

Zoom Tuesday, April 27, 2021

CHAIR

Dennis Hsieh, MD, JD

CO-CHAIR

Elisa Hernandez, MPH, CHES

ATTENDANCE

Adia Scrubb, Ali Gonzalez, Amanda Sysum, Amy Zora, Angelique Gomez, Angelo Mandell, Angelo Miller
Anita Bhat, Anthony Lopresti, Bettina Mutter, Brenda Sutton, Brittanie Mills, Calvin Lutrin, Cheyenne Huber, Christa Holloway,
Christina Berger, David Basco, Deeann Del Rio, Desiree De Guzman, Erica Lipschultz, George Meyer, Gina Davis, Gretchen Graves,
Harry Huang, Hector Rivera-Lopez, Hiten Dave, Ilelda Mendoza-Rivera, Irina Kolomey, Jaclyn Alfaro, Jaquel Idun, Jennifer Tsang,
Jessica Larry, Jim Carpenter, Joann Pang, Joanne Marzioli, Jonathan Terry, Julie Pascualy, Kaitlin Warren, Kelly Lowry, Kristen
Wong, Lilia De Jesus, Linda Copeland, Linda Crosley, Lori Sweet, Louis Klein, Lucia Yang, Lynda Hounshell, Manita Nat, Maria
Jose Salazar, Martín Escandón, Mary Wong, Maureen Vadnais, Meiya Zhang, Milciades Morales, Mona Azad, Neary Arpajirakul,
Olga Kelly, Olga Olina Rule, Pedro Gallo Giron, Philip Grant, Rachel Banski-Kum, Ryan Tracy, Sahar Doctorvaladan, Sandra
Murguia, Sarah Chan Jordan, Shannon Gomez, Sheri Hess, Simret Nanda, Sloane Blair, Soter Ming Chang, Stanley Ng, Stephanie
Swenson, Suresh Sachdeva, Susan Willman, Taryn Edell, Thomas Martin, Tracie Larsen-Cardoza, Vanessa Piña, Venetia Garcia,
Victoria Marlow, Victorina Hoffman, Xiao Yang, Yaron Friedman, Zachary Fellows

GUESTS

Christopher Farnitano, MD, Sharron A. Mackey

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
Review / Approval Previous Minutes	Minutes were approved with no revisions.	Chief Medical Officer, CCHP

	Regular Reports	
COVID-19 / COVID-19 Vaccine Update	 Cases have stayed flat for the past month, due to slow re-openings and fast vaccinations Contra Costa County has the 2nd highest rate of vaccinations - 70% of eligible adults with at least 1 dose of the vaccine 400k fully vaccinated, 200k partially. 300k adults and 200k kids unvaccinated 	Christopher Farnitano, MD Health Officer, CCRMC
	J&J Blood Clots This past Friday FDA lifted the pause on the J&J vaccine as it's still considered safe to take and the blood clots are rare Contra Costa County has a 1 in 100 chance of death form covid. Blood clot is much less than the risk of dying from COVID	
	Vaccines ● County will mainly have Pfizer, and public/community sites will have all 3 vaccines to choose from	
	Tracking Breakthrough Infections and Variants ■ Random and targeting sampling ○ Seeing the west coast variant and increased numbers of the B117 UK Variant ○ 1 case of the P1 Brazil variant, and no cases of the South African variant thus far	
	Pzifer vaccine will be approved for children ages 12-15 in May 2021. Sites will be available in middle and high schools	



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	 Expectation of booster shots, but unlikely it will be recommended more than the initial series. No confirmation when they will be administered. Vaccines show to still be effective against variants, yet a slight decrease for the South African. Cases are mild if there is a breakthrough. 	
	Resources: Get Vaccinated Coronavirus (cchealth.org) COVID-19 Contact Email: COVID_Branch_Vaccine@cchealth.org Dr. Chris Farnitano: Chris.Farnitano@cchealth.org	
Behavioral Health Discussion	Reminder of the Mental Health Parity Laws: Recent enhancements - treated Behavioral Health the same as medical health. No limit on services and ensure the Health Plan meets the network guidelines by having the right providers address the different treatment needed in Behavioral Health. PCPs can see up to 8 visits for services within their scope of practices before getting	Sharron A. Mackey Chief Executive Officer, CCHP
	Prior Authorization Behavioral Health/Utilization Management. Requests after the 8th visit will be reviewed for medical necessity for Medi-Cal members first using the Medi-Cal Clinical guidelines, and Apollo is used as secondary. County Mental Health: Manages their Mental Health/Behavioral Health services and	
	operates the moderate to severe along with the Substance Abuse services, as well as operates the Mental Health Access Line. New Behavioral Health Unit as of March 1, 2021. CCHP is currently insourcing in the UM services from County Mental Health/Behavioral Health Division.	
	CCHP has launched a Behavior Health Integration Pilot from Early 2020 - December 2022 to focus on expansion the PCP's scope of practice. DHCS selected: Portia Hume, La Clinica, Brighter Beginnings, and LifeLong to participate.	
	CCHP will provide Behavioral Health Treatment access to specialty providers as well as include the expansion of its Provider Network and specialty services such as Serene Health and more psychiatrists for Medi-Cal members. Major Changes:	
	 CCRMC is adding Behaviorists to their 11 FQHC There will be no changes to the Mental Health Access Line Expanding the Network to Telehealth Providers Enhancing the training by offering CEU/CMEs sponsored by our Pharmacy Benefit Managed - Perform Rx 	
	Senate Bill 855: New program which concentrates on Substance Abuse. Required Managed Care Plans to join various Behavioral Health professional organizations	
	Individuals with Autism Spectrum Disorder (ASD) who need Applied Behavior Analysis (ABA) Assessment: Non-CCRMC Providers and Members should no longer refer to the ABCD Clinic as they are focusing on CCRMC Members. Instead, Non-CCRMC Providers should request directly to the Health Plan via the Prior Auth Process.	
CCHP Pharmacy Department Update	 Medi-Cal Rx did NOT go live on April 1st, 2021 Delayed indefinitely as of February 1st, 2021 - DHCS will provide their next update in May 2021 Cause: DHCS needed additional time of protocols and protection as Centene corporations plans to acquire Magellan 	Joseph Cardinalli, PharmD, Interim Pharmacy Director, CCHP



Zoom Tuesday, April 27, 2021

Торіс	Discussion/Decision Action	Presenter
Chief Medical Officer Updates	UM Update Provider Portal Update (CPN) □ Turning off faxes by June 1st, Soft Launch on April 1st □ Rapidly onboarding providers - we will accept faxes until the provider is awaiting access Choosing Providers (CCRMC) □ CCHP will no longer choose Providers □ If Provider does not choose, CCHP will be authorizing to a generic place of service. CCHP will provide a list of Providers in which Providers and members will choose form UM Guideline Simplification: Gastric Bypass ■ Simplified process and will be released soon ■ Home health referrals, DME Supplies - CCHP fixing the workflow No Auth List: CCHP is going to review framework and remove the No Auth List and focus what requires prior and re-authorization, review and clean up CPT Codes. Planning to start in July 2021. Commercial Reminder: All Commercial Product Lines (A, A2, IHSS, etc.) except Commercial B must receive services at CCRMC unless service is not available Tertiary Center Guideline Reminder: CCHP is only approving tertiary care services if not available at CCRMC and in CPN ■ Contracted: UCSF and Stanford. Not Contracted: CPMC and UC Davis - will approve for non-contracted only if contracted providers does not offer specific services Grievances Reminder: Medi-Cal Providers must submit a copy of complaint/grievance to CCHP_Providers can also assist the member if they want to file a complaint/grievance. Forms available at each Provider Office and CCHP Website: https://echealth.org/healthplan/grievance/ Nurse Advice Line Reminder Registered Nurses providing 24/7 medical advice to CCHP members and county residents without private insurance. Advice Nurse Advice Line: 1-877-661-6230	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
USPSTF Guideline Review	English: Option 1, Spanish: Option 2 USPSTF Recommendations • Use these guidelines in your practice: ○ Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons ○ Screening for Asymptomatic Carotid Artery Stenosis ○ Lung Cancer: Screening	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
Patient Education	Patient Education: Diabetes Inspiring Communities: New Agency that is providing three diabetes programs. Flyer and referral form can be found on website at https://cchealth.org/healthplan/providers/index.php#Forms	
Interpreter Services	CPN Providers: 1. Dial 1-866-874-3972 2. Provide 6-digit Client ID 298935 (Mental Health Providers: ID 525970) 3. Indicate Language a. You will need to provide additional information including Patient Name, DOB, CCHP Member ID, Doctor's name, and number 4. Connect to an Interpreter, summarize what you wish to accomplish, and if appropriate provide special instructions	

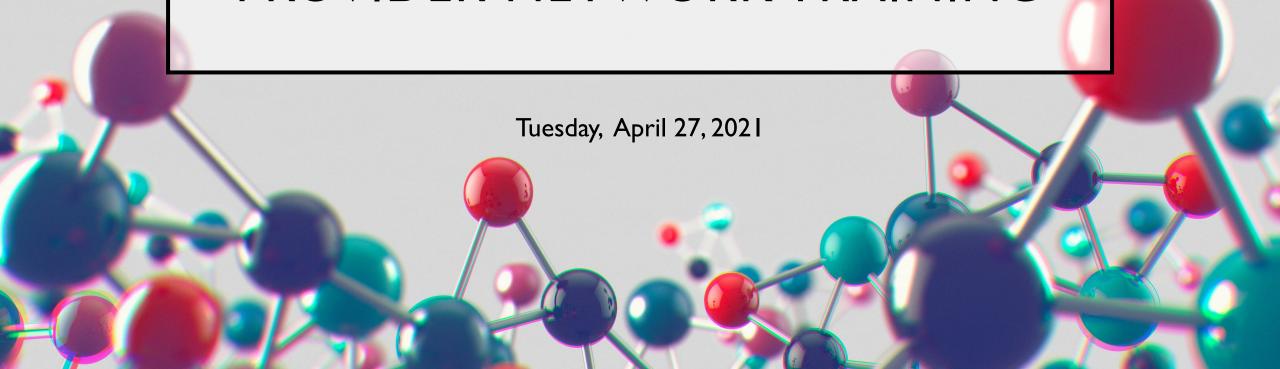


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Topic	Discussion/Decision	Presenter
Торк	Action	Tresenter
	RMC Network Providers: • County Providers have a different vendor called Health Care Interpreter Network (HCIN). Contact clinic manager or Language Access Manager, Sally McFalone (925) 313-6242 or at Sally.Mcfalone@cchealth.org	
Quality Initial Health Assessment (IHA) Update	January 2020- November 2020: From 19% to 12%. IHA must be conducted within 120 days of the member being seen • Forms are available on our Provider Website Member can refuse to complete IHA Form - document of denial must be in their chart with the date and explanation from the Provider. Questions or suggestions, contact Nicole.Branning@cchealth.org	
Blood Lead Screening (BLS) Update	Providers must order or perform and document in medical records blood lead level (BLL) screening tests (capillary or venous sample) on all children: • At 12 months and at 24 months of age. • Whenever the provider is aware the child has not had a BLL test performed up to 72 months of age. • Whenever an increased risk for lead exposure is identified. • When requested by the parent or guardian. Additional guidelines from CDC for refugees: https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html	Nicole Branning, Program Manager, Quality Department, CCHP
	When reporting, use appropriate CPT Codes. If not occurring, document the reason and signature of parent.	
Claims Reminder	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 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	Dr. Dennis Hsieh Chief Medical Officer, CCHP
Call to Order	Questions, email claimstatus@cchealth.org or Dennis.Hsieh@cchealth.org Meeting adjourned at 9:00 am, 1:30 pm, 6:30 pm.	
	Next meeting will be held on Tuesday, July 27, 2021.	



PROVIDER NETWORK TRAINING



- I. Introduction & Welcome
- 2. COVID-19 and COVID Vaccine Update (Guest Speaker: Dr. Farnitano)
- 3. Behavioral Health Updates (Guest Speaker: Sharron A. Mackey)
- 4. Pharmacy Rx Update
- 5. Chief Medical Officer Updates
 - I. UM Update
 - Provider Portal Update (CPN)
 - 2. Choosing Providers (CCRMC)
 - UM Guideline Simplification: Update and Discussion
 - 3. No Auth List: Discussion
 - 4. Commercial Reminder (Commercial A, Commercial A2, Commercial IHSS)
 - 5. Tertiary Center Guideline Reminder
 - 6. Grievances Reminder

- 6. Nurse Advice Line Reminder
- 7. USPSTF Guideline Review
- 8. Patient Education
- 9. Interpreter Services
- 10. Quality IHA/BLS Update
- 11. Blood Lead Screening
- 12. Claims Reminder
- 13. Incentive

AGENDA



COVID-19 and COVID VACCINE UPDATE GUEST SPEAKER: Dr. Farnitano

COVID-19 Contact Email: COVID_Branch_Vaccine@cchealth.org

Dr. Farnitano: Chris.Farnitano@cchealth.org



Behavior Health Updates

APRIL 27, 2021

SHARRON A. MACKEY, M.H.S., M.P.A.

CHIEF EXECUTIVE OFFICER





- (1)Review of the Low to Moderate BH Benefit
- (2) Changes within CCHP Operations
- (3) Network Development for BH Services
- (4) New Programs in BH

Managed Care Plans (MCP) must monitor Mental Health Parity Laws:

California's Mental Health Parity Act, as amended in 2020, requires all state-regulated commercial health plans and insurers to provide full coverage for the treatment of all mental health conditions and substance use disorders.

Health Plans (HMOs—aka MCPs) are regulated by the state that provide hospital, medical or surgical coverage in the individual, small group, or large group markets must provide these services

Cover medically necessary treatment of mental health and substance use disorders listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or the Diagnostic and Statistical Manual of Mental Disorders

Cover the full spectrum of all medically necessary treatment in all settings, including in-patient and outpatient treatment.

Not limit benefits or coverage to short-term or acute treatment.

Arrange coverage for out-of-network services for medically necessary treatment when services are not available in-network. This provision does not alter the plan's obligation to ensure its contracted network provides readily available and accessible health care services to each of the plan's enrollees throughout its service area.

Behavior Health: Low to Moderate Services – Medi-Cal Benefit

CCHP as the Managed Care Plan (MCP) is responsible for managing the BH low to moderate for the MediCal members under DHCS and the commercial members will guidance from DMHC

Management of the Low to Moderate Services was out-sourced to County Mental Health in 2014

Primary Care Physicians can see up to 8 visits for services within their scope of practices before getting Prior Authorization BH/Utilization Management

Requests after the 8th visits will be reviewed for medical necessity for Medi-Cal members first using the Medi-Cal Clinical guidelines, and Apollo is used as secondary

Additional services can be authorized back to the PCP if further services do not meet the criteria for Moderate to Severe services that are managed by County Mental Health/Behavioral Health

County Mental Health covers the specialty BH/MH services and operates the moderate to severe along with the Substance Abuse services

County Mental Health operates the Mental Health Access Line

For our commercial book of business, the County Employees, CCHP manages all the BH services and use the Apollo guidelines to determine medical necessity



Changes underwayBehavioral Health Low to Moderate

Behavioral Health is a new unit within CCHP effective March 1, 2021

Unit is staffed by a Medical Director, BH RN, a Licensed Clinical Social Workers and 3 Health Plan Authorization Representatives (expanding this staff)

Currently in- sourcing the Utilization Management services from County Mental Health/Behavioral Health Division

In 2019 we in-sourced the Autism Program Management back into CCHP from CCRMC ABCD Clinic

County Mental Health oversees the specialty services – moderate to severe, in-patient care and the Substance Abuse Program

CCHP BH offers the full array of services to our Commercial members (County Employees)

CCHP is Managing a Behavior Health Integration Pilot that focuses on expanding the PCP's scope of practice. Brighter Beginnings, La Clinicia, Life Long and Portia Hume are participating through December 31, 2022



Behavioral Health Unit — Staff

To provide access to medically necessary Behavioral Health Treatment (BHT) services to eligible CCHP members. Special focus for members under the age of 21 as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.

- Chief Medical Officer: Dr. Dennis Hsieh, MD, JD
- •Medical Director: Dr. Linda Copeland (Consultant)
- Utilization Management Services Robin Bevard, RN-BC, MA
- Autism Program Sharricci Dancy MSW, LCSW
- Three Health Plan Authorization Representatives
- Program Manager:TBD

Note: We plan to expand the clinical staff in the next few months)

Behavioral Health Treatment Access to Specialty Providers



Behavioral Health Treatment (BHT) refers to a range of services designed to provide behavior modification / mental health treatment that is prescribed by a physician or a licensed psychologist, and is carried out by a -

- ABA Therapist
- Licensed Therapist (i.e., LCSW / LMFT)
- Licensed Psychologist
- Psychiatrist
- Neurologist
- Primary Care Provider (PCP)
- Occupational and Speech Therapy

Network Management

CCHP's Provider Services Department manages the network for BH providers to include expansion of specialty services

Currently we have Behaviorists, Psychiatrists and other Mental Health Providers

County Mental Health also manages a BH Provider Network

CCRMC is in the process of adding Behaviorists to their 11 Federally Qualified Health Centers

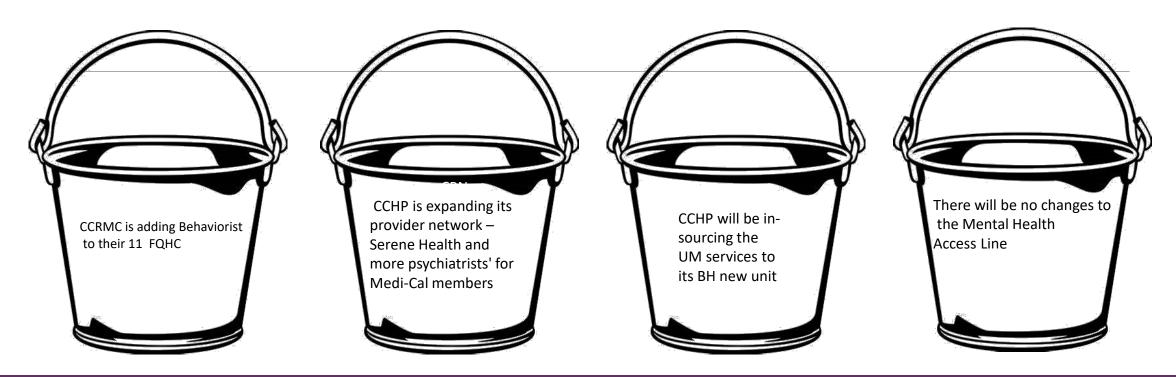
Major network expansion plan underway due to the Waiting List – Serene Health which is a Telehealth Program that is expanding to Northern California

Serene Health will be part of the CCHP's Provider Network – CCRMC can use as a wrap around network

Serene Health will serve as a provider in which PCPs can select for care after 8 visits. The request for UM currently is through County BH (However, we will be in-sourcing this UM service within CCHP shortly)

Serene Health offers a Provider Portal that PCPs can access. CCHP will serve as the conduit to get information for providers within CCRMC

Major Buckets for Changes in Behavior Health



Changes:

- CCHP Behavioral Health department will have oversight on the Utilization Management of low to moderate
- Expanding the Provider Network with Telehealth BH Providers
- Add Behavioralist and expanding Medi-Cal to existing Psychiatrists Network
- Launch new programs and other pilots
- Manage the Behavioral Health Integration Pilot in the community until December 31, 2022







New Programs

Senate Bill 855 lays out enhanced services—Deep dive of our program offerings to ensure the services are available. Collaborating with several BH professional organizations which is new to CCHP.

Increase Access to Student Behavioral Health Services to improve the mental and well being of children and adolescent. Collaboration with MCP, BH Dept and School Districts. Building the infrastructure, partnerships to expand services for preventive and early intervention into the Behavioral Health services



Changes on the Horizon

- ➤ Expanding the Network to Telehealth Providers major success
- In-sourcing the Utilization Management services so CCHP is full service for all Behavior Health Needs
- ➤ Offering BH Low to Moderate Services Trainings to the PCP network
- ➤ Enhancing the trainings by offering CEU/CMEs sponsored by our Pharmacy Benefit Managed Perform Rx
- ➤ Managing the Behavior Health Integration Pilot with the community FQHCs
- All major changes will be communicated to the network via the Provider Newsletter, Email notifications and posted to CCHP's Provider Portal

CCHP Pharmacy Department April 2021 Updates

Joseph Cardinalli, PharmD

- Medi-Cal Rx Did NOT Go Live on April 1, 2021
 - Delayed indefinitely
 - DHCS will provide next update in May 2021
 - CCHP emailed providers to advise of the delay
 - Members were notified of the delay
 - In 1/2021, Centene Corporation announced that it plans to acquire Magellan. Centene operates managed care plans and pharmacies that participate in Medi-Cal. Additional time for exploration of conflict avoidance protocols
 - Medi-Cal Rx remains of utmost importance to the State of California

CHIEF MEDICAL OFFICER UPDATES Dennis Hsieh, MD, JD

UM UPDATE

Dennis Hsieh, MD, JD Chief Medical Officer

• Provider Portal Update (CPN)

- Soft Launch 4/1/21
- Turn off faxes no later than 6/1/2021
- Rapidly onboarding providers we will take faxes until the provider is onboarded.

• Choosing a Provider (CCRMC)

• CCHP will no longer be choosing providers - authorize to all in network, non tertiary providers

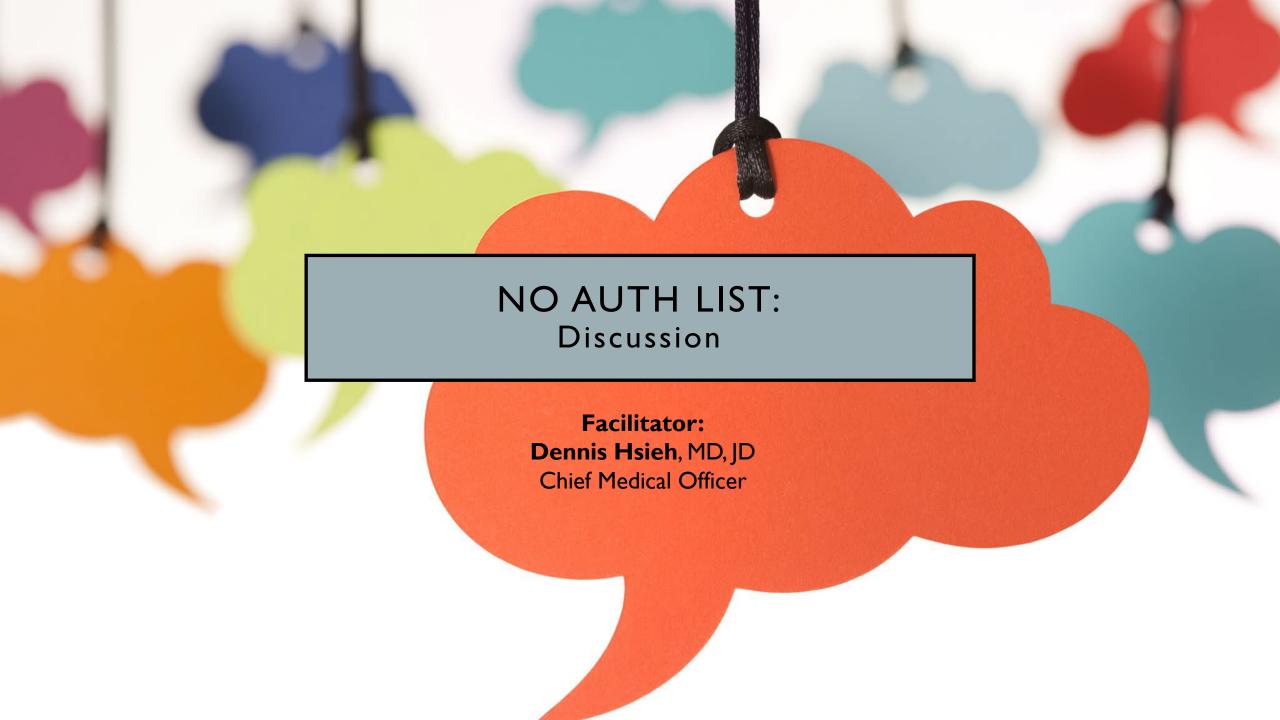


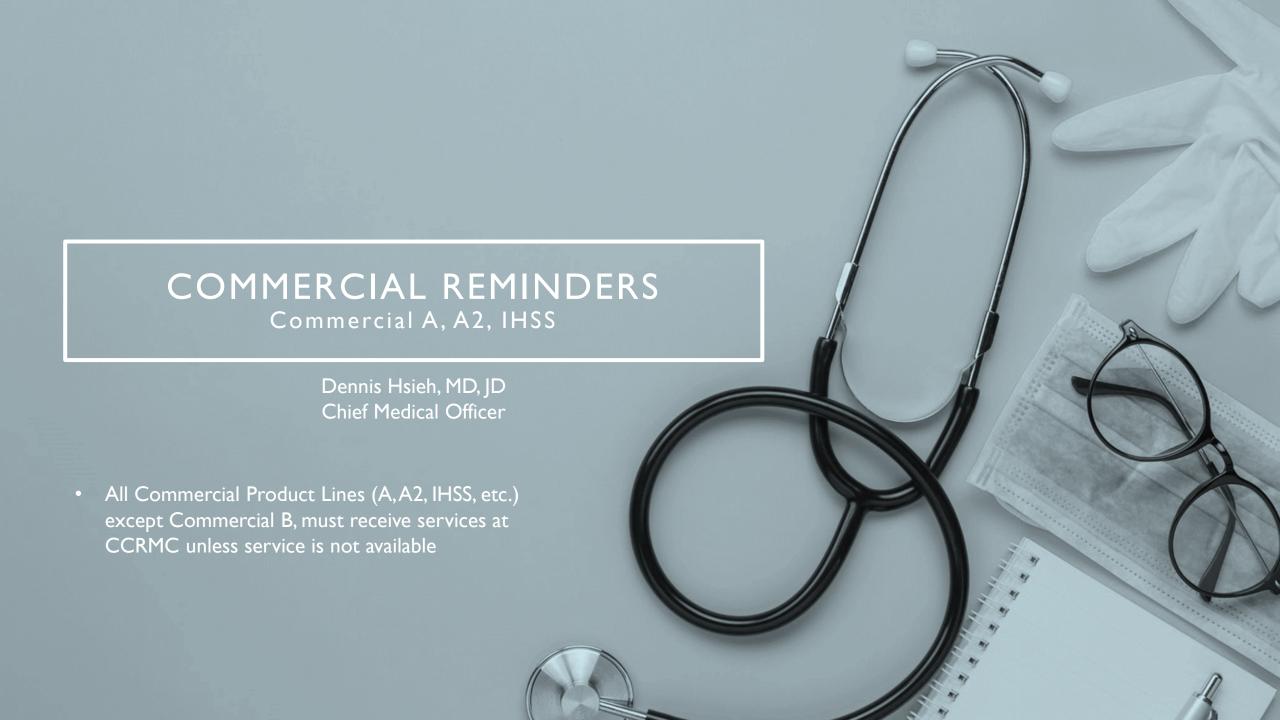
UM GUIDELINE SIMPLIFICATION: Update & Discussion

Gastric Bypass

Facilitator: Dennis Hsieh, MD, JD Chief Medical Officer







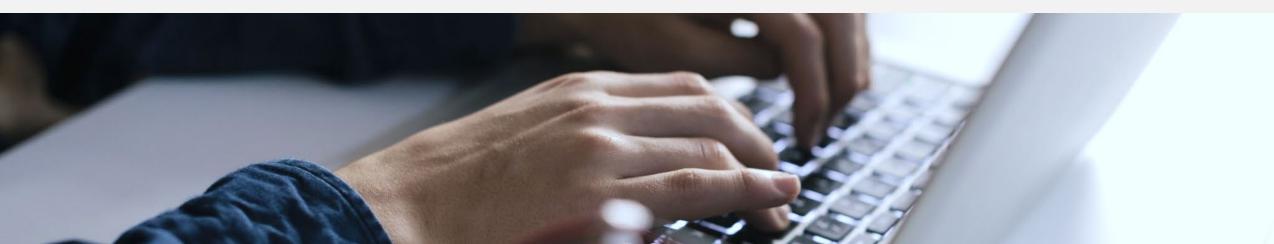


CONTRACTED AND NON-CONTRACTED TERTIARY CENTER GUIDELINE REMINDER

- Can only go to tertiary if services not available at CCRMC and in CPN
- Contracted = UCSF and Stanford
- CPMC and UC Davis are not contracted

GRIEVANCE'S REMINDER

- Please remember to submit copy of complaint/grievance to CCHP
- Providers can also assist the member if they want to file a complaint/grievance
- Forms (English and Spanish) are available at each Provider Office
 - Forms available on our website https://cchealth.org/healthplan/grievance/





ADVICE NURSE LINE REMINDER

Providing 24/7 medical advice to CCHP members and county residents without private insurance, by Registered Nurses.

• Perform a telephone assessment and determine the most appropriate and safest level of care

Services

- Available during emergencies/disasters
- Public Health Advisories and Health Education Information
- Provide diagnostic test results
- Assist with critical lab results, medication refills, and chronic medical conditions
- Refer patient to PCP / TCC

- Referrals to Case Management and other community resources
- Use of standing orders to treat uncomplicated conditions (cough, allergies, rashes, etc.)
- Next day member follow up and Clinical follow up calls

Advice Nurse Line: I-877-661-6230,
English: Option I Spanish: Option 2

USPSTF GUIDELINE REVIEW

Elisa Hernandez, MPH Program Manager, Health Education

United States Preventive Services Task Force Recommendations Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons Recommendation Summary

Population	Recommendation	Grade
Nonpregnant Adults	The USPSF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Adminitration (FDA) – approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	А
Pregnant Persons	The USPSF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A
Pregnant Persons	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant persons.	I
All adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety.	ı

USPSTF GUIDELINE REVIEW (CONTINUED)

Screening for Asymptomatic Carotid Artery Stenosis

Recommendation Summary

Population	Recommendation	Grade
Asymptomatic adults	The USPSTF recommends against screening for asymptomatic carotid artery stenosis in the general adult population.	D

Lung Cancer: Screening

Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 80	The USPSTF recommends annual screening for lung cancer with low-dose tomography (LDCT) in adults aged 50 to 80 years who	D
years who have a 20	have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued	
pack-year smoking	once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or	
history and currently	willingness to have curative lung surgery.	
smoke or have quit		
within the past 15 years		

PATIENT EDUCATION

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. 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.

Diabetes

Inspiring Communities: New Agency that is providing three diabetes programs.

Flyer and referral form can be found on website at https://cchealth.org/healthplan/providers/index.php#Forms



INTERPRETER SERVICES

Used for scheduling appointments, giving lab or test results or to offer other information over the phone.

For CPN Providers:

- I. Dial 1-866-874-3972
- 2. Provide 6-digit Client ID 298935 (Mental Health Providers, use ID: 525970)
- 3. Indicate Language: Press I for Spanish, Press 2 for all other languages and state name of language you need (If you do not know the language, Press 0)
 - You will need to provide additional information including Patient Name, Date of Birth, Contra Costa Health Plan Member ID, Doctor name, and Doctor Phone number
- **4. Connect to an Interpreter**: Document his/her name and ID number in patient chart for reference. Be sure to summarize what you wish to accomplish, if appropriate provide special instructions

For RMC Network Providers:

County Providers have a different vendor called <u>Health</u>

<u>Care Interpreter Network (HCIN)</u>. HCIN video
monitors and phones are available in all county facilities. If
you need assistance, contact clinic manager or Language
Access Manager, Sally McFalone (925) 313-6242 or at

<u>Sally.Mcfalone@cchealth.org</u>



QUALITY IHA/BLS UPDATE

Elisa Hernandez, MPH Program Manager, Health Education

> Nicole Branning, Quality Program Manager



IHA COMPLIANCE

Total
19.64%
14.07%
11.48%
13.07%
16.36%
12.94%
15.31%
14.85%
13.63%
13.77%
12.15%



BLOOD LEAD SCREENING

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. CCHP must ensure that providers who perform Periodic Health Assessments do the following:

- Providers must conduct oral or written anticipatory guidance to the parent(s) or guardian(s) about the dangers and the sources of lead exposure and that children can be harmed by any exposure to lead. This anticipatory guidance must be performed at each periodic health assessment from 6 months until 72 months of age. It must be documented in the medical record for the child.
- Providers must order or perform and document in medical records blood lead level (BLL) screening tests (capillary or venous sample) on all children:
 - At 12 months and at 24 months of age.
 - Whenever the provider is aware the child has not had a BLL test performed up to 72 months of age.
 - Whenever an increased risk for lead exposure is identified.
 - When requested by the parent or guardian.
 - Refugees:
 - Who are ages birth to 16 years according to CDC guidelines
 - Who are older than age 16 who are at high risk
 - Who are pregnant or lactating
 - https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

BLOOD LEAD SCREENING (CONTINUED)

- Elevated capillary BLL results should be followed up with a venous BLL to confirm result.
- The health care provider is not required to perform BLL testing if:
 - A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
 - In the professional judgment of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.
 - Providers must document the reasons for not screening in the child's medical record and include a signed statement of voluntary refusal of BLL test by parent or guardian who refuses this service or document reason the signed statement was not obtained.
- Laboratories and providers who perform point-of-care (POC) BLL test must report all results and patient demographic information to the California Childhood Lead Poisoning Prevention Branch (CLPPB).
- Providers who perform POC BLL tests should use CPT® code 83655 to indicate the BLL test was performed on data submitted to Anthem Blue Cross.

CLAIMS REMINDER

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, and it does not constitute an appeal.

Guidelines

- 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
- 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.

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

CCHP Claims Department

claimstatus@cchealth.org
https://cchealth.org/healthplan/providers/claims.php

INCENTIVE

For attending this training, you may be eligible for a \$100 incentive from CCHP. For Eligibility, you must be an active CPN and CCRMC Provider (Ineligible: Admin Staff, Managers).

<u>Instructions</u>

- Complete your W-9 and submit to Vanessa.Pina@cchealth.org
 - Include your Individual Name, Tax Status, Address and Signature
- Complete our Provider Network Training Survey: https://bit.ly/3gDegxx
- Deadline: Friday, May 7, 2021 5:00 PM

Note: This process will take several weeks before your check is mailed to you. Do not input this training into your timesheet, as this payment will be separate from your check.

THANK YOU FOR ATTENDING

