



## A Message from our Chief Medical Officer

As we head from spring into the summer, CCHP has a number of exciting new updates for everyone. First off, the Contra Costa Health Services IT team has implemented the Provider Portal Administrator functionality and is in the process of granting each provider group administrator access. This means that moving forward, each group can grant additional members of their group and office staff access without having to come to CCHP. This should help with facilitating access and CCHP is very excited about this.

Second, the CalAIM ECM (California Advancing and Innovating Medi-Cal Enhanced Care Management) is off to a strong start. CCHP currently has two ECM providers, Contra Costa Public Health and Contra Costa Behavioral Health and transitioned nearly 7000 members from Whole Person Care to CalAIM ECM. CCHP has been receiving several referrals everyday for the program and has also started using data to identify high risk members. As a reminder, please refer any members that meet the guidelines and would benefit from case management. The populations of focus (those who are eligible) include:

- (1) those experiencing homelessness;
- (2) those who are justice-involved (been in jail or prison in the last 12 months);
- (3) those with high utilization ( ≥5 ED visits in the last 6 months or ≥3 hospitalizations and SNF admissions in the last 6 months);

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## A Message from our Chief Medical Officer Continued...

- (4) those with Serious Mental Illness (defined as receiving care through the county behavioral health system OR those whose conditions are so serious that the conditions affect their activities of daily living); and/or
- (5) those with current or a history of substance use disorder.

The ECM teams should be reaching out to primary care teams at least quarterly to discuss care management. They will also reach out to specialty care teams as appropriate. If you are having trouble reaching any of the ECM teams, please call Contra Costa Public Health ECM at (925) 608-5100. CCHP also has a number of CalAIM Community Support Services focused on those experiencing homelessness or at risk of losing housing and also for individuals with asthma and home triggers and for those with diabetes and healthy eating. More information is available at <https://cchealth.org/healthplan/provider-calaim.php>. Provider can refer members for both CalAIM ECM and Community Supports via ccLink or via the CCHP Provider Portal.

Third, CCHP is working with Contra Costa Health Services to promote a Zero Path to COVID. For any CCHP patient who tests positive for COVID, they can call our Advice Nurses at (877) 661-6230, option 1 to see if they are eligible for oral COVID-19 treatment (Paxlovid). The clinical guidelines are available here: <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/>. Providers can also connect patients to treatment directly via: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>.

Thank you for all of your hard work as we transition from pandemic to endemic and return to our pre-pandemic way of life. As always, please feel free to reach out to me with any questions or concerns. I hope that everyone has a wonderful spring.

With Gratitude,  
Dennis Hsieh, MD, JD

## CalAIM Enhanced Care Management

Referrals for CalAIM can be made for any Medi-Cal member in ccLink (CCRMC providers), via the CCHP ccLink Provider Portal (CPN providers), or by calling Member Services (patients, their friends and family) at (877) 661-6230.

There are currently 5 populations eligible for CalAIM, which are:

- 1) those experiencing homelessness;
- 2) those who are justice-involved (been in jail or prison in the last 12 months);
- 3) those with high utilization ( ≥5 ED visits in the last 6 months or ≥3 hospitalizations and SNF admissions in the last 6 months);
- 4) those with Serious Mental Illness (defined as receiving care through the county behavioral health system OR those whose conditions are so serious that the conditions affect their activities of daily living); and/or
- 5) those with current or a history of substance use disorder.

More information can be found at: <https://cchealth.org/healthplan/provider-calaim.php>

## CalAIM Community Supports

Referrals for CalAIM Community Supports are open to all CCHP Medi-Cal members. Community Supports include a suite of services focused on housing, including Housing Transition Navigation Services, Housing and Tenancy Sustaining Services, Housing Deposits (starting July 1), Short-Term Post-Hospital Stabilization Housing, and Medical Respite/Recuperative Care. Additionally, there is a program focused on asthma and housing: Asthma Home Remediation. Finally, there is a program focused on those with diabetes and healthy eating: Medically Tailored Meals/Medically Supportive Foods. Again, referrals for CalAIM can be made for any Medi-Cal member in ccLink (CCRMC providers), via the CCHP ccLink Provider Portal (CPN providers), or by calling member services (patients, their friends and family).

More information can be found at: <https://cchealth.org/healthplan/provider-calaim.php>

## Case Management Services

CCHP Case Management (CM) provides outreach and case management services for members that over/under utilize services or have 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:

- CPN providers can create a Referral in the ccLink Provider Portal by following these instructions: <https://cchealth.org/healthplan/pdf/provider/ccLink-Referral-Entry-Process.pdf>
- RMC providers can create a referral in ccLink using REF162 – CCHS CASE MANAGEMENT REFERRAL
- 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.
- If you do not have access to the ccLink Provider Portal, please download and complete the ccLink Provider Agreement posted on our website: <https://cchealth.org/healthplan/providers/> and email it to [CCHPPortalSupport@cchealth.org](mailto:CCHPPortalSupport@cchealth.org). Access can take a few weeks so in the meantime, please complete the [referral form](#) and fax it to the CM Unit at (925) 252-2609.

## Bariatric Surgery

CCHP has revised the bariatric surgery prior authorization process. Please request the bariatric surgery consultation and the mental health evaluation at the same time (the orders are in an order set in ccLink and in the provider portal). The mental health evaluation is required because our contracted bariatric surgeons are operating at a bariatric surgery center of excellence. CCHP will approve both referrals together. Once both referrals are approved, it is the requesting provider's responsibility to work with the patient to ensure they complete the mental health evaluation/clearance with a psychologist, a psychiatrist, or a social worker before seeing the bariatric surgeon. Please contact the bariatric surgeon's office if you have any questions about what the mental health evaluation should entail and what documentation is needed. The office can provide additional information.

## Non-Emergency Medical Transportation (NEMT)

As a reminder, CCHP covers NEMT for all CCHP Medi-Cal patients if NEMT is medically necessary (wheelchair van, gurney van/litter van, ambulance – BLS or air). Providers can request for up to 1 year's worth of NEMT at a time (if the patient condition warrants ongoing NEMT – e.g., patient who is experiencing paraplegia but not a patient with a broken foot that is expected to heal in 3 months' time). All physician certification statement (PCS) forms must be filled out with 4 elements as per the Department of Healthcare Services. These 4 elements are the:

- 1) Date (or date range up to 1 year)
- 2) Mode of transport (wheelchair van, gurney van/litter van, ambulance, or air)
- 3) Why the patient requires NEMT (an explanation of why a taxi or Uber/Lyft is not appropriate)
- 4) Certification Statement and Signature by a MD, DO, NP or PA (unfortunately no MSW, no RN, no LVN, no clerk or case manager)

For children traveling alone via NEMT, a [Minor Consent Form](#) is also needed (in addition to the PCS form).

For CCRMC providers, the NEMT ext referral will automatically generate a PCS form.

For CPN providers, the NEMT referral will also automatically generate a PCS form.

For those without access to cLink or the cLink Provider Portal, a pcs form can be found at: <https://cchealth.org/healthplan/pdf/provider/Appendix-M-Physician-Certification-Statement-for-NEMT.pdf>. A minor consent form can be found at: <https://cchealth.org/healthplan/pdf/provider/Appendix-M-Transportation-Minor-Form.pdf>

## Initial Specialist Referrals

For all CCHP Medi-Cal and Commercial B members: As a reminder, for all specialties outside of neurosurgery, pain management, gastric bypass evaluation, transgender consult, craniofacial clinic, and organ transplant, no authorization is required for the first seven visits (initial consult and six follow-up visits) at CCRMC or in the CPN. After the first 7, if additional visits are needed, the provider can submit to CCHP for authorization. This does NOT apply to any tertiary care providers (UCSF, Stanford, Lucille Packard, UC Davis, CPMC, etc.) or all noncontracted providers. Tertiary and noncontracted providers MUST receive prior authorization before any visit for any CCHP Medi-Cal or CCHP Commercial B member.

For all CCHP Commercial A and Commercial A2/IHSS members, all specialties at CCRMC do not require authorization for the first seven visits. After the first 7, if additional visits are needed, the provider can submit to CCHP for authorization. This does NOT apply to CPN, tertiary or noncontracted providers. CPN, tertiary, and noncontracted providers MUST receive prior authorization before any visit for any Commercial A or Commercial A2/IHSS member (except optometry).

## Access to Specialists

Please let CCHP know about any specialties where you feel like there are a shortage of specialists. CCHP is always recruiting more specialists. Currently, we are focusing, among other areas, on neuropsychology, neurology, neurosurgery, comprehensive diagnostic evaluation, and oral maxilla facial surgery (OMFS). If there are other specialties where you feel that CCHP can enhance our network to improve care for our patients, please let us know by emailing [auth-umsupport@cchealth.org](mailto:auth-umsupport@cchealth.org).

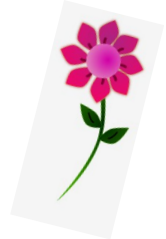
If you know of any specialists in these areas who want to contract with CCHP, please contact or have them contact CCHP Provider Relations Contracts Unit at [CCHPcontracts@cchealth.org](mailto:CCHPcontracts@cchealth.org).

## CCHP's Disease Management Program - Adult Diabetes

Do you ever wish that you could get more help addressing the needs of patients with diabetes? Do you find yourself frustrated by your inability to motivate change in patients? Contra Costa Health Plan (CCHP) has developed a disease management program aimed at improving care for our members and providing additional support for their providers. The program is focused on adult diabetes and offers disease management via phone, text or email, referrals, glucose tracking and analysis, and assistance to both providers and patients/families faced with this condition.

### Referral Guidelines:

- CCHP Medi-Cal members must meet all of the following criteria to be eligible:
  - Diagnosed with Type I or II Diabetes;
  - Have an A1c 9 or greater (or rising) and obesity
  - Receive care or reside in East or West County
- RMC providers should refer patients via ccLink (CCHP Diabetes Management EXT Ref 163)
- CPN providers should refer through an encrypted email to [Disease.Management@cchealth.org](mailto:Disease.Management@cchealth.org)
- The program primarily uses phone visits to help patients better understand how to use both lifestyle and medical tools to better manage their disease. Patients will also be referred to programs, incentives, self-help and community resources, when available. The Disease Management Nurse, Lourdes Jensen RN, CDCES reaches out to patients and providers to coordinate care and resources. Providers may see updates to care via progress notes in ccLink or through email for CPN.



## Inspiring Communities Diabetes Programs for CCHP Members

Inspiring Communities is a nonprofit organization located in West Contra Costa County, which has been accredited by the American Diabetes Association and recognized as a diabetes prevention provider (DPP) by the Center for Disease Control and Prevention (CDC). In 2019, the Department of Health Care Services (DHCS) announced that all Managed Care Plans must cover the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit and make it available for all eligible members. Inspiring Communities would like to help your patients with the three programs they currently provide. This agency has provided services for over 300 participants. Currently, all programs are being offered virtually due to Covid-19 and our classes are scheduled and conducted with a minimum of ten participants. They are seeking your support in providing these services to the CCHP members and for Contra Costa County. The following three services are available:

- **Diabetes Prevention (DPP):** a yearlong program covering a total of 24 sessions;
- **Medicare Diabetes Prevention Program (MDPP):** a 12 months/24 sessions and also provides additional 6 months/6 sessions for maintenance; and
- **Diabetes Self -Management and Support (DSMES):** provides up to 8 hours education the first year and 2 hours the following year for support. (Provider Referral is required).

How can CCHP Providers refer your patients to our programs? As a CCHP Provider you can send your referrals by using ccLink (search and choose Inspiring Communities) or by using the referral form and faxing it to (510) 255-5196. The referral form can be found on our website [www.cchealth.org](http://www.cchealth.org) by selecting the **For Providers** option. Once a referral is received by our agency, Minda Chai, Diabetes Prevention Program Coordinator, will contact your patient to review their program and finalize the enrollment process.

If you have additional questions, please contact Minda by email at [mchai@inspiringcommunities.org](mailto:mchai@inspiringcommunities.org) or by phone at (510) 609-6836.

## Behavioral Health Authorization Unit Updates

We are saddened to announce the recent retirement of Robin Bevard, RN from the Behavioral Health Authorization Unit. For many years, she has provided outstanding service to members and providers alike, and we wish her all the best in her future endeavors.

As a reminder, all CCHP members may self-refer (or be referred by their PCP) for Behavioral Health services without a prior authorization. An initial visit plus seven follow-up visits do not require prior authorization. Our claims system has been reworked to properly accommodate those visits. Beyond those first eight visits, prior authorization requests should be submitted via the CCHP ccLink Provider Portal as usual.

A list of CCHP contracted provider cans be found on the CCHP website at: <https://cchealth.org/healthplan/provider-directory.php>.



**Medi-Cal members** that would like assistance finding services can call the Access Line at (888) 678-7277.

**Commercial members** that would like a clinical triage can call the Advice Nurses at (877) 661-6230, option 1. If members would like assistance navigating and finding a provider, receiving a paper/electronic copy of a list of CCHP providers, they can call CCHP Member Services at (877) 661-6230. After hours, they can call the Advice Nurses.

In an emergency, inpatient services (for both mental health and substance use disorder), a Commercial members can go to any emergency department. No prior authorization or referral is needed. Alternatively, members can call or go to John Muir Behavioral Health Hospital (formerly Mt. Diablo Medical Pavilion), Contra Costa Regional Medical Center, Alta Bates Hospital/Herrick Campus, or St. Helena Center for Behavioral Health for an intake. Again, no prior authorization or referral is needed. If deemed medically necessary, the facility will notify CCHP and CCHP will conduct concurrent review.

For partial hospitalization, patients can contact or go to John Muir Behavioral Health Hospital, St. Helena Center for Behavioral Health, or Alta Bates Hospital/Herrick Campus for an intake. Again, no referral or authorization is needed. If deemed medically necessary, the facility will notify CCHP and CCHP will conduct concurrent review.

For intensive outpatient treatment, patients can contact or go to John Muir Behavioral Health Hospital, St. Helena Center for Behavioral Health, or Alta Bates Hospital/Herrick Campus for an intake. If deemed medically necessary, the treating provider will submit to CCHP for authorization.

For questions about referrals or authorizations, contact the Behavioral Health Authorization Unit at [CCHPBHAU@cchealth.org](mailto:CCHPBHAU@cchealth.org).

If you do not already have access to the ccLink Provider Portal, please download and complete the ccLink Provider Agreement posted on our website: <https://cchealth.org/healthplan/providers/>.

- Here is a direct link to the ccLink Provider Agreement that includes the application on the last page: <https://cchealth.org/healthplan/pdf/provider/cclink-provider-agreement.pdf>.
- Once complete, email it to the ccLink Provider Portal team at [CCHPPortalSupport@cchealth.org](mailto:CCHPPortalSupport@cchealth.org).



## Applied Behavioral Analysis (ABA) Services

A list of contracted CCHP ABA providers are available on CCHP's website at <https://cchealth.org/healthplan/provider-directory.php>. Providers should specify which provider they are referring patients to. If no provider is specified, patients can reach out to any contracted ABA provider. If patients need assistance in navigating providers, please reach out to the CCHP Behavioral Health Authorization Unit (BHAU) at [CCHPBHAU@cchealth.org](mailto:CCHPBHAU@cchealth.org) or via phone at (877) 661-6230, option 4, then choose the option for FBA/ABA/CDE. Providers needing assistance can reach out to [CCHPBHAU@cchealth.org](mailto:CCHPBHAU@cchealth.org) or for urgent matters, please reach out to Sharricci Dancey via inbasket in either ccLink or the ccLink Provider Portal or call the unit (877) 661-6230, option 4, then choose the option for FBA/ABA/CDE.

## Alcohol and Drug Misuse Screening and Counseling

PCPs shall provide Screening, Brief Intervention, & Referral to Treatment (SBIRT) services for members 11 years of age and older, including pregnant women. Alcohol and drug screening, including brief behavioral interventions, done in the primary care setting can address and mitigate risky behaviors and offer treatment options where probable alcohol use disorder (AUD) or substance abuse disorder (SUD) is demonstrated. Providers must comply with all applicable laws and regulations related to privacy of SUD medical records, as well as state law regarding the right of minors over 12 years of age to consent to treatment, including, without limitation, Title 42 Code of Federal Regulations (CFR) section 2.1 et seq., 42 CFR Section 2.14, and Family Code Section 6929.

PCPs are required to screen members for unhealthy alcohol and drug use within 120 days of enrollment and more often as clinically needed. When a screening is positive, a validated assessment tool should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Where brief assessments uncover unhealthy alcohol use, the member must receive behavioral counseling interventions, typically one (1) to three (3) sessions of fifteen minutes each offered in person, over the telephone, or by telehealth modalities. Further need for mental health and/or substance use disorders services must be referred by the PCP to a licensed mental health care provider via the Mental Health Access line.



CCHP provides an incentive for completion of the alcohol screening and brief intervention for the following CPT codes:

- G0442 - \$16.50 (for alcohol misuse screening)
- H0049 - \$24.00 (for drug misuse screening)
- H0050 - \$48.00 (for alcohol and drug services, brief intervention)

# ACEs Certified Providers Needed

Contra Costa Health Plan (CCHP) is striving to increase the availability of Adverse Childhood Experiences (ACEs) certified providers in our network. ACEs, and the resulting toxic stress response that may occur, are a root cause to some of the most common, serious, and costly health challenges facing our society today, including **nine out of the 10 leading causes of death** in the United States.

**Six percent of unique Medi-Cal beneficiaries had an ACE score of four or greater**, indicating a high risk for toxic stress. High-risk ACE scores were **most prevalent among females ages 45 through 64** (15 percent), followed by females ages 18 through 44 (13 percent). The prevalence of high-risk ACE scores generally **increased with age** for each sex.

The [Becoming ACEs Aware in California](#) training is a **FREE, two-hour training** to learn about ACEs, toxic stress, screening, risk assessment, and evidence-based care to effectively intervene on toxic stress.

Providers may receive 2.0 Continuing Medical Education (CME) and 2.0 Maintenance of Certification (MOC) credits upon completion.

The training is available to any provider, but it is particularly geared towards primary care clinicians who serve Medi-Cal (California's Medicaid program) beneficiaries.

Medi-Cal providers must [attest to completing](#) a certified core ACE training on the DHCS website to continue receiving payment for ACE screenings.

## [CLICK HERE TO GET STARTED](#)

The following Healthcare Common Procedure Coding System (HCPCS) should be used to bill CCHP based on ACE screening results:

### **HCPCS: G9919**

- Screening performed – result indicates patient is at **high risk for toxic stress**; education and interventions (as necessary) provided\*
- Providers must bill this HCPCS code when the patient's **ACE score is 4 or greater (high risk)**
- Payment: \$29

### **HCPCS: G9920**

- Screening performed – result indicates patient is at **lower risk for toxic stress**; education and interventions (as necessary) provided\*
- Providers must bill this HCPCS code when the patient's **ACE score is between 0 – 3 (lower risk)**
- Payment: \$29

[CLICK HERE FOR MORE INFORMATION REGARDING CRITERIA AND FREQUENCY](#)



# Pharmacy and Therapeutics Committee News

The CCHP P&T committee met on 3/25/2022. Updates from the meeting are outlined below:

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

## Updates/Announcements:

### 1. Fee-For-Service Medi-Cal Carve-Out (Medi-Cal Rx) began January 1, 2022:

Medi-Cal Rx is the administration of the Medi-Cal Pharmacy Benefits through the fee-for service delivery system. Medi-Cal Rx implementation began on January 1, 2022. Medi-Cal Rx is now the host of the formulary and prior authorizations for CCHP Medi-Cal members for their retail pharmacy benefit. Please go to the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/> or contact CCHP Pharmacy Department for more details.

### 2. Provider Reminder Regarding Concurrent Opioid and Benzodiazepine Usage:

The opioid epidemic continues to claim the lives of residents within Contra Costa County. Contra Costa Health Plan (CCHP) is committed to improving the safety and wellbeing of our members. Recent evidence demonstrates a higher risk of overdose when the combination of opioid medications is used with benzodiazepines. CCHP collects data which is used to reach out to providers to alert them to their patients that are on this dangerous combination of medication in order to prevent a potentially fatal overdose.

The CCHP pharmacy department has continued this provider outreach project to make providers aware of this potentially dangerous combination.

**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:	Preferred biological agents criteria Vemlidy (tenofovir alafenamide)
Modified PA criteria:	Otezla (apremilast) Humira (adalimumab) Enbrel (etanercept) Simponi (golimumab) Remicade (infliximab) Xeljanz (tofacitnib) Stelara (ustekinumab) Entyvio (vedolizumab) Elidel (pimecrolimus)
ADDED to the CCHP formulary:	Airduo (fluticasone/salmeterol) Pradaxa (daigatran) Pataday (olopatadine) 0.2% and 0.7% eye drops Brilinta (ticagrelor) Synjardy XR (empagliflozin/metformin) Xigduo XR (dapagliflozin/metformin)
Removed from CCHP formulary:	Hydroxyzine injectable Promethazine injectable Methocarbamol injection Carisoprodol/aspirin/codeine tablet Baclofen injection Vitafof tablet

## Pharmacy and Therapeutics Committee News

- **Newly Established criteria for preferred biological agents:** CCHP's preferred biological agents are Humira (adalimumab), Actemra (tocilizumab), Cimzia (certolizumab), Taltz (ixekizumab), Xeljanz (tofacitinib), Skyrizi (risankizumab-rzaa) and Rinvoq (upadacitinib). Two preferred biological agents must be tried and failed prior to approval of non-preferred biological agents, unless not FDA indicated
- **Newly Established criteria for Vemlidy (tenofovir alafenamide):** requires a trial and failure of entecavir AND a contraindication to tenofovir disoproxil fumarate therapy such as compromised renal function or bone disease
- **Modification of medical criteria for Entyvio (vedolizumab):** removed requirement to try and fail Humira and Enbrel
- **Modification of medical criteria for infliximab:** removed requirement to try and fail Humira and Enbrel
- **Modification of criteria for Elidel (pimecrolimus):** requires trial and failure of at least one formulary corticosteroid AND topical tacrolimus

### **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](mailto:goldsupport@epocrates.com) or at (800)230-2150.

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Providers may request a copy of CCHP pharmacy management procedures or specific drug PA criteria by contacting the pharmacy unit directly at 925-957-7260 x1, or via the email listed below:

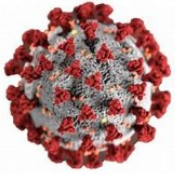
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P&T updates and DUR educational bulletins can be viewed online at  
<http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

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

## COVID-19 Latest Information



Get the latest information on Novel Coronavirus and what is being done in Contra Costa County:

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



For CCHP COVID-19 Information:

<https://cchealth.org/healthplan/providers/covid19-waiver.php>

## COVID-19 Therapeutics

PAXLOVID—A prescription pill that fights COVID is now available for members over the age of 12 who test positive for COVID. Treatment must start within 5 days of when symptoms began.

To find locations of publicly available COVID-19 Therapeutics, please click on the link below:

- <https://healthdata.gov/health/covid-19-public-therapeutic-locator/rxn6-qnx8>

The data only includes locations for Evusheld (monoclonal antibody), Molnupiravir (antiviral), and Paxlovid (Antiviral). **COVID-19 therapeutics require a prescription to obtain.** Limitations: public contact information.

This information and member flyers are located on the CCHP website here:

- <https://cchealth.org/healthplan/providers/covid19-waiver.php>

## CCHP ccLink Provider Portal

All CPN, UCSF, and Stanford providers now can get CCHP ccLink Provider Portal access. All prior authorization requests and case management referrals should be submitted through the ccLink Provider Portal. If your organization has administrator access, please contact your organization's administrator to get access.

If your organization does not yet have administrator access, please go to the CCHP Website to sign up by downloading and completing the ccLink Provider Agreement posted on our website: <https://cchealth.org/healthplan/providers/>.

- Here is a direct link to the ccLink Provider Agreement that includes the application on the last page: <https://cchealth.org/healthplan/pdf/provider/cclink-provider-agreement.pdf>.
- Once complete, email it to the ccLink Provider Portal team at [CCHPPortalSupport@cchealth.org](mailto:CCHPPortalSupport@cchealth.org).



## Access is Essential to High Quality Care

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	
Request by Patient	STANDARD
Urgent Care	Within 48 hours
Routine PCP	Within 10 business days
Non-Urgent Specialist	Within 15 business days
Ancillary	Within 15 business days
First Prenatal Appointment	Within 10 business days
Telephone Wait Time	Within 10 minutes
Telephone Return Call Wait	Within 1 business day
Telephone Triage with a Health Professional	Within 30 minutes
In Office Wait Time	Within 45 minutes from time of appointment
BEHAVIORAL HEALTH ACCESS STANDARDS	
Request by Patient	STANDARD
Routine Mental Health Appointment	Within 10 business days
Urgent Mental Health Appointment	Within 48 hours
Mental Health Follow-Up Appointment	Within 30 days

## Health Education Resources

The CCHP Provider Forms and Resources webpage was updated to include the following resources in the Health Education / Case Management section:

- DHCS postcard resource guide for providers regarding controlling high blood pressure (CBP)
- LGBTQ Resources

Click here to view the website:

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



## Managing Anxiety Naturally Online Classes for Members

Recently Contra Costa Health Plan (CCHP) completed an online pilot program of 4 sessions for members who suffer from Anxiety.

The class covered topics such as:

- Understanding root causes of anxiety.
- Learning how diet can trigger or help symptoms.
- Using Food as Medicine to feel good and what foods to avoid.
- How exercise, good sleep habits and spending time in nature can improve health.
- Delicious healthy recipes, breathing techniques, beginners' yoga, and effective mindfulness exercises as well as 7 hacks (shortcuts) to improve anxiety.

The program was very well received by the participants, and we are making the recordings available to all members who may benefit. Recordings and class materials are available on our website: <https://cchealth.org/healthplan/health-ed-anxiety.php>

If you have CCHP members who are interested in attending the next class in the Summer 2022, they can register here: <https://www.surveymonkey.com/r/CCHPseminar-sign-up>

If you have questions you can email us at: [HealthEducation@cchealth.org](mailto:HealthEducation@cchealth.org)

## Weight Management Classes for Members

Contra Costa Health Plan (CCHP) would like to announce the offering of Weight Management classes beginning April 26th from 5:00 p.m. - 6:00 p.m. The Weight Management interactive virtual classes are offered in a 4-week series that includes information on nutrition, motivation to change, physical activity, and easy ways to eat healthy. In addition, participants will receive a 1:1 consultation with a health educator to create a personal plan for success.

Who is eligible for this class?

- ✦ Adult CCHP Medi-Cal and Commercial Members
- ✦ BMI > 30
- ✦ Waist circumference
  - > 35" for men
  - > 40" for women
- ✦ Motivated to make changes
- ✦ Member with Internet connection and able to join via Zoom
- ✦ Diagnosis of Hypertension in combination with being overweight



To refer a member who would be interested and motivated to attend, please either:

- Use this secure SurveyMonkey link: <https://www.surveymonkey.com/r/nutrition-weight-referral-form> OR
- Complete and submit the Nutrition and Weight Management Class Referral Form: <https://cchealth.org/healthplan/pdf/provider/nutrition-and-weight-management-class-referral-form.pdf>

For questions, please email the CCHP Health Education team at [healtheducation@cchealth.org](mailto:healtheducation@cchealth.org).

## Providers Are Required to Report Provider-Preventable Conditions

All Medi-Cal providers are required to report Provider-Preventable Conditions (PPCs) that are associated with claims for Medi-Cal payment or with courses of treatment prescribed to a Medi-Cal patient for which payment would otherwise be available.

Providers should use the DHCS' new secure online reporting portal to report PPCs to DHCS. Please see the [instructions](#) about using the portal, which includes the [link to the online portal](#).

PPCs consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only and other provider-preventable conditions (OPPC) when they occur in any health care setting.

### Health Care-Acquired Conditions Include:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma resulting in fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock
- Catheter-associated urinary tract infection (UTI)
- Vascular catheter-associated infection
- Manifestations of poor glycemic control including: diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, secondary diabetes with hyperosmolarity
- Surgical site infection following:
  - Mediastinitis following Coronary artery bypass graft (CABG)
  - Bariatric surgery; including laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery
  - Orthopedic procedures; including spine, neck, shoulder, elbow
  - Cardiac implantable electronic device (CIED) procedures
- Deep vein thrombosis/pulmonary embolism (excluding pregnant women and children under 21 years of age)
- Iatrogenic pneumothorax with venous catheterization



### Other Provider Preventable Conditions Include:

- Wrong surgical or other invasive procedure performed on a patient
- Surgical or other invasive procedure performed on the wrong body part
- Surgical or other invasive procedure performed on the wrong patient



# Communicating with Patients from Different Cultures

## Embracing Cultural Humility

Health care delivery often involves a one-size-fits-all approach. Clinicians may treat a patient with a particular diagnosis similar to the last patient they saw with the same diagnosis because it's efficient. But shifting that mindset is one of the best opportunities you may have to help patients thrive. An individual's lived experience is rich, diverse, and complicated. And what it takes for each individual to live his or her healthiest life possible is as unique as each person is.

To achieve a deeper understanding of the patients' needs, it is essential for providers to practice "cultural humility" and acknowledge the unique elements of every individual's identity. Many of us may be familiar with cultural competency, being respectful and responsive to the health beliefs and practices and cultural and linguistic needs of diverse population groups.

But cultural humility goes even deeper. It requires us to step outside of ourselves and be open to other people's identities in a way that acknowledges their authority over their own experiences.

## More trust, less stress

Good cross-cultural communication enhances your practice by:

- building your patient's confidence in the practitioner-patient relationship
- improving patient safety and clinical outcomes by minimizing misunderstandings
- making more effective use of time spent with your patient
- increasing patient satisfaction and decreasing stress for you and your patient.

Your first step toward cultural awareness and humility is simply being aware of your own cultural beliefs. For instance, think about your own views to help you identify your assumptions or attitudes that may be a barrier to good communication.

Next, learn what you can about other cultures through reading articles, attend trainings, become involved with various cultural groups or simply asking your patients.



**SUCCESSFUL CROSS CULTURAL  
COMMUNICATION TAKES WORK**

## Touchy situations

A patient's culture also influences whether he or she is comfortable being touched by a stranger, especially someone of the opposite sex. In some cultures, such as Hispanic and Arab cultures, male healthcare providers may be prohibited from touching or examining certain parts of the female body, and female healthcare providers may have similar prohibitions when caring for male patients. Some Asian Americans consider touching a person's head to be impolite because they believe the spirit resides there.

Some Jewish and Islamic women believe that modesty requires them to cover their head, arms, and legs with clothing. When you're providing care, you may have to ask the patient for special permission to touch her head or another body part. As you would when you're caring for any patient, make sure you expose only one body part at a time.

## Communicating with Patients from Different Cultures... continued

### Seeing eye to eye

When you assess a patient from a different culture, talk with him or her in a quiet setting where you won't be disturbed. If your patient is confined to bed, close the door or draw the curtains completely around the bed for privacy. Then choose communication strategies based on your patient's cultural system of beliefs.

In many cultures, the way you communicate is as important as the words you say. For example, direct eye contact is considered impolite or aggressive in many American Indian, Indo-Chinese, and Arab cultures. Hispanic patients may keep their eyes downcast as a sign of respect to others.

How you communicate also encompasses your body language and positioning, including how much space you keep between yourself and your patient. For example, if you sit close to your patient, he or she may perceive you as warm and caring. However, depending on your patient's cultural expectations, he or she may perceive you as threatening and invading his or her personal space. In general, people from North America and Great Britain require the most personal space; those from Latin America, Japan, and the Middle East need the least and feel comfortable standing close to others.

### Respect goes a long way

To build a good relationship with a patient from another culture, focus on conveying empathy and showing respect. Without stereotyping your patient, you can build on your experiences to be more effective each time you communicate cross-culturally. The more you know and the more questions you ask your patient, the more prepared you will be to best serve them.

### Bringing down language barriers

If your patient speaks a different language than yours, it is essential to use a trained medical interpreter for best communication. A professional interpreter not only knows the patient's language but is also well-versed in medical terminology and has been trained to present information in an unbiased way. Regional Medical Center providers use the Health Care Interpreter Network to get an interpreter. They are available in all RMC clinics and hospital.

Community Provider Network see our website below for more details:

- <https://cchealth.org/healthplan/provider-interpretation.php>

For a longer version of this article, go to our website:

- <https://cchealth.org/healthplan/pdf/provider/Communicating-with-Patients-from-Different-Cultures.pdf>

For additional articles see links below:

- [https://journals.lww.com/nursingmadeincrediblyeasy/Fulltext/2014/11000/Communicating\\_with\\_patients\\_from\\_different.2.aspx](https://journals.lww.com/nursingmadeincrediblyeasy/Fulltext/2014/11000/Communicating_with_patients_from_different.2.aspx)
- <https://www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html>



## Easy to use Telephonic Interpreters Available for Community Provider Network!

You may have a situation where you need to reach out to a non-English speaking CCHP member to:

- Schedule an appointment
- Give lab or other test results
- Offer some education over the phone, etc.

In this case you can call our interpreter services first, choose the language you need, get them on the line, give them a summary of what you need for them to interpret and then conference in the patient.

*The telephonic interpreters are also available for all routine office visits, urgent care, labs, health education, pharmacy, etc.*

- **DIAL: 1-866-874-3972**
- **PROVIDE:** your 6-digit (Provider Code **298935** and Mental Health Code **525970**)
- **INDICATE:** the language you need or press
  - 1 for Spanish
  - 2 for all other languages and state the name of the language you need
  - 0 for assistance if you don't know what language you need
- **PROVIDE:** Additional information:
  - Patient Name
  - Patient Date of Birth
  - Contra Costa Health Plan Member ID
  - Doctor Name
  - Doctor Phone Number
- **CONNECT:** to an interpreter, document his/her name and ID number in patient's chart for reference. Summarize what you wish to accomplish and give any special instructions.



**If you have difficulty accessing our interpreter services you can contact:**

[otiutin@cchealth.org](mailto:otiutin@cchealth.org) or call (925) 313-6063.

**For more details on all our interpreter services go to our website at:**

<https://cchealth.org/healthplan/provider-interpretation.php>

### **Regional Medical Center Network Providers**

County Providers have a different vendor for interpreter services called Health Care Interpreter Network. Do not use instruction above. HCIN video monitors and phones are available in all county facilities. If you need assistance contact clinic manager or Language Access Manager - Sally McFalone [Sally.McFalone@cchealth.org](mailto:Sally.McFalone@cchealth.org) or call (925) 313-6242.

## Alternative Format Material Selections for Visual Impairments

DHCS released new regulations regarding Alternative Format Selections (AFS) for members with visual impairments (<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL-22-002.pdf>).

Contra Costa Health Plan (CCHP) and subcontractors must accommodate the communication needs of members with disabilities, [including Braille, audio format, large print \(no less than 20-point Arial font\), and accessible electronic format](#), such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.

- CCHP members who are visually impaired can call the CCHP Member Services Department to get assistance with alternative format selections:
  - Monday through Friday, 8 a.m. to 5 p.m.
  - 1-877-661-6230 (press 2)
- CCHP members who are hearing impaired can call California Relay toll free at 711.

If provider offices need assistance with converting documents to alternative formats including braille, audio format, large print (no less than 20-point Arial font), and accessible electronic format they can email CCHP at [HealthEducation@cchealth.org](mailto:HealthEducation@cchealth.org).

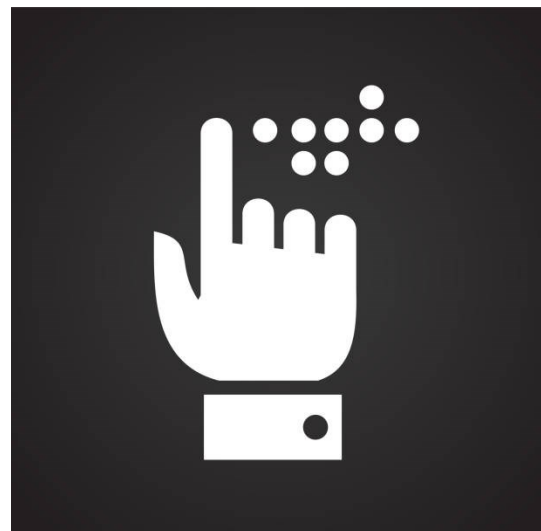
### Additional Resources:

FREE TEXT TO SPEECH READER (<https://ttsreader.com/>)

- Instantly reads out loud text, PDFs & eBooks with natural sounding voices. Just copy and paste the text and click play.

Examples of other auxiliary aids and services can be found at ADA website:

<https://www.ada.gov/effective-comm.htm>



## Telehealth Services Updated Information

Contra Costa Health Plan (CCHP) follows all applicable Federal and State laws in the use of Telemedicine services to provide consultation, access and quality of care to our Medi-Cal and Commercial members. Based on a recent revision by the Centers of Medicare and Medicaid services (CMS), CCHP has updated the following on providing essential services by Telehealth:

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



CCHP providers must use the appropriate modifiers and CPT-4 or HCPCS codes when billing for services delivered via telehealth and document the Place of Service (POS) code on the claim effective for dates of service January 1, 2022, and after.

### **POS 02: Telehealth Provided Other than in Patient's Home**

**Descriptor:** The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

### **POS 10: Telehealth Provided in Patient's Home**

**Descriptor:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

More information about Telehealth services is available on our website at [cchealth.org/healthplan/providers](https://cchealth.org/healthplan/providers) or at the [Department of Health Care Services](https://www.dhs.ca.gov/ohhs) website. If you have any questions, please contact CCHP by e-mail at [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org) or by phone (925) 313-9500.

## Major Update to FSR and MRR Audit Tools

The Department of Health Care Services (DHCS) has updated the site review process, including Facility Site Review (FSR) and Medical Record Review (MRR) tools and policies. These updates were scheduled to become effective beginning July 1, 2020, however, due to the public health emergency (PHE) related to COVID-19, the use of the new tool was postponed. The version scheduled to be released on July 1, 2020 and highlighted in the Spring 2020 and Spring 2021 Provider Networks News bulletin **has received additional revisions** and the newest version of the tool will become effective July 1, 2022, at which point, all site reviews will use the updated criteria and standards when scoring Facility Site and Medical Record Reviews.

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

Below is a **listing of the more substantial updates** to the FSR and MRR tools that will be used to audit PCP sites. Some criteria have been augmented from the previous version of the tools, while other criteria consist of existing guidelines that are new to the FSR and MRR tools. Language that is new to the tool appears in **bold**. More recent revisions since the update was last mentioned in the Spring 2021 issue of the Provider Network News bulletin are in **bold** and *italicized*. To view the full version of the new tool, visit <https://cchealth.org/healthplan/provider-fsr-tool.php>.



### Facility Site Review Tool – Sample of new items

#### I. Access and Safety Criteria

- **Fire Fighting Equipment in accessible location**
- **An employee alarm system.**
- Airway management: oxygen delivery system, nasal cannula or mask, **bulb syringe** and Ambu bag (**requirement for oral airways has been removed**).
- Emergency medicine for anaphylactic reaction management, **opioid overdose, chest pain, asthma, and hypoglycemia**. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), **Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams)**. Appropriate sizes of ESIP needles/syringes and alcohol wipes.

#### II. Personnel Criteria

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

#### III. Office Management Criteria

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

#### IV. Clinical Services Criteria:

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



## Major Update to FSR and MRR Audit Tools... Continued

### VI. Infection Control Criteria

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

### Medical Record Review Tool – Sample of new items

#### I. Format Criteria

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

#### IV. Pediatric Preventive Criteria

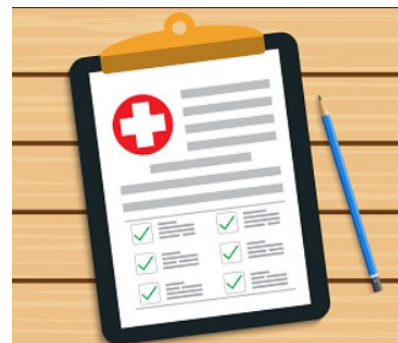
Well-child visit

- ***Alcohol Use Disorder Screening and Behavioral Counseling***
- **Anemia Screening**
- **Autism Spectrum Disorder Screening**
- **Blood Pressure Screening**
- **Dental Assessment**
  - ~~**Dental Home**~~ (removed)
  - **Fluoride Supplementation**
  - **Fluoride Varnish**
- **Depression Screening**
  - ***Suicide-Risk Screening***
  - **Maternal Depression Screening**
- **Developmental Surveillance**
- ***Drug Use Disorder Screening and Behavioral Counseling***
- **Dyslipidemia Screening**
- ~~**Folic Acid Supplementation**~~ (removed)
- **Hepatitis B Screening**
- ***Hepatitis C Virus Infection Screening***
- **Human Immunodeficiency Virus (HIV) Infection Screening**
- ~~**Intimate Partner Violence Screening**~~ (removed)
- ~~**Nutrition assessment/Breast Feeding support**~~ (removed)
- ~~**Obesity Screening**~~ (removed)
- **Psychosocial/Behavioral Assessment**
- **Sexually Transmitted Infections (STIs) Screening and Counseling**
- ~~**Skin Cancer Behavior Counseling**~~ (removed)
- **Tobacco Use Screening, Prevention and Cessation Services**

#### V. Adult Preventive Criteria

Adult Preventive Care Screenings

- **Abdominal Aneurysm Screening**
- **Alcohol/Drug Misuse: Screening and Behavioral Counseling**
- **Depression Screening**
- **Diabetic Screening**
  - **Comprehensive Diabetic Care**
- **Dyslipidemia Screening**
- **Folic Acid Supplementation**
- **Hepatitis B Screening**
- **Hepatitis C Screening**
- **High Blood Pressure Screening**
- **HIV Screening**
- **Intimate Partner Violence Screening for Women of Reproductive Age**
- **Lung Cancer Screening**
- **Osteoporosis Screening**
- **Sexually Transmitted Infections (STIs) Screening and Counseling**
- **Skin Cancer Behavior Counseling**
- **Tobacco Use Screening, Counseling and Intervention**



## Department of Health Care Services Update

### All Plan Letter 21-018

# Public and Private Hospital Directed Payment Programs

for State Fiscal Years 2017-18 and 2018-19, the Bridge Period, and Calendar Year 2021

The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) 21-018, “Public and Private Hospital Directed Payment Programs for State Fiscal Years 2017-18 and 2018-19, the Bridge Period, and Calendar Year 2021.” Below is a summary of this APL to ensure you are aware of the information.

APL 21-018 instructs Managed Care Plans (MCPs) such as CCHP on the payment process for hospitals in various statewide payment programs, including the Designated Public Hospital (DPH) Enhanced Payment Program (EPP), the DPH Quality Incentive Pool (QIP), the District and Municipal Public Hospital (DMPH) QIP, and the Private Hospital Directed Payment (PHDP) program. These programs direct MCPs to pay specified network providers in accordance with terms approved by the Centers for Medicare & Medicaid Services (CMS).

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 21-018 may be found at this URL:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-018.pdf>

#### **Designated Public Hospital Enhanced Payment Program**

DPH EPP provides supplemental reimbursement to Network Provider DPHs through uniform dollar increases for select inpatient and non-inpatient services, based on the actual utilization of qualifying services as reflected in encounter data reported to DHCS.

DPH EPP payments are not applicable to inpatient services provided to Members with Medicare Part A, non-inpatient services provided to Members with Medicare Part B, and state-only abortion services. DPH EPP also excludes services provided by Cost-Based Reimbursement Clinics (CBRCs), Indian Health Care Providers (IHCPs), Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs).

DPH EPP utilization-based payments will be calculated by DHCS in accordance with the CMS-approved preprint, and must be issued by CCHP to DPHs, in six-month increments: January through June, and July through December.

#### **Designated Public Hospital Quality Incentive Pool**

DPH QIP provides quality incentive payments to participating Network Provider DPH that meet quality metrics designated in the program. DPH QIP payments will be calculated by DHCS in accordance with the CMS-approved preprint, and must be issued by MCPs to DPHs based on the program year.

## DHCS All Plan Letter 21-018... Continued

### **District and Municipal Public Hospital Quality Incentive Pool**

DMPH QIP provides quality incentive payments to participating Network Provider DMPHs that meet quality metrics designated in the program. DMPH QIP payments will be calculated by DHCS in accordance with the CMS-approved preprint, and must be issued by CCHP to DMPHs based on the program year. MCPs are required to comply with the data sharing requirements as articulated in QPL 21-004.

### **Private Hospital Directed Payment Program**

PHDP provides supplemental reimbursement to participating Network Provider private hospitals through uniform dollar increases for select inpatient and outpatient services based on actual utilization of qualifying services as reflected in encounter data reported to DHCS.

PHDP payments are not applicable to inpatient services provided to Members with Medicare Part A, outpatient services provided to Members with Medicare Part B, and state-only abortion services. PHDP also excludes services provided by CBRCs, IHCPs, FQHCs, and RHCs.

PHDP utilization-based payments will be calculated by DHCS in accordance with the CMS-approved preprint, and must be issued by MCPs to private hospitals, in six-month increments: January through June, and July through December.

### **Payment and Other Provisions**

At the frequency described above, DHCS will calculate CCHP's payment obligation to Network Provider hospitals eligible for DPH EPP, DPH QIP, DMPH QIP, and PHDP directed payments in accordance with the CMS-approved preprints. DHCS will provide to CCHP its payment obligations to eligible Network Provider hospitals.

CCHP has processes established for payments, provider grievances, and determining the responsible payer. If the payment amounts were not what you expected, you can file a Provider Dispute. Provider Dispute forms are located on our website at [www.cchealth.org/healthplan/forproviders](http://www.cchealth.org/healthplan/forproviders).

Please contact Provider Relations at 925-313-9500 or by e-mail at [Providerrelations@cchealth.org](mailto:Providerrelations@cchealth.org) with any questions.

## DHCS ARPA Postpartum Extension

Effective April 1, 2022, the Department of Health Care Services (DHCS) will expand the postpartum care period for individuals receiving pregnancy related and postpartum care services for an additional ten months of coverage following the current 60-day postpartum period for a total of 12 months. Additionally, coverage will be extended to full-scope benefits during both the pregnancy and postpartum periods, regardless of citizenship status or income changes. This is in response to the American Rescue Plan Act (ARPA) and will fully replace the current Provisional Postpartum Care Extension (PPCE) which will expire on March 31, 2022.

If you have any questions, please email the Authorizations Unit at [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org).

## Annual Notification regarding Provider Practice Changes

Contra Costa Health Plan (CCHP) is required by the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) to ensure all provider information listed in our Provider Directories is accurate. Provider Directory information can be viewed online at <https://cchealth.org/healthplan/provider-directory.php>. If incorrect data is displayed, updates can be made online at <https://cchealth.org/healthplan/provider-directory.php> by clicking on the button labeled report an error in provider directory. This allows a provider to list the correct information which is automatically sent directly to CCHP for correction. CCHP reviews and makes the appropriate corrections.

In addition, please notify us immediately about upcoming changes to your practice, such as a new address or suite number, phone, fax, tax identification number\* (TIN), ownership or group name change\*, provider additions or deletions, or any new practice limitations through e-mail, fax or mail:

Contra Costa Health Plan | Provider Relations  
595 Center Ave., Ste. 100, Martinez, CA 94553  
Fax (925) 646-9907 | [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)

CCHP also sends quarterly electronic Provider/Facility Network Update surveys through email as another method of having providers confirm the accuracy of their data. This process is also required by DHCS and DMHC and failure to respond may result in delay of payment or reimbursement of a claim and removal from the provider directories.

If you have any questions, please contact Provider Relations at [Providerrelations@cchealth.org](mailto:Providerrelations@cchealth.org).

\* An updated W-9 form is required for any changes to a group name, new ownership, or TIN.

## Fraud, Waste and Abuse Training Requirements

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

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



CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. A provider or downstream contractor may submit a potential or suspected FWA case directly to the CCHP Provider Relations Unit or CCHP Director of Compliance. Furthermore, FWA may also be reported to the Office of Inspector General at: (800) HHS-Tips or for cases involving Medicare prescription drugs, to the Health Integrity unit at: (877) 7-SafeRx. (Any

such report should always contain a complete description of the incident with a reminder to staff that confidentiality of the individual reporting the fraud will be maintained.)

## World TB Day – March 24

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

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

Contra Costa County Public Health TB Client Services is pleased to share with you important information about how we, along with the help of our community partners, healthcare providers and client families, control and strive to eliminate TB in our county. Our 2021 reports on Tuberculosis in Contra Costa County can be found here: <https://cchealth.org/healthplan/providers/>

Additional information may also be found at [cchealth.org/tb/](https://cchealth.org/tb/) or you may call the TB Control program directly at (925) 313-6740 with questions.

## #ENDTB Webinar: Live Demo of WHO's End TB E-Learning Platform

**Join the World Health Organization (WHO) for an interactive live demo of WHO's brand-new [End TB E-learning platform](#).**

The e-learning platform provides access to the new WHO e-courses on TB preventive treatment, TB diagnostics and drug-resistant TB. These comprehensive, self-paced WHO developed e-learning materials have a programmatic focus and are designed for people providing guidance to stakeholders at country level in developing and implementing the latest WHO guidelines and policy recommendations on TB, such as national programme managers and technical staff from ministries of health, WHO staff, staff of technical agencies, consultants and anyone else supporting countries and major subnational units.

All the e-courses build on the information provided by WHO in the [Operational Handbook on TB](#) and consist of short video lectures, exercises, quizzes, and additional reading material.

During the webinar we will provide a live hands-on overview about the learning experience. A question and answer session is also being offered to address any questions you may have.

**Join WHO on 5 May at 1pm to 3pm CET**

**Connection details:** <https://who.zoom.us/j/95624138945> Passcode: Demo@202

**Check out the E-learning course teaser trailers:**

- [E-Learning Course on Rapid Diagnostics for Tuberculosis Detection](#)
- [E-learning Course on Drug-Resistant TB Treatment](#)
- [E-Learning Course on TB Preventive Treatment](#)



## Welcome Community Provider Network (CPN) Providers

### Primary Care Providers

Provider Name	Specialty	Practice Name and Cities
Jennifer Hsu, MD	Pediatrics	Brighter Beginnings Family Health Clinic, Antioch
Maryna Vityuk, MD	Family Medicine	La Clinica De La Raza, Concord
Jeanette Leon, NP	Internal Medicine	La Clinica De La Raza, Pittsburg
Brian Beachler, MD	Family Medicine	LifeLong Medical Care, San Pablo
Anirudh Chandra, DO	Internal Medicine	Springhill Medical Group, Pittsburg, Brentwood

### Specialty Care Providers

Provider Name	Specialty	Practice Name and Cities
Jennifer Lee, MD	Surgery - General	BASS Medical Group, Inc., Oakland, Berkeley, Hayward
Stacyann Andaya, NP	Surgery - Thoracic	BASS Medical Group, Inc., Walnut Creek
Leena Mehandru, MD	Nephrology	Chabot Nephrology Medical Group, Pleasanton, Danville, Castro Valley, Livermore
Robert Eberle, HAD	Hearing Aid Dispensing	Connect Hearing, Inc., Oakland
Rene Morten, HAD	Hearing Aid Dispensing	Connect Hearing, Inc., Oakland, Livermore, Pleasanton
John Pyun, MD	Ophthalmology	East Bay Ophthalmology, Pinole
Swati Andhavarapu, MD	Hematology/Oncology	Epic Care, Dublin, Livermore, Castro Valley
Daniel Kaplan, MD	Endocrinology, Diabetes and Metabolism	Epic Care, San Leandro, Antioch
John Ruddy, MD	Sleep Medicine	Golden Gate Sleep Centers, Danville, Fremont
John Peterson, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek, Berkeley
Mark Christiansen, MD	Endocrinology	Golden State Orthopaedics & Spine, Walnut Creek
Richard Kamrath, MD	Endocrinology	Golden State Orthopaedics & Spine, Walnut Creek
Cathy Li, OT	Occupational Therapy	Golden State Orthopaedics & Spine, Walnut Creek
Kathleen Grant, PA	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopaedics & Spine, Walnut Creek, Brentwood
William Wung, MD	Cardiology	John Muir Physician Network, Brentwood, Concord
Mahr Elder, DDS	Surgery - Oral and Maxillofacial	M. Elder, D.D.S., A Professional Corporation, Vallejo
Heather Cordle, NP	Mid-level - Family Planning	Planned Parenthood, Antioch, Concord
Wyatt Brown, PA	Mid-level - Urgent Care	STAT Med Urgent Care, Brentwood, Concord, Lafayette, Livermore
Hilary Morgan, PA	Mid-level - Urgent Care	STAT Med Urgent Care, Brentwood, Concord, Lafayette, Livermore
Sarah Talach, SLP	Speech Therapy	Talach Speech Therapy, Inc., Walnut Creek
Geoffrey Rodriguez, MD	Ophthalmology	Turner Eye Institute, San Leandro, Concord
Richard Foy, MD	Wound Care	Wound MD, Mayfield Heights
John Hsu, DO	Surgery - Plastic	Wound MD, Mayfield Heights
Alexander Simopoulos, MD	Obstetrics And Gynecology	Wound MD, Mayfield Heights



## Welcome Community Provider Network (CPN) Providers



### Applied Behavior Analysts

Provider Name	Specialty	Practice Name
Ravelle Wellock, BCBA	Qualified Autism Provider	Adapt A Behavioral Collective, Inc., San Francisco
Stephanie Ilagan, BCBA	Qualified Autism Provider	Autism Learning Partners, LLC, San Ramon, San Leandro
Sapna Kadakia, MS	Qualified Autism Provider	Behavior Treatment and Analysis, Inc, Walnut Creek
Samantha Canha, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Rosaura Aguilar, BCBA	Qualified Autism Provider	Center for Autism and Related Disorders, LLC, Vacaville
Alliza Anne Cabrera, BCBA	Qualified Autism Provider	Center for Autism and Related Disorders, LLC, Vacaville
Mersayde Villarreal, BCBA	Qualified Autism Provider	Center for Social Dynamics, Alameda
Ariana Warlich, MA	Qualified Autism Provider	FirstSteps for Kids - Bay Area, Walnut Creek
Angelica Wise, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord
herbert Garcilazo, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Maria Jollie, MA	Qualified Autism Provider	Positive Pathways LLC, San Francisco

### Mental Health Providers

Provider Name	Specialty	Practice Name and Cities
Simone Behar-Seilo, PhD	Psychology	Autism Center of Northern California, San Francisco
Emily Schramm, MFT	Mental Health Therapist/Counselor	Axis Community Health, Pleasanton
Heather Brown, MFT	Mental Health Therapist/Counselor, Telemedicine - Mental Health	Serene Health, Sacramento
Amy Kim, LCSW	Clinical Social Work, Telemedicine - Mental Health	Serene Health, Sacramento
Hailey Arellano, MFT	Mental Health Therapist/Counselor, Telemedicine - Mental Health	TeleMed2U, Roseville
Kristy Davis, MFT	Mental Health Therapist/Counselor, Substance Abuse Professional, Telemedicine - Mental Health	TeleMed2U, Roseville



## Welcome Community Provider Network (CPN) Providers

### Facilities

Facility Name	Facility Type	City
FMC Dialysis Services of College	Dialysis	San Diego
Cranial Technologies, Inc.	DME & Medical Supplies	Mountain View
Cranial Technologies, Inc.	DME & Medical Supplies	San Francisco
Cranial Technologies, Inc.	DME & Medical Supplies	Oakland
Freedom Mobility Center, LLC	DME & Medical Supplies	Rodeo
American CareQuest, Inc.	Home Health	Burlingame
Health Link Home Health Agency	Home Health	Walnut Creek
American CareQuest, Inc.	Hospice - Outpatient	Burlingame
Exact Sciences Laboratories, LLC	Laboratory	Chicago
Hanger Prosthetics & Orthotics West, Inc.	Orthotic & Prosthetic	San Mateo
Delta View Post Acute	Skilled Nursing Facility	Antioch
Lake Merritt Healthcare Center	Skilled Nursing Facility	Oakland
Lone Tree Post Acute	Skilled Nursing Facility	Antioch
Redwood Healthcare Center	Skilled Nursing Facility	Oakland
Richmond Post Acute Care	Skilled Nursing Facility	Richmond

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

Bryan Rikli, DDS	Dentist
David Karch, MD	Emergency Medicine
Christopher Lawton, MD	Diagnostic Radiology
John Fordham, DO	Psychiatry
Richard Slone, MD	Radiology



# THE BULLETIN BOARD

Reminder!

## Attention: Provider Network Trainings

Next Meeting Dates:

**Tuesday, July 26, 2022**

**Tuesday, October 25, 2022**

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)

Visit our website for resources:

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

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

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

Non-Medical  
Transportation  
from CCHP  
855-222-1218

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

## HOLIDAYS OBSERVED BY CCHP

**May 30 — Memorial Day**

**July 4 — Independence Day**

**September 5 — Labor Day**

## 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)





## 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: [CCHPfsr@cchealth.org](mailto:CCHPfsr@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)