



PROVIDER NETWORK *NEWS*

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A Message from our Chief Medical Officer

Dear CCHP Providers,

I would like to share with everyone that I will be leaving Contra Costa Health Plan (CCHP) at the end of June to take on the Chief Medical Officer role at the Central California Alliance for Health. It has been a true pleasure working with all of you the last three years. I've welcomed the partnership, dialogue and suggestions for improvement that you all have made. Working with the provider community here in Contra Costa and seeing all of your dedication to our patients has been a highlight of this job for me. Together we have made a lot of improvements. I know there is more work to be done, and I look forward to hearing about the great work that will continue to occur in Contra Costa. CCHP is actively recruiting for a new Chief Medical Officer to take my place after I leave. Wishing you all the best.

With gratitude,
Dennis Hsieh, MD, JD

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Transition of Care and Enhanced Care Management

As part of our efforts related to Population Health Management, CCHP will become increasingly engaged in coordinating Transitions of Care. For the remainder of 2023, this will focus on high-risk members and in 2024, will include the entire membership. CCHP has created new Case Management Teams focusing on transitions and is developing new workflows to collaborate with you and your offices. This will be an exciting opportunity to leverage Enhanced Care Management (ECM), Community Health Workers (CHW), and Community Supports (CS). CS 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. The Enhanced Care Management benefit is intended for the most high-risk CCHP Medi-Cal members – those with some combination of complex medical or behavioral health needs and social risk.

For Adults, 2 new populations of focus were released in January:

- Adults Living in the Community and At Risk for Long Term Care Institutionalization
- Adult Nursing Facility Residents Transitioning to the Community

(*At the time of this writing, the ECM order has not been updated to include these populations of focus, but is pending revision and should be included soon – at present specify in order comments.)

Effective July 2023, we will additionally be adding Children and Youth to the ECM program. These will include:

- Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
- Children and Youth At Risk for Avoidable Hospital or ED Utilization
- Children and Youth with Serious Mental Health / Serious Emotional Disturbances and/or SUD Needs
- Children and Youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS Condition
- Children and Youth Involved in Child Welfare
- Children and Youth with Intellectual/Developmental Disorders
- Pregnant or Post-Partum Youth

In order to support these populations, CCHP is actively identifying ECM vendors and developing processes to assign members to appropriate providers. We look forward to ECM's proactive collaboration and contribution to the holistic care of these high-needs members.



CalAIM Community Supports

Community Supports are non-medical benefits intended to address health-related social factors. Some of the Community Supports that CCHP is already offering include:

- **Medically Tailored meals:** see update below
- **Housing Navigation**
- **Housing Tenancy Supports**
- **Recuperative Care (Medical Respite)** - short term recovery care follow hospitalization for those whose condition would be exacerbated by an unstable living environment

CCHP is now preparing to additionally offer:

- **Respite Services** – intermittent supervision in order to provide care-giver relief for persons whose illness impairs independent capacity for ADLs, socialization, and continuation of other routines
- **Personal Care and Homemaker Services** – for assistance with ADLs and IADLs above and beyond IHSS or pending IHSS approval
- **Environmental Accessibility Adaptations (Home Modifications)** - physical adaptations to a home that promote safety and independence for patients in the community, including but not limited to: ramps and grab bars, stairlifts, etc.

Medically Tailored Meals

CCHP continues to offer Medically Tailored Meals as a holistic disease management approach for qualifying Medi-Cal members. In order to meet needs of the patient community, new vendors are being recruited and added – these new options should soon be available in the MTM order along with an overview of their services (how to contact – phone vs app, method of delivery, etc.).

Additionally, CCHP has revised eligibility criteria to now include:

- Revised: Poorly controlled Diabetes (A1C >7% - previously >8%)
- Relatively new: Congestive Heart Failure (with at least 1 ED or IP admission for CHF)
- The Following will be coming soon: Pediatric Obesity (eligibility criteria pending)
Post Hospitalization (eligibility criteria pending)
Chronic Kidney Disease (eligibility criteria pending)
Pregnancy (eligibility criteria pending)

For more information visit our webpage at: [CalAIM Programs :: Health Plan :: Contra Costa Health \(cchealth.org\)](https://cchealth.org).



Diabetes Services Available Through CCHP

Do you require additional support to address the needs of your Medi-Cal members with diabetes? Contra Costa Health Plan (CCHP) offers expanded programs to assist, including Medically Tailored Meals (MTM) and Remote Patient Monitoring (RPM).

MTM is part of the CalAIM Community Supports initiative and is designed to provide better health outcomes for members, reduce hospital readmissions, maintain good nutritional health, and increase member satisfaction. These groceries or meals are provided at home and cater to the unique dietary needs of those with uncontrolled diabetes. On initial approval, Members can have groceries or up to 2 prepared meals a day for 90 days. Additional authorizations may be requested. To learn more about this program, please visit <https://cchealth.org/healthplan/provider-calaim.php>.

RPM is a healthcare technology that allows healthcare providers to remotely monitor and track your patients' health status. CCHP has partnered with Gojji to offer cellular-enabled glucometers and their RPM services. The cellularly-enabled glucometer allows the member to get notifications on their meter or smartphone app. The services from Gojji include medication therapy management, diet assessment and planning with Registered Dietitians (RD), lifestyle review and planning, and telephone outreach for patients with unusual reading patterns and trends. For more information about RPM, please visit: <https://www.gojji.com/disease-management/diabetes-mellitus/>.

Members are eligible for both programs if they are Medi-Cal members with an A1c of $\geq 8.0\%$. For RPM, members **cannot** be dually enrolled in Medi-Care. To refer members, please place a referral within ccLink or the ccLink Provider Portal using the following referral types:

ccLink Referrals:

REF 22103 CalAIM Medically Tailored Meals/Medically Supportive Foods (Initial)

REF 470 Remote Patient Monitoring Diabetes EXT REF

ccLink Provider Portal:

Remote Patient Monitoring - Diabetes 5204

CalAIM Medically Tailored Meals/Supportive Foods-Initial (Community Supports) 5133



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. 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.

Doula Services

Doulas are birth workers with training and expertise in supporting pregnant and postpartum persons before, during, and after childbirth. The Doula Services benefit is a transformative opportunity and provides an evidence-based and person-centered approach to the care of pregnant members in order to promote birth equity and overall quality during and pregnancy regardless of outcome (including childbirth, miscarriage, stillbirth, or abortion).

Via this benefit, Medi-Cal members can now access doulas in the prenatal, perinatal, and postpartum periods in order to benefit from guidance in health navigation, lactation support, as well as other services. CCHP can now confirm the availability of contracted doulas in our networks – both for members in the RMC and CPN networks, by searching the on-line provider directory at : [Provider Directory :: Health Plan :: Contra Costa Health \(cchealth.org\)](#) .



Member Assigned Networks and Referral/Authorization Criteria

CCHP is primarily a Medi-Cal Managed Care Plan with a small Commercial membership for county employees. Medi-Cal members can choose to receive services in either the Community Provider Network (CPN) or the Contra Costa Regional Medical Center (CCRMC) Network. Commercial members also choose a Network, depending on the type of insurance they choose. A member's network is determined by the network their PCP participates in. Members are expected to receive Specialty Care and Services (imaging, etc.) within their network.

- For Medi-Cal members in the CCRMC Network, their providers can refer directly to a CCRMC or CPN specialist if the specialist does not require a prior authorization (see below).
- For Medi-Cal members in the CPN, their providers can refer to a CPN or CCRMC specialist if the specialist does not require a prior authorization (see below).
- **For Commercial members with CCHP Plan A, A2 or IHSS, whose network is only CCRMC, any referral to a specialist outside of CCRMC requires prior authorization. The only exception is optometry. The no auth list does NOT apply to providers (except DME providers) outside of CCRMC for any member with this insurance.**
- For Commercial B, their CPN providers can refer to a CCRMC or CPN specialist if the specialist does not require a prior authorization (see below).

Please refer to the electronic Interactive No Authorization Required List that is located on our website at <https://cchealth.org/healthplan/providers>. All other Specialties and services not on the list will require Prior Authorization.

Please note! For all providers, it is your responsibility to check a member's eligibility before providing services. As a referring provider, you must choose specialists and services within the member's network. All referrals to providers or services who are not contracted with CCHP require Prior Authorization.



Pharmacy and Therapeutics Committee News

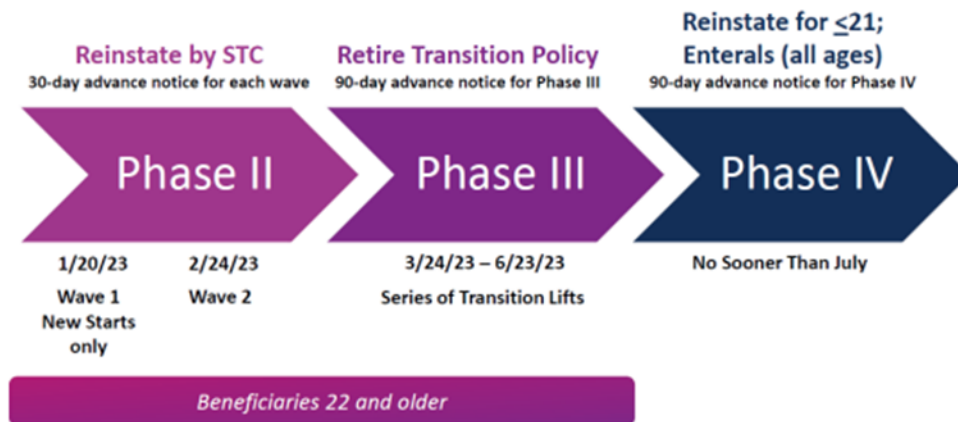
The CCHP P&T committee met on 3/25/2022. Updates from the meeting are outlined below:

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

Updates/Announcements:

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

Reinstatement Phase II – Phase IV



On May 19, 2023, Phase III, Lift 3 (P3/L3) will be implemented, lifting the Transition Policy for 22 Standard Therapeutic Classes (STCs). This is the third in a series of lifts to retire or phase out the grandfathering of historical prior authorizations (PAs) and claims by lifting the override of **NCPDP Reject Code 75 – Prior Authorization Required**.

The following 22 STCs will be impacted with implementation of P3/L3 on May 19, 2023:

Phase III, Lift 3 (P3/L3) Drug Classes *		
Anti-Ulcer Preps/ Gastrointestinal Preps (STC 01)	Other Antibiotics (STC 27)	Antiarthritics (STC 42)
Muscle Relaxants (STC 08)	Urinary Antibacterials (STC 28)	Fat Soluble Vitamins (STC 80)
Tetracyclines (STC 21)	Antiparasitics (STC 31)	Multivitamins (STC 82)
Penicillins (STC 22)	Antimalarials (STC 32)	Folic Acid Preparations (STC 83)
Streptomycins (STC 23)	Antivirals (STC 33)	Vitamin K (STC 85)

Pharmacy and Therapeutics Committee News

Phase III, Lift 3 (P3/L3) Drug Classes *		
Sulfonamides (STC 24)	TB Preparations (STC 34)	Antifungals (STC 94)
Erythromycins (STC 25)	General Antibacterials and Antiseptics (STC 38)	
Cephalosporins (STC 26)	Non-Opioid Analgesics (STC 41)	

* STC refers to the Standard Therapeutic Classification number.

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.

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.

3. CURES (Controlled Substance Utilization Review and Evaluation System):

CCHP would like to remind providers authorized to prescribe controlled substances of their obligation to consult the CURES database to review a patient's controlled substance history when prescribing a controlled substance to a patient.

Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria (for full details of each change, please see individual drugs listed below this table or contact the CCHP Pharmacy Department):

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Akynzeo (netupitant/palonosetron) Oxbryta (voxelotor) Siklos (hydroxyurea)
Modified PA criteria:	Anti-obesity medications Repatha (evolocumab) Praluent (alirocumab) Pulmonary Arterial Hypertention Agents
ADDED to the CCHP formulary:	Vimpat (lacosamide) oral tablets
Removed from CCHP formulary:	Caduet (amlodipine/atorvastatin)

- **New Pharmacy Criteria for Akynzeo (netupitant/palonosetron):** Member must be undergoing moderately or highly emetogenic chemotherapy, documentation that Akynzeo will be given along with dexamethasone AND documentation that the member has experienced inadequate response or contraindication to aprepitant/fosaprepitant and ondansetron or granisetron with dexamethasone.

Pharmacy and Therapeutics Committee News

- **New Pharmacy Criteria for Oxbryta (voxelotor):** Prescriber must be a hematologist or sickle cell specialist, member must have a diagnosis of sickle cell disease and the member must have previously taken hydroxyurea at the maximum tolerated dosage and was compliant within the last 6 months as evidenced by paid pharmacy claims (or a medical reason was provided why the member is unable to use hydroxyurea).
- **New Pharmacy Criteria for Siklos (hydroxyurea):** Prescriber must be a hematologist or sickle cell specialist, member must have a diagnosis of sickle cell disease, member must be 2 years old or older and the member must have a documented trial and failure of hydroxyurea at the maximum tolerated dosage (or a medical reason was provided why the member is unable to use hydroxyurea).
- **Modification of pharmacy criteria for anti-obesity medications:** Added that documentation of trial of lifestyle modifications such as diet and exercise must include: A consultation has taken place between the member and a physician (or dietician or nutritionist or weight management expert, etc) during which a reduced calorie diet plan (~500 Kcal or more) and exercise plan (~150mins/week activity) has been discussed. Dated medical chart notes must be submitted to demonstrate consultation AND Documentation of compliance to the diet and physical activity plan for a minimum of 3 months must include a follow-up consultation. Dated medical chart notes must be submitted to demonstrate consultation.
- **Modification of pharmacy criteria for Repatha (evolocumab):** added that member must try and fail ezetimibe in combination with the highest tolerated intensity statin for 3 months OR has a LDL that is at least 25% above goal LDL while adherent to treatment with highest tolerated intensity statin for 3 months.
- **Modification of pharmacy criteria for Praluent (alirocumab):** added that member must try and fail ezetimibe in combination with the highest tolerated intensity statin for 3 months OR has a LDL that is at least 25% above goal LDL while adherent to treatment with highest tolerated intensity statin for 3 months.
- **Modification of pharmacy criteria for Pulmonary Arterial Hypertension Agents:** modified criteria to require trial and failure of tadalafil tablet to approve tadalafil suspension. Modified criteria to require trial and failure of ambrisentan and bosentan to approve Opsumit or Tacleer tabs for suspension.

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.

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 10 business days



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

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 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 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.

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>



Long Term Care Services – Claims Guidelines

Effective January 1st, 2023, Long Term Care (LTC) services will be carved-in as part of Contra Costa Health Plan's Medi-Cal benefits. Please see below for the billing guidelines.

Billing Guidance:

When submitting LTC Claims to CCHP, please ensure to bill according to Medi-Cal guidelines which can be accessed: <https://www.dhcs.ca.gov/services/medi-cal/Pages/LTCRU.aspx>. Claims must be submitted utilizing the UB-04 form. The Department of Health Care Services (DHCS) has issued the code sets to be used on the UB-04 claim form for each related revenue codes. All Claims are required to be submitted within one hundred and eighty days (180) from the date of service.

For dates of service January 1, 2023 -January 31, 2023, billing and codes remain the same as before January 1, 2023 for skilled services level of care. Claims are reimbursed according to contract.

For dates of service February 1, 2023 onward, please use appropriate revenue code for the skilled services. HCPCS codes must be used for Physical Therapy, Speech Therapy and Occupational Therapy services.

The following is effective for dates of service February 1, 2023 and forward:

- Skilled Services - Bill with revenue code **0101**
- Custodial Care - Bill with revenue code **0120**
- Leave/Bed Hold billed with Rev Code **0180**
- Medicare Share of Cost – Use value code **23** to indicate the amount of SOC collected
- Commercial Members – Billing remains unchanged

General claims guidelines can also be found in the provider manual:

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

Member Eligibility & Claims Status:

CCHP's Provider Web Portal is the best place to check Member Eligibility, Claim Status, submit Prior Authorizations and Disputes. If you need Provider Web Portal Access, go to our website at <https://cchealth.org/healthplan/providers/> for the forms to apply and tips on how to use the Portal and other useful information.

Balance Billing:

As a reminder, a beneficiary of Medi-Cal may not be held liable for payment of services covered under the Medi-Cal program or the difference in standard rates and those paid by the Medi-Cal Managed Care Plan. For more information on balance billing, please visit <https://www.dhcs.ca.gov/individuals/Pages/Balanced-Billing.aspx>.



Department of Health Care Service (DHCS) All Plan Letter Updates

The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) – 22-016 Community Health Worker (CHW) Services.

CHW became a new Medi-Cal covered benefit as of July 2022. CHWs help members who want assistance with their various medical needs, making it easier to navigate the health system. They can help schedule appointments, complete medical papers, or even accompany members to a medical visit to provide support. CHWs can meet members in person, or over the phone.

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 22-016 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-016.pdf>

APL 23-004 *Supersedes* APL 22-018 Basic Population Health Management (BPHM)

As part of Basic Population Health Management (BPHM), Managed Care Providers (MCPs) must ensure members are engaged with their Primary Care Provider (PCP), to include arranging transportation, either Non-emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT), including those residing in Skilled Nursing Facility (SNF).

By January 1, 2024, MCPs must ensure all Transitional Care Services (TCSs) are completed for **all** Members. MAPCs must identify individual or individuals to serve as the liaison for Long-Term Services and Support (LTSS) Providers must disseminate their contact information to relevant Network Providers, including SNFs that are within the Network. LTSS do not have to be clinical licensed professionals.

MCPs should maintain a Quality Assurance Performance (QAP) program for LTC services provided and are required to report on LTC measures of performance.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-004.pdf>



DHCS All Plan Letter Updates (Continued)

APL 23-005 Supersedes APL 19-009 Telehealth Services Policy

As part of the Telehealth Services Policy, providers are not required to document a barrier to an in-person visit for Covered Services provided via Telehealth or document the cost effectiveness of Telehealth to be reimbursed for Covered Services provided Telehealth. Providers are permitted to be reimbursed for brief virtual communications with a Member who is not physically present at Fee-for-Service (FFS) rate. A general consent agreement that specifically mentions the use of Telehealth as an acceptable modality for the delivery of Covered Services and must be obtained prior to the initial delivery of the services.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

APL 23-007 Supersedes APL 18-007 and 07-008 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members under the age of 21

Effective January 1, 2019, the definition of medical necessity for EPSDT services include: a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain, under 21 years of age, if the service meets the standards set forth in Section 1396(r)(5) of Title 42 of the United States Code, the department and its contractors shall update any model evidence of coverage documents, beneficiary handbooks, and related material to ensure the medical necessity standard for coverage for individuals under 21 years of age is actually reflected in all materials.

Medical Care Providers are prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. Determination of medical necessity for an individual child must be made on a case-by-case basis.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-007.pdf>



DHCS All Plan Letter Updates (Continued)

APL 22-029 Dyadic Care

Dyadic Care is an exciting new benefit available for Medi-Cal members under the age of 21 and their caregivers. This clinical model is intended to better integrate preventative mental health services into pediatric care settings and to improve quality performance in pediatric care overall.

The “dyad” in Dyadic Care refers to a child patient and their caregiver. This model of care takes a holistic view of child health and development by acknowledging how a child may be impacted by their caregiver’s health, the relationship between child and caregiver, and the global family social circumstance.

The benefit supports mental health providers (MFTs, CSWs, and Psychologists – both licensed providers and associates working under supervision) to work together with Pediatricians in supporting the “dyad” by leveraging natural touch points made available through the Well Child visit schedule. During these visits, both providers are encouraged to collaborate in support of early intervention to common concerns for youth, new families, and with the needs of the Medi-Cal population in mind. This is made possible via expanded benefits to support a broader array of screening and assessment of mental health, assessment of health-related social factors, and supportive counseling and parenting strategies to support development. The following list is a sample of services available via Dyadic Care.

- Dyadic Behavioral Health Well-Child Visits
- Dyadic Comprehensive Community Supports
- Dyadic Family Training and Counseling for Child Development
- Dyadic Caregiver Services
- Family therapy

Dyadic care is available without prior authorization to all members under the age of 21 and their caregivers. Please see the Medi-Cal Provider Manual related to Non-Specialty Mental Health for further guidance regarding billable codes—as well as eligibility, quantity limitations, etc.



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

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.

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, 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.

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.)



Dementia Care Aware Initiative

The Department of Health Care Services (DHCS) has launched Dementia Care Aware, an initiative that will establish 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. Please visit www.dementiacareaware.org to find out when the next education & training is available for Dementia Care Aware. Early detection. Better Care.



CCHP Health Education Web Page!

Check out our Health Education page with our new Logo at:

www.cchealth.org/healthplan/health-ed.php

Feel free to use our education interactive tools on several health topics such as:

- Nutrition
- Physical activity
- Managing chronic conditions such as Asthma, Diabetes, Heart Health
- Prenatal care
- Videos on a variety of health topics
- Community Resources and the latest member newsletter that is available in English, Spanish, and Chinese

Go to cchealth.org, choose "Health Plan", go to "For Members" and click on "Health Education"

Or click here: www.cchealth.org/healthplan/health-ed.php

You can also print out a list of classes and community resources at the following link:

www.cchealth.org/healthplan/pdf/provider/Health-Education-Provider-Resource-Guide.pdf

If you would like printed material, phone assistance, or are interested in additional information, please email HealthEducation@cchealth.org.

ACEs Free Education Credits

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](#)

Background:

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.

ACEs Healthcare Common Procedure Coding System (HCPCS)



The following 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](#)

Healthy Smiles from Pregnancy through the Toddler Years

We're excited to debut the new *Smile, California Healthy Smiles from Pregnancy Through the Toddler Years* brochure, now available in [English \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com), [Spanish \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com), [Chinese \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com), [Vietnamese \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com), and [Korean \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com) on [SmileCalifornia.org \[smilecalifornia.us18.list-manage.com\]](https://SmileCalifornia.org).

This new tri-fold brochure is highly visual and is designed to inform pregnant women and new moms about the importance of good oral health for both them and their infants. You can view and download the brochure in multiple languages by clicking the buttons below.

We encourage partners and healthcare professionals to view, download, and share the brochure with new and expecting parents. The piece features an educational oral health journey from pregnancy through the toddler years with the objective of educating individuals on how to care for their child's oral health to ensure a healthy smile. The new brochure also features information about the Medi-Cal Dental Program and tips for keeping a baby's mouth healthy.



Additional Medical Dental Pregnancy Materials for Members

Smile, California has additional materials for new and expecting parents about dental care and coverage during and 12 months postpartum, including a flyer, brochure, video, and PowerPoint presentation. Click the link below to access the Medi-Cal Dental Pregnancy Materials page. We encourage you to embed this page on your browsers and websites to raise awareness of the importance of good oral health during every life stage for members of your community.

[Medi-Cal Dental Pregnancy Materials \[smilecalifornia.us18.list-manage.com\]](https://smilecalifornia.us18.list-manage.com)

California Maternal Quality Care Collaborative (CMQCC)

CMQCC remains committed to helping hospitals improve labor management and decrease low-risk, first-time birth (NTSV) cesarean rates. While progress was previously made in lowering these rates, they remain alarmingly high and racial-ethnic disparities in maternal morbidity and mortality persist, most severely with Black moms and birthing people.

Together, improvement is possible. This webinar series discusses doctors, doulas, midwives, and the potential for team-based care - a key tool in the quality improvement toolbox. As detailed and cited in the recently [addended version of the Toolkit to Support Vaginal Birth and Reduce Primary Cesareans](#), research shows Team-based care improves quality and safety, enhances the patient experience, and allows for diverse patient needs to be met by a diverse care team with varied strengths and specialties.

The Next Step: Integrating Midwives, Doulas and Community-Based Care Webinar Series

Partnering with Doulas

August 30, 2023

[Registration Now Open Here](#)

Community Birth - Improving Transfer of Care

October 25, 2023

Registration Coming Soon

*If you missed the recent first webinar, "Harnessing the Power of Team-Based Care to Improve Maternity Outcomes: Medicine and Midwifery as Partners in Care," held in February 2023, of this four-part series, please visit the [CMQCC Webinar webpage](#) to find the slides and link to watch the recording.



Welcome Community Provider Network (CPN) Providers

Primary Care Providers

Provider Name	Specialty	Practice Name and Cities
Nicole Atme-Bahrani, NP	Family Medicine	LifeLong Medical Care, Berkeley
Shreya Khatri, MD	Family Medicine	BASS Medical Group, Inc., Brentwood
Mae Jennifer Le, NP	Internal Medicine	LifeLong Medical Care, Richmond
Carla Castillo, MD	Family Medicine	La Clinica De La Raza, Concord
Peter Kao, NP	Family Medicine	LifeLong Medical Care, Richmond
Subathra Murugaiah, MD	Family Medicine	La Clinica De La Raza, Concord

Specialty Care Providers

Group Name	Specialties	Practice Name and Cities
Center For Early Intervention on Deafness	Audiology	Center For Early Intervention on Deafness, Berkeley
Martinez Chiropractic	Chiropractor	Martinez Chiropractic, Martinez
Journey Health Medical Group of California	Community Health Worker Services (CHW)	Journey Health Medical Group of California, Oakland
Journey Health Medical Group of California	Community Health Worker Services (CHW)	Journey Health Medical Group of California, Oakland
Golden State Dermatology	Dermatology	Golden State Dermatology, Pleasant Hill
Gladstone Clinic	Dermatology	Gladstone Clinic, Danville, Walnut Creek
John Muir Physician Network	Endocrinology	John Muir Physician Network, Concord
Planned Parenthood	Family Planning	Planned Parenthood, Concord
Insite Digestive Health Care	Mid-level - Anesthesiology	Insite Digestive Health Care, San Pablo
John Muir Physician Network	Mid-level - Gynecologic Oncology	John Muir Physician Network, Walnut Creek
BASS Medical Group, Inc.	Mid-level - Obstetrics and Gynecology	BASS Medical Group, Inc., Walnut Creek
Savera Psychological Services PC	Neuro Psych Testing, Neuropsychology, Psychology	Savera Psychological Services PC, Oakland
Integrated Pain Management	Neurology, Pain Medicine	Integrated Pain Management, Walnut Creek
Serene Health	Neurology/Psychiatry, Psychiatry, Substance Abuse Professional, Telemedicine - Mental Health	Serene Health, San Diego
John Muir Physician Network	Obstetrics And Gynecology	John Muir Physician Network, Orinda, Berkeley
BASS Medical Group, Inc.	Obstetrics And Gynecology	BASS Medical Group, Inc., Walnut Creek
BASS Medical Group, Inc.	Obstetrics And Gynecology	BASS Medical Group, Inc., Walnut Creek

Welcome Community Provider Network (CPN) Providers

Specialty Care Providers

Group Name	Specialties	Practice Name and Cities
Etwaru Eye Center	Ophthalmology	Etwaru Eye Center, Martinez
Walnut Creek Eye Care	Ophthalmology	Walnut Creek Eye Care, Walnut Creek
SIGMA Ent	Otolaryngology (Ear, Nose & Throat)	SIGMA Ent, Pinole, Orinda
SIGMA Ent	Otolaryngology (Ear, Nose & Throat)	SIGMA Ent, Pinole, Orinda
Golden State Orthopedics & Spine	Pain Medicine, Physical Medicine and Rehabilitation	Golden State Orthopedics & Spine, Dublin, Oakland, Walnut Creek
John Muir Physician Network	Physical Therapy	John Muir Physician Network, Walnut Creek
Diablo Pulmonary Medical Group	Pulmonary Disease	Diablo Pulmonary Medical Group, Concord
BASS Medical Group, Inc.	Radiation Oncology	BASS Medical Group, Inc., Walnut Creek
East Bay Rheumatology Medical Group, Inc	Rheumatology	East Bay Rheumatology Medical Group, Inc, San Leandro
Communication Across Barriers Speech Clinics, Inc	Speech Pathology	Communication Across Barriers Speech Clinics, Inc, Concord, Brentwood
BASS - East Bay Brain and Spine Medical Group	Surgery - Neurological	BASS - East Bay Brain and Spine Medical Group, Walnut Creek
Golden State Orthopedics & Spine	Surgery - Orthopaedic	Golden State Orthopedics & Spine, Walnut Creek, Oakland
BASS Medical Group, Inc.	Surgery - Vascular	BASS Medical Group, Inc., Walnut Creek, Oakland
John Muir Physician Network	Urgent Care	John Muir Physician Network, Concord, Brentwood, San Ramon, Pleasanton, Walnut Creek
Instant Urgent Care	Urgent Care	Instant Urgent Care, San Ramon
Golden Gate Urology	Urology	Golden Gate Urology, Berkeley



Welcome Community Provider Network (CPN) Providers



Applied Behavior Analysts

Provider Name

Jessica Pavon, BCBA
Florescia Chavez Moron, BCBA
Mary-Caitlin Turner, BCBA
Stephanie Jillson, BCBA
Sean McElhaney, BCBA
Amanda Specht, BCBA
Ashley Taylor, BCBA
Joscelyn Jones, BCBA
Alexandria Vargas, BCBA
Danilo Decena, BCaBA
Bozena Olano, BCBA
Maria Quinonez, BCBA
Lizbeth Cruz, BCBA
Michelle Nguyen, BCBA
Julia Reyder, BCBA
David Nabhan, BCBA
Heather Carder, BCBA
Courtney Long, BCBA
Sehra Bae, BCBA
Bailey Forrester, BCBA
Jennifer Delgadillo, BCBA

Practice Names and Cities

Adapt: A Behavioral Collective, Inc., San Francisco
Animate Behavior LLC, Emeryville
Animate Behavior LLC, Emeryville
Animate Behavior LLC, Emeryville
Autism Intervention Professionals, Fremont
Behavioral Health Works, Inc., Hayward
BM Behavioral Center, LLC, Hercules
Butterfly Effects, LLC, Stockton
Butterfly Effects, LLC, Stockton
Center for Autism and Related Disorders, LLC, Vacaville
Center for Autism and Related Disorders, LLC, Pleasanton
Center for Autism and Related Disorders, LLC, Hayward, Brentwood
Center for Autism and Related Disorders, LLC, Pleasanton
Center for Autism and Related Disorders, LLC, Pleasanton
Center for Social Dynamics, Oakland
Center for Social Dynamics, Oakland, Gilroy
Center for Social Dynamics, Oakland, Gilroy
Center for Social Dynamics, Sacramento
Center for Social Dynamics, Sacramento
Center for Social Dynamics, Oakland
Center for Social Dynamics, Martinez



Welcome Community Provider Network (CPN) Providers



Applied Behavior Analysts

Caitlin Sciutto, BCBA	Qualified Autism Provider	Center for Social Dynamics, Martinez
Roxanne Betancourt, BCBA	Qualified Autism Provider	Center for Social Dynamics, Oakland
Tamisha Redding, BCBA	Qualified Autism Provider	Center for Social Dynamics, Martinez
Richard Scott, BCBA	Qualified Autism Provider	Compass Therapeutic Services, LLC, San Ramon
Samantha McCarl, BCBA	Qualified Autism Provider	East Bay ABA, San Ramon
Joseph Mihal, BCBA	Qualified Autism Provider	East Bay ABA, San Ramon
Catherine Pope, BCBA	Qualified Autism Provider	East Bay ABA, San Ramon
Steven Soto, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord, Oakland
Hailey Ashton, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Martinez, Concord
Haley Gantt, BCBA	Qualified Autism Provider	Juvo Autism and Behavioral Health Services, Concord, Oakland
Karina Alvarez, BCBA	Qualified Autism Provider	Kadiant, LLC, Oakland
Jacqueline Lindsay, BCBA	Qualified Autism Provider	Kadiant, LLC, Oakland
Briana Ochoa, BCBA	Qualified Autism Provider	Kadiant, LLC, Oakland
Maria Fuentes, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Hayward
Jaclyn Maher, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord
Jennifer Baker, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Alexandria Wagner, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Elisa Boldt, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Connie Yu, BCBA	Qualified Autism Provider	KYO Autism Therapy, LLC, Concord, Hayward
Annelies Tobdzic, BCBA	Qualified Autism Provider	Maxim Healthcare Services, Inc., Emeryville
Stephanie Ramirez, BCBA	Qualified Autism Provider	Milestones, Walnut creek
Brooke Leuzinger, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Alexandria Boisvert, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Kelsey Briggs, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Maria del Carmen Covarrubias, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Hacer Celebi Bozyel, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Erikacamisse Diaz, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Ramon
Karina Madrigal, BCBA	Qualified Autism Provider	Positive Behavior Supports Corp, San Francisco
Angela Jung, BCBA	Qualified Autism Provider	Songbird Therapy, San Francisco
Arielle Thomas, BCBA	Qualified Autism Provider	Time 2 Grow ABA, Dublin
Eugenia Paff, BCBA	Qualified Autism Provider	Time 2 Grow ABA, Dublin
Adriana Kugman, BCBA	Qualified Autism Provider	Time 2 Grow ABA, Dublin
Shayla Duda, BCBA	Qualified Autism Provider	Time 2 Grow ABA, Dublin
Florence Katrina Trinos, BCBA	Qualified Autism Provider	Trumpet Behavioral Health LLC, Antioch
Landon Cowan, BCBA	Qualified Autism Provider	Trumpet Behavioral Health LLC, Antioch

Welcome Community Provider Network (CPN) Providers

Facilities

Facility Name	Facility Type	City
3Prong Health	Behavioral Health	Concord
3Prong Health	Behavioral Health	Burlingame
Align Clinic LLC	Orthotic & Prosthetic	San Mateo
Amore Home Health	Home Health	Fremont
Baby Stork Pump	DME & Medical Supplies	Victorville
Choice in Aging - Mt Diablo Center for Adult Day Health Care	Community Supports	Pleasant Hill
Choice in Aging - The Bedford Center	Community Supports	Antioch
Continuum Care Hospice, LLC	Palliative Care	Concord
Continuum Care Hospice, LLC	Hospice - Outpatient	Concord
DaVita - Pleasanton Santa Rita Dialysis	Dialysis	Pleasanton
DaVita - San Pablo Dialysis	Dialysis	San Pablo
Electromed, Inc.	DME & Medical Supplies	Simi Valley
EZ RIDE LLC	Non-medical Transportation	San Pablo
Great Valley Home Health LLC	Home Health	Tracy
Health is Wealth Home Health Agency LLC	Home Health	Concord
Kickstart Orthotics and Prosthetics	Orthotic & Prosthetic	Oakland
MD Choice Hospice Inc	Hospice - Outpatient	Concord
My Best Homecare	DME & Medical Supplies	San Jose
OPO Health	Home Health	San Mateo
Sunrise Medical Supplies Inc.	DME & Medical Supplies	Oakland
Titanium Healthcare	Community Supports	Garden Grove
Urban Tilth	Community Supports	Richmond

Welcome Contra Costa Regional Medical Center (CCRMC) Providers

Mark Montano, MD

Neurology



THE BULLETIN BOARD

Reminder!

Attention: Provider Network Trainings

Next Meeting Dates:

Tuesday, July 25, 2023

Tuesday, 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

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

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.

HOLIDAYS OBSERVED BY CCHP

May 29 — Memorial Day

June 19 — Juneteenth

July 4 — Independence Day

Sept 4 — 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



CCHP Directory

595 Center Ave. Suite 100
Martinez, CA 94553
www.cchealth.org



Provider Online Forms and Resources

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

Authorization Department / Hospital Transition Nurse

- **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: (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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