CONTRA COSTA HEALTH PLAN'S

PROVIDER NETWORK TRAINING

January 26, 2021

Thank you for joining us in this training.

In this packet, you will find:

- Provider Network Training Dates for 2021
- Provider Network Training Minutes
- Incentive Instructions
- W-9 Form
- Training Slides
- New USPSTF Recommendations
- Blood Lead Screening APL
- Transgender Services APL
- Tip Sheet: No Authorization List
- Health Education Resources
- Corrected Claim Submission Guideline

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services
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Contact Vanessa Piña for questions: Vanessa.Pina@cchealth.org

Contra Costa Health Plan's

Provider Network Training

Upcoming Dates for 2021:

April 27th, July 27th, and October 26th

7:30 AM – 9:00 AM, 12:30 PM – 1:00 PM, 5:00 PM – 6:30 PM

An email reminder will follow as the date is closer.

To RSVP: Email Vanessa.Pina@cchealth.org with your selected date and timeslot.

CONTRA COSTA
HEALTH PLAN
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Provider Network Training: Q1

Contra Costa Health Plan –
Zoom
Tuesday, January 27, 2021

CHAIR

	Dennis Hsieh, MD, JD

CO-CHAIR

	Elisa Hernandez, MPH, CHES

ATTENDANCE

	Elizabeth Abaunza, Yaz Aboul-Fetouh, Erika Aguinaga, Michele Arnone, Billal Asghar, Hardeep Aulakh, MSN, NP, David Basco, MD, Jennifer Beeckman, Erica Benson, Cathy Berg, Robin Bevard, Vijay Bhandari, Anita Bhat, MD, Alok Bhattacharyya, MD, Chanel Bilingsley, Sloane Blair, Cynthia Blaylock, Lisa Boster, Nicole Branning, Jerome Cabatuando, Joseph Cardinalli, PharmD, Besaida Cardoza-Fraire, BCBA, Peter Castillo, Grace Cavallaro, Natalie Chase, Eveline Chu, Jennifer Clark, Steven Cloutier, PhD, Jack Cousineau, Leslie Cruz, Gina R. Davis, Sharon de Edwards, MD, Desiree De Guzman, Sahar Doctorvaladan, Karen Drazen, Wendy Escamilla, Martín Escandón, Michael Feddersen, Dawn Fleminger, Yaron Friedman, Anita Gaind, Jennifer Garson, Angelique Gomez, Gretchen Graves, MD, Kristina Grubbs, Nitu Hans, PhD, Aaron Hayashi, David Hearst, Gertrudes Hernandez, Victorina Hoffmann, Jaqueline Idhun, Imran Junaid, Meltem Karatepe, Olga Kelly, MD, Haley Kirkpatrick, Louis Klein, Anita Ko, Brian "Yoshi" Laing, David Lee, Julianna Li, Eileen Linder, Erica Lipschultz, Saline Liu, Crystal LoBianco, Anthony Lopresti, DO, Evelyn Luna, Frank Ma, Teresa Madgrial, Maria Martinez-Curiel, Joanne Marzioli, Ogo Mbanugo, Kristin Moeller, Madeline Mooring, Kaili Moyer, PsyD, Anna Moznavsky, Mary Mullen-Tiras, MFT, Manita Nat, Peter Navolanic, Stanley Ng, Sandra Oslin, Vanessa Piña, Mana Pirnia, Christine Puckett, James Rael, Diana Richardson, Sylvia Rodriguez, Kerry Rogers, NP, Lauren Roxton-Chibbaro, Suresh Sachdeva, Charlis Salazar, Xingbo Sun, Stephanie Swenson, Joyce Tang, Jonathan Terry, DO, Ameerah Thomas, Marcella Torres, Ryan Tracy, Leonid Treyger, MD, Kaye Wagner, Diana Wahabzada, Dora Wang, Kaitlin Warren, NP, Melanie Watkins, MD, Don Weinreich, Ilana Weisberg, Lucia Yang, Xiao Yang, Zoraya Zuniga, Pilar Zuniga

GUESTS

	Christopher Farnitano, MD

Topic	Discussion/Decision Action	Presenter
Call to Order	Meeting called to order at 7:30 am, 12:30 pm, and 5:00 pm.	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Review / Approval Previous Minutes	Minutes were approved with no revisions.	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP

Regular Reports		
COVID-19 / COVID-19 Vaccine Update	<u>COVID-19 Update</u> • State lifted the regional Stay-At-Home order, based on the predictions of the ICU Capacity. Data shows decrease in test positivity rates, COVID hospitalizations, and case rates. <u>COVID-19 Vaccine</u> • All nursing homes in the county has had their first dose. Ages 75+ age group are in high demand for vaccinations. Priority is based on the category. • State framework is 65+ age group, then set workers (educators, first responders, grocery store workers, etc.), then following vaccine priority by age based. More details to come. • Online site and call center for scheduling Vaccine Appointments • In Partnership with firefighters, La Clinica, Lifelong, John Muir, selected Rite Aid and Safeway stores, and a state-wide clinic located in Walnut Creek • Encourage Independent Providers to sign up as a vaccine provider on California Vaccine Program, to schedule vaccination appointment, and to supply vaccines for their patients. Apply for a Medical Volunteer through the Medical Reserve Corps. • Supplies: 10-20,000 Doses given per week, but numbers vary. Expect more vaccine products to come, such as the *Johnson and Johnson-single-dose-vaccine.*	Christopher Farnitano, MD Health Officer CCRMC

Provider Network Training: Q1

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Tuesday, January 27, 2021

Topic	Discussion/Decision Action	Presenter
	More information on the vaccine process/scheduling: Website coronavirus.cchealth.org/get-vaccinated Email COVID_Branch_Vaccine@cchealth.org Hotline 1-844-729-8410	
CCHP Pharmacy Department Update	Retail Prescription Drug Carve Out Background • Going live April 1st, 2021 What Will Change for Providers? • Prior Authorizations for non-formulary medication authorization requests will be sent to Medi-Cal Rx (Magellan) instead of CCHP • Complaints/Grievances appeals will go through Medi-Cal Rx. There is a 15–60-day turnaround, must indicate "Appeal" in title. State will accept Prior Authorization via: ○ Mail, Fax: 1-800-869-4325, Pharmacy: NCPDP P4, Provider Portal: medi-calrx.dhcs.ca.gov/home/, Cover My Meds Transition Period • TARs sent directly to Medi-Cal Rx • 180 transition period for medications members are currently taking • Any medications CCHP has approved will be grandfathered of existing PAs for up to 1 year What Stays with CCHP vs. What Goes to Medi-Cal Rx • Medi-Cal Rx is the retail pharmacy for their members, including call center • Medi-Cal members will have physician cover administrated drugs, DME, and medication used on ITC • CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit Current and Upcoming Medi-Cal Rx Notables • Meet and Greet with the MCP clinical liaisons as a point if contact to help solve urgent issues • Medi-Cal member 30-day notice: March 1st • CCHP IVR Updates – Change in the telephone line for CCHP, "IVR" option will direct members to Medi-Cal Rx • Medi-Cal Rx pharmacy locator tool on website **For Questions:** CCHP Pharmacy Department (925) 957-7260 Option 1 Medi-Cal Rx Customer Service 1-800-977-2273 https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx	Joe Cardinalli, PharmD, Interim Pharmacy Director, CCHP
	Asthma Initiative • Partnered with Public Health, administered through the Sierra Health foundation. A comprehensive asthma program, providing services to 50 CCHP members with severe asthma each year. Services include clinical treatment with specialists, education on asthma, assessments, and home remediation Diabetes Control • CCHP working with Gojji (Perform Rx), launching a tech-enabled diabetes management pilot. Members can take their blood sugar levels and receive real-time readings to the clinics/hospitals. The pilot will target members with the most-recent reading of 7 or above.	Nicole Branning, Quality Management Program Manager Ameerah Thomas, Quality Management Program Manager

Provider Network Training: Q1

Contra Costa Health Plan –
Zoom
Tuesday, January 27, 2021

Topic	Discussion/Decision Action	Presenter
	Well Visits • Decrease in visits since COVID. CCHP will prioritize Performance Improvement on pediatric measures, strategic plan still underway. Perinatal Equity • Found disparities in Perinatal outcomes for Black/African American Members. • Partnered to develop a plan to address systematic inequities in access, medical care and social determinants of health	
	Specialty Care Referral • Commercial A/A2/A2-IHSS are assigned with primaries at CCRMC and should not be receiving out of network services. This excludes if the services are not available at CCRMC, or life/limb threating and CCRMC cannot complete in a timely manner • Emergent: If service cannot wait for 72 hours, follow your own clinical guidelines. Urgent: Need to see a provider in a week. 72 hours turnaround time from when we gather all the clinical information. Note the best "Person of Contact" who can answer additional information. Routine: Anything clinically that can wait for over a week, 5 business days for review, and 1 week turnaround time • Phasing in: CCRMC taking members for specialty care with primary care in CPN Provider Portal: Getting Rid of Faxes • Phasing out by June/July 2021 Coverage Services for Transgender Individuals APL • For Medicaid Patients, who identify as transgender, anything that is medical necessary to treat gender dysphoria is now covered Behavioral Health Services • Providers can treat Patient with Mild – Moderate Services and does not need to send patient to the Access Line. Access Line if need additional help/capacity • Access Line with take Medi-Medi Patients COVID Related Services and Prior Auth • State approved to streamline process and no Prior Auth needed for COVD related care Blood Lead Screening APL • Screen children for Blood Lead levels at 12-24 Months of age, and catch-up screening USPSTF Recommendation Updates • Screening for Hepatitis B in adolescents and adults at increased risk for infection • Cardiovascular Risk: Behavioral Counseling Interventions – promote healthy diet and physical activity • Behavioral Health Counseling for all sexually active adolescents for adults who are at increased risk for STIs • Asking about unhealthy drug use in adults age 18 years or older (insufficient evidence about adolescents)	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Patient Education Update Initial Health Assessment (IHA) and	Patient Education Update • CCHP has established collaborations with partnering agencies that provide free and low-cost services to our members. List is included in Provider Network Training Packet. Initial Health Assessment (IHA) or Staying Healthy Assessment (SHA)	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP

Provider Network Training: Q1

Contra Costa Health Plan –

Zoom

Tuesday, January 27, 2021

Topic	Discussion/Decision Action	Presenter

Staying Healthy Assessment (SHA)	• A tool used by the state to ensure members are living healthy lifestyles. New members must complete this 120 days from enrollment date. Current members must complete before their next visit.
	
	<u>Initial Health Assessment Campaign</u>
	• Addressing improvement rates on the Initial Health Assessment, launching January 2021.
	• Examples include:
	  ○ CCHP will monitor compliance below 70%
	  ○ Send providers a list of members past 120 days
	  ○ Reimbursement is the same as an office visit
	  ○ Telehealth used to start the Initial Health Assessment Process
	  ○ Monthly Providers will be receiving the IHA Roster of members showing the time frames of enrollment
	
	<u>Seniors and Persons with Disabilities</u>
	• Health Risk Assessment (HRA) is mailed upon enrollment. CCHP provides Member Service Counselors with telephone attempts to reach the member to complete assessment.	

Advice Nurse Unit	<u>Advice Nurse Services</u> • Provide 24/7 medical advice from Registered Nurses to CCHP members and county residents without private insurance. • The Advice Nurses perform a telephone assessment – using the Schmitt and Thomson guidelines within Epic (ccLink) – and determine the most appropriate and safest level of care.	harlis A. Salazar, Advice Nurse Supervisor

Member Complaints and Grievances	• All expressions of member dissatisfaction must be submitted to CCHP for investigation and should also be reported to the clinic supervisor.
	• Member has two options to complete a CCHP Grievance form:
	  ○ **Online:** https://cchealth.org/healthplan/cchp
	  ○ **Telephone:** Member Services Department (877) 661-6230, Option 2
		Dennis Hsieh, MD, JD
		Chief Medical Officer, CCHP

Claims	Claims Timely Filing
	• From 180 Days from Date of Service (DOS):
	  ○ All initial clean claims
	  ○ Corrected claims
	  ○ Secondary claims with EOB
	• From 365 Days of Service from Notice of Action (NOA):
	  ○ Provider Dispute
	  ○ Claims Review via Phone
	• Corrected Claim: An incorrect or incomplete claim which was submitted previously. The previous claim must be paid or denied for a Provider to submit a corrected claim.
	
	<u>More Information and Instructions to Submit Paper and Electronic Claim:</u>
	
	• https://cchealth.org/healthplan/pdf/provider/Appendix-D-Corrected-Claim-Submission-Guideline.pdf
	
	Claims Inquiry Email claimstatus@cchealth.org
		Sylvia Rodriguez,
		Claims Department Supervisor

Call to Order	Meeting adjourned at 9:00 am, 1:30 pm, 6:30 pm. Next meeting will be held on Tuesday, April 27, 2021.	

Incentive Instructions

Remember: To receive your incentive of $100 from the training, you **MUST**:

- 1) Currently be a credential Provider
- 2) Complete and submit a W-9 form to vanessa.pina@cchealth.org
- 3) Complete our Provider Network Training Survey: https://bit.ly/3a1O7n9

Please Note: The reimbursement of $100 will be sent separately from your paycheck, you do **NOT** need to input the training in your timesheet.

See W-9 Form for FAQs

Questions: Email vanessa.pina@cchealth.org

CONTRA COSTA HEALTH PLAN

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W-9 Form

Click Here for the Direct Link to the W-9 Form.

Instructions:

1. Please complete our survey before W-9 Submission.
2. Submit W-9 Form to **Vanessa.Pina@cchealth.org**

FAQs:

Am I eligible for the Incentive?

Eligibility is based on being a contracted and credentialed network provider.

Should I fill this out for myself, or for my company?

If the W-9 is in the business name, then the check will be issued to the business and the business can reimburse each provider that attended. If it is individual, the check will be made out to the individual.

Questions? Email **Vanessa.Pina@cchealth.org**

Thank you again for attending the Provider Network Training!

CONTRA COSTA HEALTH PLAN
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Welcome to the Provider Network Training

In the chat, type your first name, last name and email

to ensure your **attendance**.

Mute your audio during the presentation, except for questions.

Thank you for joining us, we will begin soon.

CONTRA COSTA HEALTH PLAN
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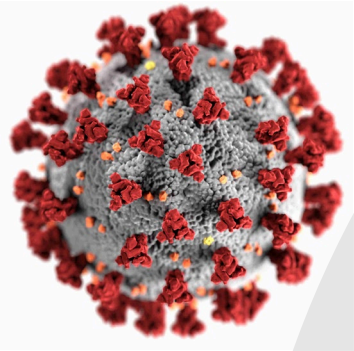
Contra Costa Health Plan's

Provider Network Training

Tuesday, January 26, 2021



COVID-19/
COVID-19 Vaccine Update

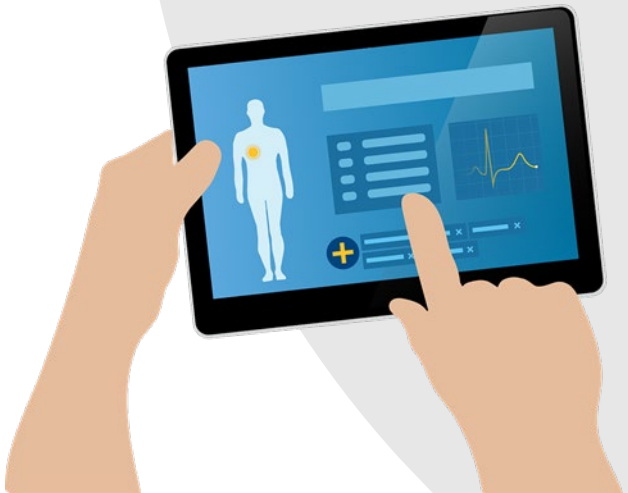
With Guest Speaker: Dr. Farnitano

Questions? Email:
COVID_Branch_Vaccine@cchealth.org

Guest Speaker:
Dr. Farnitano
Health Officer
Chris.Farnitano@cchealth.org

Agenda

1. Introduction & Welcome
2. COVID-19 and COVID Vaccine Update (Guest Speaker: Dr. Farnitano)
3. Minutes from Last Meeting
4. Pharmacy Rx Update
5. Quality, QIP Update, and Patient Recruitment
6. Medical Director Update
    1. Specialty Care Referrals
        1. Commercial A Members
        2. Emergent, Urgent, and Routine + Turn Around Times
    2. Getting Rid of Faxes / Portal
    3. Transgender Health APL
    4. Behavioral Health
    5. COVID, O2, and Pulse Ox
    6. Blood Lead Level APL
    7. USPSTF Updates
7. Patient Education Update
8. Update: Initial Health Assessment / Staying Health Assessment / Health Risk Assessments / Seniors and Persons with Disabilities
9. Nurse Advice Line – Reminders and Updates
10. Grievances – Reminders and Updates
11. Claims: Updates, Q&A
12. Incentive



CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services
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CCHP Provider Training Q3
Contra Costa Health Plan –
Zoom Virtual Meeting
October 27, 2020

CHAIR	Dennis Hsieh, MD, JD
CO-CHAIR	Elisa Hernandez, MPH, CHES
ATTENDANCE	Amanda Sysum NP, Aneela Ahmed MD, Anthony Lopresti DO, Barbara Devane, Deeann Del Rio, Gina Davis PsyD, Gretchen Graves MD, Irina Kolomey DO, Jane Bond MFT, Jeanette Leon PA, Jen Clark, Jessica Naomi, John Murphy MD, Jose Arias-Vera, Kaitlin Warren NP, Karen Graham, Kim Butler, Krista Farley, Kristina Stortz, Mary Marine MA, Maryna Seifi BA, Meltem Karatepe MD, Mimi Ogawa, Nadine Kindy Baillot, Nicole Brito NP, Olga Eaglin, Olga Kelly, Omoniyi Omotoso MD MPH FAAP, Ori Tzveli MD, Parham Gharagozlou, Paula Thibodeau, Shelly Maramonte MD, Sloane Blair NP, Stanley Ng MD, Soter Ming Chang MD, Stephanie Swenson NP, Suresh Sachdeva MD, Susan Mason, Michelle Pair, Tamera Rennaker, Taraneh Mostaghasi MD, Vanessa Piña, Wendy Escamilla, Xiao Yang MD, Yeillie Concepcion FNP, Yvonne Cobbs
GUESTS	Christopher Farnitano MD, Joseph Cardinalli PharmD, Otilia Tiutin, Robin Bevard RN

Topic	Discussion/Decision Action	Presenter
Call to Order	Meeting called to order at 7:30am and 12:30pm	Dennis Hsieh, MD, JD, Medical Director, CCHP
Review / Approval Previous Minutes	Minutes were approved with no revisions.	Dennis Hsieh, MD, JD, Medical Director, CCHP

Topic	Discussion/Decision Action	Presenter
CCHP Pharmacy Department Update	<u>Retail Prescription Drug Carve Out Background</u> • Per Governor Newsom's Executive Order N-01-19 • Going live January 1st, 2021 <u>What Will Change for Providers?</u> • Non-formulary medication authorization requests will now be sent to Medi-Cal Rx (Magellan) instead of CCHP • New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP <u>Medi-Cal Rx TAR (PA) vs. CCHP PA</u> • The state will continue to pay the member's medication until it's expiration date, Provider can submit a prior Authorization to Medi-Cal/Medi-Cal RX, or change to covered medication • Medication will be paid for up to 1 year on prior Authorization; Chronic conditions will go up to 5 years <u>What Stays with CCHP vs. What Goes to Medi-Cal Rx</u> • CCHP retains 100% of commercial member pharmacy benefit • CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit <u>Current CCHP Medi-Cal Rx Projects</u> • Permission for staff to function as Medi-Cal Rx designated users and to contact Medi-Cal Rx clinical liaisons for urgent issues	Joe Cardinalli, PharmD, Interim Pharmacy Director, CCHP

Topic	Discussion/Decision Action	Presenter
	• Provider information presentations including information regarding Medi-Cal Rx portal registration and training • ID Card updates for Medi-Cal members For Questions: CCHP Pharmacy Department (925) 957-7260 Option 1 https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx	
Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)	<u>SHA's Goals Are to Support Providers to:</u> • Identify and track high-risk behaviors of MCP members to begin initiating discussions and counseling • Specifically, tailored health education counseling, interventions, referral, and follow-up • Provide an opportunity for providers to review a member's SHA along with medical history, conditions, problems, medical/testing results, and member concerns <u>New Guidelines</u> New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA. Current members who have not completed an updated SHA must complete it during the next preventive care office visit	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
Behavioral Health Update: Mild to Moderate	• Members can receive a PCP Referral, Clinic Referral/Request, or contact the Direct Access Line call from a Caregiver / Consumer / Provider in order to obtain comprehensive screening • Member is checked for Medi-Cal eligibility, who will then meet medical/service necessity for Specialty MH services. Members who are not Medi-Cal eligible or has primary coverage, can refer to a primary if applicable. They are then turned to other community resources, low fee referral, or other medical specialties **24 Hour Behavioral Health Access Line: 1-888-678-7277**	Robin Bevard, NP Utilization Management, CCHP
Population Health Needs Assessment	Goal: Improve the outcomes for the members and their medical needs and health disparities. Providers: Keep in mind of the higher risk populations and the need for intervention.	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP Otilia Tiutin, Senior Health Education Specialist CCHP
COVID-19 Update	• Contra Costa County has met the criteria and will move to another tier, leading to higher capacity in stores and eateries • Monthly testing is recommended. If employer does not offer testing, attend county and state testing sites • Biggest risk of spread between Healthcare workers is not from patients, but from co-workers • Providers: Recommend patients to attend county and state testing sites, instead of another clinic within network	Christopher Farnitano MD Health Officer CCRMC

Topic	Discussion/Decision Action	Presenter
Medical Director Update	• Self-introduction of his work experience and joining CCHP	Dennis Hsieh, MD, JD, Medical Director, CCHP
New Regulation from Medi-Cal on Blood Lead Screening	Contra Costa Health Plan must ensure that our network providers: • Inform parents of their children's' potential risks of exposure to lead and lead poisoning • Order or perform blood lead screening tests on all child members in accordance with the guidelines. Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines. Network Providers are not required to perform a blood lead screening test if: • In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning. • If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.	Dennis Hsieh, MD, JD, Medical Director, CCHP
Non-Emergency Medical Transport (NEMT) / DHCS-Required Documents	When services are needed, the DHCS requires for CCHP to obtain the following from Providers: 1. Completed Physician Certification Statement form (PCS) 2. Completed Minor Consent form for unaccompanied minors Incompletion of documents results to denial of authorization request for transportation and/or reimbursement for the transportation.	Dennis Hsieh, MD, JD, Medical Director, CCHP
Updates from United States Preventive Services Task Force A and B Recommendations	• Conclusion of insufficient evidence assessing the benefits and harms of screening for drug use in adolescents. • Conclusion of current evidence lacking the benefits and harms of behavioral counseling to non-sexually active adolescents and adults not at increased risk for STIs. For additional information please go to: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
Call to Order	Training adjourned at 8:45 AM and 1:45 PM.	

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Medi-Cal Prescription Drug Carve Out (Medi-Cal Rx)

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Retail Prescription Drug Carve Out Background

1. Per Governor Newsom's Executive Order N-01-19

   standardize the Medi-Cal pharmacy benefit statewide

   improve access to pharmacy services

   apply statewide utilization management protocols

   achieve cost savings for drug purchases made by the state

2. Go live will be April 1st, 2021

CCHP Pharmacy Department

Joe Cardinalli, PharmD

What Will Change for Providers?

1. Non-formulary medication authorization requests will now be sent to Medi-Cal Rx (Magellan) instead of CCHP
2. New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP
3. Complaints/grievances and appeals will all go through Medi-Cal Rx
    a. Member appeal option is a state fair hearing
    b. Provider appeal option via mail, fax or provider portal (15 to 60 day turnaround)-must indicate “Appeal”
    c. PA Appeal Submissions may be sent within 180 days from the initial denial

CCHP Pharmacy Department

Joe Cardinalli, PharmD

How to Submit PAs to Medi-Cal Rx

1. Mail
2. Fax
    a. 1-800-869-4325
3. Pharmacy
    a. NCPDP P4
4. Provider Portal
    a. Registered providers will be able to login to perform multiple functions related to the submission of PA requests
5. Cover My Meds
    a. PA submission channel available for prescribers

CCHP Pharmacy Department

Joe Cardinalli, PharmD

How to Register For the Provider Portal

1. Go to https://medi-calrx.dhcs.ca.gov/home/
2. Click on Provider Portal on the bottom of the page

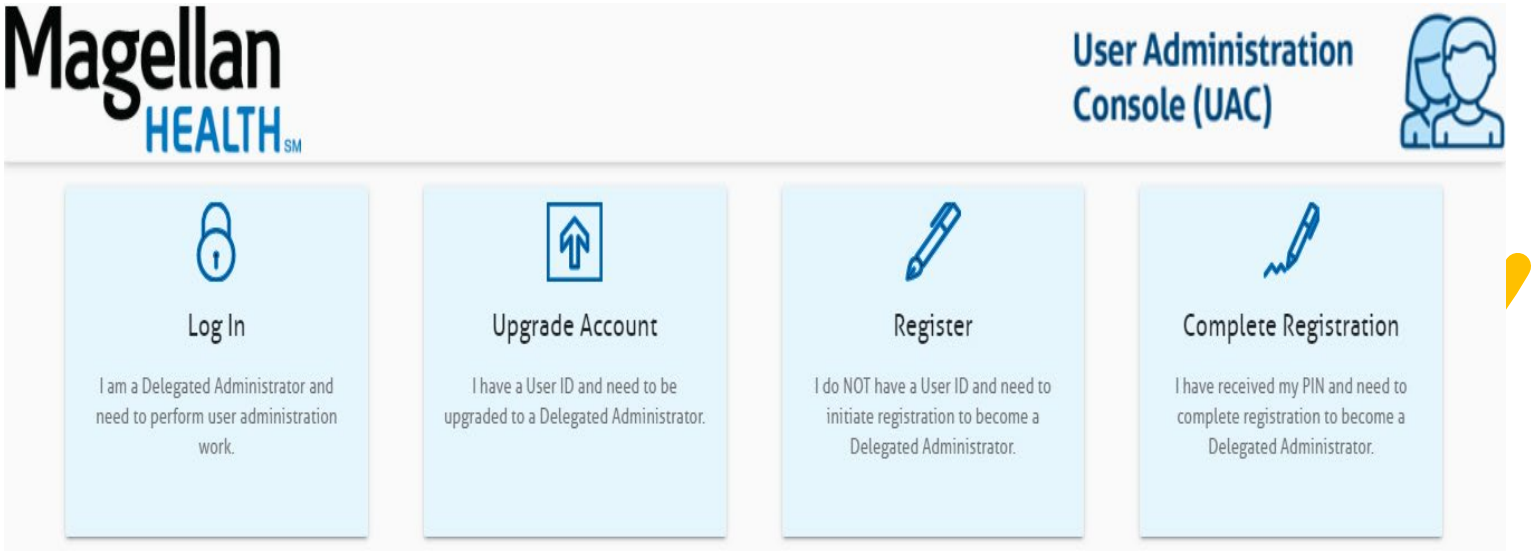
CCHP Pharmacy Department

Joe Cardinalli, PharmD

How to Register For the Provider Portal

3. Click Link to Register for Access

4. Go through Registration Procedure With Magellan through the User Administration Console (UAC)



CCHP Pharmacy Department

Joe Cardinalli, PharmD

Transition Period

1. TARs sent directly to Medi-Cal Rx
2. 180 day transition period for medications members are currently taking
3. Grandfathering of existing PAs for up to 1 year
   a. Possible multi-year extension of existing PAs (up to 5 years) for chronic conditions

CCHP Pharmacy Department

Joe Cardinalli, PharmD

What Stays With CCHP vs. What Goes to Medi-Cal Rx

1. CCHP retains 100% of commercial member pharmacy benefit
2. Medi-Cal Rx=retail pharmacy benefit for Medi-Cal members (including call center)
3. Medi-Cal members, CCHP retains physician administered drugs, DME (when billed as a medical claim) and medications used in LTC
4. CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Current and Upcoming Medi-Cal Rx Notables

1. CCHP has completed a meet and greet with the MCP clinical liaisons whom we can contact to help solve urgent issues
2. Medi-Cal member 30 day notices- March 1st
3. CCHP IVR updates
4. Medi-Cal Rx pharmacy locator tool up on the website
5. Medi-Cal Rx Customer Service is open (800) 977-2273

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Medi-Cal Prescription Drug Carve Out (Medi-Cal Rx)

Questions?

CCHP Pharmacy Department

(925) 957-7260 option 1

Medi-Cal Rx Customer Service (800) 977-2273

https://medi-calrx.dhcs.ca.gov/home/

Asthma Initiative

Contra Costa Health Plan in partnership with Public Health and local Energy Efficiency programs will be launching a three-year Asthma Home Visiting pilot. The program will provide comprehensive asthma services to 50 CCHP members with severe asthma each year. These services can include:

- Clinical treatment with Asthma & Allergy specialists
- Patient and family education on asthma
- In-home trigger assessments
- Minor to moderate home remediation (provided by energy efficiency programs)

CCHP will work with RMC network pediatricians to identify members with highest need and outreach directly to members that have had a recent asthma-related ED visit. Referrals can be received from various sources, including primary care providers, ED visit reports, and public health nurses.

Diabetes Control

CCHP will be launching a tech-enabled diabetes management pilot. The pilot will involve administering of Gojji Meters, cellular-enabled glucose monitors in which members will have the ability to test blood sugar and receive real-time feedback, education and hands-on support to help with diabetes management from a CCHP Certified Diabetes Educator Nurse.

The pilot will target members that have a most-recent reading of 7 or above.

Well Visits

CCHP will prioritize Performance Improvement work on pediatric measures, beginning with Well Visits. Preliminary MY2020 HEDIS data showed a significant decline in Well Visit measures.

CCHP will identify providers to partner with to improve Well Visit attendance for MY2021

Perinatal Equity

- CCHP Population Health Needs Assessment identified disparities in Perinatal Outcomes including Cesarean rates, Preterm Birth and Breastfeeding rates for Black/African American members

- CCHP will be partnering with Public Health and Regional Medical Center and Community Provider Network providers to develop an organizational plan to address systemic inequities in access, medical care and social determinants of health

Questions? Interested in partnering with us?

- Please contact:

  Nicole Branning
  Nicole.Branning@cchealth.org

  Ameerah Thomas
  Ameerah.Thomas@cchealth.org

Medical Director Update

Dennis Hsieh, MD, JD

Specialty Care Referral

1. Commercial A/A2/A2-IHSS has to stay in network unless services not available or life/limb threatening
2. Emergent/Urgent/Routine
3. CCRMC can take CCHP members for specialty care with primary care in CPN (phasing in)

Provider Portal: Getting Rid of Faxes

Coverage of Services for Transgender Individuals APL

Behavioral Health Services

1. PCPs/FQHCs can do: 1+7 visits for Mild to Moderate
2. Access Line if need additional help/capacity
3. Pending RFA for additional capacity

COVID Related Services and Prior Auth

Blood Lead Screening APL

USPSTF Recommendation Updates

1. Screening for Hepatitis B in adolescents and adults at increased risk for infection

2. Cardiovascular Risk: Behavioral Counseling Interventions – promote healthy diet and physical activity

USPSTF Recommendation Updates

3. Behavioral health counseling for all sexually active adolescents for adults who are at increased risk for STIs

4. Asking about unhealthy drug use in adults age 18 years or older (insufficient evidence about adolescents).

Patient Education Update

The purpose of the Health Education Service Department is to maintain a health education system that includes programs, services, and resources to provide health education and patient education for all members. The Health Education Services provides classes, materials, and information regarding programs that include educational interventions to help members maintain a healthy lifestyle, including reducing risk behaviors and those living with chronic diseases.

CCHP's has made a commitment to assure our members remain healthy especially with the challenges during Covid-19 by establishing stronger collaborations with partners agencies that provide free and low-cost services to our members.

Agencies

1. **American Lung Association**: 510 638-5864 or 1-800- lungusa (1-800-586-4872) Provides cessation support counseling sessions, interactive classes, and support groups. They also provide referrals to cessation services and materials that include topics such asthma, allergies, COPD, lung cancer, smoking cessation
2. **Asthma Program (CCHP and Public Health)**: Provides home visiting services including education, asthma triggers, and moderate home improvement
3. **Breastfeeding**: Kaiser, John Muir, La Leche League (Antioch and Pleasant Hill)
4. **Car Seat/Injury Prevention Agencies**: Provide certified car seat technicians that help install car seats in English and Spanish.
5. **CocoKids Childhood Champions**: Provides free or low-cost services, including classes on parenting and childcare Central, East and West County
6. **Comprehensive Perinatal Services Program**: Provides comprehensive services to low income pregnant and parenting women
7. **Family, Maternal and Child Health Programs**: Black Infant Health: Prenatal and Postpartum, Home Visiting Program “Nurse Family Partnership”, Prenatal Care Guidance Program
8. **First 5**: Offers classes for children under 6 years of age in Contra Costa. There are over 20 classes each month, including art, science, cooking, dance, music, movement, baby sign language, preparing for kindergarten, and storytime. They also offer drop-in playtime, Saturday classes, monthly events, and classes focused on dads. Centers closed but information can be accessed Instagram and Facebook.

Continues

Agencies

9. **Food Bank of Contra Costa Costa and Solano Counties**: Provides food in cities in county and offers Summer Food for children and assists with enrollment for Supplemental Nutrition Assistance Program (SNAP)
10. **Fresh Approach:** Provides options for low-cost and free food through Calfresh and Market-match farmer's markets, offer online enrollment for nutrition workshops and have content on YouTube and Instagram
11. **18 Reasons:** Provides nutrition and skills by offering their **Cooking Matters** series, which are free cooking and nutrition classes and grocery donations for low-income Bay Area families. Currently all classes are being conducted by Instagram, u-tube and Facebook.
12. **Inspiring Communities:** Diabetes programs for our members (Diabetes Prevention and Diabetes Self-Management and Education and Support (DSMES) each program has specific criteria for eligibility
13. **Monument Impact:** Provides classes for adults and children about stress, physical activity and smoking cessation
14. **Nicotine Anonymous Northern California**: Currently only provides online free meetings by phone
15. **Smoking Cessation: California Smokers Helpline: 1-800-No-Butts (1-800-662-8887):** Provides free materials, free telephone counseling, text messaging and free nicotine patches for eligible individuals in English and Spanish
16. **UC Cooperative Extension Expanded Food and Nutrition Education Program:** Provides nutrition classes (virtual) for adult and youth regarding nutrition, food savings, and food access
17. **Woman, Infants and Children:** Provides classes for new parents, newborns, nutrition, breastfeeding, education for children at different ages, and classes to maintain healthy families

Local Hospitals

- **John Muir:** Offer classes and support groups that include heart health, nutrition and weight management, parenting and child health, diabetes support groups and fall prevention: Most classes have been cancelled due to Covid-19 but prenatal classes are being offered and updated information can be found on the website
- **Kaiser:** Offer classes that include nutrition, weight control, injury prevention, family planning, physical activity and tobacco use and cessation): Most classes are being held virtually
- **Sutter Delta:** Offers classes on wide range on topics that include prenatal, hearth health and diabetes: Classes being offered virtually due to Covid-19

Gaps: mainly all classes at these agencies are now being held virtually due to Covid-19. One concern is that our members may not have access to computers or internet. We would like your cooperation in addressing the needs of our members and contact us for assistance so we can share information with our members in a manner that meets their needs.

Initial Health Assessment (IHA) / Staying Healthy Assessment (SHA)

The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA).

Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists (i.e., cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes.) In addition, there are also many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption which can increase the risk for these illnesses and conditions.

An IHA consists of a history and physical examination and an IHEBA. An IHEBA enables a provider of primary care services to comprehensively assess the member's current acute, chronic, and preventive health needs as well as identify those members whose health needs require coordination.

The Goals of the SHA Are to Assist Providers With:

- Identifying and tracking high-risk behaviors of MCP members
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiating discussion and counseling regarding high-risk behaviors
- Providing tailored health education counseling, interventions, referral, and follow-up.
- Provide an opportunity for providers to review a member's SHA in combination their medical history, conditions, problems, medical/testing results, and member concerns
- Take into consideration a member's social history which will include member's demographic data, personal circumstances, family composition, member resources, and social support

Guidelines:

- New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA
- Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam health and medical status, and not exclusively on the patient's age)

SHA Documentation by PCP:

- The PCP must sign, print his/her name, and date the “Clinic Use Only” section of a newly administered SHA to verify that it was reviewed and discussed with the member
- The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- The PCP must sign, print his/her name, and date the “SHA Annual Review” section of the questionnaire to document that an annual review was completed and discussed with the member

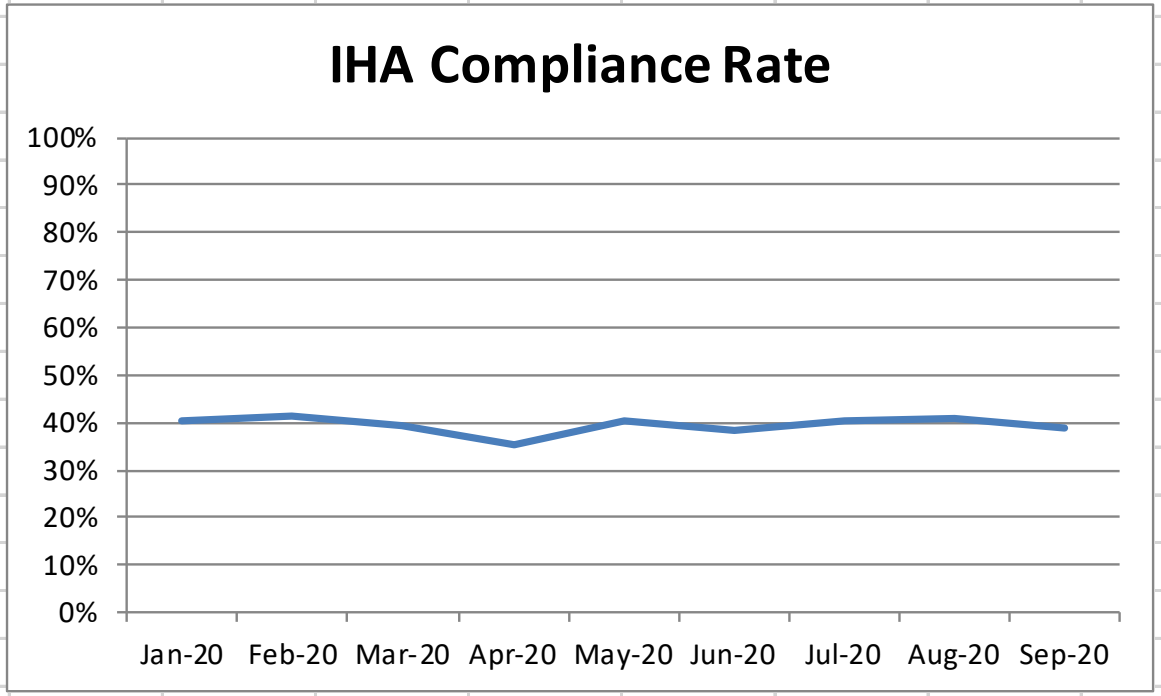
Can a Member Refuse to Complete the SHA?

- A member has the right to refuse to fill out the SHA. When this occurs, the Provider must document this on the SHA questionnaire
- Enter the member’s name (or person completing the form), date of birth, and date of refusal in the header section of the questionnaire
- Check the box “SHA Declined by Patient.”
- PCP should sign, print his or her name, and date the “Clinic Use Only” section of the SHA.
- Maintain the SHA refusal in the member’s medical record

For additional information on our website https://cchealth.org/healthplan/providers/

Initial Health Assessment

	New	Compliant	Rate
Jan-20	2235	902	40%
Feb-20	2071	855	41%
Mar-20	2127	837	39%
Apr-20	2050	724	35%
May-20	1879	762	41%
Jun-20	2190	840	38%
Jul-20	2110	852	40%
Aug-20	2272	926	41%
Sep-20	2123	821	39%



Seniors and Persons with Disabilities

- Seniors and Person's with Disabilities (SPD) receive a Health Risk Assessment (HRA) upon enrollment to CCHP Medi-Cal
- The HRA is a DHCS approved form that is mailed to the member. CCHP also has Member Service Counselors that reach out with telephone attempts to reach the member to complete the assessment
- The purpose of the assessment is to identify issues the member may be having and connect them to the appropriate services and resources.

Initial Health Assessment Campaign

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring for 45 Years

January 2021

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring for 45 Years

INITIAL HEALTH ASSESSMENT PROVIDER TOOL KIT

- Chief Medical Officer Letter
- Assigned Member Roster
- Staying Healthy Assessment (SHA)
- Individual Health Ed. Behavior Assessment
- US Preventive Services Task Force
- Telehealth Information
- Telehealth CPT Billing Codes

INITIAL HEALTH ASSESSMENT CAMPAIGN

- Telehealth can be used to start the Initial Health Assessment Process
- Reimbursement is the same as an office visit
- Providers will be receiving a list of their members who are past 120 days
- CCHP will need to monitor those Providers with compliance below 70%
- Monthly Providers will be receiving the IHA Roster of members showing the time frames of enrollment (e.g. 30 days, 60 days, etc.)

Contra Costa Health Plan

Advice Nurse Unit

CONTRA COSTA
HEALTH SERVICES

Advice Nurse Services

- Provide 24/7 medical advice to CCHP members and county residents without private insurance
- The Advice Nurses perform a telephone assessment and determine the most appropriate and safest level of care
  - Possible dispositions: home care advice, same day or next day appointments, urgent care referrals and when medically necessary an ED visit including 911 transport.
- Use Schmitt and Thomson guidelines within Epic (ccLink). The guidelines are symptom based, start with the most emergent, life-threatening symptom and progress through less severe symptoms

Advice Nurse Services

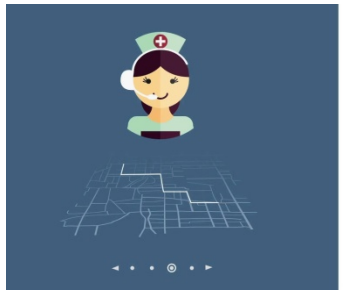
- First line of contact during emergency/disaster situations- H1N1, measles outbreak, COVID19
- Provide Public Health advisories about communicable diseases, travel advisories
- All triage calls are answered by Registered Nurses
- Provide patients with lab results and other diagnostic test results
- Assist with critical lab results

Advice Nurse Services

- Refer patient to PCP or TCC if requesting further explanation on lab results (AN's can't interpret lab results
- Assist with medication refills- chronic medical conditions
- Provide health education information
- Make referrals to Case Management to help patients deal with difficult health problems
- Make referrals to Public Health, 211 and other community resources

Advice Nurse Services

- Use of standing orders in order to treat uncomplicated conditions such as a cough, allergies, rashes, etc
- Next day member follow up
- Clinical follow up calls



Member Complaints and Grievances

As a reminder, **ALL expressions of member dissatisfaction** must be submitted to CCHP for investigation and should also be reported to the clinic supervisor.

The member should be offered the CCHP grievance form to complete. If completed, the form should be returned immediately to CCHP's Member Services Department. Two options of completion:

Online
Complete Grievance Form online at
https://cchealth.org/healthplan/cchp/

Telephone
Call Member Services at
(877) 661-6230, Option 2

CCHP Member Services Department
595 Center Avenue, Suite 100
Martinez, CA 94553

CLAIMS TIMELY FILING

Process	Provider Submission Timeliness	CCHP Process Timeliness
All initial clean claims	Within 180 days from DOS	Within 45 working days from date of receipt
Corrected Claims	Within 180 days from DOS	Within 45 working days from date of receipt
Secondary Claims with EOB	Within 180 days from EOB primary pay date	Within 45 working days from date of receipt
Provider Dispute	Within 365 days from the Notice of Action (NOA)	Within 45 working days from date of receipt
Claims Review via Phone	Within 365 days from the Notice of Action (NOA)	N/A

What is a Corrected Claim

Providers should submit a corrected claim when the claim is submitted previously was incorrect or incomplete.

The previous claim must be paid or denied.

How to Submit Electronic Corrected Claims

Please complete the following indicators when submitting a corrected claim electronically to CCHP in the ANSI-837 professional or institutional format.

- 837P (Professional) and 837I (Institutional) Claims: In Loop 2300 (Claim Information), segment CLM05-3, use Claim Frequency Type Code “7” for “Replacement.” The corrected claim will process as a replacement claim and reverse the original claim on file.
- The REF*F8 segment must include the original claim number ID, exactly as it appeared in the original claim being corrected—no additional characters

How to Submit Paper Corrected Claims

Please complete the following indicators when submitting a corrected paper claim to CCHP.

- **CMS 1500 (Professional Claim Form): Submit code 7 in box 22.**
- **UB-04 (Facility Claim Form): Submit Type of Bill ending in 7 in field 4 (Type of Bill).**
- **Please also complete the Corrected Claim Cover Sheet when submitting a paper corrected claim (https://cchealth.org/healthplan/pdf/provider/Appendix-D-Corrected-Claim-Submission-Guideline.pdf). Mail your corrected claim form, cover sheet, and any supporting documentation to:**

Contra Costa Health Plan

Attn Claims Unit

595 Center Ave , Suite 100

Martinez , Ca 94553

Guidelines

- The corrected claim must be submitted according to the timely filing guideline (within 180 days from Date of Service)
- The corrected claim is used to replace the entire claim submitted previously
- The corrected claim should **include** all line items previously processed correctly. Reimbursement for line items no longer included on the corrected claim may be subject to recoupment by the plan
- A corrected claim does not constitute an appeal
- If a claim was previously processed and is not submitted as a corrected claim, it will be denied as a duplicate claim
- In some cases, medical records or other documentations may be required to justify corrections to diagnosis codes, DRGs, procedure codes, medication units, modifiers, or other modifications.

Incentive

- Remember: To receive your incentive of $100 from the training, you **MUST**:
  - 1) Currently be a credential Provider
  - 2) Complete and submit a W-9 form to vanessa.pina@cchealth.org
  - 3) Complete our Provider Network Training Survey: https://bit.ly/3a1O7n9

- Please Note: The reimbursement of $100 will be sent separately from your paycheck, you do **NOT** need to input the training in your timesheet.

New USPSTF Recommendations

Population	Recommendation	Grade
Adults with cardiovascular disease risk factors	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	B

This recommendation replaces the 2014 USPSTF recommendation on behavioral counseling to promote a healthy diet and physical activity for CVD prevention in adults with cardiovascular risk factors. At that time, the USPSTF recommended intensive behavioral counseling interventions for overweight and obese adult patients with known CVD risk factors, including hypertension, dyslipidemia, impaired fasting glucose or glucose intolerance, and metabolic syndrome.[15] This new recommendation targets adults with known hypertension or elevated blood pressure, elevated lipid levels or dyslipidemia, and mixed or multiple risk factors (eg, metabolic syndrome or estimated 10-year CVD risk of ≥7.5%). In contrast to the previous statement, the current recommendation does not cover adults with impaired glucose tolerance or type 2 diabetes mellitus. This population is covered in a separate recommendation.

Population	Recommendation	Grade
Sexually active adolescents and adults at increased risk	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). See the Practice Considerations section for more information on populations at increased risk for acquiring STIs.	B

In 2014, the USPSTF recommended intensive behavioral counseling (defined as total contact time of 30 minutes or more) to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs (B recommendation).[33] This updated recommendation statement is consistent with the 2014 USPSTF statement but slightly differs by recommending a broader range of effective counseling approaches, including those involving less than 30 minutes of total contact time. The USPSTF continues to conclude that the current evidence is lacking on the benefits and harms of behavioral counseling to prevent STIs in nonsexually active adolescents and in adults not at increased risk for STIs.

New USPSTF Recommendations

Population	Recommendation	Grade
Adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B
Adolescents	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents. See the "Practice Considerations" section for suggestions for practice regarding the I statement.	I

This recommendation statement replaces the 2008 USPSTF recommendation, which concluded that the evidence at that time was insufficient to assess the balance of benefits and harms of screening for illicit drug use in adolescents and adults, including those who were pregnant or postpartum.[36] This updated statement incorporates new evidence since 2008 about the accuracy of screening tools and the benefits and harms of treatment of unhealthy drug use or drug use disorders. This new evidence supports the current recommendation that primary care clinicians offer screening to adults 18 years or older, including those who are pregnant or postpartum, when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.

Population	Recommendation	Grade
Adolescents and adults at increased risk for infection	The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.	B

In 2014, the USPSTF recommended screening for HBV in persons at high risk for infection (B recommendation).[30] The current draft recommendation is consistent with the 2014 recommendation. It is strengthened by new evidence from trials and cohort studies reporting that antiviral therapy reduces risk of mortality and hepatocellular carcinoma and improves intermediate outcomes that are consistently associated with better health outcomes.

State of California—Health and Human Services Agency
Department of Health Care Services

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: *November 2, 2020*

ALL PLAN LETTER 20-016 *(REVISED)*
SUPERSEDES ALL PLAN LETTER 18-017

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: BLOOD LEAD SCREENING OF YOUNG CHILDREN

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care health plans (MCPs). This APL supersedes APL 18-017. *Revisions to this APL have been italicized for ease of reference.*

BACKGROUND:
According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention, and academic achievement.[1] Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.[2, 3] Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in

[1] CDC's Childhood Lead Poisoning Prevention information can be found at: https://www.cdc.gov/nceh/lead/about/program.htm
[2] 42 U.S. Code section 1396d(r) can be found at: http://uscode.house.gov/browse.xhtml
[3] For more information regarding EPSDT, see APL 19-010 titled, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, which can be accessed at the following link: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf

November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid.[4]

In addition, MCPs are contractually required to cover and ensure that network providers provide blood lead screening tests in accordance with the California Code of Regulations (CCR).[5] The CCR imposes specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health assessments (PHAs) on children between the ages of six months and six years. The California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to the CCR.[6] The CLPPB sets forth required blood lead standards of care, including Blood Lead and Anticipatory Guidance developed by the Department of Health Care Services (DHCS) related to children enrolled in Medi-Cal.[7]

Assembly Bill (AB) 2276 (Chapter 216, Statutes of 2020) added blood lead related requirements to state law to impose various contractual requirements on MCPs; require DHCS to develop and implement procedures to ensure MCP compliance with the requirements; authorize DHCS to impose sanctions for any violation of the requirements; and provide DHCS with express authority to implement, interpret, or make specific the requirements of the bill by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.[8]

POLICY:

Blood Lead Anticipatory Guidance and Screening Requirements
MCPs must ensure that their network providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and

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[4] The 2016 CMS informational bulletin can be found at: https://www.medicaid.gov/federal-policy-guidance/downloads/cib113016.pdf
[5] Title 17, Division 1, Chapter 9, Articles 1 and 2, section 37100 of the CCR can be found at: https://govt.westlaw.com/calregs/index?__lrTS=20170821184818998&transitionType=Default&contextData=(sc.Default)
[6] CLPPB guidance for health care providers can be accessed at the following link: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx
[7] The DHCS, Child Health and Disability Prevention Program Health Assessment Guidelines, including Recommendations for Medical Management can be accessed at the following link: http://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf
[8] *AB 2276 can be found at: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2276*

industry guidelines for health care providers issued by CLPPB, including any future updates or amendments to these laws and guidelines.

MCPs must ensure that their network providers:

1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.[9] This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age.

2) Order or perform blood lead screening tests on all child members in accordance with the following:
   a) At 12 months and at 24 months of age.
   b) When the network provider performing a PHA becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
   c) When the network provider performing a PHA becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
   d) At any time a change in circumstances has, in the professional judgement of the network provider, put the child member at risk.
   e) If requested by the parent or guardian.

3) Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

Network providers are not required to perform a blood lead screening test if either of the following applies:
   a) In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning.
   b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

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[9] CLPPB anticipatory guidance includes information about other common sources of lead exposure for children. For the English version see: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(E)_ADA.pdf. For the Spanish version see: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(S).pdf.

The MCP must ensure that the network provider documents the reason(s) for not performing the blood lead screening test in the child member's medical record.[10] In cases where consent has been withheld, the MCP must ensure that the network provider documents this in the child member's medical record by obtaining a signed statement of voluntary refusal.[11] If the network provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent*: 1) refuses or* declines to sign *it, or 2)* is unable to sign *it* (e.g., when services are provided via telehealth modality), the network provider must document the reason for not obtaining a signed statement *of voluntary refusal* in the child's medical record. DHCS will consider the *above mentioned* documented efforts that are noted in the child's medical record as evidence of MCP compliance with blood lead screening test requirements.

Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up.[12] MCPs must ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. MCPs must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT.

In addition to ensuring network providers meet requirements for testing, follow-up care, and documentation, as described above, starting no later than January 1, 2021, MCPs are required to identify, on at least a quarterly basis (i.e. January – March, April – June, July – September, October – December), all child members *under the age of* six years (i.e. 72 months) who have no record of receiving a blood lead screening test *as* required by Title 17 CCR section 37100. MCPs must identify the age at which the required blood lead screenings were missed, including children without any record of a completed blood lead screening at each age. MCPs must notify the network provider who is responsible for the care of an identified child member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent/guardian of

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[10] Title 17 CCR section 37100
[11] *Welfare and Institutions Code (WIC) section 14197.08(b)(2)*
[12] See the California Management Guidelines on Childhood Lead Poisoning for Health Care Providers publication, available at https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx.

that child member. MCPs must also maintain records, for a period of no less than 10 years, of all child members identified quarterly as having no record of receiving a required blood lead screening test and provide those records to DHCS, at least annually as well as upon request, for auditing and compliance purposes.[13, 14]

Reporting Requirements
According to the November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests are coded correctly to be included in Medicaid screening data. MCPs must educate network providers, including laboratories, about appropriate Common Procedure Terminology coding to ensure accurate reporting of all blood lead screening tests.

In order to comply with Health Insurance Portability and Accountability Act requirements, MCPs must utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I), to report confidential screening/billing to DHCS.

DHCS currently utilizes encounter data submitted through national standard file formats (837-P/837-I) for tracking the administration of blood lead screening. MCPs are required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019 and 17-005.[15] Additionally, MCPs must ensure that blood lead screening encounters are identified using the appropriate indicators, as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: MMCDEncounterData@dhcs.ca.gov.

California law requires laboratories performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB.[16, 17] This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. MCPs must ensure that network providers are reporting blood lead screening test results to CLPPB, as required.

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[13] *WIC section 14197.08*
[14] Title 42, Code of Federal Regulations (CFR), sections 438.3(u) and 438.604(b). 42 CFR, Part 438 is available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=0f2c3aa106d1878a7ec64feb9113640c&mc=true&node=pt42.4.438&rgn=div5#_top
[15] APLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[16] Information on how to report blood lead screening test results to CLPPB can be found at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx
[17] Health care providers using a point-of-care device are considered laboratories and must report. Health and Safety Code section 124130 can be found at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=124130

Policies and Procedures
If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's policies and procedures, the MCP must submit its updated policies and procedures to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its policies and procedures are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's policies and procedures have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the APL release date in the subject line.

MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

State of California—Health and Human Services Agency
Department of Health Care Services

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: October 26, 2020

ALL PLAN LETTER 20-018
SUPERSEDES ALL PLAN LETTER 16-013

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ENSURING ACCESS TO TRANSGENDER SERVICES

PURPOSE:
The purpose of this All Plan Letter (APL) is to remind Medi-Cal managed care health plans (MCPs) of their obligations to provide transgender services to members. This APL is a clarification of current policy and does not represent a policy change. This APL supersedes APL 16-013.[1]

BACKGROUND:

Nondiscrimination Laws
The Insurance Gender Nondiscrimination Act (IGNA) prohibits MCPs from discriminating against individuals based on gender, including gender identity or gender expression.[2] The IGNA requires that MCPs provide transgender members with the same level of health care benefits available to non-transgender members.

The Affordable Care Act (ACA) and the implementing regulations prohibit discrimination against transgender individuals eligible for services and require MCPs to treat members in a manner consistent with the member's gender identity. The ACA requires that MCPs provide all members with a common core set of benefits, known as Essential Health Benefits (EHB). Health insurers covering EHBs are prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.[3] Specifically, federal regulations prohibit MCPs from denying or limiting

[1] APLs and Policy Letters (PL), available to view at: https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx.
[2] The IGNA, which is codified in Health and Safety Code (HSC) section 1365.5, available to view at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1365.5.
[3] For the purposes of this APL, the following nondiscrimination laws apply:
Title 42 United States Code (USC) section 18116, available to view at: https://uscode.house.gov/view.xhtml?req=18116&f=treesort&fq=true&num=1&hl=true&edition=prelim&granuleId=USC-prelim-title42-section18116.

coverage of any health care services that are ordinarily or exclusively available to members of one gender to a transgender member based on the fact that a member's gender assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such services are ordinarily or exclusively available.[4]

Federal regulations further prohibit MCPs from categorically excluding or limiting coverage for health care services related to gender transition.[5] Federal regulations similarly prohibit categorically restricting the scope of services to a member "solely because of the diagnosis, type of illness, or condition."[6]

MCP Contractual Obligations

MCPs are contractually obligated to provide medically necessary covered services to all members, including transgender members. State law defines "medically necessary" as follows:

> (a) For individuals 21 years of age or older, 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.[7]
>
> (b) For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service corrects or ameliorates defects and physical and mental illnesses and conditions.[8]

MCPs must also provide reconstructive surgery to all members, including transgender members. The analysis of whether or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination. State law defines reconstructive surgery as "surgery performed to correct or repair abnormal structures of

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Title 45 Code of Federal Regulations (CFR) sections 92.206 and 92.207, available to view at: https://www.ecfr.gov/cgi-bin/text-idx?SID=ff51b982b46de527955dbb6d9e49b9d7&mc=true&node=pt45.1.92&rgn=div5.
Title 45 CFR 156.125(b), available to view at: https://www.ecfr.gov/cgi-bin/text-idx?SID=52464edb2634121e38bf35a7adfb6770&mc=true&node=se45.2.156_1125&rgn=div8.

[4] Title 45 CFR 92.206, 92.207(b)(3)

[5] Title 45 CFR 92.207(b)(4)

[6] Title 42 CFR 440.230(c), available to view at: https://www.ecfr.gov/cgi-bin/text-idx?SID=1ee05b12856fc22e185b70107c113a9f&mc=true&node=pt42.4.440&rgn=div5.

[7] Welfare and Institutions Code section 14059.5, available to view at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14059.5.

[8] Title 42 USC 1396d(r)(5), available to view at: https://uscode.house.gov/view.xhtml?req=1396d&f=treesort&fq=true&num=60&hl=true&edition=prelim&granuleId=USC-prelim-title42-section1396d.

the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease…to create a normal appearance to the extent possible."[9] In the case of transgender members, gender dysphoria is treated as a "developmental abnormality"[10] for purposes of the reconstructive statute and "normal" appearance is to be determined by referencing the gender with which the member identifies.[11]

MCPs are not contractually obligated to provide cosmetic surgery. State law defines cosmetic surgery as "surgery that is performed to alter or reshape normal structures of the body in order to improve appearance."[12]

POLICY:

Analyzing Transgender Service Requests

MCPs must analyze transgender service requests under both the applicable medical necessity standard for services to treat gender dysphoria and under the statutory criteria for reconstructive surgery. A finding of either "medically necessary to treat gender dysphoria" or "meets the statutory criteria of reconstructive surgery" serves as a separate basis for approving the request.

If the MCP determines that the service is medically necessary to treat the member's gender dysphoria, the MCP must approve the requested service. If the MCP determines the service is not medically necessary to treat gender dysphoria (or if there is insufficient information to establish medical necessity), the MCP must still consider whether the requested service meets the criteria for reconstructive surgery, taking into consideration the gender with which the member identifies.

The request for transgender services should be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery. Supporting documentation should be submitted, as appropriate, by the member's primary care provider, licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender health care.

When analyzing transgender service requests, MCPs must consider the knowledge and expertise of providers qualified to treat gender dysphoria (including the member's

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[9] HSC 1367.63, available to view at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1367.63.
[10] The Diagnostic and Statistical Manual of Mental Disorder (DSM-5) characterizes gender dysphoria as "a marked incongruence between their [the member's] experienced or expressed gender and the one they were assigned at birth."
[11] HSC section 1367.63(c)(1)(B)
[12] HSC section 1367.63(d)

providers) and must use nationally recognized medical/clinical guidelines. One source of clinical guidance for the treatment of gender dysphoria is found in the most current "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People," published by the World Professional Association for Transgender Health.[13] Clinical guidance and literature regarding appropriate health care for transgender individuals is rapidly developing in light of new research and clinical experience. MCPs must continuously monitor current guidance on transgender health care to ensure consistency with current medical practice.

Nationally recognized medical experts in the field of transgender health care have identified the following core services in treating gender dysphoria: mental health services; psychotherapy; hormone therapy; and a variety of surgical procedures and treatments that bring primary and secondary gender characteristics into conformity with the individual's identified gender.[14] Surgical procedures and treatments that bring secondary gender characteristics into conformity with an individual's identified gender may include, but are not limited to, sex reassignment surgery, facial gender confirmation surgery, body contouring, hair removal, and voice therapy and vocal surgery, if these services are determined to be medically necessary to treat a member's gender dysphoria, or if the services meet the statutory definition of reconstructive surgery.

Utilization Controls

MCPs may apply non-discriminatory limitations and exclusions, conduct medical necessity and reconstructive surgery determinations, and/or apply appropriate utilization management criteria that are non-discriminatory. MCPs may not categorically exclude health care services related to gender transition on the basis that it excludes these services for all members.

MCPs must not categorically limit a service or the frequency of services available to a transgender member. For example, classifying certain services, such as facial feminization surgery, as always "cosmetic" or "not medically necessary for any Medi-Cal member" is an impermissible "categorical exclusion" of the service. MCPs must consider each requested service on a case-by-case basis and determine whether the requested service is either "medically necessary to treat the member's gender dysphoria" or meets the statutory definition of "reconstructive surgery."

Review of an MCP's Denial of Services

If an MCP denies a request for transgender services on the basis that the services are not medically necessary, not considered reconstructive surgery, or do not meet the

[13] See "Gender Dysphoria" in the DSM-5.
[14] See Kellen Baker and Andrew Cray, "Ensuring Benefits Parity and Gender Identity Nondiscrimination in Essential Health Benefits," Center for American Progression (Nov. 15, 2012).

MCP's utilization management criteria, the MCP's decision is subject to review through the MCP's appeal process, the State Fair Hearing process, and/or the Department of Managed Health Care's Independent Medical Review process, consistent with state and federal law.

MCPs are reminded that, when denying a requested service, the MCP must issue a notice of action (NOA) explaining "the reasons for the adverse benefit determination."[15] The NOA must clearly state the reasons for the denial. The NOA must provide a detailed explanation of the specific reasons for the denial, a description of the criteria or guidelines used, and the clinical reasons for decisions regarding medical necessity to support the denial both on the basis of "not medically necessary to treat gender dysphoria" and "does not satisfy the criteria of the reconstructive surgery statute."

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's policies and procedures (P&P), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and PLs. These requirements must be communicated by each MCP to all subcontractors and network providers.

[15] Title 42 CFR section 438.404, available to view at: https://www.ecfr.gov/cgi-bin/text-idx?SID=1ee05b12856fc22e185b70107c113a9f&mc=true&node=pt42.4.438&rgn=div5.
Also see APL 17-006, Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights" Attachments, including any revisions or subsequent updates to this APL.

If you have any questions regarding this APL, please contact your MCOD contract manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

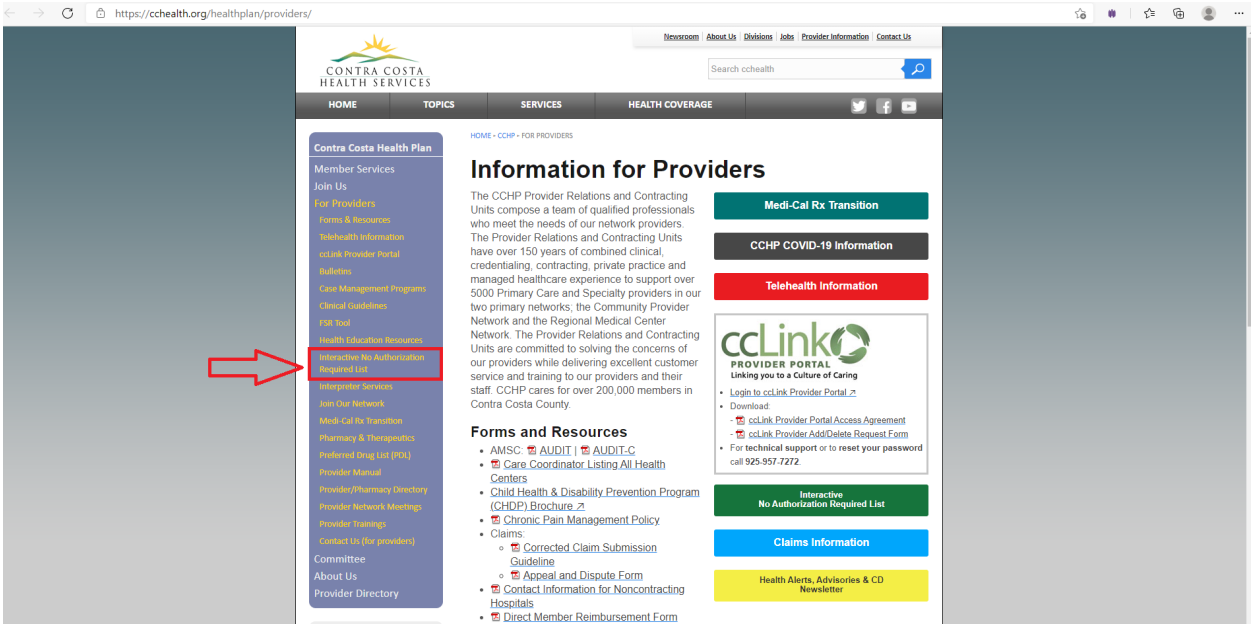
CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

TIP Sheet

No Authorization List:

1) Go onto our website: https://cchealth.org/healthplan/providers

2) Under the left-hand menu, select ***Interactive No Authorization Required List***



3) The link will download an Excel Sheet labeled ***No-Auth-List,*** where you can review CCHP's No Auth List, CPT Search, and Exceptions.

Agencies

1. **American Lung Association**: 510 638-5864 or 1-800- lungusa (1-800-586-4872) Provides cessation support counseling sessions, interactive classes, and support groups. They also provide referrals to cessation services and materials that include topics such asthma, allergies, COPD, lung cancer, smoking cessation
2. **Asthma Program (CCHP and Public Health)**: Provides home visiting services including education, asthma triggers, and moderate home improvement
3. **Breastfeeding**: Kaiser, John Muir, La Leche League (Antioch and Pleasant Hill)
4. **Car Seat/Injury Prevention Agencies**: Provide certified car seat technicians that help install car seats in English and Spanish.
5. **CocoKids Childhood Champions**: Provides free or low-cost services, including classes on parenting and childcare Central, East and West County
6. **Comprehensive Perinatal Services Program**: Provides comprehensive services to low income pregnant and parenting women
7. **Family, Maternal and Child Health Programs**: Black Infant Health: Prenatal and Postpartum, Home Visiting Program "Nurse Family Partnership", Prenatal Care Guidance Program
8. **First 5**: Offers classes for children under 6 years of age in Contra Costa. There are over 20 classes each month, including art, science, cooking, dance, music, movement, baby sign language, preparing for kindergarten, and storytime. They also offer drop-in playtime, Saturday classes, monthly events, and classes focused on dads. Centers closed but information can be accessed Instagram and Facebook.
9. **Food Bank of Contra Costa Costa and Solano Counties**: Provides food in cities in county and offers Summer Food for children and assists with enrollment for Supplemental Nutrition Assistance Program (SNAP)
10. **Fresh Approach:** Provides options for low-cost and free food through Calfresh and Market-match farmer's markets, offer online enrollment for nutrition workshops and have content on YouTube and Instagram
11. **18 Reasons:** Provides nutrition and skills by offering their **Cooking Matters** series, which are free cooking and nutrition classes and grocery donations for low-income Bay Area families. Currently all classes are being conducted by Instagram, Youtube and Facebook.
12. **Inspiring Communities:** Diabetes programs for our members (Diabetes Prevention and Diabetes Self-Management and Education and Support (DSMES) each program has specific criteria for eligibility
13. **Monument Impact:** Provides classes for adults and children about stress, physical activity, and smoking cessation
14. **Nicotine Anonymous Northern California**: Currently only provides online free meetings by phone
15. **Smoking Cessation: California Smokers Helpline: 1-800-No-Butts (1-800-662-8887):** Provides free materials, free telephone counseling, text messaging and free nicotine patches for eligible individuals in English and Spanish
16. **UC Cooperative Extension Expanded Food and Nutrition Education Program:** Provides nutrition classes (virtual) for adult and youth regarding nutrition, food savings, and food access

17. **Woman, Infants and Children:** Provides classes for new parents, newborns, nutrition, breastfeeding, education for children at different ages, and classes to maintain healthy families

Local Hospitals

- **John Muir:** Offer classes and support groups that include heart health, nutrition and weight management, parenting and child health, diabetes support groups and fall prevention: Most classes have been cancelled due to Covid-19, but prenatal classes are being offered and updated information can be found on the website
- **Kaiser:** Offer classes that include nutrition, weight control, injury prevention, family planning, physical activity and tobacco use and cessation): Most classes are being held virtually
- **Sutter Delta:** Offers classes on wide range of topics that include prenatal, hearth health and diabetes: Classes being offered virtually due to Covid-19
- **Gaps:** mainly all classes at these agencies are now being held virtually due to Covid-19. One concern is that our members may not have access to computers or internet. We would like your cooperation in addressing the needs of our members and contact us for assistance so we can share information with our members in a manner that meets their needs.

Check our Health Education page for more information:

https://cchealth.org/healthplan/health-ed.php

If you would like printed material, phone assistance, or are interested in additional information, please contact Elisa Hernandez, Senior Health Education Specialist, at 925-313-6019 or by email at Elisa.Hernandez@hsd.cccounty.us.

CORRECTED CLAIM SUBMISSION GUIDELINE

What is a corrected claim?

Providers should submit a corrected claim when the claim submitted previously was incorrect or incomplete. The previous claim must be in Paid or Denied status.

For example, the initial claim submission was accepted and contained a single service line. The provider later realized a service line was missing from the original claim. The provider should submit a corrected claim that contains the original billed services plus the new service line.

How to Submit Electronic Corrected Claims

Please complete the following indicators when submitting a corrected claim electronically to CCHP in the ANSI-837 professional or institutional format.

837P (Professional) and 837I (Institutional) Claims: In Loop 2300 (Claim Information), segment CLM05-3, use Claim Frequency Type Code "7" for "Replacement." The corrected claim will process as a replacement claim and reverse the original claim on file.

The REF*F8 segment must include the original claim number ID, exactly as it appeared in the original claim being corrected—no additional characters.

How to Submit Paper Corrected Claims

Please complete the following indicators when submitting a corrected paper claim to CCHP.

CMS 1500 (Professional Claim Form): Submit code 7 in box 22.
UB-04 (Facility Claim Form): Submit Type of Bill ending in 7 in field 4 (Type of Bill). Enter the original claim number in Box 64.

Please also complete the Corrected Claim Cover Sheet when submitting a paper corrected claim. Mail your corrected claim form, cover sheet, and any supporting documentation to:

Contra Costa Health Plan
Attn: Claims Unit
595 Center Ave, Suite 100
Martinez, CA 94553

Guidelines:

- The corrected claim must be submitted according to the timely filing guideline (within 180 days from Date of Service)
- The corrected claim is used to replace the entire claim submitted previously
- The corrected claim should include all line items previously processed correctly. Reimbursement for line items no longer included on the corrected claim may be subject to recoupment by the plan
- A corrected claim does not constitute an appeal
- If a claim was previously processed and is not submitted as a corrected claim, it will be denied as a duplicate claim
- In some cases, medical records or other documentations may be required to justify corrections to diagnosis codes, DRGs, procedure codes, medication units, modifiers, or other modifications.

CORRECTED CLAIM COVER SHEET

Privacy Statement: This document contains confidential information. Any disclosure, copying, or distribution is prohibited. If you have received this information in error, please notify the sender and destroy all copies.

PLEASE ATTACH AN UPDATED CLAIM FORM.

Original Claim Number:

This claim is a corrected billing of a previously processed claim for the following reason(s):

- ☐ Corrected diagnosis
- ☐ Corrected date of service
- ☐ Corrected place of service
- ☐ Corrected charges
- ☐ Other:
- ☐ Corrected procedure code (CPT or HCPCS)
- ☐ Addition or correction of modifier
- ☐ Corrected patient information
- ☐ Corrected provider information

For each box checked above, please provide specific details about the correction that was made

Supporting documentation attached? ☐ **Yes** ☐ **No**

PROVIDER CONTACT INFORMATION:

Provider Name:

Contact Name:

Phone Number:

Email Address: