



# PROVIDER NETWORK *NEWS*

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## A Message from our Chief Medical Officer and Medical Director

As we enter the holiday season, we wanted to thank you all for all the care that you have and continue to provide to our members. For us at CCHP, this past year has been highlighted by the numerous changes ushered in by CalAIM, including the transition of the Major Organ Transplant benefit to CCHP for Medi-Cal members, the transition from Whole Person Care to Enhanced Care Management, and the roll out of Community Supports. Other new programs that have launched during the year include the Medi-Cal community health worker benefit, “No Wrong Door” for mental health services, the street medicine initiative, and the student behavioral health benefit. To support this growth, this has been a year of growth for CCHP, with the filling of vacant positions and expansion of staff to better care for our members and partner with our providers.

CCHP completed its annual Department of Healthcare Services Audit in July and is heading into a Department of Managed Health Care audit in November. Looking ahead into the new year, highlights include the launch of the Doula benefit for Medi-Cal members and the carve-in of the long term care benefit for Medi-Cal members. Along with this comes the new DHCS focus on population health. This holistic and comprehensive approach is driven by data integration and begins with a focus on three key aspects: transitions of care from acute care settings, closed loop referrals for healthcare services and closed looped referrals for social services.

We continue to focus on process improvements across the organization with a focus in claims; the behavioral health authorization unit; appeals, grievances, and disputes; and case management alongside ongoing work in all other areas, including utilization management. As always, if you have suggestions for improvement, please feel free to reach out to us.

We wish that you and your families have a safe and joyous holiday season.

With gratitude,  
Dennis Hsieh, CMO  
Nicolas Barcelo, Medical Director



# Behavioral Health Referral Coordination for Comprehensive Diagnostic Evaluation Providers

To promote further care coordination for our members and patients, CCHP Behavioral Health Authorization Unit (BHAU) would like to provide a few updates/reminders:

- For providers conducting a Comprehensive Diagnostic Evaluation (CDE), if you are not already doing so, in your diagnostic report would you please include the DSM-V diagnostic impression and the DSM-V diagnostic code(s).
- Following a CDE evaluation, please continue to provide anticipatory guidance on next steps. As families may not be familiar with the scope of services that follow the CDE (autism evaluation), your orienting them to the range of providers that will be indicated (ABA, speech, etc.) is immensely helpful.
- Similarly, please continue to remind members and families that while recommended next steps (additional referrals) will be included in your report, a formal prior authorization request or referral must be made either by the child's primary care provider (PCP), by the CDE provider, or another provider via ccLink or the ccLink provider portal referral/prior authorization system. This referral /prior authorization request will then require review/authorization from CCHP, as appropriate.
- Regarding CDE reports, we greatly appreciate your efforts to ensure timely turn-around communication back to the referring provider (PCP) via the ccLink Provider Portal.
- For those not on the portal, please reach out to CCHP Portal Support at: [cchpportalsupport@cchealth.org](mailto:cchpportalsupport@cchealth.org) to ensure this process has begun as it will become the only means by which to send / receive referrals and transmit reports.
- We understand that providing services across languages can be challenging. Thank you for providing this invaluable service. Please reach out to Otilia Tiutin at: [Otilia.Tiutin@cchealth.org](mailto:Otilia.Tiutin@cchealth.org) if we can provide further linguistic support and guidance.

Please contact Sharricci Dancy, MSW, Licensed Clinical Social Worker - LCSW 91129  
Autism & ABA Program Manager  
Phone: 925-313-6874 | Fax: 925-252-2626  
Email: [sdancy@cchealth.org](mailto:sdancy@cchealth.org)



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## Utilization Management and Behavioral Health Authorizations Units

As a reminder, CCHP Utilization Management (UM) and Behavioral Health Authorization Unit (BHAU) is no longer accepting faxes. All referrals must be submitted via ccLink (CCRMC) or the ccLink Provider Portal (CPN). To get access to the CCHP ccLink Provider Portal, please download the ccLink Provider Portal Access Agreement located here: <https://cchealth.org/healthplan/providers/> and email the completed agreement to <mailto:CCHPportalsupport@cchealth.org>. For any concerns, please contact <mailto:cchpauthorizations@cchealth.org>.

- For all submissions (prior authorization, retro authorization, etc.), please attach clinical documentation/relevant notes to each referral.
- Please check the [Interactive No Authorization Required List](#) (No Auth List) on our website and do not send referrals that do not require authorization. The No Auth List only applies to in-network, non-tertiary care provider. Thus, for Commercial A and IHSS Commercial A2 members, the No Auth List only applies to CCRMC providers with limited exceptions (e.g. also applies to CPN optometry and DME providers).
- PLEASE CHECK FOR DUPLICATES BEFORE SUBMITTING A NEW REFERRAL.
- Please provide CPT codes for requested procedures.
  - If a vendor needs to choose CPT codes then they should also submit referral (e.g. DME and HH).
- When submitting a RETRO request, please make sure to submit the notes for the retro date of service. Additionally, please note in your Provider Comments that it is a Retro and for what dates of service.

## Managing Diabetic Patients

Do you find yourself wishing you could get more help addressing the needs of your diabetic patients? Contra Costa Health Plan (CCHP) has partnered with Gojji to help support our adult Medi-Cal members with uncontrolled diabetes. Gojji can provide a cellular enabled glucometer and disease management services, including telephone outreach to patients when they have unusual reading patterns and trends, medication therapy management, diet assessment and planning with Registered Dietitians (RD), and lifestyle review and planning.

Who qualifies?

- Adult CCHP Medi-Cal members diagnosed with diabetes **and** an A1c greater than 9 (or an A1c that has been rising)

How do I refer my patient(s)?

- RMC providers can refer patients through ccLink (CCHP Diabetes Management EXT Ref 163)
- CPN providers can send a referral through the ccLink Provider Portal (Diabetes Management (CCHP Quality Management) or REF163 CM Diabetes Ext Ref)

## CalAIM – Community Health Workers

### A NEW BENEFIT TO HELP YOU CONNECT WITH YOUR MEMBERS

Community Health Workers (CHWs) are skilled and trained health educators who you can employ to work directly with members who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers. They can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and provide key linkages with other similar and related community-based resources. They can also encourage early detection of disease through health education about appropriate screening, and promote effective, timely management of chronic conditions, which helps people avoid unnecessary care and complications that lead to costly emergency room visits.

Use these CPT codes when submitting claims:

CPT code	Description	Length	Patients #	Rate
98960	self-management education and training, face-to-face, 30 mins	30 mins	1	\$26.66
98961	self-management education and training, face-to-face, 30 mins	30 mins	2-4	\$12.66
98962	self-management education and training, face-to-face, 30 mins	30 mins	5-8	\$9.46

Community Health Worker services up to 2 hours a day for up to a total of 6 hours do not require prior authorization. Any amount beyond 2 hours a day must be reviewed via prior authorization and may be authorized if medically necessary. After 6 total hours, a treatment plan is required and CCHP will conduct prior authorization review to ensure that the hours provided are medically necessary and within quantity limits based on the goals provided in the plan of care.

**There are very specific Supervision Requirements and there are very specific CHW requirements as well as medical necessity, referral, and reporting guidelines.**

**For all the details:**

[Medi-Cal NewsFlash: Medi-Cal Coverage of Community Health Worker \(CHW\) Services is Effective July 1, 2022](#)

For More Info call Michael Chavez 925-608-7841 or email [michael.chavez@cchealth.org](mailto:michael.chavez@cchealth.org)

## CalAIM – Population Health Management Initiative

CalAIM Population Health Management Initiative focuses on ensuring coordinated care for patients among medical, behavioral health, substance use disorder, and social services providers as patients move across inpatient, outpatient, and community settings. Data sharing is a cornerstone of this strategy. The goal of this data sharing is to allow for closed loop communication between providers while also identifying patient needs and risks to ensure that they can be addressed in a timely and effective manner. Starting January 1, 2023 there will be an increased focus on transitions of care with every hospitalized patient being assigned a case manager to assist with their transition of care. To learn more about this initiative go to: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>.

## CalAIM – Community Supports

CalAIM Community Supports for all CCHP Medi-Cal members continues to be available. Community Supports are designed to address the social determinants of health, including food and housing. For a list of current Community Supports and criteria, please see <https://cchealth.org/healthplan/provider-calaim.php>. CCHP plans to roll out new Community Supports as of January 1, 2023. These new Community Supports are described here: <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>.

Referrals can be made to Community Supports via ccLink (CCRMC) or via the ccLink Provider Portal (CPN). Members, friends, and family call also call CCHP Member Services at 877-661-6230, option 2.

## CalAIM – Community Supports Asthma Home Visits

The Contra Costa County Asthma Home Visiting Program is accepting CalAIM referrals! CCHP Medi-Cal members with moderate to severe asthma may qualify for this program. Members must:

- Reside in a single family, mobile home, or multifamily dwelling unit
- Adult patients must be without severe uncontrolled mental illness

The program provides asthma education, referrals to specialists, possible home remediation, and free supplies to reduce asthma triggers. The services offered include asthma education to review symptoms, asthma triggers, and medications; in-home inspection for mold, dust, and other asthma triggers; **free supplies like allergen-proof bedding, air filters, and cleaning supplies**; and referrals for home weatherization to reduce triggers. These services are offered through video, phone, or in person when needed.

To refer your patient(s), please send a CalAIM Asthma Education and Home Assessment (Community Supports) referral through ccLink (CCRMC) or the ccLink Provider Portal (CPN).

## CalAIM – Enhanced Case Management

Enhanced Case Management (ECM) continues to focus on the highest risk members. Currently, CCHP is focusing on the populations of focus that include those experiencing/at-risk of homelessness, those who are justice-involved (in jail or prison at any point in the last 12 months), those who are high utilizers of inpatient and/or emergency services, those with substance use disorder, and those with severe mental illness. Please see <https://cchealth.org/healthplan/provider-calaim.php> for the latest criteria.

As of January 1, 2023, ECM will expand to cover those who are either in long term care facilities and able to transition to a lower level of care or those who are in the community and at risk of ending up in an institutional setting. This dovetails well with the new Community Supports that are coming online January 1, 2023 as well as the carve-in of the long term care benefit on January 1, 2023. For more information on the new ECM population, please visit the DHCS website at: <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Referrals can be made to ECM via ccLink (CCRMC) or via the ccLink Provider Portal (CPN). Members, friends, and family call also call CCHP Member Services at 877-661-6230, option 2.

## Case Management

As a reminder, CCHP Case Management offers 3 levels of services. CCHP Case Management is considered a step down from Enhanced Case Management. The three levels of cases are Complex Case Management, Care Coordination, and Supportive Case Management. Details of these levels are available at: <https://cchealth.org/healthplan/providers/manual.php>.

Referrals can be made to CCHP Case Management via ccLink (CCRMC) or via the ccLink Provider Portal (CPN). Members, friends, and family call also call CCHP Member Services at 877-661-6230, option 2 to refer a member to Case Management or ask for assistance from Case Management.



## Skilled Nursing Facility Carve-In Process Change

Medi-Cal members in skilled nursing facilities (SNFs) will remain CCHP members instead of being disenrolled to fee-for-service Medi-Cal. As such, CCHP will be conducting concurrent reviews on a regular basis for all of its members who are in SNFs. There are also a number of quality metrics that the Department of Healthcare Services (DHCS) will be looking to achieve with performance based payments. CCHP anticipates working even more closely with our SNF partners on these quality metrics. CCHP also anticipates working closely with our SNF partners, our Enhanced Case Management and Community Supports providers, our county partners, our community partners, and our patients and their friends/families to facilitate transition of care to appropriate settings, including home, assisted living, and medical respite.

- **Moving forward all referrals, authorizations, concurrent reviews, and relevant updates should be communicated via the ccLink Provider Portal:**

- All CCHP facilities should now have access and prior barriers have been addressed. If you do not have access to the ccLink Provider Portal, please fill out the ccLink Provider Portal Access Agreement found at: <https://cchealth.org/healthplan/providers/> and submit it via email to [CCHPPortalSupport@cchealth.org](mailto:CCHPPortalSupport@cchealth.org) ASAP. For any assistance or questions, please contact: Jayanthi Putta ([jayanthi.putta@cchealth.org](mailto:jayanthi.putta@cchealth.org)).
- With this in mind, please refrain from email and fax for transmission of:
  - ◆ clinical notes,
  - ◆ requests for auth confirmation,
  - ◆ changes in level of acuity, and
  - ◆ PCS forms for PA of NEMT Transportation (e.g., wheelchair, gurney)
- Pending ccLink Provider Portal Access, please use [CCHPSNF-Auth@cchealth.org](mailto:CCHPSNF-Auth@cchealth.org) as point of contact for UM-related communication.

- **Case Management:** For concerns regarding the case management of CCHP members, we created a new email address ([CCHPSNF-CM@cchealth.org](mailto:CCHPSNF-CM@cchealth.org)) that can be used as a direct point of contact. These concerns may include, but are not limited to:

- Specialty Care follow-up
- Assistance with discharge

- **Member Eligibility:** To check member eligibility, member ID number, or PCP assignment, please use the ccLink Provider Portal. Alternatively, you may call the Provider Call Center 1-877-800-7423, option 1.

- **Transportation:** For assistance with both Non-Medical Transportation (NMT) (e.g., Uber/Lyft/Taxi) and Non-Emergency Medical Transportation (NEMT) (e.g., wheelchair van, gurney van, BLS ambulance) for members, providers may either call the Transportation Unit directly at 1-855-222-1218 or reach Member Services through the Provider Call Center at 1-877-800-7423, option 7. Members may be instructed to call the same Transportation Line directly at 1-855-222-1218. Alternatively, they can also call Member Services through the Member Call Center phone number on the back of their ID card at 1-877-661-6230, option 2.

Please let us know if you have questions or concerns regarding this process by contacting Jayanthi Putta ([jayanthi.putta@cchealth.org](mailto:jayanthi.putta@cchealth.org)).

## Case Management Electronic Referral and the Predicative Triage Engine

We have a new program being developed to help reach out to members with potential higher need for Case Management. It is based on an automatic search engine called the "Predicative Triage Engine" for Case Management electronic outreach. This algorithm searches our member records for the following criteria and exclusions:

### Inclusion Reasons:

- Utilization criteria tied to disease conditions
- ED - 3-4 in last 6 months with at least 1 ED visit due to/caused by their chronic condition (CHF, COPD, or Diabetes)
- Hospital - 2 or more in last 12 months with at least 1 due to/caused by their chronic condition (CHF, COPD, or Diabetes)
- On > 8 medications
- Newly diagnosed chronic condition (CHF, COPD, or Diabetes)
- Defined as having any kind of visit or claim in the last 6 months with a diagnosis for one of these conditions, and no visit or claim in the prior 3 years before that for that condition.
- Referred for Major Organ Transplant
- Defined as an open transplant referral entered within the last year

### Exclusion Reasons:

- Eligible or enrolled in ECM
- Enrolled in TCM
- Already receiving CCHP case management
- CCS Flag
- Kaiser network
- Under 21
- Already receiving outreach from pharmacy

We then reach out to them automatically by phone, email, text (if they have opted to receive texts) and through the mail with a brochure. They are instructed to call a specific number for this program 925-957-7251. Then we refer them to the Case Management department.

If you have a patient you would like to refer to CCHP Case Management, you can refer via cclink (CCRMC) or via the cclink Provider Portal (CPN). Members, friends, and family can also call CCHP Member services at 877-661-6230, Option 2 to refer a member to Case Management or ask for assistance from Case Management.

If you have any questions please contact Michael Chavez at: [michael.chavez@cchealth.org](mailto:michael.chavez@cchealth.org).



# 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, Email, Internet Access, Mail, or in person.

## Contact the CCHP UM Department at:

Phone: 925-957-7260

Email: [ProviderRelations@cchealth.org](mailto: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 have an opportunity to discuss the UM decision. Providers can reach the UM physician at 925-957-7260. Provider are also notified (via Notice of Action, Notice of Non-Coverage, etc.) on how to contact reviewer, and when the reviewer, and the hours of the UM Department (which mirror 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 of Illness Criteria
- National Guideline Clearinghouse ([http://guidelines.gov/resources/guideline\\_index.aspx](http://guidelines.gov/resources/guideline_index.aspx))
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources (Including Up-to-Date and other resources)
- National Institute for Health (<http://www.nih.gov/>)
- ASAM (SUD – any age)
- LOCUS (MH 18 and older)
- CALOCUS/CASII (MH 6-17), ECSII (MH 0-5), WPATH (gender dysphoria)
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- FDA Approved therapy for metastatic stage 3 or 4 cancer and associated cancer biomarker tests (APL 22-010) (Will be referenced with each request to ensure that the latest list is used).
- National professional organizations including, but not limited to:
  - American Academy of Pediatrics (<http://pediatrics.org>)
  - American Congress of Obstetricians and Gynecologists (<http://www.acog.org>)
  - National Comprehensive Cancer Network (<http://www.nccn.org/>)

In addition, other statistical data and resources are considered that may influence the frequency of review and revision of guidelines include: admits/1000, bed days/1000, visits/1000, under and over utilization of services, and any standards or goals published by professional organizations and approved by QC prior to use.



## Balance Billing Members

Balance billing CCHP Medi-Cal members is prohibited by Federal and State law. CCHP Medi-Cal members should not be charged or billed for any services covered by CCHP. This means members cannot be charged for co-pays, co-insurance, or deductibles. This applies to both Medicare and Medi-Cal providers.

Billing Medi-Cal members violates Federal law as outlined in section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997. This section of the Act is available at: [http://www.ssa.gov/OP\\_Home/ssact/title19/1902.htm](http://www.ssa.gov/OP_Home/ssact/title19/1902.htm) [ssa.gov]. Protections are also found in California Welfare and Institutions Code section 14019.4.



## Overpayment Recoupment

CCHP does not recoup overpayment beyond twelve (12) months of the most recent claim remittance for the services billed. If the determination is made to recoup additional monies, the recoupment will reflect on subsequent remittances when claim adjustments are processed. If the amount recouped is more than the amount the provider would have been paid on the remittance, it would be considered as balance due. A letter will be issued and providers will have 30 working days to make the reimbursement.

If you have any questions regarding claims, please email the Claims Team at [claimstatus@cchealth.org](mailto:claimstatus@cchealth.org).



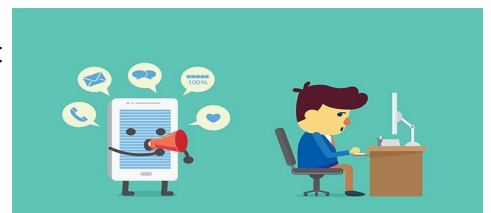
## ccLink Provider Portal Help

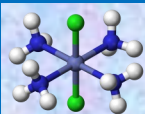
For password resets please refer to your Site Administrator for assistance. You can also use the “forgot password?” prompt on the log in page if you have already set up your challenge questions.

To reach the Help Desk directly for password or technical issues call: 925-957-7272.

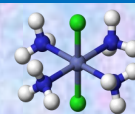
For general ccLink Provider Portal questions, please email the ccLink Portal Support Team at [cchpportalsupport@cchealth.org](mailto:cchpportalsupport@cchealth.org).

**Please note:** The Help Desk can only reset passwords for the account holder and cannot reset passwords for other users.





## Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 9/2/2022. Updates from the meeting are outlined below:

**\*\*Changes to the PDL will be effective by mid-October 2022\*\***

### Updates/Announcements:

#### 1. Medi-Cal Rx Reinstatement of Limited Prior Authorization Requirements for 11 Drug Classes:

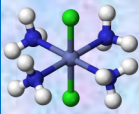
On September 16, 2022, prior authorization (PA) requirements were reinstated for 11 drug classes for new start medications for beneficiaries 22 years of age and older. "New start" is defined as either a new therapy or the first time the beneficiary has been prescribed the drug. Medi-Cal Rx will review claim date of service up to 15 months to determine if the beneficiary is new to therapy. New start prescriptions for children and youth 21 years of age and under within these 11 drug classes will not be subject to PA reinstatement. These drug classes are: diuretics, antilipemic agents, hypoglycemics and glucagon, antihypertensives, coronary vasodilators, cardiovascular agents, anticoagulants and antiplatelets, and niacin, vitamin B and vitamin C products. Please go to the DHCS Medi-Cal Rx website at [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.09\\_A\\_Now\\_Active-Reistatement\\_of\\_Limited\\_PA.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.09_A_Now_Active-Reistatement_of_Limited_PA.pdf) or contact CCHP Pharmacy Department for more details.

#### 2. Medi-Cal Rx Formulary Changes:

Medi-Cal Rx has been updating their Contract Drug List (CDL) on a monthly basis. These updates can be found on the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> or contact the CCHP Pharmacy Department for additional details.

**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 or contact the CCHP Pharmacy Department):**

Changes Made	Drug Name
Created new PA criteria:	Biologic Agents for Nasal Polyposis
Modified PA criteria:	Urinary Antispasmodics Allergy Medications SGLT2 inhibitors GI agents Byetta (exenatide) Pulmonary Biologics for Asthma and Eosinophilic conditions
ADDED to the CCHP formulary:	None
Removed from CCHP formulary:	Viread tablets Viread oral powder Hepsera (adefovir) tablets Steglujan (ertugliflozin/sitagliptin) tablets



## Pharmacy and Therapeutics Committee News



- **Modification of medical criteria for SGLT2 inhibitors:** The formulary medications in this class previously had a requirement to try and failure metformin as step therapy. This step therapy requirement has now been dropped.
- **Modification of medical criteria for Byetta (exenatide):** This medication previously had a requirement to try and failure Victoza as step therapy. This step therapy requirement has now been dropped.
- **Modification of medical criteria for Clarinex (desloratadine):** will now require trial and failure or inability to use of at least 3 alternative products such as loratadine, cetirizine and fexofenadine.
- **Modification of medical criteria for urinary antispasmodics:** added an exception to the requirement to try and fail oxybutynin and tolterodine for members above 65 years of age.
- **Modification of medical criteria for GI agents:** CCHP's current criteria for Amitiza, Linzess and Trulance includes trial of a soluble fiber and trial of a tricyclic antidepressant. The requirement of trial and failure of a tricyclic antidepressant has been removed.

### **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: <https://cchealth.org/healthplan/formulary.php>
- **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](mailto: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:

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P&T updates and DUR educational bulletins can be viewed online at  
<http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

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Questions and comments may be directed to CCHP Pharmacy by emailing [joseph.cardinalli@cchealth.org](mailto:joseph.cardinalli@cchealth.org)

## Timely Access to Care Standards

Contra Costa Health Plan ensures the provision of covered health care services in a timely manner appropriate for the nature of the member's condition consistent with professionally recognized standards of practice. Contracted providers are responsible for providing and/or ensuring that their members have access to quality, comprehensive health care services that are medically necessary.

CCHP monitors the provider network access standards through a variety of methods including phone calls to providers' offices to request appointments or record call answer and return times, calls to members to determine in office wait times, facility site reviews, and satisfaction surveys. If any monitoring activities result in identified non-compliance with our standards, providers will receive notification and CCHP will provide time to allow for improvements before additional monitoring. CCHP strives to work collaboratively with providers to ensure that members have timely access to care.

ACCESS STANDARDS	
ACCESS TOPIC	STANDARD
URGENT CARE APPOINTMENTS FOR SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION	Within 48 hours
URGENT CARE APPOINTMENTS FOR SERVICES THAT REQUIRE PRIOR AUTHORIZATION	Within 96 hours
NON-URGENT CARE APPOINTMENTS FOR PRIMARY CARE	Within 10 business days
NON-URGENT CARE APPOINTMENTS FOR SPECIALIST CARE	Within 15 business days
NON-URGENT APPOINTMENTS FOR ANCILLARY SERVICES FOR THE DIAGNOSIS OR TREATMENT OF INJURY, ILLNESS, OR OTHER HEALTH CONDITION.	Within 15 business days
EMERGENCY CARE	Immediately
FIRST PRENATAL VISIT	Within 10 business days of request
MENTAL HEALTH - ROUTINE NON-URGENT	Within 10 business days
MENTAL HEALTH- URGENT	Within 48 hours
MENTAL HEALTH- EMERGENCY	Immediately
MENTAL HEALTH-FOLLOW UP APPOINTMENT	Within 30 days
FOLLOW UP ON MISSED APPOINTMENTS	Providers are expected to review all members that do not show up for scheduled appointments and to identify those requiring follow-up, based on their medical condition.
TELEPHONE WAIT TIME FOR PRACTICE/PLAN TO ANSWER	Within 10 minutes
TELEPHONE CALL BACK WAIT TIME -PRACTICE/PROVIDER OFFICE	Within 1 business day
TELEPHONE CALL BACK WAIT TIME – TRAIGE	Within 30 minutes
WAITING TIME IN PROVIDER OFFICE	The amount of time a member waits in a provider office and exam room must be reasonable according to the urgency of the individual's condition. In most cases, it is reasonable for a member to wait 45 minutes or less from the time of the patient's appointment until they are taken to the exam room.

## CCHP Rated Among California's Top Health Systems

The National Committee for Quality Assurance (NCQA), the national evaluator of health insurance plans, has recognized Contra Costa Health Plan (CCHP) as among the best in California for patient experience and the quality of care it provides.

Among health maintenance organizations (HMO) offering Medi-Cal, none rated higher than CCHP on [NCQA's annual report card \[reportcards.ncqa.org\]](https://www.ncqa.org/reportcards), which gave the Plan 4 out of 5 stars and exceptionally high marks for patient experience and preventative care.

"We are especially proud of our rating for patient experience, because it comes directly from the people we care for," Contra Costa County Health Director Anna Roth said. "It shows how strong our county's healthcare delivery system is, from the medical professionals taking care of county residents to the hospitals and medical clinics serving our community."

Contra Costa Health provides high-quality, affordable coverage through CCHP, which will mark 50 years of service in 2023, making it the nation's first federally qualified, state-licensed, county-sponsored HMO.

CCHP's high marks and recognition by NCQA are a direct result of the exemplary care and patient support provided by Contra Costa Regional Medical Center and affiliated health centers, and our Public Health and Behavioral Health divisions, which touch about 243,000 members, including 235,000 Medi-Cal enrollees.

CCHP earned high marks among patients for the quality of care from primary care doctors, overall quality of care, and preventative care. No other Medi-Cal HMO rated higher.

NCQA is a national nonprofit organization that accredits and evaluates a wide range of healthcare organizations and medical practices. A searchable database of its report cards is available at [reportcards.ncqa.org \[reportcards.ncqa.org\]](https://www.ncqa.org/reportcards).

Visit [contracostahealthplan.org](https://contracostahealthplan.org) to learn more about CCHP, including how to enroll if you need healthcare, or call 1-800-211-8040 weekdays.





## DHCS EVV Mandate

The California Department of Health Care Services (DHCS) mandated the implementation of the Electronic Visit Verification (EVV). This means that the following provider types are required to have completed the registration. This is a [Section 12006\(a\) of the 21st Century Cures Act](#) mandate that states implement EVV for all Medi-Cal personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

EVV is a telephone and computer-based solution that electronically verifies in-home service visits occur. EVV solutions must verify: type of service performed; individual receiving the service; date of the service; location of service delivery; individual providing the services; and time the service begins and ends.

**After registering, please provide the EVV identifier number to CCHP by e-mailing**

[providerrelations@cchealth.org](mailto:providerrelations@cchealth.org). To find out more about the CalEVV program go here:

<https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>

DHCS APL 22-014: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-014.pdf>

## California Children's Services

California Children's Services (CCS) is a statewide program that arranges and pays for medical care, equipment, and rehabilitation for eligible children and youth. Services can be authorized for children and young adults under 21 years of age who have eligible medical conditions, and whose families are unable to pay for all or part of their care. CCS determines eligibility and selects the most qualified professionals to treat each child's CCS-eligible condition.

Who is eligible for CCS? CCS is for low-income children and youth under 21 years old with CCS eligible medical conditions. These conditions include congenital heart disease, sickle cell anemia, cystic fibrosis, cerebral palsy, hearing loss, and many others. Generally, the family income must be less than \$40,000/year. There are exceptions, such as when medical care for the CCS condition costs more than 20% of family income. Referral can come from specialist, PCP, or family. Each case is reviewed for medical eligibility by the CCS medical consultants in Contra Costa County.

Mental health disorders, autistic spectrum disorder, and developmental delays are among the conditions that are NOT CCS eligible. These conditions are covered by Behavioral Health or by Regional Center of the East Bay.

CCS pays for all treatment of the CCS eligible condition, including inpatient and outpatient care, medication, labs, imaging, physical therapy, and medical equipment. CCS also operates Medical Therapy Programs in public schools to provide physical and occupational therapy for conditions such as cerebral palsy. Each CCS client has a nurse case manager to coordinate care and assist with referrals and community resources.

How to become a CCS paneled provider? Pediatric specialists, general pediatricians, and some family medicine providers (caring for 100 or more complex pediatric patients per 5 years) may become CCS paneled.

Application can be found here: <https://cmsprovider.cahwnet.gov/PANEL/accesspanel.action>

CCS also maintains a list of CCS approved hospitals in California, where care for CCS eligible conditions is done at approved Specialty Care Centers. Local CCS approved centers include UCSF Benioff Children's Hospital (San Francisco and Oakland), Stanford, and selected others.

Contact us with your questions! Joanna Chin, MD Medical Director: [joanna.chin@cchealth.org](mailto:joanna.chin@cchealth.org) and Elizabeth Nuti, MD Medical Consultant: [lizabeth.nuti@cchealth.org](mailto:lizabeth.nuti@cchealth.org)

Website for providers and families: <https://cchealth.org/fmch/ccs.php>

## A word from our Providers...

### George Mark Children's House

At George Mark Children's House, located in San Leandro, we provide life affirming care for children with illnesses that modern healthcare cannot yet cure, or for those who have chronic medical conditions. As a subacute care facility we bridge the gap between hospital and home, offering safe, excellent medical care in the comfort and warmth of a home-like setting for patients who do not need the resources of a full children's hospital.

We offer five types of service: perinatal care for at-risk preterm births and post-natal complications, transitional care for children who have usually been in an acute care hospital setting and still need medical care, but not of an acute nature, before they transition to being cared for at home; end of life care, where a patient's family can stay in its own family suite and surround their child with love and support; respite care, where we provide high quality medical care and appropriate activities while offering parents and families a short break from the nonstop care at home and grief and bereavement services for the ongoing support of families before and following the death of a child.

With an interdisciplinary team of pediatric palliative specialists that includes physician, RN's, Child Life Coordinator, Social Worker, Psychologist, and Aquatic Therapists, we make a significant difference in the lives of these children as well as in the lives of their families, at less cost than that of an acute care hospital facility. Our families never see a bill.

The newest program at George Mark Children's House is Cancer Care, offering respite care for children and adolescent oncology patients. For more information, please contact Salina Patel, [spatel@georgemark.org](mailto:spatel@georgemark.org), Director of Nursing and Compliance.



### Direct Dermatology

Direct Dermatology (Direct Derm) eliminates the long wait times for dermatology appointments with our patient-direct telehealth solution. Upon receiving your referral, patients can have a telehealth visit with our board-certified dermatologists for diagnosis and treatment within 48 hours. They will be expedited into our clinic with the dermatologist, for example, if a biopsy is needed. We diagnose and treat all skin conditions from the common to the complex, including rashes, skin growths, skin infections, hair and nail problems, skin pigmentation, and skin cancer.

To learn more about DirectDerm, please contact Eliana Waggoner, Provider Relations Manager at [ElianaWaggoner@directderm.com](mailto:ElianaWaggoner@directderm.com), or 916-599-1140.

Please fax patient referrals to us at 800-572-0683.



## Welcome Community Provider Network (CPN) Providers

### Primary Care Providers

Provider	Specialties	Practice Names & Location(s)
Nicole Alexander, NP	Mid-level - Family Medicine	BASS - Full Care Medical Group, Antioch
Phyllis Carroll, NP	Mid-level - Family Medicine	Brighter Beginnings Family Health Clinic, Richmond, Antioch
Lauren Azuma, MD	Family Medicine	John Muir Physician Network, Pleasant Hill
Michelle Lim, DO	Family Medicine	John Muir Physician Network, Pleasant Hill
Alana Clark, NP	Internal Medicine	LifeLong Medical Care, Richmond

### Specialty Care Providers

Provider	Specialties	Practice Names & Location(s)
Kelly Tremmel-Howell, Au.D.	Audiology	Valley Audiology, Concord, Walnut Creek
Leigh Kjeldsen, Au.D.	Audiology	Valley Audiology, Concord, Walnut Creek
Christopher Chen, MD	Cardiology	John Muir Physician Network, Brentwood, Concord
Matthew Auyoung, MD	Cardiology	John Muir Physician Network, San pablo, Berkeley
Jason Liu, MD	Cardiology	John Muir Physician Network, Walnut Creek
Jonathan Adams, DC	Chiropractic Medicine	Unbroken Body LLC, Concord
Abdallah Khourdaji, MD	Dermatology	Golden State Dermatology Associates, Inc., Brentwood
Minh Ngoc Dang, MD	Dermatology	Golden State Dermatology Associates, Inc., Pleasanton, Walnut Creek, Livermore
Susan Canning, MD	Dermatology	Wound MD, Mayfield Heights
Michael Loudin, MD	Gastroenterology	John Muir Physician Network, Berkeley, Concord, Walnut Creek
Abinav Baweja, MD	Hematology/Oncology	John Muir Physician Network, Pleasant Hill , San Ramon, Walnut Creek, Brentwood
Haley Kirkpatrick, DNP	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopaedics & Spine, Walnut Creek
Abeer Al-Naqbi, MD	Obstetrics And Gynecology	Axis Community Health, Pleasanton
Joseph Haggerty, MD	Obstetrics And Gynecology	John Muir Physician Network, Orinda, Berkeley
Alexander Dillon, MD	Ophthalmology	East Bay Retina Consultants, Inc., Oakland, Pleasanton, San Ramon, Concord, Fremont
Levon Djenderedjian, MD	Ophthalmology	Levon Djenderedjian, MD, Walnut Creek
Pamela Ramona Thirrukotla, PT	Physical Therapy	John Muir Physician Network, Brentwood
Suneet Grewal, MD	Rheumatology	East Bay Rheumatology Medical Group, Inc, Antioch
Danielle Bertoni, MD	Surgery - General	BASS Medical Group, Inc., Walnut Creek
Michael Krosin, MD	Surgery - Orthopaedic	BASS Medical Group, Inc., Castro Valley
Saqib Hasan, MD	Surgery - Orthopaedic	Golden State Orthopaedics & Spine, Oakland, Concord
Antonio Muto-Isolani, MD	Wound Care	CEP America - AUC PC, Walnut Creek, San Ramon

# Welcome Community Provider Network (CPN) Providers

## Behavior Analysts

Provider	Practice Names & Location(s)
Taron Smith, MS	Adapt A Behavioral Collective, Inc., San Francisco
Ashley Nicole Macatangay, BCBA	Adapt A Behavioral Collective, Inc., Stockton
Reema Merchant, BCBA	Autism Learning Partners, LLC, Burlingame, San Jose
Alexa Paynter, BCBA	Behavior Nation LLC, Danville, Newark
Selia Torres, BCBA	Behavior Nation LLC, Danville, Newark, Sacramento
Adam Tipton, BCBA	Behavioral Health Works, Inc., Hayward
Erikacamisse Diaz, BCBA	Behavioral Health Works, Inc., Hayward
Laura Hannaford, BCBA	Behavioral Intervention Association, Emeryville
Monique Bekeschus, BCBA	Behavioral Intervention Association, Emeryville
Briana Lane, BCBA	Butterfly Effects, LLC, Stockton
Cierra Barton, BCBA	Butterfly Effects, LLC, Stockton
Jennifer Oren, BCBA	Butterfly Effects, LLC, Stockton
Jessica Ly, BCBA	Butterfly Effects, LLC, Stockton
Jessica Mitchell-Castro, BCBA	Butterfly Effects, LLC, Stockton
Nina Boling, BCBA	Butterfly Effects, LLC, Stockton
Stacey Molina, BCBA	Butterfly Effects, LLC, Stockton
Surbhee Soni, BCBA	Center for Autism and Related Disorders, LLC, Brentwood
Emily Mwashita, BCBA	Center for Autism and Related Disorders, LLC, Pleasanton, Brentwood
Danielle Jordan, BCBA	Center for Autism and Related Disorders, LLC, Vacaville, Walnut Creek
Alexandra Wilson, BCBA	Center for Autism and Related Disorders, LLC, Walnut Creek
Amy Brown, BCBA	Centria Healthcare Autism Services, Walnut Creek
Jerry Hurtado, BCBA	Centria Healthcare Autism Services, Walnut Creek
Kevin Le, BCBA	Centria Healthcare Autism Services, Walnut Creek
Amanda Nwosu, BCBA	Intercare Therapy, Inc., Hayward
Dustin Espinoza, BCBA	Intercare Therapy, Inc., Hayward
Forrest Howard, BCBA	Intercare Therapy, Inc., Hayward
Mylan Pham, BCBA	Intercare Therapy, Inc., Hayward
Taylor Polcar, BCBA	Juvo Autism and Behavioral Health Services, Concord, Martinez
Ke'Aarre Cain, BCBA	Juvo Autism and Behavioral Health Services, Martinez, Concord
Tawna Wiley, BCBA	Juvo Autism and Behavioral Health Services, Sacramento, Concord, Alameda
Casey Kris, BCBA	Maxim Healthcare Services, Inc., Emeryville
Elise Aasen, BCBA	Positive Behavior Supports Corp, San Francisco
Breanna Mottau, BCBA	Songbird Therapy, San Francisco
Jessica Diaz, BCBA	Songbird Therapy, San Francisco
Cydnie Oleinick, BCBA	Sunrise ABA LLC, Novato
Justin Urbano, BCBA	Sunrise ABA LLC, Novato
Melissa Koren, BCBA	Trumpet Behavioral Health LLC, Antioch
Marilyn Bombon, BCBA	Trumpet Behavioral Health LLC, Dublin

## Welcome Community Provider Network (CPN) Providers

### Mental Health

Provider	Specialties	Practice Names & Location(s)
Charlisa Trapp, MFTI	Mental Health Therapist/Counselor, Telemedicine - Mental Health	3Prong Health, Fremont, San Francisco, Turlock
Ellen Kearney, MFTI	Mental Health Therapist/Counselor, Telemedicine - Mental Health	3Prong Health, Fremont, San Francisco, Turlock
Jessica Borboa, MFTI	Mental Health Therapist/Counselor, Telemedicine - Mental Health	3Prong Health, Fremont, San Francisco, Turlock
Stephanie Carter, LCSW	Clinical Social Work, Telemedicine - Mental Health	3Prong Health, Fremont, Turlock, San Francisco
Elizabeth Castaneda, MFT	Mental Health Therapist/Counselor, Telemedicine - Mental Health	3Prong Health, Fremont, Turlock, San Francisco
Kristen Wortman, PhD	Psychology	Next Steps Neuropsychology, Oakland
Nicole Kirsch, Psy.D	Psychology	Nicole Kirsch, Psy.D, Oakland

### Facilities

Facility Name	Facility Type	Location
Journey Health Medical Group of California	Community Health Worker Services (CHW)	Oakland
C-Dental X-Ray, Inc.	Diagnostic Imaging Center	San Francisco
NuMotion	DME & Medical Supplies	Santa Clara
Best Home Health Providers, Inc.	Home Health	Hayward
Mary's Help Home Health Services, Inc.	Home Health	Vallejo
Bridge Hospice East Bay LLC	Hospice - Outpatient	Walnut Creek
First Aid Transportation LLC	Non-emergency Transportation	Oakland
Aveanna Healthcare	Private Duty Nursing	Oakland





## Welcome Contra Costa Regional Medical Center (RMC) Providers

Provider	Specialty
David Pichardo-Gomez, MD	Anesthesiology
Charisma Kaushik, MD	Emergency Medicine
Lydia Yun, DPM	Emergency Medicine
Sonia Sadarangani, MD	Family Medicine
Amela Hozic, DO	Family Medicine
Karla Bailey, NP	Family Medicine
Esteban Cubillos Torres, MD	Family Medicine
Stephen Catalya, MD	Family Medicine
Szilvia Molitorisz, MD	Family Medicine
Irmeen Ashraf, MD	Family Medicine
Carla Castillo, MD	Family Medicine
Nina Janatpour, MD	Family Medicine
EMMA DOBBINS, MD	Infectious Disease
Erica Martinez, MD	Infectious Disease
Maryam Poursartip, MD	Obstetrics And Gynecology
Viswanathan Gajendran, MD	Pediatrics
Peter Greene, MD	Pediatrics
Tiffany Howell, MD	Podiatry
Rebecca Fujimura, MD	Psychiatry
Brian Boben, MD	Surgery - Urological
Catalina Villa, MD	Urology



# THE BULLETIN BOARD

Reminder!

## Attention: Provider Network Trainings

Next Meeting Dates: **January 31, 2023**  
**April 25, 2023**  
**July 25, 2023**  
**October 31, 2023**

Zoom Times: 7:30 am—9:00 am  
Or  
12:00 pm—1:30 pm

To register, please email: [Vanessa.Pina@cchealth.org](mailto:Vanessa.Pina@cchealth.org)

## HOLIDAYS OBSERVED BY CCHP

November 11	Veterans Day
November 24	Thanksgiving Day
November 25	Day After Thanksgiving
December 26	Christmas (observed)
January 2	New Year's Day (observed)



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](mailto:CCHPportalsupport@cchealth.org).

## Interpreter Services

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 Online Resources:

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

Uninsured individuals:  
[www.cchealth.org/insurance](https://www.cchealth.org/insurance)

## 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](mailto:EDIsupport@cchealth.org)



## CCHP Directory

595 Center Ave. Suite 100  
Martinez, CA 94553

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



### Provider Online Forms and Resources

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

#### Authorization Department/Hospital Transition Nurse

877-800-7423, option 3

- Prior Authorization Requests—Please use ccLink or the ccLink Provider Portal for all communication with the following exceptions:
- Noncontracted providers and out-of-area hospitals Fax: 925-313-6645
- Email Auth Questions (**do not email auth requests**): [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)

#### Behavioral Health Unit (BHAU)

877-661-6230, option 4

- Requests should be submitted through ccLink or the ccLink Provider Portal.
- Fax for providers waiting for ccLink access: 925-252-2626
- Email Behavioral Health Related Questions: [CCHPBHAU@cchealth.org](mailto:CCHPBHAU@cchealth.org)

#### ccLink Provider Portal

- ccLink Portal Application: [cchealth.org/healthplan/providers](https://cchealth.org/healthplan/providers)
- Email ccLink Application and Questions: [CCHPportalsupport@cchealth.org](mailto:CCHPportalsupport@cchealth.org)
- IT Support to reset password or access issues: 925-957-7272

#### Claims Department

877-800-7423, option 5

- Email Claims Questions: [ClaimStatus@cchealth.org](mailto:ClaimStatus@cchealth.org)
- Email Appeals Questions: [Appeals@cchealth.org](mailto:Appeals@cchealth.org)

#### Facility Site Review Department

- Email: [CCHPfsrc@cchealth.org](mailto:CCHPfsrc@cchealth.org)

#### Interpreter Services

877-800-7423, option 4

#### Member Eligibility and PCP Assignment

877-800-7423, option 1

- ccLink Provider Portal (web based eligibility checks) [www.cchealth.org](http://www.cchealth.org)

#### Member Services Department

877-800-7423, option 7

#### Pharmacy Department

877-800-7423, option 2

#### Provider Relations Department

877-800-7423, option 6

- Fax: 925-646-9907
- Email General Questions: [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)
- Email Contract Related Questions: [CCHPcontracts@cchealth.org](mailto:CCHPcontracts@cchealth.org)
- Email Credentialing Related Questions: [CCHPcredentialing@cchealth.org](mailto:CCHPcredentialing@cchealth.org)

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