

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan - Community Plan

When:

Time: 7:30 AM - 9:00 AM

Date: July 16, 2013

Where:

West County Health Center

13601 San Pablo Ave, San Pablo, CA

Room A-1194

The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	J. Tysell, MD
II.	REVIEW and APPROVAL of MINUTES from previous meeting	J. Tysell, MD
III.	REGULAR REPORTS	
	Medical Director's Report Defer to new business	J. Tysell, MD
IV.	NEW BUSINESS	
	"Covered California" Health Benefit Exchange	P. Tanquary, MSSW, MPH, Ph.D
V.	Provider Concerns	J. Tysell, MD
VI.	Adjournment	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated January 22, 2013 and attached herein.

Our next scheduled meeting is:

Tuesday, October 15, 2013 7:30 AM – 9:00 AM

CPN Quarterly Meeting

CONTRA COSTA HEALTH PLAN

West County

Quarterly Community Provider Network (CPN) Meeting Minutes – July 16, 2013

Attending:

CCHP Staff: J. Tysell, MD, Chair; P. Tanquary, CEO, MPH, Ph.D.; B. Jacobs, FNP; M. Berkery, RN; L.M.

Perez, Secretary

CPN Providers: K. Ceci, MD; R. Harrison, RN, NP; A. Lopresti, DO; P. Mack, MD

Discus	sion	Action	Accountable
	Meeting called to order @ 7:45 a.m.		J. Tysell, MD
l.	Agenda approved with no revisions.		J. Tysell, MD
II.	Review and Approval of Minutes from April 16, 2013: Minutes were approved as presented.		J. Tysell, MD
III.	Regular Reports: Medical Director's Report Pain Management and Opioid Prescribing New protocol being developed Deals specifically with Pain Management groups Sleep Studies CCRMC impacted May refer to Parham Gharagozlou, MD, CPN provider has specialty training in Sleep Medicine HEDIS Preliminary Report Update to follow as data compiled Provider Bulletin Review Highlighted coding and claims MD please share Bulletin with staff as they may benefit from new information		J. Tysell, MD
IV.	DOCUMENT UPDATES: Disease Management Referral Reviewed new referral form – available on website Use form for adult diabetes and obesity referral – to be followed up by Case Management POLST Document (Pink Form) Form goes along with Advanced Directives, Physicians review with patients – Place on "Frig" – EMTcheck "Frig" for Pink Form, available on website Immunization Update Update immunization for teens going into high school		M. Berkery, RN M. Berkery, RN B. Jacobs, FNP
V.	 Schools can refuse to admit students with delinquent immunizations NEW BUSINESS: Presentation on Exchange "Covered California" for CCHP CCHP is one of only 13 plans statewide and one of three in the Contra Costa County (CCC) area chosen to be offered through Covered California, the new state insurance marketplace created by the Affordable Care Act (ACA) Reviewed the following information:		P. Tanquary, CEO

	 Grid – Covered California – Standard Benefit Plan Further education and training will be provided to providers, member services, marketing and advice nurses as changes occur 	
VI.	Provider Concerns: No concerns were reported	
VII.	Adjourn:Meeting adjourned @ 9:00 a.m.	

Next meeting – October 15, 2013

CONTRA COSTA HEALTH PLAN

West County

Quarterly Community Provider Network (CPN) Meeting Minutes – April 16, 2013

Attending:

CCHP Staff: J. Tysell, MD, Chair; B. Jacobs, FNP; M. Berkery, RN; J. Galindo, RN, PHN; L.M. Perez, Secretary

CPN Providers: K. Ceci, MD; O. Eaglin, PA; R. Harrison, RN, NP; K. Kaminski, PA; A. Lopresti, DO; P.

Mack, MD; A. Wallach, MD

Guests: D. Dooley, MD (CCRMC); L. Jensen, RN, (CCHP Quality Management)

Discus	sion	Action	Accountable
	Meeting called to order @ 7:45 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	Review and Approval of Minutes from January 15, 2013: Minutes were approved as presented.		J. Tysell, MD
III.	Medical Director Report: Online Provider Web Portal access available Pain Management Guidelines being developed, still in review. When developed will be sent to providers Enrollment Report Total of patients as of 3/2013 Increase of SPD of 17% Medi-Cal (Voluntary) increase of 29% Medi-Cal (Duals) Increase of 25% Medi-Cal AFDC Increase of 2% Healthy Families enrollment down due to transfers to Medi-Cal CCHP/NCQA Accreditation Pending Immunization Update Revised advisory guidelines from CDC re: Tdap update for pregnant women Background information on HPV vaccine for cervical cancer prevention Map of States planning Medicaid Expansion Support (25) Will not participate (14) Possible support (7)		J. Tysell, MD B. Jacobs, FNP J. Tysell, MD
IV.	New Business:		J. Tysell, MD

	- Insurance offered at various levels	
	 Undocumented will have partial coverage 	
	 Expected that only 18-44% of eligible patients will be enrolled 	
	Pediatric Obesity Overview	
	- CCHP has Disease Management Unit (DMU)	D. Dooley, MD
	Diabetic management and Peds Obesity under NCQA proposed guidelines	L. Jensen, RN
	- DMU Will track referrals to treatment programs if notified	
	by PCP – reports go back to PCP if not registered in treatment program	
	 Developing classes with community and some medical 	
	groups on weight management. Classes in English and	
	Spanish – all parts of county to be included	
V.	Other Business:	
	 Demonstration of access to website of CCHP – various 	M. Berkery, RN
	selections of resources and guidelines reviewed	
VI.	Adjourn:	J. Tysell, MD
	Meeting adjourned @ 9:00 a.m.	-

Next meeting – July 16, 2013



NEWS RELEASE

TOM TORLAKSON

State Superintendent
of Public Instruction

Release: #12-48 May 15, 2012

Contact: Giorgos Kazanis E-mail: communications@cde.ca.gov

Phone: 916-319-0818

State Schools Chief Tom Torlakson Urges Parents to Vaccinate Children and Prevent Whooping Cough

SACRAMENTO—State Superintendent of Public Instruction Tom Torlakson today urged parents of students entering the seventh grade to vaccinate their children to protect them against whooping cough as required by California law.

"I call on all parents to act as soon as possible and ensure their children receive this important vaccination," Torlakson said.
"Taking a few minutes now will help protect your child's health, and help them get off to a smooth start in the next school year."

"In 2010, 9,000 Californians were diagnosed with pertussis and 10 infants died from the disease. Due to the collective statewide vaccination efforts this past year, pertussis cases are dramatically lower in California," said Dr. Ron Chapman, Director of the California Department of Public Health. "If your child has not yet been vaccinated, please do so immediately."

Assembly Bill 354, which was signed into law in September 2010, required all students entering or advancing to grades seven through twelve in the 2011–12 school year to show proof of immunization with a whooping cough (pertussis) vaccine booster called tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap). The new requirement affects all students—current, new, and transfers—in public and private schools.

For the 2012-13 school year and future years, the pertussis booster immunization requirement applies to students entering or advancing into the seventh grade. If they haven't done so already, current sixth graders should receive a pertussis booster shot as soon as possible to protect themselves. Unlike the previous school year, there is no grace period in the current law.

Pertussis, also known as whooping cough, is a highly contagious disease that can be debilitating at any age and lethal to infants. California's current pertussis epidemic has killed 10 babies and stricken more than 11,000 people. Whooping cough gets its name from the gasping "whoop" sound children make after coughing.

For more information on pertussis and Tdap, please visit the <u>Pertussis (Whooping Cough) Vaccine Requirement - Health Services & School Nursing</u> Web page as well as the California Department of Public Health Shots for School [Note: The preceding link is no longer active.] Web site.

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<u>Tom Torlakson</u> — State Superintendent of Public Instruction Communications Division, Room 5206, 916-319-0818, Fax 916-319-0100

California Department of Education 1430 N Street Sacramento, CA 95814

Last Reviewed: Wednesday, May 15, 2013

Referral Form Contra Costa Health Plan Disease Management Program Phone: 925-313-6968 Fax: 925-313-6870

Program Description/Referral Guidelines

Program Description: Contra Costa Health Plan's (CCHP) Disease Management Program is aimed at improving the health outcomes for people with diabetes and for children with obesity. The program uses a multi-faceted approach to achieve the best possible therapeutic outcomes based on assessment of program participant needs, evaluation, ongoing care monitoring, and tailored program participant/practitioner interventions.

Referral Guidelines:

- Pediatric Obesity-children must be ages 2-11, with a BMI%ile greater than or equal to 95
- Diabetes- All members with type I or II diabetes ages 18-75 are eligible

	Patient Informati	ion-Diabetes Ref	errai
Patient Name:		DOB	MR#
HgbA1c	BP:		er:
Address:			
Email Address:		Language sp	oken:
	Patient Information	-Child Obesity R	eferral
	Sec.		
Patient Name:		DOB	MR#
Recorded Weight:	Recorded Height	t:	BMI %ile
Address			
Email Address:		Phone number:	
		Language spoke	en
	Provido	rInformation	
	Providei	r Information	
Provider Name:		Phone number:	
Fax number		Email Address:	
Comments/Concern	IS:		

	11.72%
	12.12%
	32.85%
	80.95%
	94.74%
	85.62%
	46,139
	213,256
63.0%	63.0% 59.85%
	67.5% 55.11% 54.99%
81.9% 89.239	81.9% 89.23% 87.35%
50.8% 56.579	50.8% 56.57% 53.04%
	38.0% 33.94% 36.98%
	84.2% 86.86% 84.91%
40.5% 40.699	5%
	77.74%
55.5% 49.099	55.5% 49.09% 52.80%
69.7% 70.629	69.7% 70.62% 66.67%
61.7% 67.409	61.7% 67.40% 64.96%
83.8% 81.759	83.8% 81.75% 83.21%
78.2% 87.169	78.2% 87.16% 85.40%
	76.8% 78.82% 77.86%
	56.0% 46.47% 46.47%
72.1% 58.889	72.1% 58.88% 55.72%
68.3% 61.079	68.3% 61.07% 59.37%
	CCHP
2012 MediCal 2011	

^{*} indicates default algorithm component

¹ MPL+Minimum Performance level: National Medicaid 25th %ile

² MPL:High Performance level: National Medicaid 90th %ile

PRESENTATION ON EXCHANGE

"COVERED CALIFORNIA"

FOR CCHP



A Division of Contra Costa Health Services

A Culture of Caring for over 40 years

INCLUDED IN THIS PACKET:

COVERED CALIFORNIA - CONTRA COSTA COUNTY COMPETITORS

TAX CREDITS AND TAX SUBSIDIES - WHAT IT MEANS

GRID - HEALTH CARE REFORM IMPACT ON CONTRA COSTA COUNTY

GRID - COVERED CALIFORNIA - STANDARD BENEFIT PLAN

JULY - AUGUST, 2013

Rating Region 5



The table below is an example of the rates a 40 year old single individual might pay in Region 5 for a Silver Plan. That amount is shown in each box at the top and in black. The federal subsidies are shown in green. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income. FPL = Federal Poverty Level

Plan	150 FPL	200 FPL	250 FPL	400 FPL
Blue Shield PPO	\$38	\$102	\$174	\$328
	\$28 9	\$226	\$154	\$0
Kaiser Permanente	\$57	\$121	\$193	\$347
	\$289	\$226	\$154	\$0
Contra Costa Health Plan HMO	\$63 \$289	\$126 \$226	\$198 \$154	\$352 \$0
Health Net	\$73	\$136	\$208	\$362
	\$289	\$226	\$154	\$0
Anthem PPO	\$77	\$140	\$212	\$366
	\$28 9	\$226	\$154	\$0

HMO – Health Maintenance Organization

PPO - Preferred Provider Organization

For further explanation, see the glossary on pg. 80

Rating Region 5

Contra Costa

If you are one of the 2.6 million uninsured Californians who does not qualify for a subsidy, you can still purchase high quality affordable health insurance through Covered California. The table below is an example of the rates in Region 5. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income.

	25 YEAR OLD	
Plan	Catastrophic	Bronze
Blue Shield PPO	\$204	\$215
Kaiser Permanente HMO	\$203	\$205
Contra Costa Health Plan HMO	\$174	\$237
Health Net PPO	\$150	\$249
Anthem PPO	\$186	\$217

		40 YEAR OLI	D	AND DESCRIPTION OF THE PARTY OF
Plan	Bronze	Silver	Gold	Platinum
Blue Shield PPO	\$273	\$328	\$390	\$447
Kaiser Permanente HMO	\$261	\$347	\$426	\$458
Contra Costa Health Plan HMO	\$301	\$352	\$398	\$448
Health Net PPO	\$317	\$362	\$411	\$463
Anthem PPO	\$276	\$366	\$444	\$515

COVERED CALIFORNIA – STANDARD BENEFIT PLAN

ACTUARIAL VALUE – FINAL AV CALCULATOR OVERALL DEDUCTIBLES FOR SPECIFIC SERVICES MEDICAL BRAND DRUGS DENTAL (FOR SINGLE INDIVIDUAL COMMON MEDICAL EVENT PRIMARY CARE VISIT	FINAL AV CALCULATOR BLE FOR SINGLE INDIVIDUAL* OR SPECIFIC SERVICES MEDICAL BRAND DRUGS DENTAL (FOR SINGLE INDIVIDUAL*) OUT-OF-POCKET LIMIT ON EXPENSES: PRIMARY CARE VISIT TO TREAT AN INJURY OR ILLNESS	94.9 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1	87.8 87.8 1 12.3 1	73.: 26.: 81.: 81.: 82.: 83.: 83.: 84.0	<mark></mark>	250% - 400% 68.3% 31.7% N/A \$2,000 \$250 \$0 \$0 \$6 \$5 \$6 \$5 \$6 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6	PLAN 60.4% 39.6% \$5,000 INTEGRATED MED/RX DEDUCTIBLE NIA NIA NIA S0 \$6 \$6 \$7 APPLIES \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$60
EVENT	PRIMARY CARE VISIT TO TREAT AN INJURY OR ILLNESS		SHARE \$15	SHARE \$40	<u></u> ⊢ - ∤ · ·		SHARE \$60
PROVIDER'S OFFICE OR CLINIC	OTHER PRACTITIONER OFFICE VISIT PREVENTIVE CARE / SCREENING / IMMUNIZATION	\$3 NO COST SHARE	\$15 NO COST NASE	\$40 NO COST SHARE		\$45 NO COST SHARE	\$60 NO COST SHARE
TESTS	LABORATORY TESTS X-RAYS AND DIAGNOSTIC IMAGING	\$3 \$5	\$15 \$20	\$40 \$50	_	\$45 \$65	30% 30%
	IMAGING (CT/PET SCANS, MRIS)	\$50	1 \$100	\$250	*	\$250	30%
DRUGS TO TREAT ILLNESS OR	PREFERRED REAND DRIEGS	\$3		\$20	×	\$25	\$25
ļ.,,	NON-PREFERED BRAND DRUGS SPECIALITY DRUGS	\$10 10%	\$25 15%	X \$50 X 20%	_	\$70 X	\$75 30%
OUTPATIENT SURGERY	FACILITY FEE (E.G., ASC) PHYSICIAN/SURGEON FEES	10%	1 15%	20%	- 2	20% ×	30% 30%
	EMERGENCY ROOM SERVICES (WAIVED IF ADMITTED) EMERGENCY MEDICAL TRANSPORTATION	\$25 \$25	\$75 3	X \$250 X \$250	× ×	\$250 X	\$300
NEED IMMEDIATE ATTENTION	URGENT CARE	\$6		-			\$120
HOSPITAL STAY	FACILITY FEE (E.G., HOSPITAL ROOM) PHYSICIAN / SURGEON FEE	10%	15%	x 20%	× 2	20% ×	30%
	MENTAL/BEHAVIORAL HEALTH OUTPATIENT SERVICES	\$3	\$15	1 \$40	_	\$45	\$60
MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE	MENTAL/BEHAVIORAL HEALTH INPATIENT SERVICES	10%	15% X	20%	×	20% ×	30%
T	SUBSTANCE USE DISORDER OUTPATIENT SERVICES	\$3	\$15	\$40	 -	\$45	\$60
CONTRACTOR AND CONTRACTOR OF THE BURNING STATES OF THE SECOND CONTRACTOR OF THE SECOND CONTRACTO	SUBSTANCE USE DISORDER INPATIENT SERVICES	10%	15% X	Section Con	×	20% X	30%
	PRENATAL AND POSTNATAL CARE	NO COST SHARE	NO COST SHARE	NO COST SHARE	S NO	NO COST	NO COST SHARE
PREGNANCY	DELIVERY AND ALL INPATIENT SERVICES PROFESSIONAL	10%	15%	x 1 20%	× -	20% ×	30% 30%
	HOME HEALTH CARE REMARKITATION SERVICES	\$3	1 \$15 - \$15	\$ 40		\$45 \$45	30%
HELP RECOVERING OR OTHER	HABILITATION SERVICE	\$3		+	+		30%
_	SKILLED NURSING CARE DIEASE E MEDICAL EQUIDMENT	10%	+	X 20%	×	20% X	30%
	HOSPICE SERVICE	NO COST CHASE	NO COST SHARE	NO COST SHARE	NO NO	NO COST SHARE	NO COST SHARE
Control of the second s	EYE EXAM (DEDUCTIBLE WAIVED)	0%	0%	0%	STEEL STORY OF THE PROPERTY	0%	0%
NEEDS DENTAL OR EYE	GLASSES	1 PAIR PER YEAR	1 PAIR PER YEAR	1 PAIR PER YEAR	- PER	1 PAIR PER YEAR	1 PAIR PER YEAR
	DENTAL CHECK-UP-PREVENTIVE & DIAGNOSTIC DENTAL RESTORATIVE AND ORTHODONTIA SERVICES	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	_	_	-	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED
2	DID KNOW.	WHILE YOU HAVE TO F	WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOW.	WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUSSIDY) AND COST-SHARE SUBSIDY) ARE LOWER,		WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE REDUCED.	WHILE YOU HAVE NO MONTHLY PREMIUM WITH SUBSIDIY, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF \$5,000/YEAR WITH EXCEPTION OF 3 NOH-PREVENTIVE VISITS/YEAR TO M.D. OR URGENT CARE.
		OUT-C STOI	OUT-OF-POCKET EXPENSES STOP AT \$2,250 / YEAR	OUT-OF-POCKET EXPENSES STOP AT S5,200 / YEAR		OUT-OF-POCKET EXPENSES STOP AT \$6,350 / YEAR	THEN CO-PAYS ARE HIGH UNTIL EXPENSES STOP AT \$6,350 / YEAR

HEALTH CARE REFORM IMPACT ON CONTRA COSTA COUNTY

						*
100% Federal funding to eq 95% of subsidies available under Exchange		100% Federal funding	50% Federal funding	50% Federal Funding	50% Federal Funding	Federal Funding to States
Helps prevent churning between low income groups and helps families to rema same Health Plan for continuity of care Allows former Safety Net patients to remain in Public Hospital Networks Much higher participation of uninsured due to lower premium costs	Helps prevent churning between low income groups and helps families same Health Plan for continuity of care Allows former Safety Net patients to remain in Public Hospital Networks Much higher participation of uninsured due to lower premium costs	 Helps prevent churning between low insame Health Plan for continuity of care Allows former Safety Net patients to rer Much higher participation of uninsured 	Existing	State Budget decreases rates CCHP pays For Health Families	Existing	Benefits
Contra Costa Health Plan/ E Cross	Contra Costa Health Plan/ Blue Cross	Contra Costa Health Plan and Blue Cross	Contra Costa Health Plan and Blue Cross	CCHP (Kaiser) Blue Cross	CCHP (Kaiser) Blue Cross	Health Plans
22,124		17,030	28,433			*Self-reported data uninsured in Contra Costa County
•			• <u>CCHP</u> HCCI – 2,000			
		• <u>CCHP</u> In-Home Support Services (IHSS) Providers – (2,000)	• CCHP In-Home Support Services (IHSS) Providers – 2,000			
		 <u>CCHP</u> Expanded Medi-Cal – (10,000) 	<u>CCHP</u> Expanded Medi-Cal – (MCE) 10,000			
		5.	121,130 CPN - 32,217 Kaiser - 19,122 RMC - 69,791	4/1/2013 8000 Kaiser Healthy Families to CCHP Medi-Cal (assignment back to Kaiser)		
139% - 200% FPL	 Individuals who are terminated from Medi- Cal to Bridge 		• CCHP Medi-Cal 92,070 CCHP TOTAL:	3/1/2013 4000 CCHP Healthy Families transition to Medi-Cal	Medi-Cal	Populations Served
\$47,100	\$47,100	\$31,322	\$23,550	\$23,550	\$23,050	Family of 4:
s22,980	\$22,980	\$15,282	\$11,490	\$11,490	\$11,170	Single Individual:
						Yearly Income: Based upon 2013 Data
139%- <u>200%</u> FPL	139%- <mark>200%</mark> FPL	101% - <u>138%</u> FPL	100% FPL	100% FPL	100% FPL	FPL (Federal Poverty Level)
		(MCE)	and in bell strip	Transitions		日本では、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
BRIDGE	Skinny Bridge	Medi-Cal Expansion	Current CCHP	Medi-Cal & Healthy Families	Medi-Cal	
2014 – EXCHA		2014 – ACA		2013	2012	

^{*} American Community Survey, U.S. Census Bureau 2009-2011

Patricia Tanquary, MSSW, MPH, PhD