcohol screening questionnaire. California Department of Health Care Services (DHCS) requires the use of the Alcohol Use Identifier Test (AUDIT) or Alcohol Use Disorder Identification Test-Consumption (Audit-C) and a single question screening such as asking, "How many times in the past year have you had 4 (for women and all adults older than 65 years) or 5 (for men) or more drinks in a day."
 - Alcohol pre-screening questions are also on the SHA form. When a member answers "yes" to the alcohol pre-screen question on the SHA:
 - Offers brief intervention(s) to members who were identified as having risky or hazardous alcohol use when they respond affirmatively to the alcohol question in the SHA, provided responses on the expanded screening that indicate risky or hazardous alcohol use, or when otherwise identified.
 - Provides one to three brief intervention sessions, 15 minutes in duration per session, per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Providers may provide brief intervention services on the same date of service as the expanded screen or on subsequent days. Interventions may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management or problem solving and may be delivered by face to face sessions, written self-help materials, computer or Web based programs, or telephone counseling.

Primary Care Providers

Providing Behavioral Health Services Overview

- Offers the expanded screening, using a validated screening tool, every year. Additional screenings can be provided in a calendar year if medical necessity is documented by the member's provider.
 - Documents in the medical record the SHA and the expanded screening.
 - Further information on alcohol misuse treatment by PCPs:
 - If a member transfers to another PCP, the receiving PCP must request and obtain prior medical records. If no documentation is found, the new PCP must provide and document the service.
 - Refer members who upon screening and evaluation meet criteria for an alcohol use disorder as defined by the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) or whose diagnosis is uncertain, for further evaluation and to the County Department for alcohol and substance use disorder treatment services, **when the condition is beyond the PCP's scope of practice.**
2. The PCP may provide the following **if within their scope of practice**:
- Individual or group mental health evaluation and treatment (psychotherapy)
 - Psychological testing, when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring drug therapy
 - Outpatient laboratory studies, drugs, supplies, and supplements (excluding medications listed in the Medi-Cal Provider Manual) in the following link: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpgmc_z01.doc
 - Psychiatric Consultation
3. When medically necessary, PCPs are required to provide referrals for psychiatric evaluation, or any other necessary mental health service that is not within the PCP's scope of practice. All services must be provided in a culturally and linguistically appropriate manner.

For questions, please contact Provider Relations at providerrelations@cchealth.org or call (925) 313-9500.

Additional Resources

- Technical Assistance Publication 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment <http://store.samhsa.gov/shin/content/SMA13-4741/TAP33.pdf>
- Treatment Improvement Protocols 35: Enhancing Motivation for Change in Substance Abuse Treatment <http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/TOC.pdf>
- Quick Guide: [Opioids and Substance Misuse | SAMHSA](#)



Care Management

Health Risk Assessments for Seniors and Persons with Disabilities (HRA/SPD)

- Seniors and Persons with Disabilities (SPD) receive a Health Risk Assessment (HRA) upon enrollment to CCHP Medi-Cal and annually thereafter.
- The HRA is a DHCS approved form that is mailed to the member. CCHP also has Member Service Counselors that reach out to members with telephone attempts to complete the assessment.
- The purpose of the assessment is to identify issues the member may be having and connect them to the appropriate services and resources.

Medicare Enrollment for Members on Dialysis

- CCHP began a Renal Care Project to identify members that receive hemodialysis for end stage renal disease. The purpose is to assist them to enroll in Medicare and expand the services our members receive. This will allow members to receive additional coverage for a wide range of services.
- CCHP will remain the secondary coverage and Medicare will become the primary coverage.
- A team within CCHP is trained to assist members to make it as easy as possible to enroll in Medicare. If you have any questions, call the CM Department at (925) 313-6887.

Case Management

- CCHP Case Management provides outreach and case management services for members that over/under utilize services or has difficulty adhering to a treatment plan. Our goal is to promote quality of care through increased coordination of services, decreased fragmentation of care, efficient utilization of resources, along with patient and caregiver/family involvement.
- To refer a member to Case Management, complete the referral form and fax it to the CM Unit at (925) 252-2609. 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.
- [Click here](#) to access the Case Management Referral form.



Reminder: Claims Submission Timeline

In order to meet the timely submission requirements, please make sure all claims are submitted to Contra Costa Health Plan (CCHP) within one-hundred and eight (180) days after the date of service for both contracted and non-contracted providers. Claims received after the 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. For claim dispute, please fill out the appeal and dispute form located at <https://cchealth.org/healthplan/providers/>

Corrected Claim Submission Guideline

Providers can submit a corrected claim to Contra Costa Health Plan (CCHP) if the claim submitted previously was incorrect or incomplete. The previous claim must be in Paid or Denied Status. Please refer to the Corrected Claim Submission Guideline on our website for details: <https://cchealth.org/healthplan/providers/>

Service Codes for EPSDT

The Department of Health Care Services (DHCS) has updated its guidance for reporting encounters containing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service codes.

[Click here](#) to find the EPSDT reporting guide in the Resources Section, which contains the following updated information:

- EPSDT reporting instructions for both 837I and 837P
- EPSDT service codes and code types, some of which include modifiers
- Hearing aid codes
- Local Code Crosswalk

Please reference the EPSDT reporting guide when billing EPSDT services.

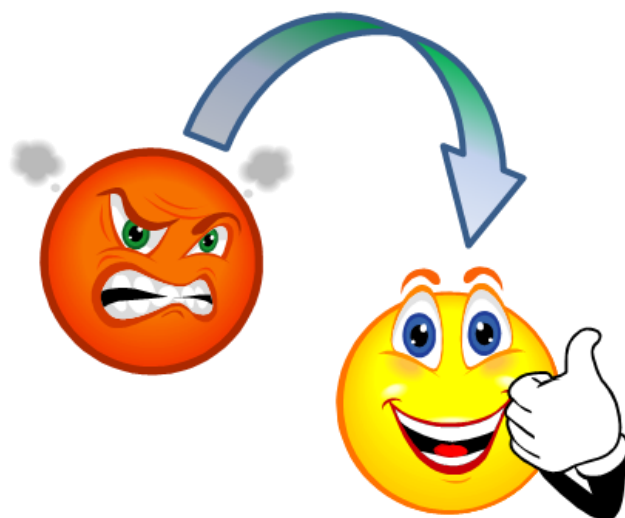
Please **do not** submit any local codes as CCHP does not accept any local codes. **Encounters using local codes will be denied or rejected.**

Member Complaints and Grievances

All member complaints and grievances, including those member grievances that are handled internally by the provider, must be forwarded to Contra Costa Health Plan (CCHP). If a member is dissatisfied with the service delivered by the provider, providers should offer the member the CCHP grievance form to complete and return it immediately to CCHP's Member Services Department or go online to fill out the grievance form <https://cchealth.org/healthplan/cchp/>. Or you may advise the member to call Member Services at 1-877-661-6230 (option 2) to help resolve the member's issue. The member may also go to the CCHP office to talk to Member Services staff in person.

The PCP office may use CCHP's or its internal complaint and grievance form and should immediately submit all complaints and grievances to the Plan's Member Services Department for resolution. Even in instances where the provider resolves the grievance, it must still be submitted to CCHP to verify that the grievance was addressed, investigated, and resolved appropriately.

If you have any questions, please contact CCHP by email at Providerrelations@cchealth.org or by phone 925-313-9500.



Member Health Education

Are any of your patients asking or requesting health education programs, materials or services and concerned about staying healthy especially during the Covid-19 Stay in Shelter Order? If members have questions or concerns about how to stay healthy, we want to make sure you let them know that health education programs, materials, and services are always available to them.

Our most recent member satisfaction survey revealed that only 7% of our members had used health education services in the previous 6 months and when asked about whether these services had met their needs, only 6% of our members stated that the services they had used had met their needs. In response to this information we have made a commitment to making improvements in health education services and for our effort to be successful we are requesting your cooperation.

We want to make sure that you are aware of the many low-cost and free services that are available to our members. Health education materials which be printed on many topics including diabetes, mental health, parenting, smoking cessation, and community resources can be found on our website at cchealth.org/healthplan/health-ed.php. We are also collaborating with other Contra Costa County agencies, Contra Costa Public Health and local hospitals to increase the variety of services we can offer to meet the needs of our members. In collaboration with new partners we have new offerings that include an asthma program and a diabetes prevention and self- management and education program.

The vision for the Health Education Services is to assure that our members are aware of the many services which are still being offered although they are being conducted in a different manner during the Covid-19 Stay in Shelter Order. Our goal also includes providing support to our members as they learn to manage the changes in accessing these services. We would request that you provide information about any feedback the patients are sharing with you regarding areas of improvement about classes, materials, and services, including areas of most interest to them to help them stay healthy. In order for you to have and use the information about the Contra Costa County agencies with your patients, we are in the process of developing a Provider Resource Guide and will provide an update about this guide.

In maintaining our commitment to our members, we will also be conducting evaluations of all health education services to ensure that these all meet the needs of our members and that the services we offer reflect the interests of our members and the issues most important to the population of Contra Costa County.



CPN Providers—Interpreter Services

Do some of your patients struggle with Speaking English or have a disability? If so, make sure you offer them Free language interpreter services, including American Sign Language!

Go to our website (<https://cchealth.org/healthplan/provider-interpretation.php>) for details on how to access our telephonic and face-to-face interpreter appointments. **On our website you will find a new online form to submit Face-to-Face interpreter appointments** (must meet criteria).

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

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

CCRMC Providers—Interpreter Services

High Tech Interpreter Services is a Click Away!

Do some of your patients struggle with Speaking English or have a disability? If so, make sure you offer them Free Interpreter Services or an interpreter for American Sign Language!

CCRMC hospital and clinics providers have access to HCIN – Health Care Interpreter Network. Video interpreter units are installed in each health center exam room and at each bedside at CCRMC.

Easy Steps for Using Video Interpreter Services at CCHS

Check in Epic under demographics patient preferred **spoken** and **written** language. Check to see what the interpreter sees by pressing 'more', 'self-view' – adjust the camera (especially important for ASL), then 'exit'.

- 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
- Please 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#

If you need instructions for Telehealth or have any questions about accessing Interpreter Services, contact Sally McFalone via email (Sally.McFalone@cchealth.org) or phone (925) 313-6242.

Adverse Childhood Experiences (ACEs)

About ACEs Aware

The Office of the California Surgeon General and the state Department of Health Care Services are leading a first-in-the-nation statewide effort to screen children and adults for Adverse Childhood Experiences (ACEs) in primary care, and to treat the impacts of toxic stress with trauma-informed care. The ACEs Aware initiative is built on the consensus of scientific evidence demonstrating that early detection and evidence-based intervention improves outcomes. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation, and to launch a national movement to ensure everyone is ACEs Aware. For more information, visit the [ACEs Aware website](#).

California Budget Update

On January 8, 2021, Governor Gavin Newsom released [California's proposed fiscal year 2021-22 budget](#). The Governor's budget includes a proposal to extend Proposition 56 funding for the ACEs Aware initiative through June 30, 2022.

The ACEs Aware initiative is a vital part of the Medi-Cal program's response to the COVID-19 public health emergency, helping providers identify, prevent, and treat the secondary health effects associated with increased levels of stress caused by the pandemic. ACEs Aware is steadily increasing awareness of the role of Adverse Childhood Experiences (ACEs), and of the importance of responding with trauma-informed care. This includes offering a [free, two-hour ACEs Aware online training](#) and promoting Medi-Cal payment that is available to providers who conduct ACE screenings.

The ongoing budget authority and funding for the ACEs Aware initiative is subject to legislative approval.

Medi-Cal Managed Care Roundtable: ACE Screening Questions and Answers Webinar

We hope you will join us on **Wednesday, February 17, 12 – 1 pm**, for the "[Medi-Cal Managed Care Roundtable: ACE Screening Questions and Answers](#)" webinar. This webinar will offer information and expertise to address operational and program questions that may arise with implementation of ACE screening and clinical response among Medi-Cal Managed Care Plans (MCPs) and Medi-Cal network providers.

Target Audience: This event is geared towards Medi-Cal MCP staff, including leadership, billing/operations, program and policy staff, Medi-Cal Managed Care delegated groups, and provider office staff.

Register today on Zoom to reserve your spot. We encourage registrants to submit questions in advance for this discussion. Please share this invitation with leadership and staff in your organization who may find this webinar helpful.

If you have any questions about the webinar, or questions you would like answered during the event, please email info@ACEsAware.org.



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Lisa Rodelo, MD	Family Medicine	La Clinica De La Raza, Concord
Magdalen Edmunds, MD	Family Medicine	LifeLong Medical Care, Berkeley
Rebecca Citron, MD	Family Medicine	LifeLong Medical Care, Richmond
Daphne Miller, MD	Family Medicine	LifeLong Medical Care, Richmond, Berkeley
Adia Scrubb, MD	Family Medicine	LifeLong Medical Care, Oakland, Walnut Creek
Teal Dudziak, NP	Family Medicine	Brighter Beginnings Family Health Clinic, Richmond, Antioch
Cynthia Carmichael, MD	Family Medicine	LifeLong Medical Care, Richmond
Padmaja Murtinty, PA	Internal Medicine	BASS - Diablo Valley Specialists in Internal Medicine, Concord, Brentwood
Erica Bass, MD	Internal Medicine	LifeLong Medical Care, Oakland

Specialty Care Providers

Carol Ngo, DC	Chiropractic Medicine	LifeLong Medical Care, Berkeley
Cornelia Pessoa, MD	Dermatology	Golden State Dermatology Associates, Inc., Berkeley
Grace Sohn, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek, Berkeley, Livermore, San Ramon
Timothy Schmidt, MD	Dermatology	Golden State Dermatology Associates, Inc., Berkeley, San Francisco
John Call, MD	Dermatology	Golden State Dermatology Associates, Inc., Livermore, San Ramon
Audrey Arzamendi, MD	Endocrinology	BASS Medical Group, Inc., Walnut Creek
Florence Au, DMD	Endodontics	A. Scott Cohen, DDS, Mark D. Stevenson, DDS, APC, Concord
Jason McGraw, HAD	Hearing Aid Dispensing	Connect Hearing, Inc., Pleasanton
Alison Hathaway, NP	Mid-level - Family Planning	Planned Parenthood, Richmond
Patricia Sweeney, NP	Mid-level - Family Planning	Planned Parenthood, San Francisco
Kali Koziol, PA	Mid-level - Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek,
Anna Franchesca Jensen, NP	Mid-level - Orthopaedic Surgery Assistant	Muir Orthopaedic Specialists, Walnut Creek,
Kathryn Dutoroff, PA	Mid-level - Surgery - General	Epic Care, Walnut Creek
Kwenda Johnson, PA	Mid-Level Wound Care	CEP America - AUC PC, Walnut Creek
Varun Chawla, MD	Nephrology	Chabot Nephrology Medical Group, Fremont, Hayward
Peter Lee, MD	Nephrology	Chabot Nephrology Medical Group, Pleasanton, Livermore
Warda Zaman, DO	Nephrology	East Bay Nephrology Medical Group, Inc., Vallejo, Berkeley
Rahul Rishi, MD	Nephrology	Chabot Nephrology Medical Group, Pleasanton,

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Guity Farahmand, MD	Nephrology	Chabot Nephrology Medical Group, Oakland, Castro Valley
Archana Aggarwal, MD	Nephrology	Chabot Nephrology Medical Group, Castro Valley, Danville
Eric Lai, MD	Nephrology	Chabot Nephrology Medical Group, Pleasanton, Danville
Ole Dierks, MD	Nephrology	Chabot Nephrology Medical Group, Oakland, Castro Valley
Hussain Gilani, MD	Nephrology	Chabot Nephrology Medical Group, Oakland
Peter Lunny, MD	Nephrology	Chabot Nephrology Medical Group, Fremont, Hayward
Ya-Kuan Chen, MD	Nephrology	Chabot Nephrology Medical Group, Oakland
Gene-Yuan Chang, MD	Nephrology	Chabot Nephrology Medical Group, Castro Valley, Danville
Jeanie Ahn, MD	Nephrology	Chabot Nephrology Medical Group, Fremont, Hayward
Jasdeep Chahal, MD	Ophthalmology	Mission Hills Eye Center, Concord, Pittsburg
Sophia Chen, MD	Ophthalmology	Sophia T Chen, MD, Oakland
Iryna Falkenstein, MD	Ophthalmology	Iryna A Falkenstein, MD, Oakland
Michael Hall, MD	Otolaryngology	Golden State Dermatology Associates, Walnut Creek
Jaime Garcia, MD	Pediatrics	John Muir Physician Network, Brentwood
Apurva Ambekar, DPT	Physical Therapy	Muir Orthopaedic Specialists, Walnut Creek
Garrett Toy, DPT	Physical Therapy	Spine and Sports Physical Therapy, Dublin
Eman Elmi, DPM	Podiatry	BASS Medical Group, Inc., Walnut Creek
David Kornguth, MD	Radiation Oncology	Golden Gate Urology, Berkeley
Saba Ziaee, MD	Rheumatology	Northern California Arthritis Center, Walnut Creek, San Ramon
Linda Hawk, NP	Sleep Medicine	BASS - California Center for Sleep Disorders, San Leandro, Concord, Daly City, San Rafael, Pleasanton, San Francisco
Aiko Loo, NP	Sleep Medicine	BASS - California Center for Sleep Disorders, San Leandro, San Rafael, San Francisco, Pleasanton, Daly City, Concord
Shehlanoor Huseni, MD	Sleep Medicine	BASS - California Center for Sleep Disorders, San Leandro, San Rafael, Concord, Daly City, Pleasanton, San Francisco
Michael Sung, MD	Surgery - General	Epic Care, Oakland
Carolyn Parma, MD	Surgery - General, Surgery - Oncology	Epic Care, Walnut Creek
Kevin Roth, MD	Surgery - Orthopaedic	Muir Orthopaedic Specialists, Walnut Creek
Adam Brooks, MD	Surgery - Orthopaedic	Sumner S Seibert, MD, Inc, Antioch
Amy Kaufman, MD	Wound Care	John Muir Wound Care, Walnut Creek
David Wei, MD	Wound Care	John Muir Wound Care, Walnut Creek

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Michele Lewis, BA	ABA Plus Inc., San Ramon
Jesika Ibarra, BCBA	Animate Behavior LLC, Emeryville
Kevin Casaretto, BCBA	Animate Behavior LLC, Emeryville
Veronica Rivera, BCBA	Animate Behavior LLC, Emeryville
Adelina Hart, RBT	Autism Intervention Professionals, Fremont
Angela Robertson, BA	Autism Intervention Professionals, Fremont
Maria Sanchez, BA	Autism Intervention Professionals, Fremont
Maria Therese Ricks, M.Ed.	Autism Intervention Professionals, Fremont
Meche Brown, BA	Autism Intervention Professionals, Fremont
Viridiana Sanchez, BCBA	Autism Intervention Professionals, Fremont
Brittany Bly, BCBA	Autism Learning Partners, LLC, Burlingame, San Jose
Jenna Davis, BCBA	Autism Learning Partners, LLC, San Jose, Burlingame
Sandhya Suresh, BCBA	Autism Learning Partners, LLC, San Jose, Burlingame
Tracy Clark, RBT	Autism Learning Partners, LLC, San Ramon, San Leandro
Arianna Perez, RBT	Bay Area Behavior Consultants, LLC, Richmond
Vanessa Alfaro Reales, RBT	Bay Area Behavior Consultants, LLC, Richmond
Obinna Osuka, BS	Behavior Treatment and Analysis, Inc, Walnut Creek
Yvonne Madrid, BA	Behavior Treatment and Analysis, Inc, Walnut Creek
Elizabeth Navarro, BCaBA	Center for Autism and Related Disorders, LLC, Elk Grove
Yu-En Huang, BCBA	Center for Autism and Related Disorders, LLC, San Jose, Santa Clara
Alyssa Hunter, BCBA	Center for Autism and Related Disorders, LLC, Walnut Creek
Crystal Cuevas Navarro, BTL1	Center for Social Dynamics, Alameda, Martinez
Dominique Unubun, BTL1	Center for Social Dynamics, Alameda, Martinez
Ester Munoz, BTL1	Center for Social Dynamics, Alameda, Martinez
Madlina Shahade, BTL1	Center for Social Dynamics, Alameda, Martinez
Yvette Moreno, BTL1	Center for Social Dynamics, Alameda, Martinez
April Foster, BCBA	Centria Healthcare Autism Services, Walnut Creek
Imelda Chaparro Robles, BCBA	Centria Healthcare Autism Services, Walnut Creek
Judy Li, BCBA	Centria Healthcare Autism Services, Walnut Creek
Kristina Grubbs, BCBA	Centria Healthcare Autism Services, Walnut Creek
Lisa Dillon, BCBA	Centria Healthcare Autism Services, Walnut Creek
Megan McCauley, BCBA	Centria Healthcare Autism Services, Walnut Creek
Shahnaz Sodager, BCBA	Centria Healthcare Autism Services, Walnut Creek
Tabitha Roundtree, BCBA	Centria Healthcare Autism Services, Walnut Creek
Alfredo Marmolejo, RBT	Gateway Learning Group, Concord
Caitlin Valdez, RBT	Gateway Learning Group, Concord
Alejandra Medina, RBT	Goals for Autism, Inc., Walnut Creek
Francisco Cayabyab, RBT	Goals for Autism, Inc., Walnut Creek
Jillian Valdez, RBT	Goals for Autism, Inc., Walnut Creek
Moses Vallecillo, RBT	Goals for Autism, Inc., Walnut Creek

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Brianna Bell, BCBA	Juvo Autism and Behavioral Health Services, Concord
Caitlin Sciutto, BCBA	Juvo Autism and Behavioral Health Services, Concord
Erin Landgraf, BCBA	Juvo Autism and Behavioral Health Services, Concord
Selamawit Sebhatur, BCBA	Juvo Autism and Behavioral Health Services, Concord
Wendy Felix, BCBA	Juvo Autism and Behavioral Health Services, Concord
Wendy Felix, BCBA	Juvo Autism and Behavioral Health Services, Concord
Francine Zhou, M.Ed.	Positive Pathways LLC, San Francisco

Mental Health

Jessica Sanchez, LCSW	Clinical Social Work	LifeLong Medical Care, Berkeley
Fiona Lundy, LCSW	Clinical Social Work	LifeLong Medical Care, Berkeley
Genevieve Higgins Reis, LCSW	Clinical Social Work	LifeLong Medical Care, San Pablo
Rene Thomas, MD	Psychiatry	LifeLong Medical Care, Oakland
Scott Howard, Psy.D	Psychology	Dr. Scott Howard, Stockton
Stephanie Shreve, Psy.D	Psychology	Brighter Beginnings Family Health Clinic, Antioch, Richmond

Facilities

Arcadia Ambulance	San Ramon
Harmony Home Health	Santa Clara
Pathways Home Health and Hospice	Sunnyvale
Pathways Home Health and Hospice	South San Francisco
GIMAG Hospice & Palliative Care	Livermore
Amavi Home Health and Hospice	Brentwood
America West Medical Transportation	Elk Grove
Bridge Hospice Bay Area	Fremont
Premier Healthcare Services	San Jose
United Med Transportation Inc	Antioch
Inspiring Communities	Richmond

Welcome Contra Costa Regional Medical Center (CCRMC) Providers

Martin Escandon, MD	Obstetrics And Gynecology
Samir Ahmad, MD	Family Medicine
Vidya Pai,	Neonatal-Perinatal Medicine
Barbara Nguyen-Espino, DO	Family Medicine
Justin Chin, DO	Family Medicine
Efe Ikpat, NP	Family Medicine
Amanda Keller, DO	Family Medicine
Carolina Klein, MD	Psychiatry
Alexander Trope, MD	Psychiatry
Vikash Mishra, MD	Emergency Medicine
Orson Anderson, MD	Family Medicine
Sahar Doctorvaladan, MD	Obstetrics And Gynecology

THE BULLETIN BOARD



Attention:
Primary Care Providers
Provider Network Trainings

Meeting Dates:

April 27, 2021

July 27, 2021

October 26, 2021

Times and Location:

This meeting will be held via **Zoom**.

There are 3 timeslots to choose from:

7:30 AM – 9:00 AM

12:00 PM – 1:30 PM

5:00 PM – 6:30 PM

RSVP: Send me an email to
Vanessa.Pina@cchealth.org

FREE ccLink Provider Portal



Using any computer at any time, this free web-based tool allows you to:

- Check your patients' eligibility and insurance information,
- Submit appeals,
- Look up claims or referrals, or view your patients' records

To sign up for access to the ccLink Provider Portal, complete the Portal Access Agreement located on this web page: <https://cchealth.org/healthplan/providers/> and download the PDF under the ccLink logo (right side of screen).

For questions regarding ccLink, please email CCHPportalsupport@cchealth.org.

Visit our website for resources:

www.cchealth.org/healthplan/providers

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

Uninsured individuals:
www.cchealth.org/insurance

**HOLIDAYS
OBSERVED BY
CCHP**

**February 15, 2021
President's Day**

**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.**



ACCREDITED

Health Call Center
Expires 12/01/2020

**Non-Medical
Transportation
from CCHP
855-222-1218**

Electronic Claim Submissions

Enroll in CCHP's EDI program so you can send claims and receive payments electronically.

For more information, email: EDIsupport@cchealth.org



CCHP Directory

595 Center Ave. Suite 100
Martinez, CA 94553

www.cchealth.org



Provider Online Forms and Resources—<https://cchealth.org/healthplan/providers/>

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
- Email Claim Disputes: ProviderDispute@cchealth.org
- Email Electronic Claims/Payments (EDI program) EDIsupport@cchealth.org

Interpreter Services

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

Member Eligibility and Primary Care Physician Assignment

- Phone: (877) 800-7423, option 1
- ccLink Provider Portal (web based eligibility checks) www.cchealth.org/

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

Volume 18 Issue 4 – Fall 2020