

## Provider Network Training: Q2

### Contra Costa Health Plan – Zoom | Tuesday, April 26, 2022

#### CHAIR

✓	Dennis Hsieh, MD, JD
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#### CO-CHAIR

✓	Nicole Branning
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#### ATTENDANCE

✓	Angelique Gomez, Ashley Walkup , Brian Beacher , Caitlin Wineman , Chika Akera, Fadi George Haddad, Gretchen Graves, Imran Junaid, Kaitlin Warren, Kathie Phun, Klara Viktorynova , Laurie Trombla, Lindsey Nelson, Lynda Hounshell, Michele Zorovic, Miliciades Morales, Otilia Tiutin, Pedro Gallo Giron, Rachel Banski-Kum, Suresh K Sachdeva, Vanessa Pina, Wanyi He
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#### SCRIBER

	Irene Boozenny
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Topic	Discussion/Decision/Action	Presenter
Call to Order	Meeting began at 7:30 AM, and 12:00 PM and ended at 9:00 AM and 1:30 PM.	Dennis Hsieh, MD, JD Chief Medical Officer

#### Regular Reports

Topic	Discussion/Decision/Action	Presenter
Case Management	<ul style="list-style-type: none"> <li>• Case Management (CM) is the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources; these members need help navigating the system to facilitate appropriate delivery of care and services</li> <li>• Opt-In Program: All members we case manage, consent to our services and are engaged for us to continue to case manage them</li> <li>• If no CCHP insurance, CM either recommends that you refer to another case management program or utilize Public Health CM</li> <li>• Now accepting pediatrics if they cannot go to Public Health’s Pediatric Program nor if they are California Children’s Services qualified.</li> <li>• We connect with their referring Provider, we open the case and if we need guidance and will update Providers what’s going on and if the case will close.</li> <li>• New criteria are established, if unable to contact them or we’re struggling, we reach out to referring provider or PCP and ask the best way is to get strategy going to connect with patient to get them on the right path</li> </ul> <p><u>Other Supportive Services</u></p> <ul style="list-style-type: none"> <li>• Care coordination and supportive services, (ex. Periodic perioperative coordination., Vendor findings, DME Home Health, transportation, SNF or long-term placement from the community</li> </ul> <p><u>Referral Sources</u></p> <ul style="list-style-type: none"> <li>• Can receive referral from anyone (member can refer themselves)</li> <li>• Members can call in caregivers and family members</li> <li>• CM codes proactive identification of members who can benefit from case management, using utilization data, claims data, etc.</li> </ul> <p><u>How To Refer</u></p> <ul style="list-style-type: none"> <li>• ccLink: Procedure Code REF 161</li> <li>• Provider Portal</li> <li>• CM Secretary can take calls over the telephone: 925-313- 6887 (Only for members/family/friend)</li> <li>• Moving away from faxes</li> </ul>	Ashley Walkup, RN, BSN, PHN  Case Management Manager

Topic	Discussion/Decision/Action	Presenter
	<p><u>Other Programs Outside Of CM</u></p> <ul style="list-style-type: none"> <li>○ A nurse that helps with transitioning out of the hospital making sure all follow-up appointments and anything they need to stay out of hospital.</li> <li>○ CCS transitions program, for children in California Children’s Services program about to turn 21, a nurse helps transition them to adulthood, getting connected to new providers and things related.</li> </ul> <p>Ashley Walkup, RN, BSN, PHN                      Leizl Avecilla, RN, BSN, PHN  <a href="mailto:Ashley.Walkup@cchealth.org">Ashley.Walkup@cchealth.org</a>                      <a href="mailto:Leizl.Avecilla@cchealth.org">Leizl.Avecilla@cchealth.org</a></p>	
<b>CalAIM</b>	<p><u>Enhanced Care Management (ECM) – 4 Groups</u></p> <ul style="list-style-type: none"> <li>● Individuals experiencing homelessness</li> <li>● People who are high utilizers, 5 - 6 or more ED visits, or 3 or more hospitalizations or admissions in the last 6 months</li> <li>● Those with either severe mental illness or substance use disorder (SUD)</li> <li>● Those justice involved, have been in jail or prison in the last 12 months.</li> </ul> <p><u>Community Supports</u></p> <ul style="list-style-type: none"> <li>● Offering these to all members, regardless if they are in ECM</li> <li>● Members don’t have to be in ECM to get Community Support</li> <li>● 3 categories <ul style="list-style-type: none"> <li>○ Food or individuals who have diabetes with A1C &gt; 8.</li> <li>○ Asthma that is poorly controlled, who’ve had exacerbations.</li> <li>○ The other 5 are individuals experiencing homelessness: <ul style="list-style-type: none"> <li>▪ Help people get housing</li> <li>▪ Help people keep housing</li> <li>▪ Help for Housing deposits starting in July</li> <li>▪ 2 for people to get into after they leave the hospital, either medical respite or post hospital civilization housing</li> </ul> </li> </ul> </li> <li>● Education modification and changes for people with asthma, including a suite of services available for people experiencing homelessness or about to lose their housing</li> </ul> <p><u>Eligibility Criteria</u></p> <ul style="list-style-type: none"> <li>○ Required to have at least one of the following complex issues and newly diagnosed life limiting condition or disease: dual diagnosis of severe mental illness or SUD; a physical health condition who are not eligible for CalAIM ECM program.</li> <li>○ Required to have at least 1 poorly controlled disease state as evidenced by frequent hospital admissions (2 or more in the last 12 months to identify it, at least 1 related to a chronic condition/conditions)</li> <li>○ 3 ED visits in the last 6 months, at least 1 visit related to the chronic condition</li> <li>○ 8 or greater prescribed medications which we see as high risk</li> <li>○ Transplant candidate/recipient AND 2 or more of the following needs: <ul style="list-style-type: none"> <li>▪ Not following treatment (medications), missing appointments, need for education on a behavior change, diet, etc., education care coordination, communication with specialty providers and/or outside providers, help with appointment making, transportation, get connected with PCP, long gap between appointments/re-establish them, help with social determinants of health, connection to community resources they may qualify for or need.</li> </ul> </li> </ul>	Dennis Hsieh, MD, JD Chief Medical Officer
<b>Utilization Management</b>	<p><u>Commercial Behavioral Health</u></p> <ul style="list-style-type: none"> <li>● If a member has mental health or SUD, call the Access Line</li> <li>● Robin Bevard was our Commercial Health Nurse for over 20 years, but she has retired. We want to ensure that everyone knows how to access services for mental health and SUD for our commercial patients.</li> <li>● First aid visit patients, contracted with CCHP, receive up to 8 visits.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Provider after getting acquainted with patient will determine if ongoing treatment is needed; can submit 1 years' worth to propose a treatment plan</li> <li>• Emergency inpatient going through ED, we conduct a concurrent review. The same as normal medical for elective inpatient, partial inpatient and intensive outpatient. Pathway is the same, no referral required.</li> <li>• Conduct Intake: Patients will be accepted as appropriate, will contact CCHP for authorization or concurrent review.</li> </ul> <p><u>Provider Portal</u></p> <ul style="list-style-type: none"> <li>• Since the last Provider Training, the IT team has created administrative access for each office and each provider group individuals. To add, change or remove a user, it is done through your office.</li> <li>• To find who is an administrator or to add people to the administrators, contact Jay Putta: <a href="mailto:Jayanthi.Putta@cchealth.org">Jayanthi.Putta@cchealth.org</a></li> </ul>	
<b>Non-Emergency Medical Transportation (NEMT)</b>	<ul style="list-style-type: none"> <li>• Available if members unable to take Uber or Lyft, need for wheelchair van or something else, or oxygen needed</li> <li>• Prescription needed. Only an MDDOP or MP can sign; RN, Social Worker or Clerk cannot sign as DHCS treats like a prescription.</li> <li>• DHCS not allowing less than 1 years' worth; attempting to make process streamlined due to effort required to complete form for each transport request</li> </ul>	
<b>HIPPA Reminder</b>	The Department wants everyone to make sure they are following HIPPA.	
<b>Specialties</b>	<ul style="list-style-type: none"> <li>• Neurology, Neurosurgery, Neuropsychology, Comprehensive Diagnostic Evaluations, Oral Maxillofacial (OFM): Are you finding any patients that are hesitant to see other specialties?</li> <li>• Appears starting with Neuro has challenges. If you find any contact Dr. Hsieh. The team is focused on trying to contract more which are needed.</li> </ul>	
<b>Health Education Update</b>	<ul style="list-style-type: none"> <li>• Previous class offered to members called Managing Anxiety Naturally</li> <li>• Reviewing mental health claims, despite members seeing their therapist and taking medications they had difficulty managing their anxiety.</li> <li>• Interest in a virtual Pilot Program on natural approaches. Members love the program and responded well.</li> <li>• Video recordings and programs offered on our website, topics include: <ul style="list-style-type: none"> <li>○ Understanding the root causes of anxiety</li> <li>○ What members are eating</li> <li>○ Using food as medicine</li> <li>○ Finding triggers and what to avoid.</li> </ul> </li> <li>• Discussed spending time in nature, mindfulness exercises, physical exercises. Mention to your CCHP member who could benefit, access it through the link, or go to main health education page, click on anxiety.</li> <li>• Offering another program probably in June, sign up link on SurveyMonkey, I will contact them with details for the next class and questions. They can also contact <a href="mailto:health.education@cchealth.org">health.education@cchealth.org</a></li> </ul> <p><u>Health Education Resource Guide</u></p> <ul style="list-style-type: none"> <li>• CCHP's health education page has a new Resource Guide for members</li> <li>• Includes online classes on nutrition, cooking demonstrations; some were done by our county clinics, some by community organizations</li> <li>• Video classes on Zumba, Yoga, pregnancy and childbirth education, articles.</li> <li>• Classes offered at our County clinics for people dealing with grief and loss, stressful lives</li> </ul> <p><a href="https://cchealth.org/healthplan/health-ed.php">https://cchealth.org/healthplan/health-ed.php</a></p>	Otilia Tiutin, PhD, DNM, Cultural & Linguistic Serv. Program Manage
<b>Alternative Formats for the Visually Impaired</b>	<ul style="list-style-type: none"> <li>• New regulations from the state to notify our members and providers regarding resources available</li> <li>• Materials and Health Plan information in large print; Braille, Braille Conversion; audio files, members can call Member Services for assistance.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Website and App as a resource, share material they cannot understand. Ability to cut and paste on the website, include the text it will read it out loud.</li> <li>• Member Services will create a form on our website, Members can submit their information, we enter into ccLink, including MRN, for the format they want.</li> <li>• Members call in and add feature to their record.</li> <li>• Information will be in our next Provider Newsletter, CCHP website and the Provider Manual.</li> </ul>	
<b>Provider Preventable Conditions (PPC)</b>	<ul style="list-style-type: none"> <li>• Provider Preventable Conditions (PPC) consist of healthcare-acquired conditions when they occur in acute inpatient hospital settings only and other provider-preventable conditions</li> <li>• Providers are required to report all PPC's to the Health Plan if it occurs in the treatment of a medical patient</li> <li>• 2 different types are falls and trauma in the hospital that result in: <ul style="list-style-type: none"> <li>○ Fracture, dislocation, infections resulting from surgery, foreign objects retained after surgery, air embolism, etc.</li> </ul> </li> <li>• PPC's are "never events," wrong surgery performed, surgery performed on the wrong patient, or a surgery performed on the wrong body part.</li> </ul> <p><u>Billing</u></p> <ul style="list-style-type: none"> <li>• Billing for any of these conditions that happen inpatient or "never events", we require they are reported within five (5) business days of discovery of the PPC and confirmation that the patient is on Medi-Cal</li> <li>• The form is on our website: <a href="https://cchealth.org/healthplan/quality.php">https://cchealth.org/healthplan/quality.php</a>. Or faxed to CCHP Quality Department: (925) 313-6870</li> <li>• There are other reporting requirements, this does not eliminate those other reporting requirements</li> </ul>	Nicole Branning, Quality Improvement Manager
<b>Lead Screening and Practices</b>	<ul style="list-style-type: none"> <li>• National Quest Diagnostics study: Over 1 million children screened for blood lead, lead was discovered in their blood.</li> <li>• Disparities found, children with Medicaid had greater odds of having detectable blood lead levels and elevated blood lead levels.</li> <li>• Children in zip codes with predominantly Black, non-Hispanic and non-Latino populations have greater odds of detectable blood lead levels but have lower odds for elevated blood lead levels.</li> <li>• Risks of being exposed to lead include homes built before 1978, water pipes may contain lead and might affect drinking water, in toys and jewelry, candies, traditional home remedies (powder medication), residing near airports may be exposed to lead in the air and soil from aviation gas. CDC has resources on risk factors and sources of exposure.</li> <li>• Test children at 12 months and 24 months. If requested by a parent, it will be provided if they feel a child has been exposed. Children not tested at 4 or 5 years old and not screened at 12 months and 24 months, screening recommended before age 6, older children not screened need testing.</li> <li>• Any refugee, infant and children under 16; if there is a suspicion/signs of exposure, all pregnant and lactating women, educate all families on the importance of lead safety.</li> </ul>	
<b>Grievances</b>	<ul style="list-style-type: none"> <li>• Definition; any written or oral expression of dissatisfaction from a member or a member's authorized representative.</li> <li>• A grievance is received, a formal written acknowledgment letter is mailed to the member that summarizes what the grievance is, when we received it, who we understand the grievance to be against.</li> <li>• Conduct our investigation which includes reviewing any documents, access ER information, send inquiry letters to anyone involved.</li> <li>• Possibly send a letter itemizing all the issues that have come to our attention from the member; ask questions to get details from everyone's side</li> <li>• Complete a formal resolution letter of our investigation, summarizing our investigation and our findings from that investigation, and a possible referral to PQ depending on what we find.</li> </ul>	

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	<p><u>Grievance Forms</u></p> <ul style="list-style-type: none"> <li>• Physical forms are available to have in your office, online forms can be printed, filled out and submitted online</li> <li>• Providers can serve as Members authorized representatives. Members can be assisted if they request for a grievance be submitted to the health plan and support them completing that.</li> <li>• Phone calls at our Member Services line and a fax line dedicated; Members can come in person or submit information through the Member Services email: <a href="mailto:Member.Services@cchealth.org">Member.Services@cchealth.org</a></li> <li>• Grievance filed related to provider interaction with a member, the inquiry letter is never an accusation.</li> <li>• The Health Plan aims to be a neutral party; the Members version is usually received first then the Provider's side. A letter is sent asking very specific questions, we are required to address every issue the Member identified in their original grievance. If we got it wrong in our questions, you can say this question doesn't apply because of this situation.</li> </ul>	
<p><b>Prevention Quality Indicators (PQI)</b></p>	<ul style="list-style-type: none"> <li>• A PQI is a suspected deviation from expected provider performance, clinical care or outcome of care, which requires further investigation on the health plans to determine whether an actual quality issue exists or an opportunity for improvement exists.</li> <li>• A Quality Issue is a confirmed deviation from expected provider performance, clinical care or outcome of care, which has been determined through the QI process to be inconsistent with professionally recognized standards of care.</li> </ul> <p><u>Types of Quality Issues</u></p> <ul style="list-style-type: none"> <li>• System issue: An issue with existing workflows, policy or procedures that can lead to quality of care or service issues that can impact health outcomes.</li> <li>• Provider issue: A deviation from the provider's performance or standard of care which can lead to quality-of-care issues.</li> </ul> <p><u>How are PQIs identified?</u></p> <ul style="list-style-type: none"> <li>• Through appeals, complaints, utilization review, reviewing claims, encounter data, care coordination, case management efforts</li> <li>• A member's medical records facility, site reviews, surveys and referrals from our internal staff, CHP provider offices and members of the community.</li> </ul> <p><u>Who can identify a PQI?</u></p> <ul style="list-style-type: none"> <li>• Members, Contracted or Non-Contracted Providers and Staff, pharmacy providers, CCHP staff, community members, youth facilities like hospitals, DME or medical supply providers.</li> </ul> <p><u>How to submit a PQI</u></p> <ul style="list-style-type: none"> <li>• Can be referred through encrypted e-mail to <a href="mailto:qualityconcerns@cchealth.org">qualityconcerns@cchealth.org</a>.</li> </ul> <p><u>Case Closed and Complete</u></p> <ul style="list-style-type: none"> <li>• When our Medical Director determines the review is complete and the issue is fully resolved, the outcome of care severity and a disposition is classified.</li> <li>• The severity scale ranges from 0 to 3, with 3 being the most severe and then an automatic referral to Peer Review. The PQI should be closed within 120 days from receiving the referral.</li> </ul>	<p>Kathie Phun, BSN, RN, Quality Management Nurse</p>
<p><b>PIPS</b></p>	<p><u>Asthma Mitigation Program</u></p> <ul style="list-style-type: none"> <li>• Children and adults in our county are having higher rates of asthma related hospitalizations and ED utilization</li> <li>• Our Health Plan has partnered with the County's Weatherization Program and Environmental Services Providers to help provide asthma mitigation services</li> </ul>	

Topic	Discussion/Decision/Action	Presenter
	<p><u>Program Goals</u></p> <ul style="list-style-type: none"> <li>• Improve health outcomes for members with moderate to severe asthma</li> <li>• Decrease asthma-related hospitalizations or ED visits</li> <li>• Improve medication management ratio of controlled medications to total asthma medications, asthma symptoms, and management</li> </ul> <p><u>Program Components</u></p> <ul style="list-style-type: none"> <li>• Referral to an asthma and allergy specialist, if needed or requested by member</li> <li>• Provide Health Education and Home Trigger Assessment</li> <li>• Free supplies given to the members to help control asthma; dust proof mattress covers, air purifiers, HEPA vacuum cleaners, food storage containers</li> <li>• Home remediation to help control asthma, either through Weatherization program or home improvement partners; carpet removal, fixing issues with mold, replacing any unbroken appliances</li> <li>• Refer members to additional community resources and follow-up</li> </ul> <p><u>Program Eligibility</u></p> <ul style="list-style-type: none"> <li>• Children and adults with persistent moderate to severe asthma</li> <li>• All members must reside in a dwelling (apartment, townhouse, mobile, etc.)</li> <li>• Must be free of severe, uncontrolled mental health conditions</li> <li>• Must be CCHP Medi-Cal member being seen internally within RMC network or within CPN network by one of our Community Providers</li> </ul> <p><u>3 Visits</u></p> <ul style="list-style-type: none"> <li>• First visit <ul style="list-style-type: none"> <li>○ Asthma knowledge and control tests are performed with the member to get baseline level and control score</li> <li>○ Health education includes trigger management and review of how to use an inhaler and medication review</li> </ul> </li> <li>• Second Visit <ul style="list-style-type: none"> <li>○ In home and environmental assessment is done with the home improvement partner</li> <li>○ Home modification planning is discussed.</li> </ul> </li> <li>• Third visit <ul style="list-style-type: none"> <li>○ Post-asthma knowledge and control test to determine if knowledge of asthma and control test has improved.</li> <li>○ Review asthma action plan and help with any referrals</li> </ul> </li> </ul> <p><u>How To Refer Members</u></p> <ul style="list-style-type: none"> <li>• RMC: Send an encrypted e-mail to <a href="mailto:Kathie.Phun@cchealth.org">Kathie.Phun@cchealth.org</a></li> <li>• CPN: Send an e-mail to <a href="mailto:Kathie.Phun@cchealth.org">Kathie.Phun@cchealth.org</a> or send in-basket message through ccLink. Also accepting through CalAIM asthma support method.</li> <li>• RMC providers can create a referral order through ccLink. CPN providers can create a CalAIM referral through the Provider Portal. Providers will be informed of enrollment status and any interventions completed.</li> <li>• Include Member's first and last name, DOB, Medical Record Number, preferred language. If not English, interpreter services are available.</li> </ul>	
<b>Closing</b>	<p><u>Incentive</u></p> <ul style="list-style-type: none"> <li>• Providers may be eligible to receive \$100 Honorarium for attending.</li> <li>• Provider reimbursement for attending past training, just complete the survey and send W-9 (W-9 for first time applications only)</li> <li>• Deadline: Friday, May 6<sup>th</sup> 5:00 p.m.</li> <li>• Questions: Email <a href="mailto:Vanessa.Pina@cchealth.org">Vanessa.Pina@cchealth.org</a></li> </ul>	Vanessa Piña, Experienced- Level Clerk

Tuesday, April 26, 2022



# PROVIDER NETWORK TRAINING





# WELCOME TO OUR CELEBRATE & LEARN WEBINAR!

1

**ONLY if you are connecting to the audio by cellphone or landline** (e.g., not your computer), your audio connection and visual connection need to be joined for the breakouts. To join them:

- ✓ **First:** Find your participant ID; if you are using your phone for your audio, your **Zoom Meeting Participant ID** should be at the top of your Zoom window
- ✓ **Then:** Once you find your participant ID, press: #number# (e.g., #24321#)
- ✓ The following message should briefly pop-up: “You are now using your audio for your meeting”

2

**Please** rename yourself so we know what team you’re from. This will help facilitate discussion and follow-up. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on **Participants**
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**
- ✓ **Enter your new name:** Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)

# WEBINAR REMINDERS

1. Everyone is muted.



2. Use the chat box for questions and to share what you’re working on.

3. This webinar is being recorded in the main room. The slides and webinar recording will be posted to the ATSH program page.



# AGENDA

Agenda	Presenter(s)
Case Management	Ashley Walkup, Case Management Manager
CalAIM	Dennis Hsieh, MD, JD, Chief Medical Officer
Utilization Management <ol style="list-style-type: none"> <li>1. Commercial Behavioral Health</li> <li>2. Provider Portal</li> </ol>	
Non-Emergency Medical Transportation (NEMT)	
HIPPA	
Specialties	
<ol style="list-style-type: none"> <li>1. Health Education Update</li> <li>2. Alternative Formats for the Visually Impaired</li> </ol>	Otilia Tiutin, PhD, DNM, Cultural & Linguistic Serv. Program Manager
Provider Preventable Conditions (PPC)	Nicole Branning, Quality Improvement Manager
Lead Screening and Practices	
Grievances	
PQI	Kathie Phun, BSN, RN, Quality Management Nurse
PIPS	



# CCHP CASE MANAGEMENT DEPARTMENT

Ashley Walkup, RN, BSN, PHN





# Case Management Basic Overview

The coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services

\*All eligible members have the right to participate or decline participation

# CCHP Case Management staff

Licensed  
Vocational  
Nurses

Registered  
Nurses

Social  
Workers

## Who we serve?

- Contra Costa Health Plan Members
- Adults
- Pediatrics - NEW (if not CCS qualified or PH pediatrics unable to accept)

# Eligibility Criteria:

Members must have at least one of the following complex issues:

- Newly diagnosed life-limiting condition or disease
- Dual diagnosis of severe mental illness (SMI) or substance use disorder (SUD) and a physical health condition who are not eligible for Enhanced Care Management (ECM)
- Poorly controlled disease states as evidenced by
  - Frequent hospital admissions (2 or more within last 12 months w/ at least one related to chronic condition)
  - Multiple Emergency Department (ED) visits (3 ED visits in last 6 months with at least 1 visit related to chronic condition)
- Polypharmacy (8 or greater prescribed medications)
- Transplant candidate or recipient

AND two or more of the following needs:

- Adherence to treatment (medications, visits, behavior change, diet etc.)
- Care Coordination (facilitate communication between providers, appointment making, transportation, specialty visits)
- Patient Education
- Community Resources
- PCP connection/facilitation due to no Primary Care Provider (PCP) visit within 12 months
- Social determinants of health

# Other Care Coordination & Supportive services

Perioperative  
Coordination

Vendor finding:  
DME, Home  
Health,  
transportation

Skilled Nursing  
Facility  
placement from  
community

Alcohol and  
other Drugs  
(AOD) bridge

Behavioral  
Health bridge

Pain  
Management

# Referral Sources

Primary Care Providers

CCHP Quality Management/Disease Management Unit

CCHP Authorization/Utilization Management Unit

CCHP Advice Nurse Unit

CCHP Member Services Unit

CCHP Hospital Transitions

Hospital Discharge Planners

Home Health Agency Staff

CCHP, CCRMC/Health Center Health Educators

Contra Costa County Public Health Division

Contra Costa County Employment and Human Services

Community Hospitals ED or discharge planning case managers

Member self-referral or referral from caregiver

Weekly "Long Term Stay" rounds at Regional Medical Center

Other, if deemed appropriate by Manager of Case Management



# HOW TO REFER

Provider enters referral through CClick using procedure code "REF - 162 CCHS Case management referral"

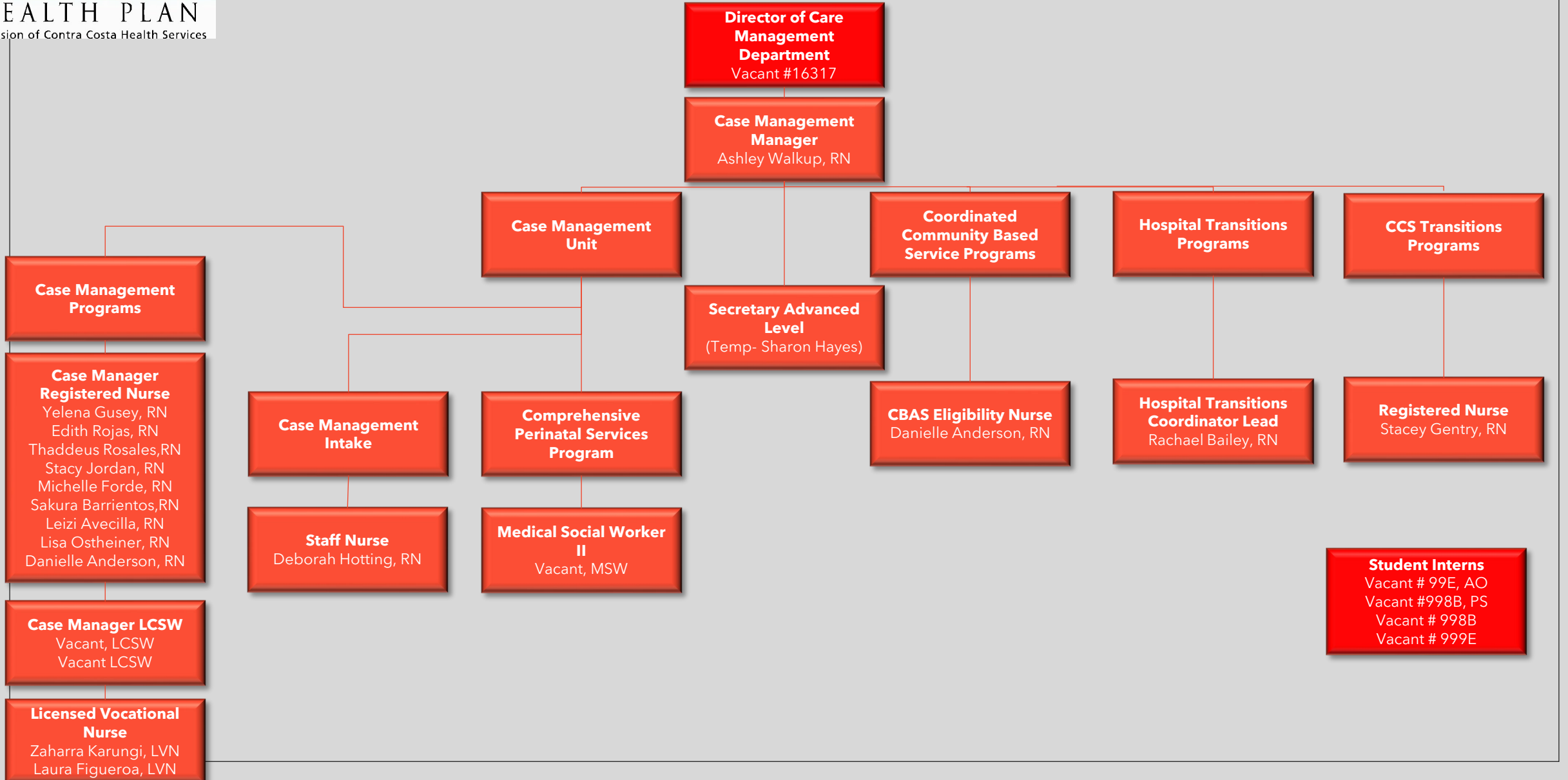
Providers without CClick access can refer using provider portal

CM secretary can take referrals called into Main CM line 925-313-6887 (only for members/family/friend)

CM Fax #925-252-2609

# Care Management Department Organizational Chart

Revised 10/21/2021



Any concerns or issues please contact:

Ashley Walkup, RN, BSN, PHN

[Ashley.Walkup@cchealth.org](mailto:Ashley.Walkup@cchealth.org)  
925-608-7886

Leizl AVECILLA, RN, BSN, PHN

[Leizl.Avecilla@cchealth.org](mailto:Leizl.Avecilla@cchealth.org)  
925-313-6887 ext. 6881



# CALAIM UPDATES

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Dennis Hsieh, MD, JD

# Enhanced Care Management: 4 Groups

1. Experiencing Homelessness & Comorbidity
  2. High Utilizers
  3. SMI/SUD
  4. Justice Involved
-

# Community Supports

- 6 Offered Originally and 1 Added (Housing Deposits)



Housing Navigation



Housing Tendency Support



Asthma Home Assessment, Education & Remediation



Medically Tailored Meals/Medically Supportive Foods



Medical Respite



Post Hospital Stabilization Housing

A person with long brown hair tied back, wearing a white lab coat, is seated at a desk in a hospital or office environment. The person is viewed from behind, looking at a computer monitor. The background is blurred, showing office equipment and windows. A dark green horizontal bar is overlaid across the middle of the image, containing the title text.

# UTILIZATION MANAGEMENT

Dennis Hsieh, MD, JD  
Chief Medical Officer, CCHP



# COMMERCIAL BEHAVIORAL HEALTH



## **OUTPATIENT:**

1+7 = No Auth - Can Go To  
Provider Directly; After That  
Provider Can Submit For Auth



## **ELECTIVE INPATIENT/PARTIAL INPATIENT:**

Contact John Muir Or St. Helena  
For Intake



## **INPATIENT:**

From ED = Concurrent Review



## **INTENSIVE OUTPATIENT PROGRAM:**

Have Program Submit PA Request

powered by **Epic**

**ccLinko**  
PROVIDER PORTAL  
Linking you to a Culture of Caring

**LOG IN**

Forgot password?  
For technical issues, please contact the  
Contra Costa Health Services  
Customer Service Help Desk at 925-  
957-7272.

# PROVIDER PORTAL

Authorized user access available.

Please contact Jay Putta if you  
need access:  
[Jayanthi.Putta@cchealth.org](mailto:Jayanthi.Putta@cchealth.org)

# NONEMERGENCY MEDICAL TRANSPORTATION



- Need to have a MD/PA/NP/DO sign it
- Can request 1 year's worth at a time if a permanent condition (dates need to reflect this)
- Please ensure quantity reflects the period of time requested

# HIPPA REMINDER



## **PLEASE REMEMBER TO FOLLOW HIPPA**

- Patient names, DOB, other identifying information is protected and shouldn't be posted on Facebook, social media, etc.
- FSRN are going over HIPPA and patient confidentiality in detail at the FSR

# SPECIALTY CARE

What Specialties Are Do We Need Better Access For?

- Neurology
- Neurosurgery
- Comprehensive Diagnostic Evaluation (CDE)
- Neuropsychology

What Else?

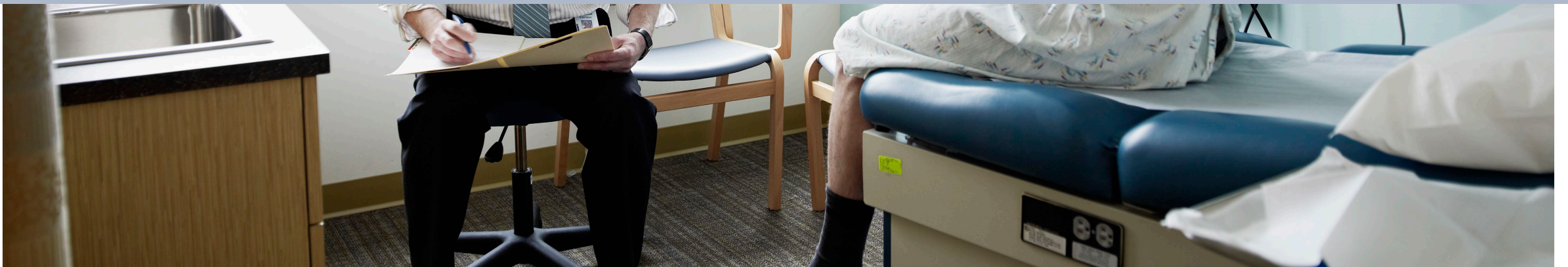






# HEALTH EDUCATION RESOURCES

**Otilia Tiutin, PhD, DNM,  
Cultural & Linguistic Serv. Program Manager, CCHP**



# **MANAGING ANXIETY** **NATURALLY ON-LINE CLASS**

Recently CCHP completed a pilot program of 4 sessions for members who suffer from Anxiety. The class covered topics such as:

**UNDERSTANDING ROOT CAUSES OF ANXIETY.**

**LEARNING HOW DIET CAN TRIGGER OR HELP SYMPTOMS.**

**USING FOOD AS MEDICINE TO FEEL GOOD AND WHAT FOODS TO AVOID.**

**HOW EXERCISE, GOOD SLEEP HABITS AND SPENDING TIME IN NATURE CAN IMPROVE HEALTH.**

**DELICIOUS HEALTHY RECIPES, BREATHING TECHNIQUES, BEGINNERS' YOGA, AND EFFECTIVE MINDFULNESS EXERCISES AS WELL AS 7 HACKS (SHORTCUTS) TO IMPROVE ANXIETY.**

The program was very well received by the participants. Recordings and class materials are available on our website.  
<https://cchealth.org/healthplan/health-ed-anxiety.php>

If you have CCHP members who are interested in attending the next class in the Summer 2022, they can register here:  
<https://www.surveymonkey.com/r/CCHPseminar-sign-up>

For questions, email us at: [HealthEducation@cchealth.org](mailto:HealthEducation@cchealth.org)



# HEALTH EDUCATION RESOURCE GUIDE

CCHP's health education page has a new Resource Guide available for members. This guide includes local classes and on-line you can attend as well as other community resources. Download your copy on our website here: <https://cchealth.org/healthplan/pdf/Health-Education-Class-List-and-Resource-Guide.pdf> Or go to the section called “**For Providers**”, scroll down to **Health Education**.

The Resource Guide includes:

Cooking and nutrition on-line classes, access to low cost and free fresh food.

Physical activity classes for adult and children, Zumba and Yoga classes.

Pregnancy, childbirth education, breastfeeding, parenting.

Asthma, diabetes, heart health, hypertension.

Smoking Cessation counseling.

Loss, grief, and transformation support groups.

Finding ease in a stressful world support group and a lot more.

For all our main Health Education page, go to [cchealth.org](https://cchealth.org), choose “Health Plan”, go to “For Members” and click on “Health Education” Or go to: <https://cchealth.org/healthplan/health-ed.php>

# ALTERNATIVE FORMATS FOR CCHP MEMBERS WITH VISUAL IMPAIRMENTS!



DHCS has released new regulations regarding Alternative Formats for patients with Visual Impairments.

- <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL-22-002.pdf>

Medi-Cal Managed Care Plans and subcontractors must accommodate the communication needs of members with disabilities, [including Braille, audio format, large print \(no less than 20-point Arial font\), and accessible electronic format](#), such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.

CCHP Members who are Visually Impaired can Call Member Services to get assistance with Alternative Formats.

- Monday through Friday, 8 a.m. to 5 p.m. at 1-877-661-6230 (press 2); or if hearing impaired call California Relay at 711. The call is toll free.

If providers offices need assistance with converting documents to alternative formats including Braille, audio format, large print (no less than 20-point Arial font), and accessible electronic format they can email CCHP at: [HealthEducation@cchealth.org](mailto:HealthEducation@cchealth.org)

## **FREE TEXT TO SPEECH READER**

Instantly reads out loud TEXT, PDFS & EBOOKS with natural sounding voice.

ONLINE - DROP THE TEXT AND CLICK PLAY.

SUPPORTS PLAIN TEXT, PDF & EPUB (EBOOKS) FILES. AUTO SAVES THE STATE BETWEEN SESSIONS, SO YOU CAN STOP AND CONTINUE ANY TIME. <https://ttsreader.com/>

Examples of other auxiliary aids and services can be found at ADA website: <https://www.ada.gov/effective-comm.htm>

The background of the slide features a repeating pattern of light blue question marks inside white speech bubbles, set against a teal background. A large, solid lime green rectangle is positioned on the left side of the slide, containing the text.

THANK YOU!  
QUESTIONS?



A close-up photograph of various medical instruments, including surgical scissors, a scalpel, a stethoscope, and a pen, resting on a teal-colored fabric. The instruments are arranged in a somewhat organized manner, with the stethoscope's earpieces on the right and the handles of the other tools extending towards the left. The lighting is soft, highlighting the textures of the fabric and the metallic surfaces of the tools.

# PROVIDER PREVENTABLE CONDITIONS (PPC)

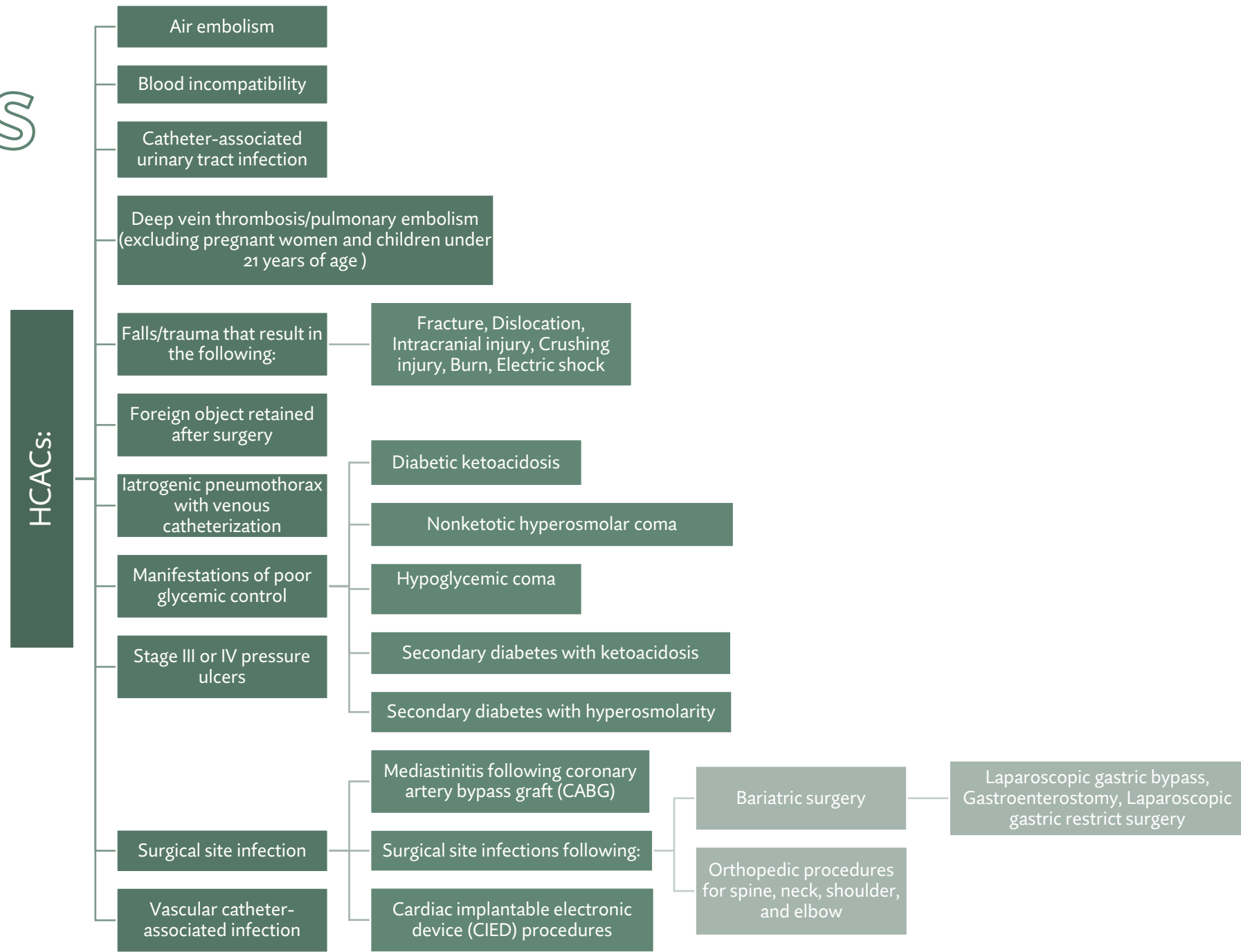
**Nicole Branning,  
Quality Department Manager, CCHP**



# PROVIDER PREVENTABLE CONDITIONS

- Definition: Provider Preventable Conditions (PPCs) consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only and other provider-preventable conditions (OPPC) when they occur in any health care settings.
- Requirement: Federal law requires that all providers report provider-preventable conditions (PPCs) that occurred during treatment of Medi-Cal patients. Providers must report all PPCs that are associated with claims for Medi-Cal payment or with courses of treatment given to a Medi-Cal patient for which payment would otherwise be available. Providers do not need to report PPCs that existed prior to the provider initiating treatment for the beneficiary.

# EXAMPLES OF PPCS



# EXAMPLES OF PPCS

- OPPCs are also known as "never events" and Serious Reportable Events under Medicare. For Medi-Cal, OPPCs are defined as follows:

Wrong surgery/invasive procedure

Surgery/invasive procedure performed on the wrong patient

Surgery/invasive procedure performed on the wrong body part



# PROVIDER RESPONSIBILITY

## FOR CCHP MEDI-CAL MEMBERS,

providers must report directly to CCHP using the PPC reporting form within five (5) business days of discovery of the PPC and confirmation that the patient is a Medi-Cal beneficiary.

- The form can be completed online or downloaded at <https://cchealth.org/healthplan/quality.php>
- Please submit forms online or fax to:

CCHP Quality Department  
Fax: 925-313-6870

Please note that reporting PPCs for a Medi-Cal beneficiary does not preclude the reporting of adverse events and healthcare-associated infections (HAI) to the California Department of Public Health pursuant to Health and Safety Code.



# BLOOD LEAD SCREENING & PRACTICES

Nicole Branning,  
Quality Department Manager, CCHP



# BLOOD LEAD SCREENING

- A recent study of over 1 million children showed that more than half of children tested for lead had BLLs of 5.0 ug/dL or more.
- Disparities:
  - Children with Medicaid had greater odds of having detectable BLLs and elevated BLLs.
  - Children in zip codes with predominantly Black non-Hispanic and non-Latino populations had higher odds of detectable BLLs but lower odds for elevated BLLs

**THERE IS NO SAFE LEVEL OF EXPOSURE TO LEAD**

# RISKS

- Homes built before 1978
- Water pipes may lead to lead in drinking water
- Lead can be found in products such as toys and jewelry
- Lead is sometimes in candies or traditional home remedies
- Children who live near airports may be exposed to lead in air and soil from aviation gas
- For more information, see [Sources of Lead | Lead | CDC](#)



# BLOOD LEAD SCREENING - WHAT PROVIDERS CAN DO

- Test all children at 12 months and 24 months
- Test all children when there is possible lead exposure
- Test any child without previous screening at least once before the age of 6
- Test any refugee infants and children under 16, adolescents with suspicion or signs of exposure and all pregnant and lactating women
- Educate families, including expectant and new parents, on the importance of lead safety
- Follow up on all screenings that detect any blood lead levels

# BLOOD LEAD RESOURCES & FURTHER READING

- <https://cchealth.org/lead-poison/providers.php>
- [Five things you can do to help lower your child's lead level. \(cdc.gov\)](#)
- [Lead FAQs | Lead | CDC](#)
- [Childhood Lead Poisoning Prevention Program | CDC](#)
- [Lead Poisoning :: Public Health :: Contra Costa Health Services \(cchealth.org\)](#)
- [Childhood Lead Poisoning Prevention Branch \(CLPPB\) \(ca.gov\)](#)
- [Individual- and Community-Level Factors Associated With Detectable and Elevated Blood Lead Levels in US Children: Results From a National Clinical Laboratory | Pediatrics | JAMA Pediatrics | JAMA Network](#)
- [‘We’re losing IQ points’: the lead poisoning crisis unfolding among US children | Children's health | The Guardian](#)



A woman with long brown hair is smiling and looking towards a man whose back is to the camera. They are in a meeting room with large windows in the background.

# GRIEVANCES

Nicole Branning, a woman in a blue sweater, is sitting at a table in a meeting. She is holding a white coffee cup and looking at a document. A man in a light blue shirt is on the left, and a woman in a red top is on the right, both with their backs to the camera.

**Nicole Branning,  
Quality Department Manager, CCHP**

# GRIEVANCES

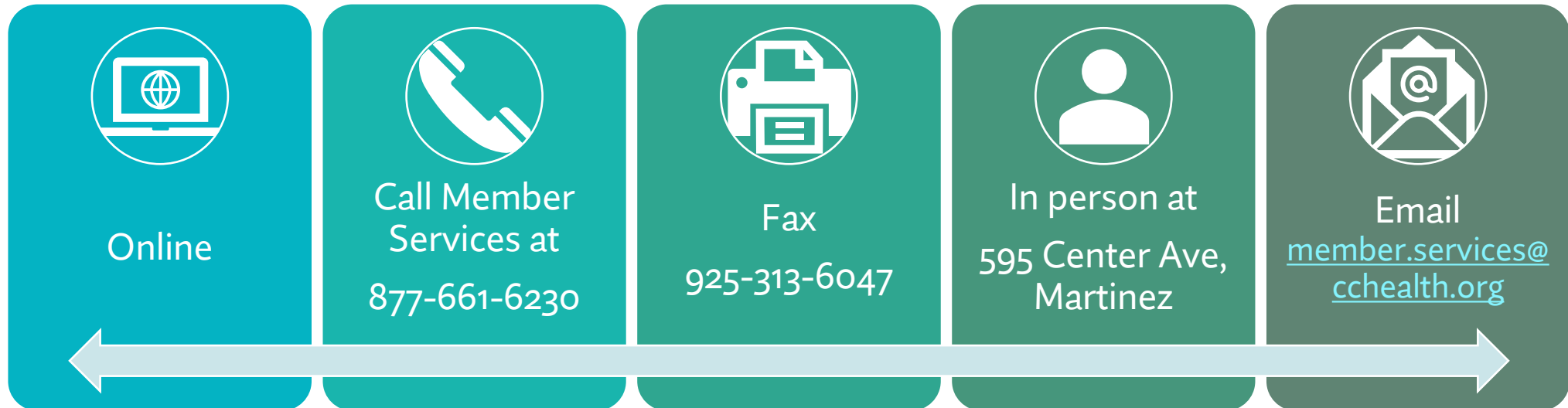


- A “grievance” is *any* written or oral expression of dissatisfaction from a member or a member’s authorized representative.
- CCHP must investigate all grievances through a formal process:



# PROVIDER SUPPORT

- We ask that all providers assist members in accessing a grievance form upon request. We have physical forms if you need as well as an online form at <https://cchealth.org/healthplan/grievance/>
- Providers can also serve as members' authorized representatives and file a grievance on a member's behalf. Please have the member complete a Personal Representative Request Form also found at the link above.
- Grievances can be received by the health plan:



# WHAT PROVIDERS CAN EXPECT

- It can be upsetting to find out that a member has filed a grievance related to your interaction with them. The Health Plan aims to serve as a neutral party.
- We often receive the member's side of the story first. We need the provider's side to get a full picture.
- CCHP staff will send you a letter asking specific questions that will help us address *each issue in the original grievance*.
- Please answer the questions as they are related to specific complaints. If there is more information related to the issue, please also share that.



**THANK YOU! QUESTIONS?**





# POTENTIAL QUALITY ISSUES (PQIS)

Kathie Phun, RN, BSN  
CCHP Quality Management Nurse

# What is a PQI?

## **Potential Quality Issue (PQI)**

A suspected deviation from expected provider performance, clinical care, or outcome of care, which requires further investigation to determine whether an actual quality issue or opportunity for improvement exists. **Not all PQIs represent quality of care issues.**

# Definitions

## **Quality Issue**

A confirmed deviation from expected provider performance, clinical care, or outcome of care, which has been determined through the PQI process to be inconsistent with professionally recognized standards of care.

# Types of Quality Issues



**System Issue:** an issue with existing workflows, policies, or procedures that can lead to quality of care or service issues, which can impact health outcomes.

Ex. A clinic not having a policy on following up with patients after a provider cancels an appointment, which can lead to a delay of care.



**Provider Issue:** a deviation from provider performance and/or standard of care that can lead to quality-of-care issues.

Ex. A provider telling a member to ignore a mass without ordering diagnostic procedures, which can affect health outcomes.

# Examples of PQIs

- A member alleged that the care he received from his PCP was "incompetent." The member also stated he would be on a specific medication for life, but the PCP stopped his refills and did not explain why or provide an updated treatment plan.
- A member presented to the ER with complaints of a headache, dizziness, and arm pain. She was discharged home with a prescription. A few days later, the member returned to the ER with complaints of left upper and lower extremities weakness with facial droop and pronator drift. She was later diagnosed with a stroke.
- A member stated she has tried contacting an office for orthotics since June. She stated she got her foot scanned in June and was told it would take 2-3 weeks for her to receive her orthotics. Then she was told it would take 4-6 weeks. The member stated that 2 months later, she was told that her orthotics would be mailed. She later filed a grievance stating, "It has been 4 months and I have no orthotics and I feel it causing more health issues." The member did not receive a pair of orthotics until she saw another provider in November.



# How are PQIs identified?

PQIs can be identified through many sources, including but not limited to:

- Complaints, grievances, and appeals
- Utilization review
- Claims and encounter data
- Care coordination
- Case management
- Medical record audits
- Facility site reviews
- Member/provider surveys
- Referrals from other health plan staff, providers, and members of the community

# Who can identify a PQI?

Members

Contracted or non-  
contracted providers  
and staff

Pharmacy providers

CCHP staff

Community members

Hospitals, SNFs,  
ancillary  
providers, DME/medical  
supply providers

A blue stethoscope is positioned on the right side of the image, with its chest piece resting on a white surface. To the left, a portion of a laptop keyboard is visible, showing keys like '9', '0', 'J', 'K', 'L', 'N', 'M', and 'Enter'. The background is a clean, light-colored surface.

# How to submit a PQI

PQIs can be referred via **encrypted email** to CCHP's PQI inbox ([QualityConcerns@cchealth.org](mailto:QualityConcerns@cchealth.org)), which is checked daily by the AG&D Clerk and Quality Management Nurse.

# PQI Process

1. Upon receipt of the PQI, the PQI Nurse does an initial review of the case, which includes:
  - Review of all information submitted for the case, including available medical records
  - Identification of additional medical record requests, if needed
  - Recommendations for next steps to present to the Medical Director
2. If no additional information is needed, the Medical Director assigns a severity level to the case, identifies any follow-up actions, and the case is resolved.
3. If additional information is needed, the PQI Nurse works with the AG&D Clerk to send inquiry letters and medical record requests. Providers have 2 weeks to respond to inquiry letters and requests for medical records.
4. Once requested information is received, the PQI Nurse does a secondary review of the case. The case is then presented to the Medical Director.

# Case Completion

The PQI is closed when the Medical Director determines that the review is complete, and the issue is fully resolved at the best of the health plan's ability. The Medical Director classifies the outcome of care severity and specifies a disposition. There is one severity rating scale and PQIs can be identified as provider issues or system issues. The severity scale is 0 to 3, with 3 being most severe and an automatic referral to Peer Review. The PQI should be closed within 120 days of referral.





The image features a dense, overlapping collage of colorful sticky notes in shades of blue, green, yellow, pink, and brown. Each note has a large, hand-drawn black question mark. A white rectangular border is centered over the collage, framing the text.

QUESTIONS?



# ASTHMA MITIGATION PROGRAM

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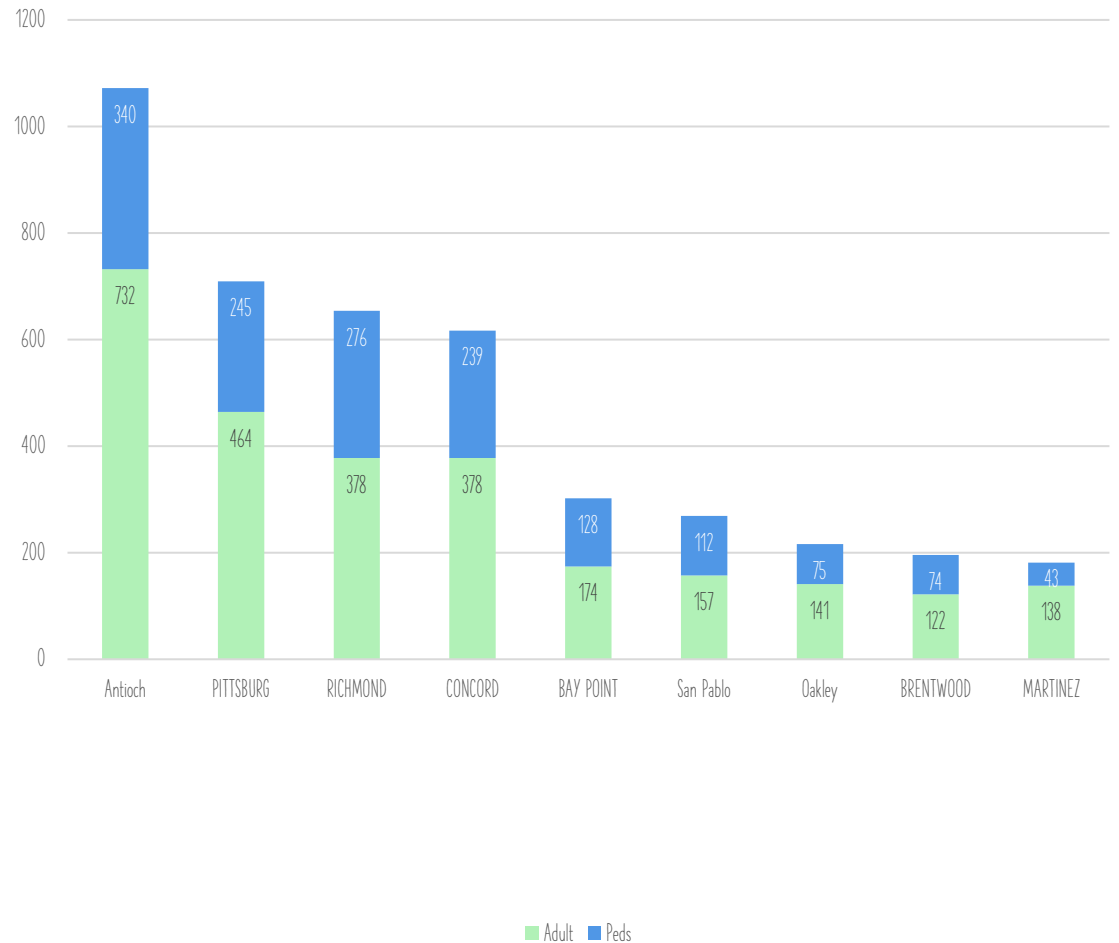
Kathie Phun, RN, BSN

CCHP Quality Management Nurse

# BACKGROUND

- Recent reports have shown that children and adults in Contra Costa County are having higher rates of asthma hospitalizations.
- Contra Costa Health Plan (CCHP) has partnered with the Weatherization Program and environmental services providers to help provide asthma mitigation services to our members.

Count of Moderate to Severe Asthma Patients by City



# PROGRAM GOALS

---

1

Improve health outcomes for CCHP members with persistent moderate to severe asthma

2

Decrease asthma-related hospitalizations or emergency department visits

3

Improve asthma symptoms and management

4

Improve medication management – ratio of controller medications to total asthma medications of .50 or greater

# PROGRAM COMPONENTS

Referral to an asthma and allergy specialist, if needed

Health education

Asthma home trigger assessment

Free supplies to help members control asthma

Home remediation to help control asthma

Referral to additional community resources and follow-up



# PROGRAM ELIGIBILITY

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- Children and adults with persistent moderate to severe asthma
- All members must reside in a dwelling (apartment, townhouse, mobile home, etc.)
- Adult members must be free of severe uncontrolled mental health conditions
- MUST be a CCHP Medi-Cal member

# THREE VISITS

---

01

## VISIT #1:

- Asthma knowledge and control tests
- Health education, including asthma trigger management and inhaler review

02

## VISIT #2:

- In-home/environmental assessment
- Home modification planning

03

## Visit #3:

- Post-asthma knowledge and control tests
- Review of Asthma Action Plan
- Referrals

# HOW TO REFER MEMBERS

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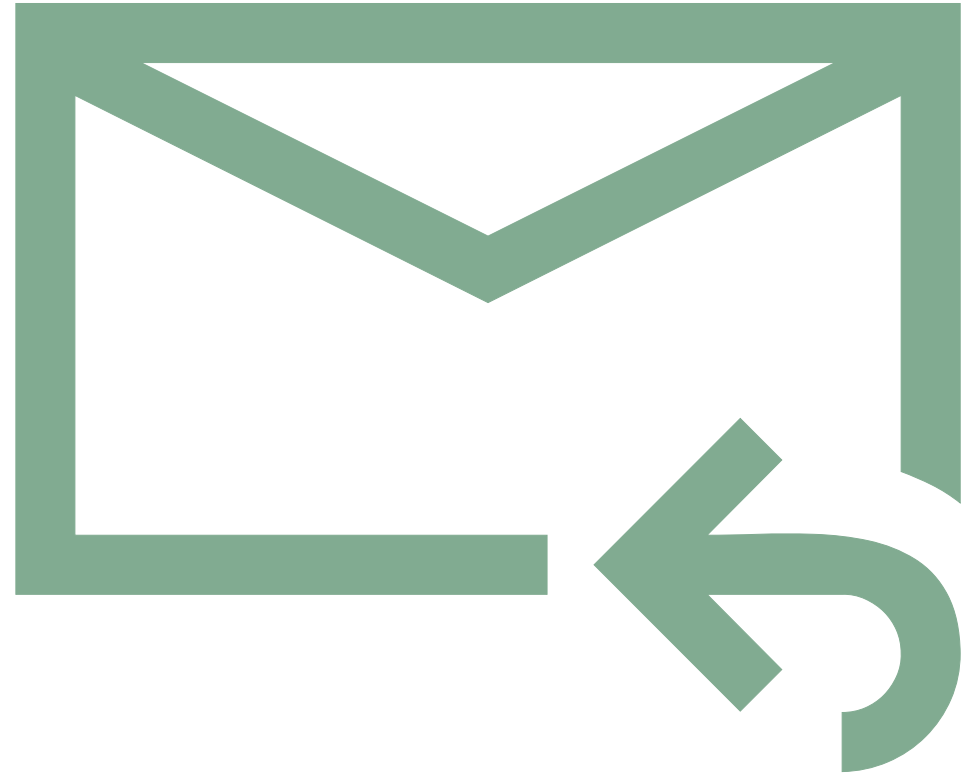
- For external providers, please send an encrypted e-mail to [Kathie.Phun@cchealth.org](mailto:Kathie.Phun@cchealth.org).
- For internal providers, please send an e-mail to [Kathie.Phun@cchealth.org](mailto:Kathie.Phun@cchealth.org) or send an in-basket message via cclink.
- Providers will be informed of:
  - Member's enrollment status
  - Interventions completed with the member
- We will collaborate with providers on the Asthma Action Plan.



# INFORMATION TO INCLUDE IN REFERRAL

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- Member's first and last name
- Member's DOB
- Member's Medical Record Number (MRN), if available
- Member's preferred language





QUESTIONS?

THANK YOU



**INCENTIVE:**

- (1<sup>st</sup> Time Submission Only) Submit to [Vanessa.Pina@cchealth.org](mailto:Vanessa.Pina@cchealth.org)
- Complete our Provider Network Training Survey
- **Deadline:** Friday, May 6, 2022, 5:00 PM

**2022 PROVIDER NETWORK TRAINING DATES:**

- Tuesday, July 26, 2022
- Tuesday, October 25, 2022

**Register Now:** E-Mail  
[Vanessa.Pina@cchealth.org](mailto:Vanessa.Pina@cchealth.org)