

Message from the CCHP Chief Medical Officer

Dear CCHP Providers,

Happy New Year! 2023 looks to be a busy year as we welcome many new CCHP members as many individuals who have had Fee-for-Service Medi-Cal transition to CCHP Managed Medi-Cal. This includes both those who have been in skilled nursing facilities as well as those with both Medicare and Medi-Cal (dual eligible). At the same time, with the end of the Public Health Emergency, Medi-Cal will begin its redetermination process as of April 1, 2023 and will continue this effort of the next 14 months. This means that all Medi-Cal patients have to renew their Medi-Cal or they will lose their CCHP Medi-Cal coverage.

For your Medi-Cal patients, please remind them to make sure that the Contra Costa Employment and Human Services Division (EHSD) has their most up to date address and other information. If you or your patients have any questions, please reach out to EHSD at 866-663-3225 or online at mybenefitsCalWIN.org. You can also go to the EHSD website at EHSD.org for more information. If you or your patients have any challenges with renewing their Medi-Cal, please reach out to the Health Consumer Alliance at 888-804-3536.

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2023 also signals the start of many new benefits, which are outlined below in much more detail, including the expansion of Enhanced Care Management to cover CCHP Medi-Cal members who can safely live in the community and are either at risk of entering long term care or are currently in a nursing facility. Other benefits include the launch of the dyadic services benefit, allowing for preventive behavioral health services for CCHP Medi-Cal members ages 0-20 and/or their caregivers, as well as the introduction of Dementia Aware, which covers annual cognitive screening for CCHP Medi-Cal members.

CCHP is also excited to partner with the Department of Healthcare Services (DHCS) on population health under California Advancing and Innovating Medi-Cal (CalAIM). This includes partnering with all of you to facilitate transitions of care for all CCHP members between different levels of physical and behavioral healthcare. At the same time, CCHP looks forward to working with providers to facilitate closed loop referrals for all referrals to specialists and allied providers.

Operationally, CCHP is undertaking a redesign of the benefits engine. This initiative is led by our Chief Operating Officer, Angela Choy. The goal of this redesign is to streamline and therefore speed up both the utilization management and claims processes. As part of this improvement, CCHP has implemented new notifications for those referrals and requests that do not require authorization. As a reminder, this includes the first seven visits with most specialists as long as those specialists are in network for the member. Both CCRMC and the CPN are in network for Medi-Cal and Commercial B members. The network for Commercial A, Commercial A2, and IHSS Commercial A2 members includes ONLY CCRMC. Any services outside of CCRMC, with the exception of optometry and certain durable medical equipment (DME) requires CCHP's prior authorization.

As always, we welcome your ideas and suggestions for improvement as we enter this new year. We look forward to working with you to both improve and expand services for our patients. Please reach out to us via phone or email if we can be of assistance. Thank you all for all that you do to care for our patients.

In partnership and with gratitude,

Dennis Hsieh, MD, JD
Chief Medical Officer

Nicolas Barcelo, MD, MS
Medical Director



Expansion of CalAIM Enhanced Care Management

As of January 1, CalAIM Enhanced Care Management (ECM) welcomes two new populations. These two populations align with the expansion of the managed Medi-Cal membership to include those in nursing homes and those who are dually eligible for both Medicare and Medicaid. The first population is for those who are residing in a nursing facility who are (1) interested in moving out of the institution; AND (2) likely candidates to do so successfully; AND (3) able to reside continuously in the community. The second group of these individuals are those who are living in the community and who either need skilled nursing facility level of care OR who require lower-acuity skilled nursing AND are able to reside continuously in the community with wraparound supports.

In July, CCHP looks forward to welcoming to ECM those children who are enrolled in the California Children's Services (CCS) Program as well as those involved in the Child Welfare (Foster Care) system.

As a reminder, the other populations of focus are those who are experiencing homelessness, those who are justice involved (transitioning from jail or prison within the last 12 months), individuals with serious mental illness (SMI), individuals with substance use disorder (SUD), and individuals at risk for avoidable emergency department or inpatient utilization. More information on specific criteria can be found on the CCHP CalAIM Website at <https://cchealth.org/healthplan/provider-calaim.php>.

Medi-Cal Fee for Service Carve-in to Managed Medi-Cal

CCHP would like to welcome its new members. Two new groups who are transitioning to CCHP from January 1 onwards include those who have Medicare and Medi-Cal fee-for-service and those with Medi-Cal fee-for-service and reside in skilled nursing facilities.

For those who have Medicare and Medi-Cal, CCHP remains secondary coverage. This means that members should be able to keep all of their Medicare covered providers and all Medicare covered services from these providers and do not require CCHP prior authorization. Providers can submit bills directly to claims with a Medicare explanation of benefits and claims will calculate and pay any amount due. For services not covered by Medicare, CCHP will follow its usual utilization management process for CCHP Medi-Cal. This means that the no authorization list applies for those services not covered by Medicare.

For those who are transitioning to CCHP from Medi-Cal fee-for-service and are residing in skilled nursing facilities, CCHP will honor continuity of care for all patients, both with the facility itself as well as with any healthcare providers the patient is seeing. CCHP will follow its usual utilization management process for CCHP Medi-Cal. To request continuity of care for custodial bed days at the skilled nursing facility or to request continuity of care with any outpatient provider, please use the ccLink Provider Portal. More information can be found at: <https://cchealth.org/healthplan/providers/>.



Medi-Cal Member Redetermination

On February 8, 2023, the Department of Health Care Services (DHCS) www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2023/23-06-Medi-Cal-Renewal-Campaign-2-8-23.pdf, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The statewide campaign is targeted to California's 15.4 million Medi-Cal members who had their redeterminations on hold during the COVID-19 public health emergency due to the federal continuous coverage requirement. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.

One of the goals of the campaign is to maintain coverage for Medi-Cal members by providing outreach materials and information that inform them about the steps necessary to maintain coverage. The campaign includes paid media that will run a mix of different traditional and digital media formats to reach Medi-Cal households in all 19 Medi-Cal threshold languages. The campaign will also include the creation of awareness-focused tactics, such as videos, digital displays, radio, paid search, social media, out-of-home placements, and other language media partnerships.

Additionally, the campaign will include a new webpage, KeepMediCalCoverage.org, where all Medi-Cal members can find the resources they need to update their information and complete their eligibility renewal. The webpage will allow Medi-Cal members to easily find their local county and the corresponding [BenefitsCal](#) or [MyBenefits CalWIN](#) portal. Further, it will allow them to sign up to receive email or text updates from DHCS. This webpage will be used in corresponding communications, such as social media, flyers, and other ads, as a central landing page for Medi-Cal members.

As part of this campaign, DHCS released the "[Keeping Medi-Cal Beneficiaries Covered](#)" Phase 2 toolkit to focus on renewals. The toolkit is designed to encourage members to continue to update their contact information, if needed, and to report any changes in circumstances, such as household size, income, phone number, or home address. The toolkit includes collateral materials, including flyers, one-page fact sheets, social media posts, sample messaging, and infographics for the DHCS Coverage Ambassadors and other partners to use. These materials will be translated into all 19 Medi-Cal threshold languages. Partners will be able to customize resources to fit their needs, and then share messaging through their own channels.

More information about DHCS' strategy to unwind the continuous coverage requirement is available in the [Medi-Cal COVID-19 Public Health Emergency and Continuous Coverage Unwinding Plan](#) posted on the DHCS [website](#).

We encourage you to share these resources throughout your network and use messaging in direct communication with partners and consumers.

Thank you for your partnership in this effort to keep Californians covered.

Department of Health Care Services
[DHCS Homepage \(ca.gov\)](https://www.dhcs.ca.gov)

Updates CCHP Authorizations Department

The CCHP Authorizations Department has made some changes to the types of letters sent when a request for services does not require prior authorization.

CPN Referral Form

- A CPN Referral Form will be sent for any request that is for 1 consult and 6 follow ups of a specialty that does not require authorization and is going to a CPN provider. Note that referrals coming from CCRMC to a CPN Provider will receive this notification.
- This includes Physical Therapy, Dietitian Services, Dermatology, etc. Most specialties do not require authorization for the first 7 office visits. Specific exceptions that require prior authorization are Pain Management and Neurosurgery.
- The CPN Referral Form will also be sent for the first 7 visits of each type of Home Health visits after a patient is discharged from the Hospital or a Skilled Nursing Facility. These first 7 visits after discharge no longer require review and authorization from CCHP.
- This notification does not have CPT codes on it, however the codes will be visible in the referral if needed. These types of visits can be billed using any of the standard consult and follow up codes 99201-99205, 99241-99245, and 99211-99215 or specialty specific consult codes like 97161-97165, 97112-97113, 97039, 92523, 92507, and 97802-97803.

No Authorization Required Notice

- A No Authorization Required Letter will be sent for any other services that do not require authorization but are not specifically for 7 specialty visits. This includes, but is not limited to, any request for codes on the Interactive No Authorization Required List and requests for Dialysis.
- This notification does not have CPT codes or the Vendor's name on it as it is a more generic courtesy letter intended to inform all parties that authorization was not needed from CCHP.
- The comprehensive list of services that require no authorization and no referral, and services that require no authorization but do require a copy of the referral to be sent to CCHP, can be found on our website at <https://cchealth.org/healthplan/providers/manual.php>.
- Services not requiring authorization only apply to services that are covered by the member's benefit and rendered by a contracted, in-network provider for the member.
- "In network" means that Commercial A, A2, and IHSS members should be seen at CCRMC, except for services that CCHP knows CCRMC does not have the capacity to provide. For example, Durable Medical Equipment, Mental/Behavioral Health, Optometry, Home Health, Skilled Nursing Facilities, Hospice, and Dialysis.
- Medi-Cal and Commercial B member, plus Commercial A for the specialties listed above, can be seen at CCRMC or any contracted provider in our Community Provider Network.
- Any request to go to a Tertiary Care facility (such as UCSF or Stanford) or Any Non-Contracted provider always requires Prior Authorization, regardless of the specialty requested.

Updates to the Initial Health Appointment

The Department of Health Care Services has updated their requirements for the Initial Health Appointment (formerly Initial Health Assessment). These changes are in effect as of January 1, 2023.

What Has Changed:

- The Staying Healthy Assessment (SHA) is no longer required and can be eliminated.
- CCHP will no longer reimburse for the completion of the SHA. The use of the “SH” modifier in claims submission can be eliminated.
- The Initial Health Assessment is now called the Initial Health Appointment

Current Requirements:

- All newly enrolled CCHP Members need an Initial Health Appointment (IHA) within 120 calendar days of enrollment start date.
- The IHA must be performed in a primary care setting.
- The IHA must be provided in a way that is culturally and linguistically appropriate for the Member.
- The IHA must include all of the following:
 - A history of the Member’s physical and mental health;
 - An identification of risks;
 - An assessment of needed preventive screens or services (**US Preventive Services Task Force A & B recommendations** ([A and B Recommendations | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)) and **AAP Bright Futures** ([Bright Futures \(aap.org\)](https://www.brightfutures.org))
 - Health education; and
 - The diagnosis and plan for treatment of any diseases.
- All elements of the IHA must be documented in the Member’s chart.



DHCS Launched Population Health Management

In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

- **Improved Member Information:** Data is fragmented for members between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are often duplicative across settings. A main goal of population health will be to co-locate this information and put the right information in the right place, so providers of any setting can access useful information and provide the best care to members.
- **Risk Tiering:** Utilizing medical and social services data, members will be risk stratified and tiered, with the goal of directing services for those that need it, prior to a referral being placed.
- **Services:** Case Management Services, like Enhanced Case Management for the most at-need, Complex Case Management, and Transitional Case Management will be expanded and strengthened over the next year. Additional populations will become eligible for Enhanced Case Management, and additional services for those transitioning between levels of care (inpatient to home) will be rolled out. Additionally, more robust population health programs – from disease management to wellness and prevention – will be developed. Some of these have already begun, like the new Doula benefit.

CCHP looks forward to working with you and sharing with you these exciting new programs as they become available.

CCHP Covers Annual Cognitive Screening

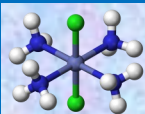
For those CCHP members 65 or older, CCHP now covers annual cognitive screening if not available to the member through Medicare or other insurance. This can be billed by CCHP providers through CPT code 1494F. Providers who wish to bill for this must be certified by the Department of Healthcare Services (DHCS) and must use one or more evidence-based screening tools during this process. Tools include, but are not limited to: General Practitioner assessment of Cognition (GPCOG), Mini-Cog, Eight-item Informant Interview to Differentiate Aging and Dementia, and the Short Informant Questionnaire on Cognitive Decline in the Elderly. More information can be found in DHCS All Plan Letter 22-025 (<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-025.pdf>).

Dementia Care Aware Cognitive Health Assessment Training

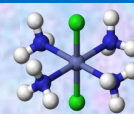
On February 21, 2023, from 12 p.m. to 1 p.m., DHCS and its partners will host a webinar, “Advanced Care Planning and Legal Needs for People Living with Dementia” [Webinar Registration - Zoom](#) Participants of the live webinars are eligible to receive 1 Continuing Medical Education (CME) and California Marriage and Family Therapists (CAMFT) credit.

Background:

The Department of Health Care Services (DHCS) launched Dementia Care Aware, an initiative that establishes a statewide standard of care for dementia screening through an equity-focused, culturally appropriate provider training. Senate Bill 48, signed on October 4, 2021, establishes that an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older is a covered benefit if they are otherwise ineligible for a similar assessment under the Medicare program. A Medi-Cal provider shall only be eligible to receive payment for this new benefit if the provider completes the Dementia Care Aware cognitive health assessment training. Please sign up to take the cognitive health assessment training (1.5 CME/CAMFT and MOC credit) at www.dementiacareaware.org



Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 12/2/2022. Updates from the meeting are outlined below:
Changes to the PDL will be effective by mid-January 2022

Updates/Announcements:

1. Schedule for Medi-Cal Rx Reinstatement of Prior Authorization Requirements:

Medi-Cal Rx Reinstatement

Reinstatement Phase II – Phase IV

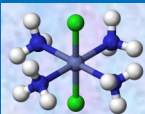


Key Dates

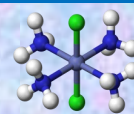
- January 20, 2023: Phase II, Wave 1 begins for new starts only.
- February 24, 2023: Phase II, Wave 2 begins.
- March 24, 2023 – June 23, 2023: Series of Transition Lifts.

For additional details including the specific medications in each phase, please go to the DHCS Medi-Cal Rx website at <https://www.medi-calrx.dhcs.ca.gov/home/education/> or contact CCHP Pharmacy Department for more details.





Pharmacy and Therapeutics Committee News



The CCHP P&T committee met on 12/2/2021. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-January 2022****

Updates/Announcements:

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

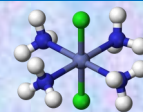
Medi-Cal Rx has been updating their Contract Drug List (CDL) on a monthly basis. These updates can be found on the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> or contact the CCHP Pharmacy Department for additional details.

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):	
<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Kerendia (finerenone) Mounjaro (tirzepatide)
Modified PA criteria:	Anti-obesity medication Botox (onabotulinumtoxin A) Testosterone products
ADDED to the CCHP formulary:	Tecfidera (dimethyl fumarate) Breo Ellipta (fluticasone/vilanterol) Flovent HFA (fluticasone/salmeterol)
Removed from CCHP formulary:	Advair HFA (fluticasone/salmeterol)

- **New Pharmacy Criteria for Kerendia (finerenone):** Member must have a diagnosis of chronic kidney disease associated with type 2 diabetes, currently taking an ACE inhibitor or ARB and documented trial and failure of an SGLT2 inhibitor.
- **New Pharmacy Criteria for Mounjaro (tirzepatide):** Member must have a diagnosis of type 2 diabetes, documented trial and failure of metformin and documented trial and failure of one of the following preferred products: Victoza, Ozempic, Rybelsus or Trulicity.
- **Modification of pharmacy criteria for anti-obesity medications:** Previously, this class of medications had a requirement to try and fail orlistat as step therapy. This step therapy requirement has now been dropped.
- **Modification of medical criteria for Botox (onabotulinumtoxinA):** added nortriptyline and duloxetine as potential medications to qualify for previous trial and failure requirements. Also added criteria for chronic sialorrhea (member has had sialorrhea for at least 3 months and has tried and failed an anticholinergic medication).
- **Modification of pharmacy criteria for testosterone products:** moved Androgel 1.62% pump and Axiron 30 mg/1.5 mL pump to 2nd line preferred status and moved Androgel 1% packets to 3rd line preferred status.



Pharmacy and Therapeutics Committee News



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

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

- An interactive searchable formulary is available within Epic (contact the Epic team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: <http://cchealth.org/healthplan/pdf/pdl.pdf>.
- A searchable copy of the CCHP PDL can be found here: <http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>.



EPOCRATES – free mobile & online formulary resource

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

Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms

If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at goldsupport@epocrates.com or at (800) 230-2150.

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

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

Questions and comments may be directed to CCHP Pharmacy by emailing
joseph.cardinalli@cchealth.org



Interpreter Services

If you are a CPN Provider, do some of your patients struggle with Speaking English or have a disability? If so, free language interpreter services are available to them or American Sign Language!

Have you tried our telephonic interpreter services? They are fast and easy to use!

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.

If you are a Community Contracted Provider, go to our web site and see the details on how to access our telephonic interpreter services and in some cases face to face if it meets the criteria.

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

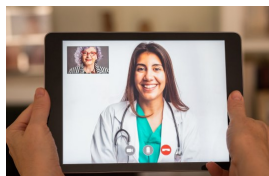
CPN Providers can call our interpretation vendor at: **1-866-874-3972** The Client ID is **298935** and for Mental Health Providers the Client ID is **525970**.

If you are a CCRMC Provider, you have access to interpreters through the Health Care Interpreters Network. See instructions here: <https://cchealth.org/healthplan/pdf/provider/Interpreter-Services-RMC.pdf>

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

Getting Proper Linguistic Access Helps to:

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient patient interactions



Why are Family and Friends Not Recommended as Interpreters?

- They can make serious mistakes and may create liability issues.

New DHCS Medi-Cal for Kids & Teens Outreach & Education Toolkit

DHCS developed a new Medi-Cal for Kids & Teens Outreach & Education Toolkit. The following documents are available on DHCS' redesigned www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx.

The Toolkit is part of [Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](http://gcc02.safelinks.protection.outlook.com) and includes four major components:

- **New Name for EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) in California** – “Medi-Cal for Kids & Teens” –to promote greater understanding of what services children and youth are entitled to under Medi-Cal.
- **Enrollee-Facing Brochures** to improve enrollee understanding of how Medi-Cal for Kids & Teens works, what it covers, and its role in preventive care screening, diagnosis, and treatment. The child brochure is for children up to age 12, and the teen brochure is for ages 12-20.
- **Enrollee-Facing Medi-Cal for Kids & Teens: Your Medi-Cal Rights Letter** designed to help enrollees understand Medi-Cal for Kids & Teens and what recourse is available if medically necessary care is denied, delayed, reduced, or stopped.
- **Standardized Provider Training** to help Medi-Cal managed care providers better understand Medi-Cal for Kids & Teens, including how to help children and families access medically necessary care, how to bill for covered services, and who to reach out to at DHCS with additional questions. This provider training aligns with MCP contract language that will go into effect in January 2024 requiring managed care providers who work with children to be trained at least every two years on Medi-Cal for Kids & Teens.

DHCS will also be translating the enrollee-facing materials into DHCS' threshold languages and publishing these on the DHCS www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx



Enhancing ACE Screening through HMG Care Coordination

PROMISING PRACTICE OVERVIEW

First 5 Contra Costa contracted with the Contra Costa Crisis Center in 2014 to serve as the Help Me Grow (HMG) Call Center via 211. Health care providers can refer children ages 0-5 to First 5's HMG program for additional community services that address the needs identified by screens for child developmental concerns (i.e., ASQ-3 and MCHAT). The Crisis Center's experience in grassroots community resource connection made it the ideal organization to hold the HMG central access point for care coordination and an up-to-date, robust resource directory. As knowledge grew around the impact of Adverse Childhood Experiences (ACEs) on child development, First 5, the Crisis Center, and La Clinica de la Raza came together to develop a pilot to integrate ACE screening and response workflows utilizing the existing HMG model. This Promising Practice summarizes how First 5 and the Crisis Center partnered with La Clinica to pilot a closed-loop system of care where providers efficiently send referrals for care coordination services for children. Through California's ACEs Aware funding, the partners developed and deployed the customization needed to support a more integrated closed-loop system. Although pilot funding has ended, the infrastructure for the system continues to thrive and expand.

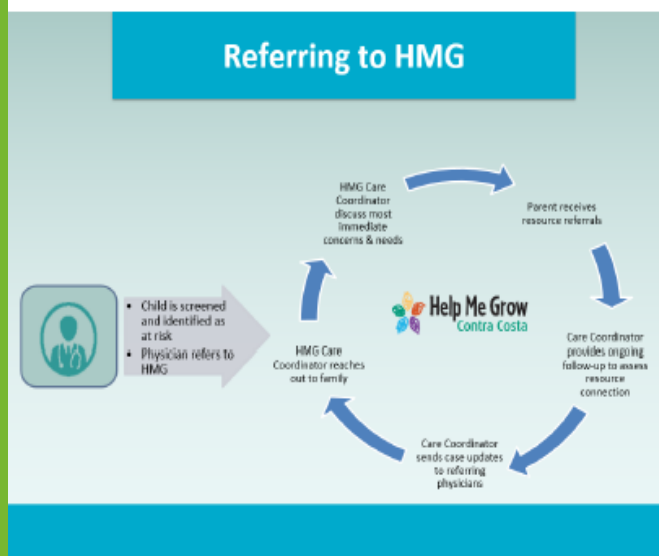
AIM

To increase collaboration and system integration between healthcare and community-based organizations; to respond to needs identified for children and caregivers; to improve service access via Help Me Grow; to empower parents and improve child-centered care.

MEASURES

- # of screens completed over time
- Provider feedback/self-reports
- Linkage rate

WORKFLOW



ACTIONS TAKEN

- Identified key pilot project partners with aligned goals and developed working agreements.
- Applied for and awarded funding.
- All partners received customized training and role-specific coaching to support implementation of trauma-informed practices.
- Determined workflow process for triggering referrals.
- Healthcare provider team worked with IT support to create SmartPhrases, customized reports, and secure data export.
- Care team at La Clinica determined which patients need ACE screening and completed screening.
- Secure imports of referrals received via ServicePoint and filtered into system for Help Me Grow Care Coordinators at Crisis Center.
- Help Me Grow Care Coordinators reach out to referred families within 48 hours. Upon contact with parent/caregiver, Help Me Grow Care Coordinators provide individualized resource referrals and customized materials (i.e. home activity handouts, parenting information).
- Help Me Grow Care Coordinators document patient outcomes and provider has access to such documentation via ServicePoint platform and can view live updates for their clients, therefore closing the loop. Some sites utilized morning huddle to review referral results.

RESULTS TO DATE

- Physicians increased ACE screening rates
- Improved clinic staff comfort level with ACE screening
- Increased and improved connection between healthcare and community resources
- Deepened knowledge among partners of each other's systems
- Increased family comfort level with ACE screening
- Increased family access to resources and to a seamless resource navigation system

LESSONS LEARNED

- System integration work requires commitment, time, and funding.
- System integration work requires trust, deep relationships, and an openness to learning about partner agencies' cultures and workflows.
- Investment in information technology is critical to streamline and automate referral processes for healthcare providers.
- Implementing an automated closed-loop feedback process increases providers' trust in the referral system.
- Training is needed for every level of clinic staff to establish and maintain comfort with ACE screening and response workflows. In particular, medical assistant (MA) and front desk staff roles were critical to the success of this pilot.
- Leverage and braid funding streams for sustainability by identifying partners or initiatives with common goals.
- Consider how to measure family-level outcomes early in the implementation process.

Contra Costa Network of Care

The [Contra Costa Network of Care \[contracostanetworkofcare.org\]](https://contracostanetworkofcare.org) is an online community for trauma-informed practitioners across Contra Costa County to share resources, access events, build networks, and collaboratively integrate trauma-informed principles into individual and organizational practice. *Are you already a member of the online hub? If not, we would love for you to join and begin actively participating!* You can share, like, and comment on posts, plus make connections with like-minded individuals! Here is a [brief two-pager with instructions \[drive.google.com\]](https://drive.google.com) on how to join and create your profile - start by visiting [contracostanetworkofcare.org \[contracostanetworkofcare.org\]](https://contracostanetworkofcare.org) and click "JOIN THE NETWORK" in the top right corner!

First 5 Contra Costa & Aliados Health

First 5 Contra Costa recently completed a "Promising Practice" paper in collaboration with Aliados Health titled "Enhancing ACE Screening through HMG Care Coordination." This short report documents the core actions taken and lessons learned in our 2022-23 ACE screening pilot funded by the ACEs Aware Initiative, and implemented in collaboration with La Clinica de la Raza and Contra Costa Crisis Center. You can find this "Promising Practice" document and other similar resources including podcasts on the [Aliados Health \[aliadoshealth.org\]](https://aliadoshealth.org) website.



Help Me Grow

First 5's [Help Me Grow \(HMG\) Contra Costa program \[helpmegrowcoco.org\]](https://helpmegrowcoco.org) is here to support providers and families address early developmental concerns and family needs. We offer trainings on the **ASQ and MCHAT screening** tools and referral pathways via Zoom or in person. You can also refer children and their families to our **HMG Call Center** for additional care coordination and support connecting families to additional community-based resources. To schedule a training for your team or to learn more about the HMG program, you can email lgonzalez@first5coco.org.



ACEs Aware Implementation with Intention Webinar Series

Starting this month, ACEs offering a series of webinars designed to help California providers implement Adverse Childhood Experience (ACE) screening and response.

The series is led by experts who will provide practical step-by-step guidance, as well as resources and tools, to help providers move further along their ACE screening implementation journey.

Sessions will be held on the fourth Thursday of the month and will offer Continuing Medical Education credit. Recordings will be posted on the ACEs Aware website. [ACEs Aware Implementation with Intention Webinar Series | ACEs Aware – Take action. Save lives.](#)

Registration is now open for Webinar #1: [Webinar Registration - Zoom](#)



You are invited to join TB Free California in an engaging virtual training:

Preventing Tuberculosis in Your Clinical Setting

A free, interactive training (with CMEs) for primary care providers, clinic administrators and health system leaders

Friday, March 10th, 2023

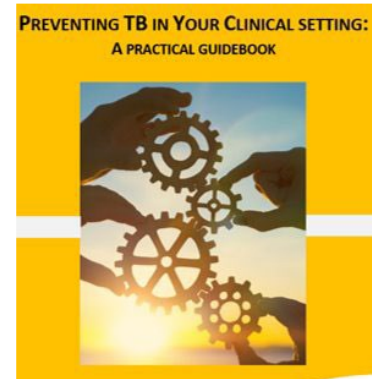
9:00 AM – 11:00 AM

This training is based on the information and recommendations presented in the California Department of Public Health's (CDPH's) 2022 publication, "Preventing TB in Your Clinic Setting: A Practical Guidebook" (available at <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Preventing-TB-in-Your-Clinical-Setting-A-Practical-Guidebook-nonADA.pdf>).

Presenters include: Devan Jaganath, MD, MPH (UC San Francisco), Nozomi Fukui, MPH (CA Dept of Public Health-CDPH), Shereen Katrak, MD, MPH (CDPH), Katya Salcedo, MPH (CDPH), Amy Tang, MD (North East Medical

Training Objectives:

- Increase providers', clinic administrators' and health system leaders' understanding of the importance of TB prevention to promote LTBI testing and treatment
- Increase providers' and clinic administrators' knowledge of how to measure the steps in an LTBI care cascade
- Increase providers' and clinic administrators' understanding of strategies that can be implemented to overcome barriers in each step in an LTBI care cascade
- Describe the easy-to-use tools and other resources in the Guidebook to support clinic staff as they engage providers and the populations at higher risk for TB that they serve
- Create a plan of action to identify next steps to implement measurement and evaluation of an LTBI care cascade in their facility



To participate in the virtual training, you must pre-register at this link:

<https://redcap.ucsf.edu/surveys/?s=8F8LJ79KMR7RCM79>

After registering, you will receive an email with the Zoom link and other pertinent information.



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Curry International Tuberculosis Center and the California Department of Public Health TB Control Branch. Curry International Tuberculosis Center is accredited by the ACCME to provide continuing medical education for physicians. This training is approved for 2 continuing education hours.

The Curry International Tuberculosis Center designates this educational activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Curry International Tuberculosis Center is approved as a provider of continuing education by the California State Board of Registered Nurses, Provider Number CEP 12308. This educational activity is approved for 2 continuing education hours. Board requirements prevent us from offering CE credit to people who arrive more than 15 minutes after the start of the training, or who leave the training early. Therefore, partial credit will not be awarded.

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

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.

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

Reminder: FSR and MRR Audit Tools Available

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 Facility Site Review (FSR) and an Medical Record Review (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.

To view the full version of the new tool, visit <https://cchealth.org/healthplan/provider-fsr-tool.php>. 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. Two videos that review the updates to the FSR and MRR can also be found at the web address above. Information on Disability Rights and Provider Obligations Training was not added to the training videos, however, information on this topic can be found in the full version of the tool.

ccLink Provider Portal Update

Internet Explorer 11 will no longer be supported when using the ccLink Provider Portal with our next upgrade. When users access the application using Internet Explorer 11, users will see the unsupported browser page and must access the application through a different browser.

Sorry, your browser configuration is not supported.

In order to use Healthy Planet Link, EpicCare Link, and Tapestry Link, you must use one of the following platforms:

Microsoft® Windows®

- [Google Chrome™](#) version 88 or above
- [Microsoft Edge](#) version 88 or above
- [Mozilla Firefox™](#) version 78 or above

Mac OS® X

- [Apple Safari™](#) version 14 or above
- [Google Chrome™](#) version 88 or above
- [Mozilla Firefox™](#) version 78 or above

Android tablets*

- [Google Chrome™](#) version 88 or above

iOS tablets*

- [Apple Safari™](#) version 14 or above

If you see this message despite using one of the browser configurations mentioned above, please contact your system administrator.

*Tablets are not supported in Executive Dashboards.

Help Desk Reminder

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

Help Desk phone number if still needed : 925-957-7272. Please note: The Help Desk can only reset passwords for the account holder and cannot reset passwords for other users.



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Provider	Specialties	Practice Name & Location(S)
Misha Roitshteyn, MD	Pediatrics	Axis Community Health, Pleasanton
Britney Herman, NP	Internal Medicine	La Clinica De La Raza, Pittsburg
Nicholas Fong, PA	Mid-level - Family Medicine	La Clinica De La Raza, Pittsburg
Allison Spicher, MD	Family Medicine	LifeLong Medical Care, Berkeley
David Pichardo-Gomez, MD	Family Medicine	LifeLong Medical Care, Richmond
Timothy Dillon, NP	Mid-level - Family Medicine	LifeLong Medical Care, Richmond
Joscelyne Armenta, NP	Mid-level - Family Medicine	LifeLong Medical Care, San Pablo
David Clemons, MD	Internal Medicine	Springhill Medical Group, Pittsburg

Specialty Care Providers

Yi Wang, L.Ac.	Acupuncture	Wang's Acupuncture, Albany
Prasad Palakurthy, MD	Cardiovascular Disease	Axis Community Health, Pleasanton
Sam Chitsaz Avval, MD	Cardiovascular Disease	Springhill Medical Group, Pittsburg
Robert Beer, MD	Dermatology	Balfour Dermatology, Brentwood
Julia Arzeno, MD	Dermatology	Golden State Dermatology Associates, Inc., Walnut Creek, Berkeley, Brentwood
Sherilyn Baughman, MD	Dermatology	Golden State Dermatology Associates, Inc., Alamo
John Canlas, RD	Dietitian	John Canlas, RD, Concord
Fiona Yuen, MD	Endocrinology, Diabetes and Metabolism	John Muir Physician Network, Walnut Creek, Brentwood
Ushaanthy Ravindran, MD	Endocrinology, Diabetes and Metabolism	John Muir Physician Network, Walnut Creek, Berkeley
Szilvia Molitorisz, MD	Infectious Disease	BASS - Infectious Disease Doctors Medical Group, Walnut Creek
Jacqueline Clavo, CRNA	Mid-level - Anesthesiology	Insite Digestive Health Care, San Pablo
Anastassia Tchorbadjiyska, PA	Mid-level - Orthopaedic Surgery Assistant	Golden State Orthopedics & Spine, Walnut Creek, Brentwood, Dublin, San Ramon
Charles Brandsmeier, NP	Mid-level - Urgent Care	BASS Medical Group, Inc., Walnut Creek
Lisa Jensen, CNM	Midwife	LifeLong Medical Care, San Pablo
Genevieve Purcell, CNM	Midwife	Planned Parenthood, Concord
Maryam Sharif-Hassanabadi, MD	Nephrology	BASS - Pacific Nephrology Medical Corporation, Concord
Michael Murphy, MD	Nephrology	Diablo Nephrology Medical Group, Concord
John Baron, DO	Nephrology	East Bay Nephrology Medical Group, Inc., Berkeley, Vallejo
Aziz Valika, MD	Nephrology	Diablo Nephrology Medical Group, Concord, Walnut Creek
Timothee Fruhauf, MD	Obstetrics And Gynecology	La Clinica De La Raza, Concord
Yen Hsia, MD	Ophthalmology	Diablo Eye Associates, San Francisco, Walnut Creek, Berkeley
Yukako Akera, OD	Optometry	La Clinica De La Raza, Concord

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Provider	Specialties	Practice Name & Location(s)
Kyle Hannabass, MD	Otolaryngology (Ear, Nose & Throat)	BASS Medical Group, Inc., Walnut Creek, Brentwood, Concord
Pamela Ramona Thirrukotla, PT	Physical Therapy	John Muir Physician Network, Brentwood
Soheila Azghadi, MD	Radiation Oncology	BASS Medical Group, Inc., Walnut Creek
Ann Amukele, MD	Surgery - General	Wound MD, Mayfield Heights
Lawrence Milne, MD	Surgery - General Vascular	Lawrence W. Milne, MD, Concord
Benjamin Yim, MD	Surgery - Neurological	BASS - East Bay Brain and Spine Medical Group, Walnut Creek
Hany Elrashidy, MD	Surgery - Orthopaedic	Golden State Orthopedics & Spine, Oakland, Dublin
Sharon Bryden, FNP	Wound Care	CEP America - AUC PC, Walnut Creek

Behavioral Health

Kenyera Lofton, APCC	Behavioral Health Telemedicine	Serene Health, San Diego
Hellen Rodas, ASW	Behavioral Health Telemedicine	Serene Health, San Diego
Linda O'Connor, LCSW	Behavioral Health Telemedicine	Serene Health, San Diego
Desiree Rew, LCSW	Behavioral Health Telemedicine	Serene Health, San Diego
Reyna Rauda-Trout, LCSW	Behavioral Health Telemedicine	Serene Health, San Diego
Juliet McNeil, LCSW	Behavioral Health Telemedicine	Serene Health, San Diego
Kiana Crom, ASW	Behavioral Health Telemedicine	3Prong Health, Fremont, Turlock, San Francisco
William Carlson, ASW	Behavioral Health Telemedicine	3Prong Health, Fremont, San Francisco, Turlock
Jack Cousineau, MFT	Mental Health Therapist/Counselor	Jack Cousineau, MFT, Antioch
Alec James, MFTI	Mental Health Therapist/Counselor, Substance Abuse Professional	Pinnacle Mental Wellness Group, Pittsburg
Hilda Lovette, MFTI	Behavioral Health Telemedicine	3Prong Health, Fremont, San Francisco, Turlock
Phaedra Scoortis, MFT	Behavioral Health Telemedicine	Serene Health, San Diego
Wendy Silva, MFT	Behavioral Health Telemedicine	Serene Health, San Diego
Jenae Holtz, MFT	Behavioral Health Telemedicine	Serene Health, San Diego
Amy Cordero, MFTI	Behavioral Health Telemedicine	Serene Health, San Diego
Zoe Avalon, MFT	Behavioral Health Telemedicine	Serene Health, San Diego
Ayuja Dixit, MFTI	Behavioral Health Telemedicine	3Prong Health, Fremont, San Francisco, Turlock
Darice Upshaw, MFTI	Behavioral Health Telemedicine	Serene Health, San Diego

Welcome Community Provider Network (CPN) Providers

Behavior Analysis

Provider	Specialties	Practice Name & Location(s)
Brittney Frank, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Robin Exline, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Sean McQueen, BCBA	Qualified Autism Provider	Autism Intervention Professionals, Fremont
Daniela Suarez, BCBA	Qualified Autism Provider	BM Behavioral Center, LLC, Hercules
Noemi Gomez, BCBA	Qualified Autism Provider	BM Behavioral Center, LLC, Hercules
Dana Maraach, BCBA	Qualified Autism Provider	Butterfly Effects, LLC, Stockton
Samantha Bueno, BCBA	Qualified Autism Provider	Milestones, Walnut Creek
Anaiby Garcia Garcia, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Lucy Tran, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Michael Ani, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Paige Cruz, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
John Chung, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Ramon
Jennifer Roeder, BCBA	Qualified Autism Provider	Trumpet Behavioral Health LLC, Antioch

Facilities

Name	Type	Location
Fresenius Kidney Care South Sacramento Dialysis	Dialysis	Sacramento
Executive Surgery Center	Surgery Center	Danville
New Tiburcio Vasquez Health Center Pharmacy	Pharmacy	Union City

Welcome Contra Costa Regional Medical Center (CCRMC) Providers

Provider	Specialties
Benjamin Rayikanti, MD	Anesthesiology
Donna Roybal, MD	Psychiatry
Karen Weinbaum, MD	Emergency Medicine, Family Medicine
Keval Patel, MD	Internal Medicine
Laura Sheperis, CNM	Midwife, Obstetrics, Womens Health
Madeline Eells, MD	Obstetrics And Gynecology
Richard Slawsky, MD	Psychiatry
Shailesh Gandhi, MD	Psychiatry
Taghogho Agarin, MD	Psychiatry
Truong Thinh, MD	Emergency Medicine
Victoria Hendrick, MD	Psychiatry
Wilma Briones, MD	Emergency Medicine

THE BULLETIN BOARD

Reminder!

Attention: Provider Network Trainings

Next Meeting Dates:

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

HOLIDAYS OBSERVED BY CCHP

05/29/2023 Memorial Day

06/19/2023 Juneteenth



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).

Please email any questions to the ccLink Portal Support Team at 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

Uninsured individuals:

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

CCHP Directory

595 Center Ave. Suite 100
Martinez, CA 94553

www.cchealth.org



Authorization Department / Hospital Transition Nurse

- **ccLink** or the **ccLink Provider Portal** (other than noted below, requests should be entered through ccLink or the ccLink Provider Portal)
- Email Auth Questions (**do not email auth requests**): CCHPAuthorizations@cchealth.org
- Email SNF Questions: CCHPSNF-auth@cchealth.org
- Phone: (877) 800-7423, option 3
- Fax Numbers for Prior Authorization Requests:
 - ◊ **Medi-Cal Member** Authorization eFax Numbers:
 - ◊ Out of Area (Hospital) Face Sheet: Fax: (925) 313-6645
 - ◊ Mental Health (only if not yet on portal): Fax: (925) 313-6196
 - ◊ **Commercial Member** Authorization eFax Numbers:
 - ◊ Confidential Mental Health (only if not yet on portal): Fax: (925) 313-6196

Claims Department

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

Interpreter Services

- Phone: (877) 800-7423, option 4
- Website: <https://cchealth.org/healthplan/provider-interpretation.php>

Member Eligibility and Primary Care Physician Assignment

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

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

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

Pharmacy Department

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

Provider Relations Department

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

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