Provider Network Training: Q3

Contra Costa Health Plan –
Zoom
Tuesday, August 2, 2022

CHAIR

	Dennis Hsieh, MD, JD

ATTENDANCE

	Alyssa Salazar, Angelique Gomez, Billie Warden, Christine Cave, Diana Delgado, Gretchen Graves, Hamidreza Khonsari, Imran Junaid, Kaitlin Warren, Klara Viktorynova, Lynda Hounshell, Lyndsi Patton, Michael Chavez, Milciades Morales, Nicolas Barcelo, MD, Nicole Branning, Philip Grant, Phyllis Carroll, Rachel Banski-Kum, Sloane Blair, Stephanie Swenson, Suzanne Tsang

GUESTS

	Antonio Benavides, Lt. Enrique A. Henriquez,

SCRIBER

	Vanessa Piña

Topic	Discussion/Decision/Action	Presenter
Call to Order	Meeting began at 7:30 AM, and 12:00 PM.	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Regular Reports		

Persistent Asthma Update	• Identify the at-risk patient
	• Reversible airway obstruction
	• Mimics post-nasal drip, Vocal Cord Dysfunction, COPD, GERD, Anxiety, Parenchymal disorders of the lungs
	• Best Practices
	  • Office based Spirometry can be normal when patient asymptomatic
	  • Home evaluation (Cockroaches, Mold)
	  • Air Pollution
	• Medication Management: Review, Assess, Adjust, Repeat
	• Predicting Exacerbation
	  • Using Albuterol 2 or more times per
	  • Any asthma symptoms at nighttime
	  • Using 2 albuterol canisters per year
	  • Use of oral or parenteral steroids in the past 12 months.
	  • Any Urgent care / ER visit / Hospitalization in the last 24 months
	• Oral/injectable steroid stewardship
	  • Up to 25% of the asthma population receives oral/injection steroid per year due to an exacerbation
	  • Cumulative risk for development of chronic disease attributed to steroid use even with intermittent and infrequent dosing
	• Allergen Immunotherapy
	• Targeting immune system to help induce tolerance to specific allergen triggers
	  • 90% effective
	  • Reduces inflammation, symptoms, and the need for medications
	  • Long term immune modulation benefits even after stopping medication
		Imran Junaid, MD, Jiva Health

Violence Prevention	• Layers of communication with various kinds of people who are in complex situations - one of them being patients in a hospital • "Seek first to understand then be understood"	Sgt. Antonio Benavides, Health Service Security Trainer,

Provider Network Training: Q4

Contra Costa Health Plan –
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Topic	Discussion/Decision/Action	Presenter
	• Begin with entering the situation knowing the patient is the one who needs to be heard and understood • Acknowledging in the patient has built up frustrations (taking time off work, taking the bus to the hospital, etc.) leading up to their appointment, only for them to miss their appointment • How to clarify the patients' message • Active listening and reflective listening (reframing what was heard and repeating the message to ensure it is understood) • A phrase to get the patient to understand their actions: "Can I give you the clerk's perspective on this?" • You would never want to meet the patient's aggression with more aggression • Core of the complaint: "It's not what you said, it's how you said it." Patients just want to be heard and treated like human beings • It's OK to inform the patient you are uncomfortable and need to step out the room momentarily. Utilize your resources of de-escalation before contacting the police. • Don't be afraid to tag-out and have another colleague tag-in: "We're not communicating well, that's my fault, let me see if I can get somebody in here who can communicate better and help." • Position yourself by the door, have another colleague in the room, if the door needs to be left open, if the patient has a history of assaulting staff- inform surrounding staff at the patients' appointment and have police on standby.	Health Services Security Unit
Blood Lead Screening (BLS)	• Reminder to test all children at 12 and 24 months. A new member with no previous history of BLS, they should be tested before the age of 6. • If not in the child's best interest or refused by the parent, information must be documented in the chart along with the guardian/parent's signed statement or a reason why the statement was not obtained • CPT Code is 836355	Nicole Branning, Quality Manager, CCHP

Initial Health Assessments (IHA)	• Initial Health Assessment is the first establishing care visit where comprehensive is done
	• Required Components:
	  • A lot of elements are required for the Initial Healthy Assessment, which includes the Staying Healthy Assessment, BLS, mental status exam, and a plan of care
	  • Reviewing the USPSTF Preventative Services Task Force A & B Guidelines to address provisions of needed preventative care for patients
	• Two areas which are the least frequently completed:
	• To ensure IHA standards are met, CCHP looked into the Newly Enrolled Medical Charts and found two areas which are less frequently completed: Staying Healthy Assessment and the Blood Lead Screening.
	• Reminder for the Newly Enrolled Medical Charts:
	  • Providers need to check off areas of concerns in the listed areas: *Nutrition, Physical Activity, Safety, Dental Health, Tobacco Exposure*	

Provider Network Training: Q4

Contra Costa Health Plan –
Zoom
Tuesday, August 2, 2022

Topic	Discussion/Decision/Action	Presenter
	• Checkboxes for *Counseled, Referred, Anticipatory Guidance* and *Follow Up Ordered* to document what was done to address concerns • If the member declined to complete the form, still document	
Well Child Visits in the First 30 Months	• One of the Quality metrics which are tracked annually. This measure has 2 parts: 1. 6 visits in the first 15 months of life 2. 2 additional visits in the first 15 to 30 months of life • CCHP ranked 33rd for part 1 with a rate of 54.35%, and ranked 10th for part 2 with a rate of 64.58% • Best Practices to share: 1. Schedule visits for 0-2, 4, 6, 9, 12, 15, 18, and 30 years of life 2. Encourage patients to maintain a relationship with their PCP to promote consistent and coordination 3. Advise members with reminder/outreach calls to schedule a visit 4. Educate parents on the importance of preventative care visits 5. Consider offering extended practice hours to increase access • Use codes from the list which include codes we use to capture data	Nicole Branning, Quality Manager, CCHP

Timely Access to Care	• CCHP ensure the appointment access and access areas (after hours, in office wait, and telephone response) is up to standards
	• Our regulators prescribed these standards for different provider typed for urgent and non-urgent appointments:
	  • **Ancillary:** N/A for urgent, within 15 business days for non-urgent
	  • **PCP:** within 48 hours for urgent, within 15 business days for non-urgent
	  • **Non-Physician Mental Health**: within 96 hours for urgent, within 10 business days for non-urgent
	  • **Psychiatry:** within 96 hours for urgent, within 15 business days for non-urgent
	  • **Specialists:** within 96 hours for urgent, within 15 business days for non-urgent
	• CCHP conducts an annual survey to call providers who fit the above categories and ask for the soonest urgent and non-urgent appointment. It's important to inform your staff of this survey and respond to the call so we can receive accurate data.
	• The standard for after-hours is to be told what to do in case of an emergency and how to reach a provider if they need after hour care (Advice Nurse Line or Behavioral Access Line)
	• The standard for in-office wait is they shouldn't be waiting 45 minutes from the time of appointment until being taken to the exam room
	• The standard for telephone responses is to return a call within 1 business day, and not keep a member on hold for more than 10 minutes	

Coordination Between Medical and Behavioral Healthcare	• To begin, the primary mechanism is to start with members who are specialty mental health as well as members with challenges in physical health • Starting with Enhanced Care Management (ECM) to identify members who are actively receiving services in Behavioral Health and a PCP has not been scheduled for an extended period	Nicolás Barceló, MD, Medical Director, CCHP

Provider Network Training: Q4

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Topic	Discussion/Decision/Action	Presenter
	• After identification and enrollment, CCHP wants to support the preventative service delivery to enhance quality experience	
CalAIM Community Supports - Medically Tailored Meals (MTM)	• Focusing on Diabetes with A1c > 8. Members will receive an initial referral for 3 months of MTM • 7 vendors with a table of details available in the referral and on our webpage • Contact CCHP for troubleshooting and send screenshots of the referral	
No Wrong Door	• Regarding how mental and physical health are being accessed within the county. The intention of this policy is to simplify the process from the perspective of the member • Access Line remains available for triage purposes	

Community Health Worker Provider Training	• This program started July 1, 2022 and is part of the CalAIM expansion
	• Community Health Workers are trained health educators who work directly with members who are experiencing challenges with providers due to cultural and/or language barriers
	• Benefits: Bridge the gap between prescription and integration, improving health outcomes, reduce disparities for racial and ethnic minorities, increase the use of your current resources and reduce the demand on the healthcare system
	• Criteria
	  • CHW must have "lived experience" that provides a connection between the CHW, and the member/population being serviced.
	  • CHW Certificate, Violence Prevention Certificate, Work Experience Pathway
	  • Complete a minimum of 6 hours of additional training annually
	  • Not required to enroll as Medi-Cal Providers
	• Overview
	  • CHW must be supervised by a license provider, clinic, hospital, Community Based Organization (CBO) or Licensed Health Jurisdiction (LHJ). They must provide direct or indirect oversight to CHWs
	  • CHW services can be performed in the office, telehealth, or in a community environment
	  • Use the following CPT Codes when submitting claims:
	  • CPT Code 98960 (1 patient, $26.66)
	  • CPT Code 98961 (2-4 patients, $12.66)
	  • CPT Code 98962 (5-8 patients, $9.46)
	• CHW Supervising Provider Requirements
	  • Written recommendation/referral by a physician/other licensed practitioner of Healing Arts
	  • Must be medically necessary and rely on data driven approaches to determine and understand priority populations eligible for CHW services
	  • CHW do not require prior authorization since they are preventative, but required to document the dates and times/duration for services provided
	  • Frequency: 4 units (2 hours) per day per beneficiary, any provider
		Michael Chavez, ASA III, CCHP

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Topic	Discussion/Decision/Action	Presenter
	• A written plan of care is required for more than 12 units of service per member and may not exceed a period of a year • Claims must be submitted by the Medi-Cal enrolled supervising provider	
Preventative Care Guidelines	• 2021 guidelines updated on our webpage	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP

Bariatric	• Reminder of Requirements:
	  • Conservative Therapy, Nutritionist (at least 2 visits), Mental Health Evaluation
	  • CCHP wants to ensure the member is aware of the details and challenges of bariatric surgery as well as alternative options
	• Ordering Bariatric Surgery
	  • CCRMC: ccLink Order
	  • CPN: Provider Portal (Complete Questionnaire)	

Medi-Cal Redetermination	• Public Health Emergency - COVID-19 ending (60 days from 7/15/2022, but could be later) • During this period, DHCS has not required renewals of Medi-Cal. When it ends, all patients are required to renew their Medi-Cal otherwise will lose their coverage • Remind patients to renew their Medi-Cal	Dennis Hsieh, MD, JD Chief Medical Officer, CCHP
Transportation	• For CCHP Medi-Cal (not Commercial) patients covered transportation includes non-medical transport and non-emergency medical transport • NEMT can be ordered once a year for the year ongoing need • NEMT is considered a prescription therefore must be signed by a MD, NP, DO, PA, Podiatrist, Dentist, Psychologist, SUD Provider, or other provider who is licensed and can prescribe • Call CCHP Member Services to schedule: 1-877-661-6230	

Genetic Testing	• For providers working with patients with stage III and stage IV cancer:
	  • If there is genetic testing related to an FDA approved treatment, prior authorization is not allowed
	  • However, will require retro authorization	

Honorarium Checklist	• Complete the survey • Those who attend are already entered • Honorarium can take several months wait time before receiving	Vanessa Piña, Senior Level Clerk, CCHP
Closing	Meeting adjourned at 9:00 AM and 1:30 PM. The next training is scheduled for Tuesday, October 25, 2022.	

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Q3 Provider Network Training
Tuesday, August 2, 2022

Information Packet

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For more information, see our webpage:
https://cchealth.org/healthplan/provider-network-training.php

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Q3 Provider Network Training

Tuesday, August 2, 2022

Agenda

Agenda	Presenter
Persistent Asthma Update*	Imran Junaid, MD, Jiva Health*
Violence Prevention	Sgt. Antonio Benavides, Health Service Security Trainer, Health Services Security Unit
Blood Lead Screening	Nicole Branning, Quality Manager, CCHP
Initial Health Assessments	
Well Child Visits in the First 30 Months	
Timely Access to Care	
Coordination Between Medical and Behavioral Healthcare	Nicolás Barceló, MD, Medical Director, CCHP
CalAIM	
No Wrong Door	
Community Health Worker Provider Training	Michael Chavez, ASA III, CCHP
Bariatric	Dennis Hsieh, MD, JD, CMO, CCHP
Medi-Cal Redetermination	
Transportation	
Genetic Testing	
Preventative Care Guidelines	
Honorarium Checklist	Vanessa Piña, Senior Level Clerk, CCHP

*Afternoon Session Only

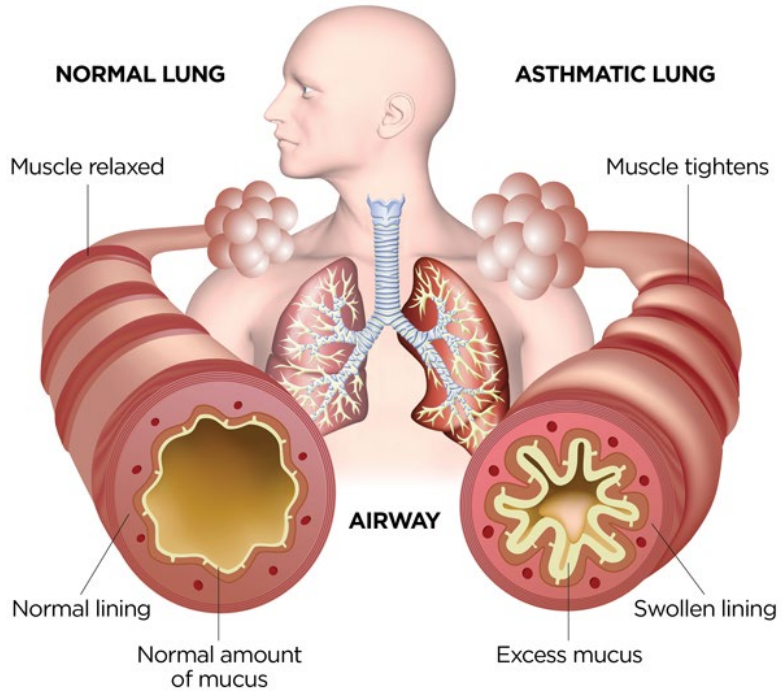
Persistent Asthma update

Imran Junaid, MD

Jiva Health, Inc.

Identify the at risk patient…

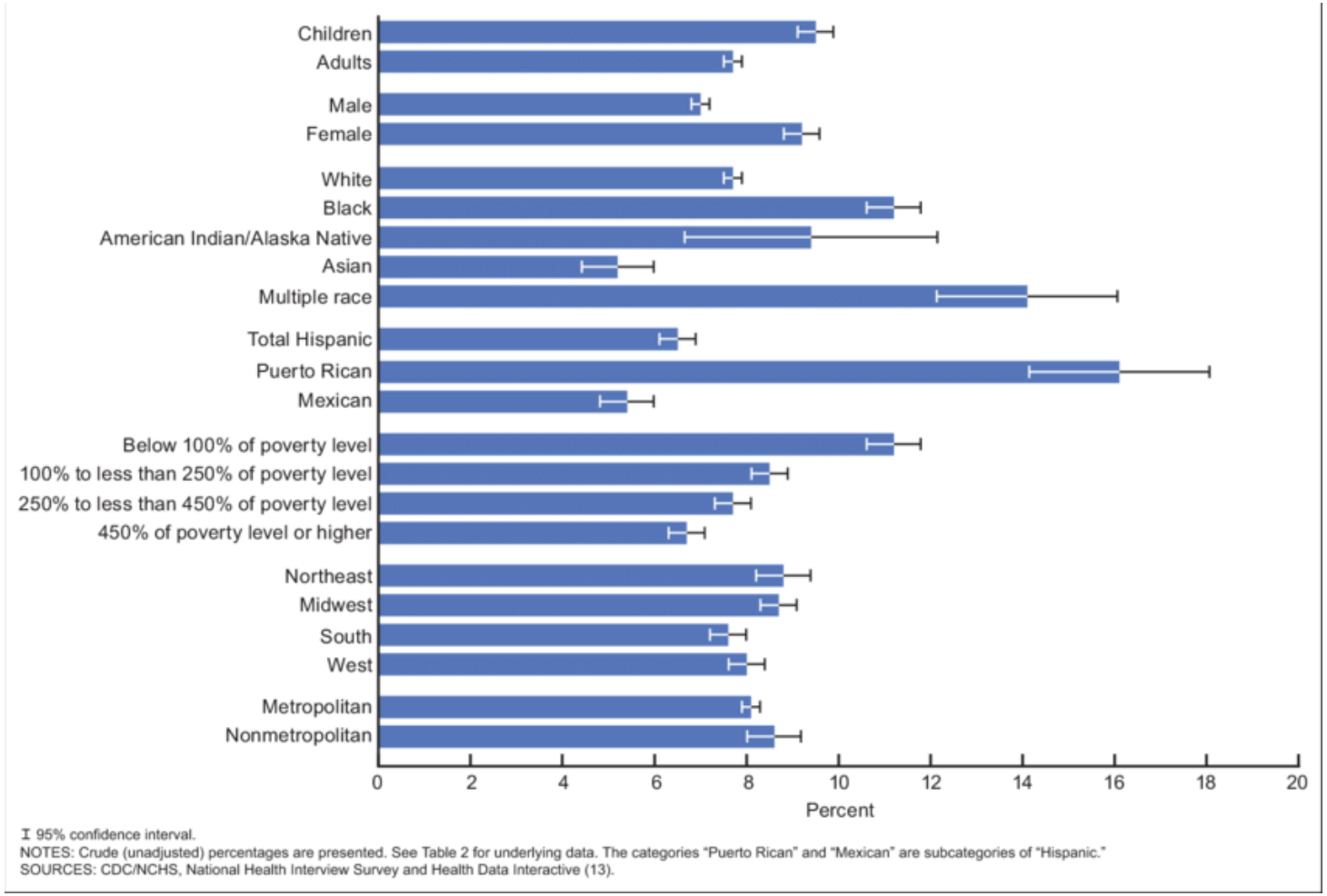
Reversible Airway obstruction



Mimics:

- Post-nasal drip
- Vocal Cord Dysfunction
- COPD
- GERD
- Anxiety
- Parenchymal disorders of the lungs.

Identify the at risk patient…



I 95% confidence interval.
NOTES: Crude (unadjusted) percentages are presented. See Table 2 for underlying data. The categories "Puerto Rican" and "Mexican" are subcategories of "Hispanic."
SOURCES: CDC/NCHS, National Health Interview Survey and Health Data Interactive (13).

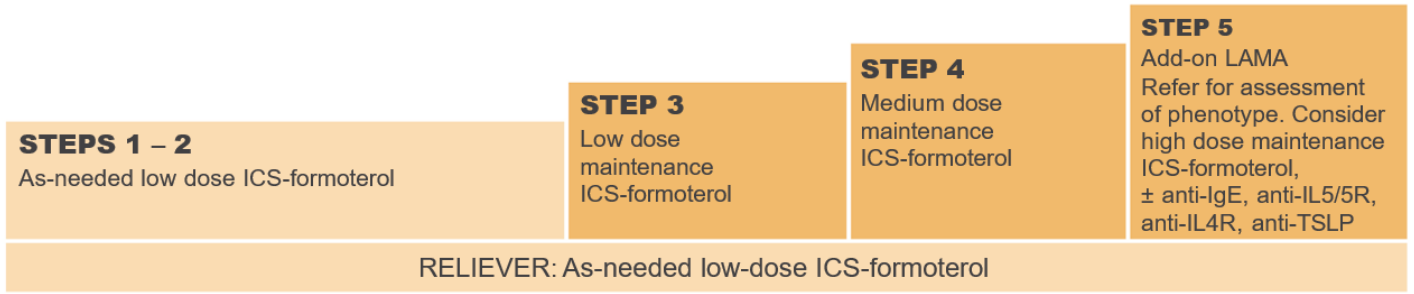
Best Practices…

- Office based Spirometry
  - Can be normal when patient asymptomatic
- Trigger identification and avoidance
  - Allergy testing
    - IgE
    - Skin test
  - Home evaluation
    - Cockroaches
    - Mold
  - Air Pollution

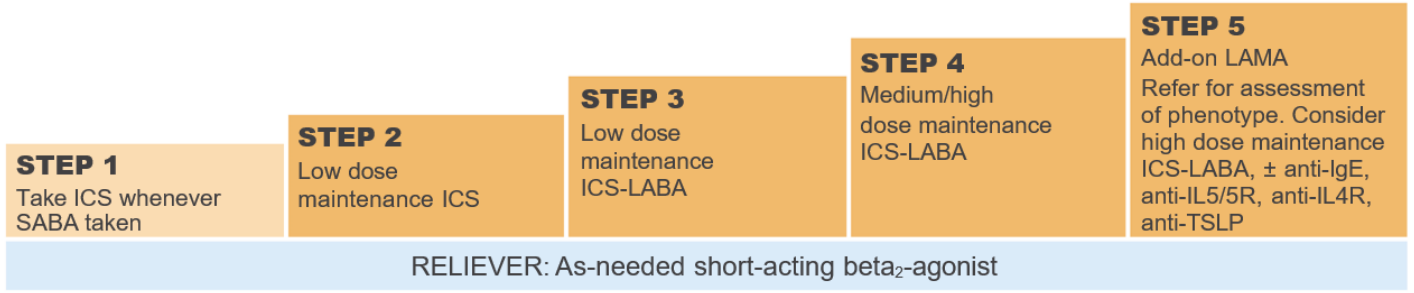
Medication management…

Medication Management… Age 12 and up

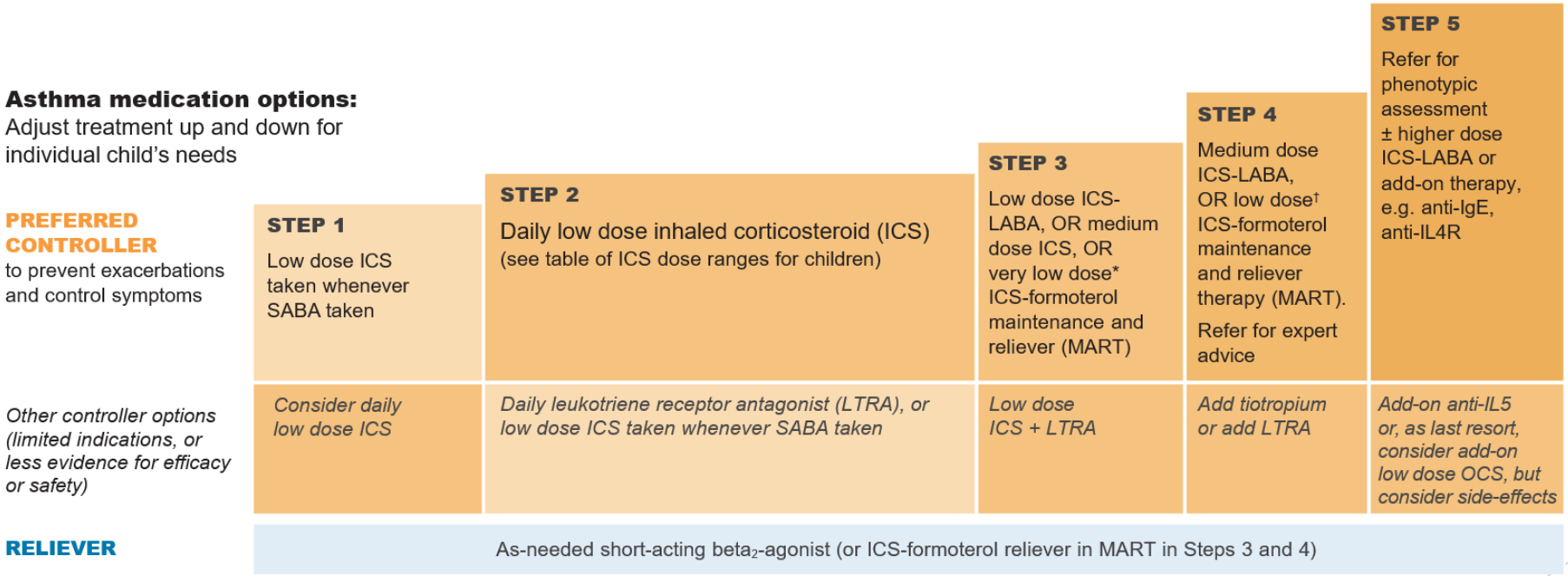
CONTROLLER and **PREFERRED RELIEVER** (Track 1). Using ICS-formoterol as reliever reduces the risk of exacerbations compared with using a SABA reliever



CONTROLLER and **ALTERNATIVE RELIEVER** (Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller



Medication Management… Age 6-11



Medication Management… Age < 5

Asthma medication options:
Adjust treatment up and down for individual child's needs

	STEP 1	STEP 2	STEP 3	STEP 4
PREFERRED CONTROLLER CHOICE		Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for pre-school children)	Double 'low dose' ICS	Continue controller & refer for specialist assessment
Other controller options (limited indications, or less evidence for efficacy or safety)	*Consider intermittent short course ICS at onset of viral illness*	*Daily leukotriene receptor antagonist (LTRA), or intermittent short course of ICS at onset of respiratory illness*	*Low dose ICS + LTRA Consider specialist referral*	*Add LTRA, or increase ICS frequency, or add intermittent ICS*
RELIEVER	As-needed short-acting beta$_2$-agonist			

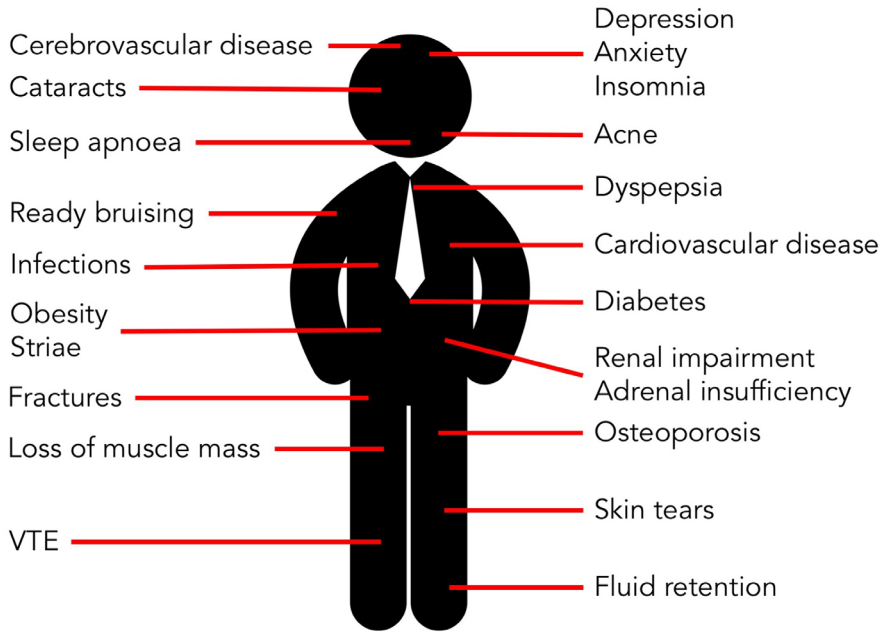
Predicting exacerbation

- Using Albuterol **2 or more times per**
- Any asthma **symptoms at nighttime**
- Using **2 albuterol canisters per year**
- **Use of oral or parenteral steroids in the past 12 months.**
- **Any Urgent care or ER visit or Hospitalization in the last 24 months**

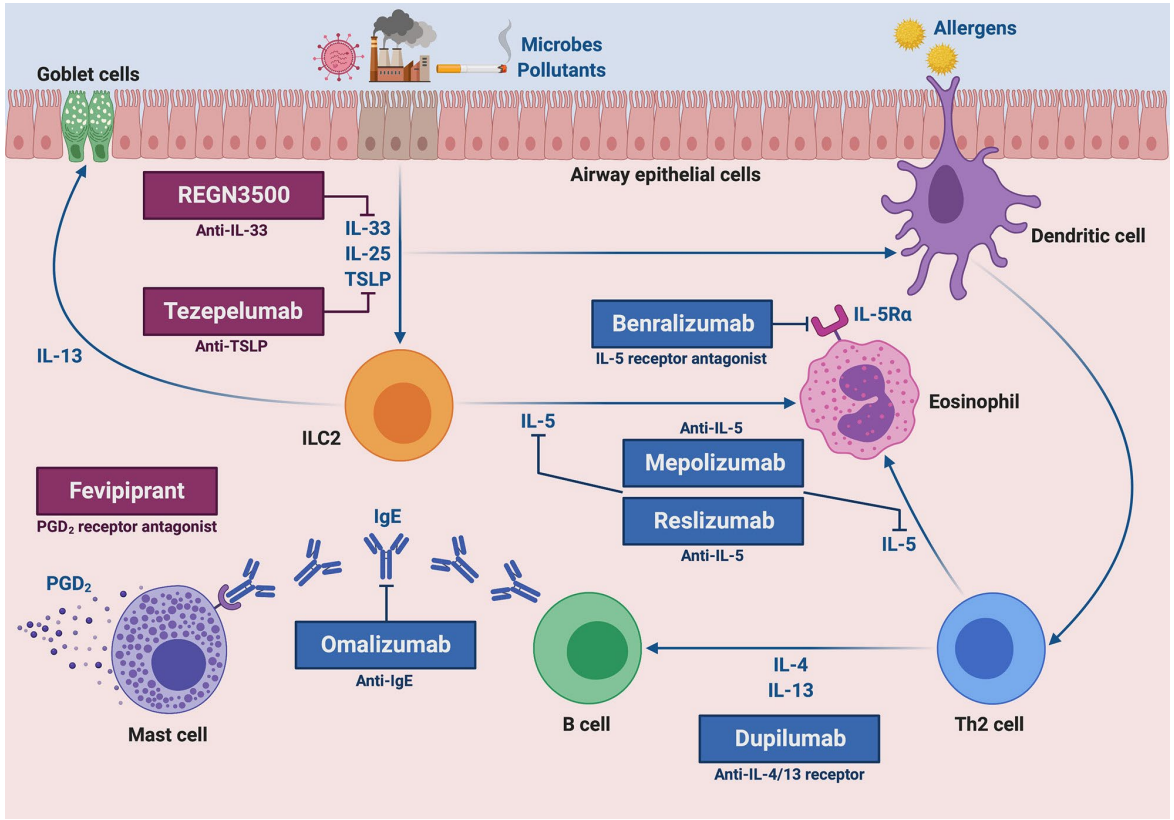
- These patients are ticking timebombs and may benefit from stepping up treatment.

Oral/injectable steroid stewardship…

- Up to 25% of the asthma population receives oral/inj steroid per year due to an exacerbation.
- Cumulative risk for development of chronic disease attributed to steroid use.
  - Even with intermittent and infrequent dosing.



New options…


Microbes
Pollutants
Allergens
Goblet cells
Airway epithelial cells
Dendritic cell
REGN3500
Anti-IL-33
IL-33
IL-25
TSLP
Tezepelumab
Anti-TSLP
IL-13
Benralizumab
IL-5 receptor antagonist
IL-5Rα
Eosinophil
ILC2
IL-5
Anti-IL-5
Mepolizumab
Reslizumab
Anti-IL-5
IL-5
Fevipiprant
PGD2 receptor antagonist
IgE
PGD2
Omalizumab
Anti-IgE
Mast cell
B cell
IL-4
IL-13
Th2 cell
Dupilumab
Anti-IL-4/13 receptor

Allergen Immunotherapy…

- Targetting immune system to help induce tolerance to specific allergen triggers.
- 90% effective
  - Reduces inflammation
  - Reduces symptoms
  - Reduces need for medications
    - Controller and rescue
- Long term immune modulation
  - benefits even after stopping medication.

Questions?

- Imran.Junaid@jivahealth.com
- Cell - 310-903-9727

Violence Prevention

Lt. Henrique Enriquez, Chief of Security
Sgt. Antonio Benavides, Health Service Security Trainer

Health Services Security Unit

Blood Lead Screening

Nicole Branning, Quality Manager
Nicole.Branning@cchealth.org

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.
- **THERE IS NO SAFE LEVEL OF EXPOSURE TO LEAD**
- 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
- CPT Code: 83655

Initial Health Assessments

Required Components:

- Completion of the Staying Healthy Assessment (SHA)
- A comprehensive history
- A comprehensive physical and mental exam
- Diagnoses, as needed
- Plan of care, including all follow up activities and referrals to address findings or risk factors discovered during the initial assessment and completion of the SHA
- Provision of needed preventive care - US Preventive Services Task Force A & B Guidelines

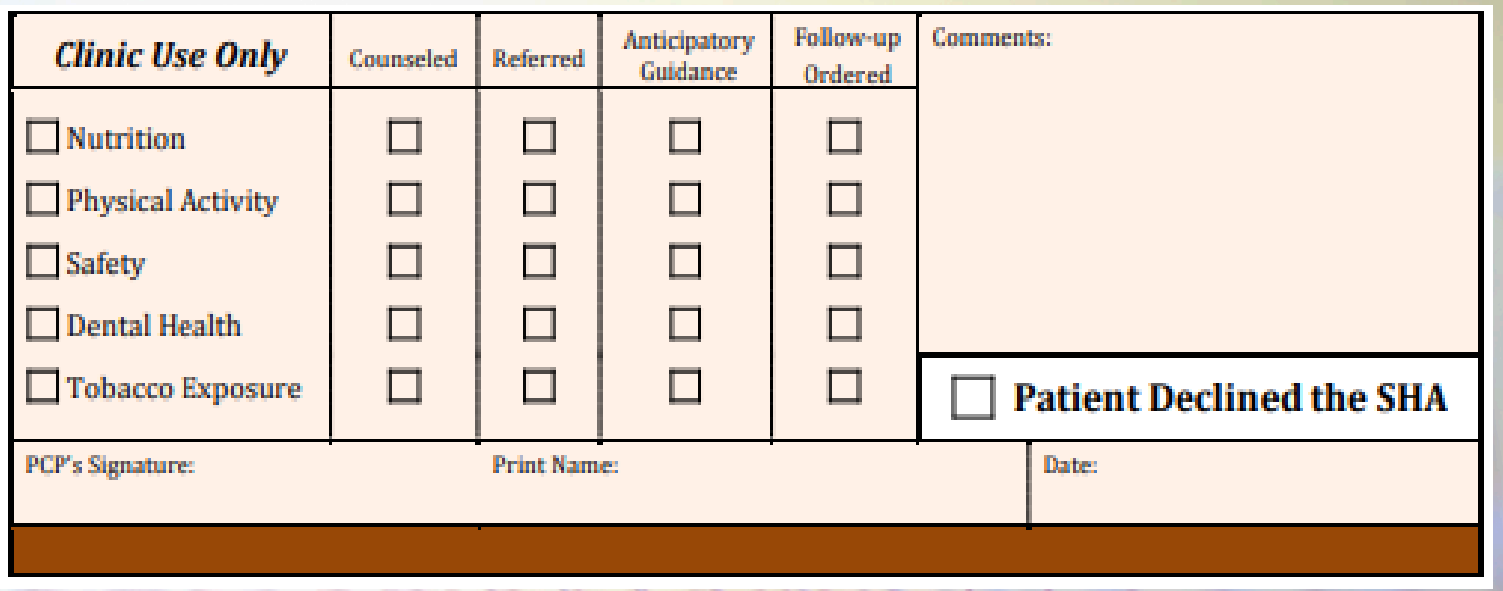
Initial Health Assessment

Staying Healthy Assessment

- Ensure the provider reviews with the member and provides counseling for any areas indicated
- Confirm provider review by signing and dating at the end of the form
- If the patient declines, check the box at the end of the form. Still sign and date.

Blood Lead Screening

- All children should have a blood lead screen at 12 months and 24 months of age.
- If the screenings were missed, a screening should still be ordered at least once until 72 months of age.
- If it is not in the child's best interest or if the parent/guardian refuses, document the reason and obtain a signed statement from the parent or a reason why a statement was not obtained.



Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
☐ Nutrition	☐	☐	☐	☐	
☐ Physical Activity	☐	☐	☐	☐	
☐ Safety	☐	☐	☐	☐	
☐ Dental Health	☐	☐	☐	☐	
☐ Tobacco Exposure	☐	☐	☐	☐	☐ **Patient Declined the SHA**

PCP's Signature: Print Name: Date:

Well Child Visits in the First 30 Months of Life

Age Range	Required Number of Visits	MY 2021 Rate	MY 2021 Percentile Ranking
0 – 15 months	6	54.35%	33rd
15 months – 30 months	2	64.58%	10th

Best Practices:

- Per American Academy of Pediatrics, schedule visits for Newborn, 1, 2, 4, 6, 9, 12, 15, 18 and 30 months
- Encourage parents to maintain a relationship with their PCP to promote consistent and coordinated health care
- Educate parents on the importance of having preventive care visits
- Consider offering extended practice hours to increase access
- Remind patients of their appointments by making calls or sending texts
- Make outreach calls and/or send letters to advise members of the need for a visit
- Use codes from the code list being sent out after today's meeting

Timely Access to Care

Appointment Availability

Provider Type	Urgent	Non-Urgent
Ancillary	NA	Within 15 Business Days
PCP	Within 48 Hours	Within 10 Business Days
Non-Physician Mental Health	Within 96 Hours	Within 10 Business Days
Psychiatry	Within 96 Hours	Within 15 Business Days
Specialists	Within 96 Hours	Within 15 Business Days

CCHP conducts surveys through a third-party vendor. Callers will introduce themselves and say they are calling on behalf of CCHP.

Callers should be given the **SOONEST** available appointment, including telehealth appointments.

Please let your office staff know how important it is to respond to this survey and provide accurate information.

Timely Access to Care
After Hours, In Office Wait, and Telephone Response

Access Area	Standard
After Hours	Answering machines or answering service provides: 1. What callers should do if they are calling regarding an emergency 2. How to reach a provider if they need after hours care
In Office Wait	45 minutes or less from time of appointment until being taken to the exam room
Telephone Response	When members call a provider office, either: 1. No more than 10 minutes on hold 2. Return call within 1 business day

Coordination of Medical and Behavioral Healthcare

Nicolás Barceló, MD

ECM

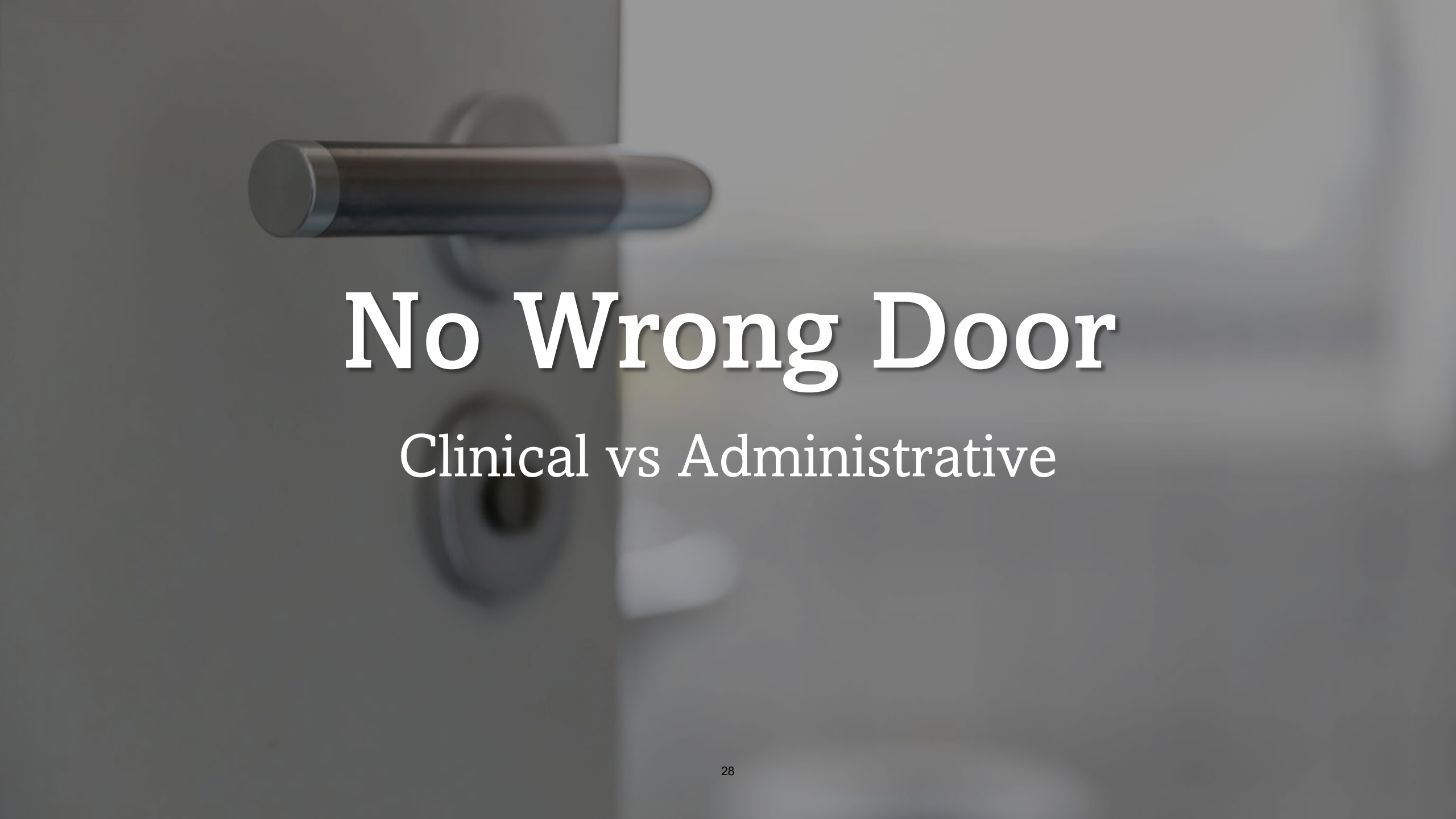
Identification

Enrollment

Service Delivery

Quality Monitoring

CalAIM Community Supports – Medically-Tailored Meals (MTM)



No Wrong Door

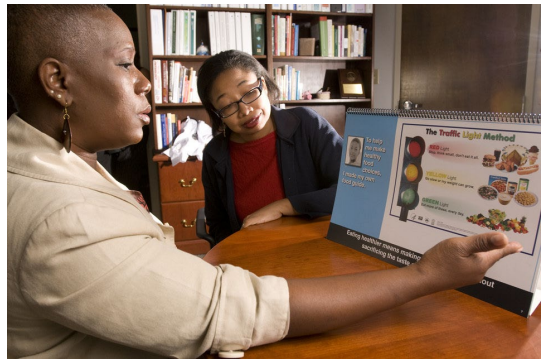
Clinical vs Administrative

Welcome to the Community Health Worker Provider Training

Community Health Workers

July 1, 2022

- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- CHWs can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and provide key linkages with other similar and related community-based resources.
- CHWs can encourage early detection of disease through health education about appropriate screening, and promote effective, timely management of chronic conditions, which helps people avoid unnecessary care and complications that lead to costly emergency room visits.
- DHCS assumes one service per week for the following populations: 10 percent of seniors and person with disabilities, 5 percent of adults, and 2.5 percent of children.



Benefits of coordinating with a CHW Program

- Bridge the Gap between prescription and integration – a CHW can "demystify" and simplify a complex system to improve navigation.
- Improving healthy outcomes – CHW's help educate and train clients for better prevention and earlier interventions.
- Reduce disparities for Racial and Ethnic Minorities – A CHW can help improve access and education because they live in and come from the communities they serve. CHWs understand the culture and barriers.
- Increase use of your current resources – CHW's help clients increase access to already available programs and resources.
- Reduce the demand on the Healthcare System – Earlier intervention and better navigation reduce more extreme needs and higher costs.

CHW – Criteria

CHWs must have "**lived experience**" that provides a connection between the CHW and the member or population being served.

This may include, but is not limited to

* experience related to incarceration
* pregnancy and birth
* foster system placement
* mental health conditions or substance use
* military service
* Disability
* Homelessness
* survivor of violence / abuse / exploitation

Lived experience may also include:

* shared race
* sexual orientation
* language
* ethnicity
* gender identity
* cultural background.

CHW **Required Qualifications** can come from one of the following:

* CHW Certificate
* Violence Prevention Certificate
* Work Experience Pathway

CHWs must complete a minimum of six hours of additional training annually.

CHWs are not required to enroll as Medi-Cal Providers.

Community Health Worker overview

- CHWs must be supervised by a licensed provider, clinic, hospital, CBO or LHJ. They must provide direct or indirect oversight to CHWs.
- Supervising provider must be an enrolled MediCal provider but does not need to be the ordering provider nor do they need to be physically present at time of services. Supervision may be delegated as determined by the supervising provider.
- Supervising provider must ensure continuous qualifications of the requirements of the CHW.
- CHW services can be performed in the office, via telehealth, or in a community environment.
- Use these CPT codes when submitting claims:

CPT code	Description	Length	Number of Patients	Rate
98960	self-management education and training, face-to-face, 30 mins	30 mins	1	$26.66
98961	self-management education and training, face-to-face, 30 mins	30 mins	2-4	$12.66
98962	self-management education and training, face-to-face, 30 mins	30 mins	5-8	$9.46

CHW – Supervising Provider:

- CHW services require a written recommendation or referral by a physician or other licensed practitioner of Healing arts which can also include physician assistants, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, licensed educational psychologists, licensed vocational nurses, and pharmacists.

- CHW services must be medically necessary and rely on data driven approaches to determine and understand priority populations eligible for CHW services. There must be a diagnosis of one or more chronic health conditions (including behavioral health)

- CHW services are preventative and therefor do not require prior authorization (quantity limits can be applied).

CHW – Supervising Provider:

- CHWs are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the service provided. For example, documentation might state, "Discussed the patient's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred patient to XYZ food pantry."

- Frequency is four units (2 hours) per day per beneficiary, any provider. Additional units per day may be provided with an approved Treatment Authorization Request for medical necessity

- A written plan of care is required for more than 12 units of service per member and may not exceed a period of a year.

- Claims must be submitted by the MediCal enrolled supervising provider.

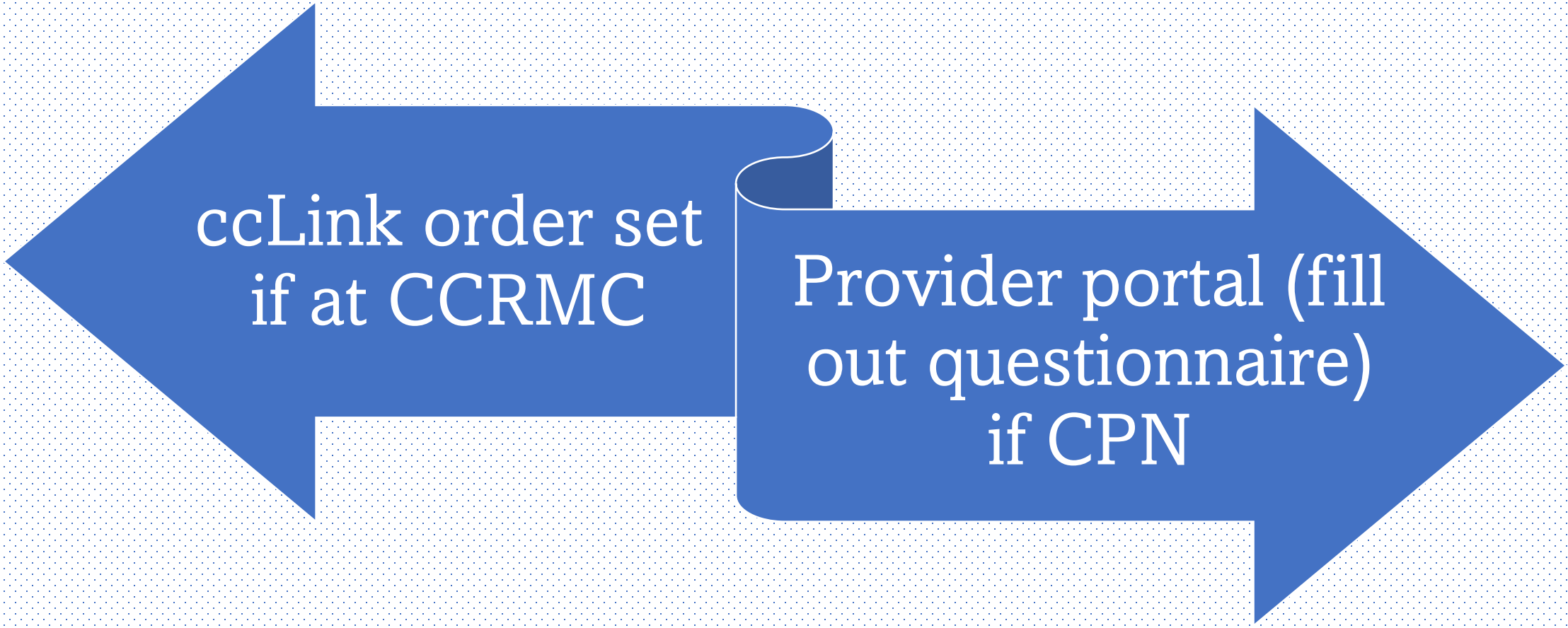
Bariatric

Dennis Hsieh, MD, JD

Reminder of Requirements

- Conservative Therapy
- Nutritionist (at least 2 visits)
- Mental Health Evaluation

Order Through



Medi-Cal Redetermination

Public Health Emergency – COVID-19 ending (60 days from 7/15/22)

All patients need to reapply for Medi-Cal

Public Health emergency (PHE) Unwinding Communications Strategy

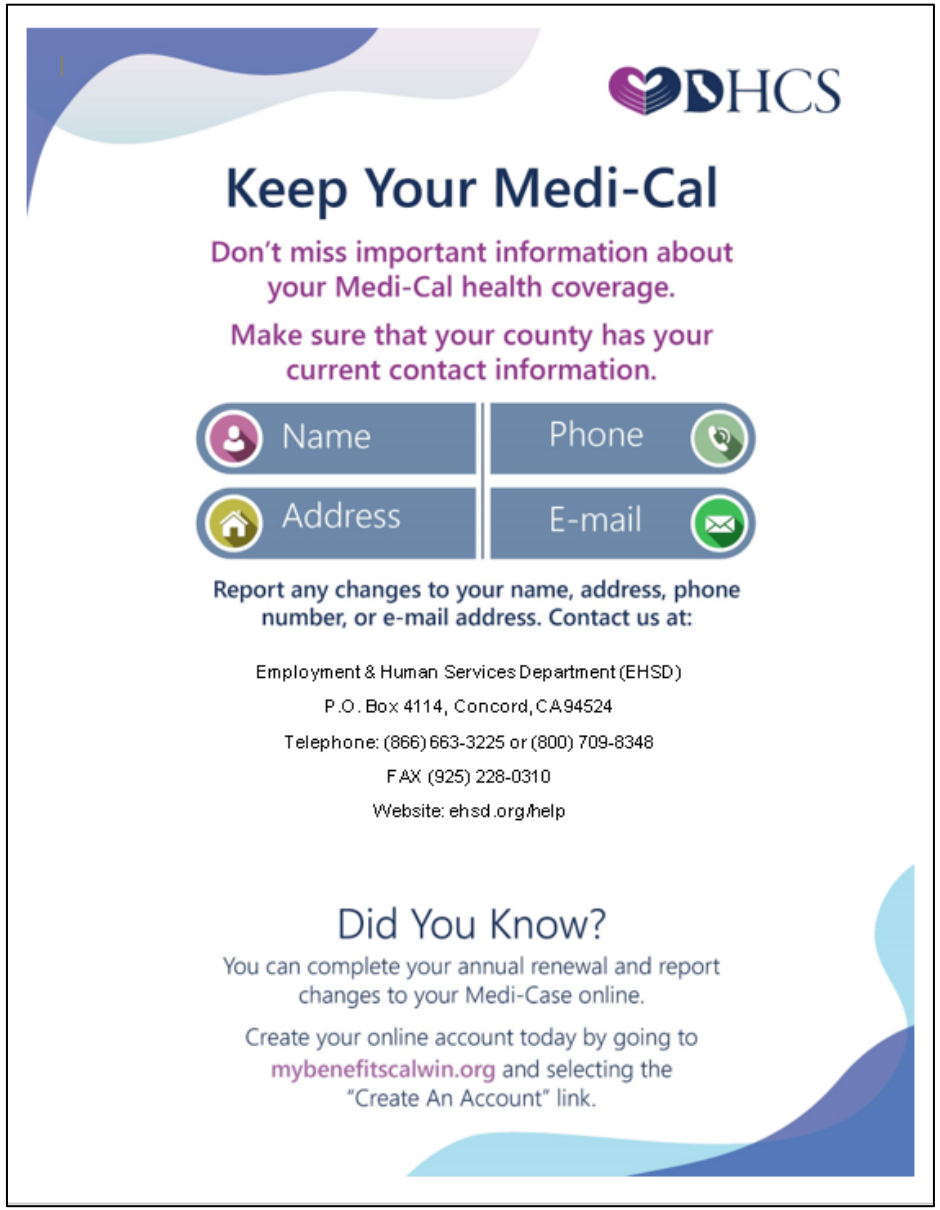
- The COVID-19 Public Health Emergency (PHE) will end soon (mid-October 2022) and millions of Medi-Cal beneficiaries may lose their coverage.
- Top Goal of DHCS: Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **Phase One:** Encourage Medi-Cal beneficiaries to update contact information.
  - Launch immediately
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two:** Tell Medi-Cal beneficiaries to update their contact information with EHSD and watch for renewal packets in the mail.
  - Launch 60 days prior to COVID-19 PHE termination.
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

EXAMPLE COMMUNICATION MATERIALS

Keep your contact information (phone, address, or email) current to get important information about your Medi-Cal health coverage.

Contact your Medi-Cal county eligibility worker today. Go online to ehsd.org/help or call 1-866-663-3225.

If you get SSI, report your contact information changes to Social Security by calling 1-800-772-1213. You can also make changes online or find a listing of local Social Security offices at ssa.gov/locator



Transportation

For CCHP Medi-Cal (not commercial) patients covered transportation includes:

Non-medical transport

Non-emergency medical transport

NEMT can be ordered once a year for the year for ongoing need

Reminder all NEMT has to be signed by a MD, NP, DO, PA, podiatrist, dentist, psychologist, SUD provider, or other provider who is licensed and can prescribe

Please call CCHP member services to help schedule

Genetic Testing

1. Genetic testing for stage III and stage IV cancer for FDA approved treatments: no prior authorization required
    a. However, will require retro authorization

Preventative Care Guidelines

Dennis Hsieh, MD, JD

Preventive Care Guidelines

- Our Preventive Guidelines have been updated
- These are reflected of all current A & B recommendations from the US Preventive Services Task Force
- These are included in the meeting material for today's training and are available on our website at https://cchealth.org/healthplan/clinical-guidelines.php

Preventive Care Guidelines: USPFTF Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Prevention Of Dental Caries In Children Younger Than 5 Years: Screening And Interventions: Children Younger Than 5 Years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	B	December 2021 *
Prevention Of Dental Caries In Children Younger Than 5 Years: Screening And Interventions: Children Younger Than 5 Years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B	December 2021 *
Aspirin Use To Prevent Preeclampsia And Related Morbidity And Mortality: Preventive Medication: Pregnant Persons At High Risk For Preeclampsia	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose.	B	September 2021 *
Chlamydia And Gonorrhea: Screening: Sexually Active Women, Including Pregnant Persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Chlamydia And Gonorrhea: Screening: Sexually Active Women, Including Pregnant Persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Prediabetes And Type 2 Diabetes: Screening: Asymptomatic Adults Aged 35 To 70 Years Who Have Overweight Or Obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B	August 2021 *
Gestational Diabetes: Screening: Asymptomatic Pregnant Persons At 24 Weeks Of Gestation Or After	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	B	August 2021 *

Preventive Care Guidelines: USPFTF Guidelines

Topic	Description	Grade	Release Date of Current Recommendation
Healthy Weight And Weight Gain In Pregnancy: Behavioral Counseling Interventions: Pregnant Persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B	May 2021
Colorectal Cancer: Screening: Adults Aged 45 To 49 Years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B	May 2021 *
Colorectal Cancer: Screening: Adults Aged 50 To 75 Years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A	May 2021 *
Hypertension In Adults: Screening: Adults 18 Years Or Older Without Known Hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	April 2021 *
Lung Cancer: Screening: Adults Aged 50 To 80 Years Who Have A 20 Pack-year Smoking History And Currently Smoke Or Have Quit Within The Past 15 Years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	March 2021 *
Tobacco Smoking Cessation In Adults, Including Pregnant Persons: Interventions: Nonpregnant Adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)-- approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	A	January 2021 *
Tobacco Smoking Cessation In Adults, Including Pregnant Persons: Interventions: Pregnant Persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A	January 2021 *

Discussion/Questions On Updated USPFTF Guidelines

Honorarium Checklist

- Attendance is automatically entered in honorarium eligibility
- Notified by Vanessa Piña if a W-9 is required
- Complete our Survey!
- Honorarium can take several months before receiving

Thank You For Attending the Provider Network Training!

Questions? Contact:

Dennis.Hsieh@cchealth.org

Vanessa.Pina@cchealth.org

Q4 Provider Network Training:

Tuesday, October 25, 2022

Contra Costa County
Asthma Mitigation Program

CONTRA COSTA HEALTH PLAN

What is it?

- Free program that provides asthma education and supplies
- Referrals to specialists for home improvements to reduce asthma triggers.
- Services offered through video, phone, and/or in person

What services are offered?

- Asthma education to review symptoms, asthma triggers, and medications
- Free supplies like allergen-proof bedding, air filters, and cleaning supplies
- Referral for environmental assessment to identify home-based asthma triggers
- Home improvements at no cost to landlord or resident to address asthma triggers and energy efficiency
- Referral to housing advocacy or legal services, as needed

Who is eligible?

- Contra Costa Health Plan Medi-Cal children and adults with moderate to severe asthma.
- Adult patients must be free of severe uncontrolled mental illness
- Renter or owner living in a single family, mobile home, or multifamily dwelling unit

"He's taking his long-term controller every day and using his albuterol less often."

- *Mother of an enrolled member*

How to Get Started?

RMC: Refer patients through ccLINK via "CalAim Asthma Education and Home Assessment (Community Supports)" (REF22104) referral

CPN: Contact Daisy Camposano:
Call: 925-723-1051
Email: Daisy.Camposano@cchealth.org

Asthma Resources

Contra Costa Health Plan: Asthma :: Health Plan :: Contra Costa Health Services (cchealth.org)

Asthma Communities/Website Information:

- AAFA's Asthma and Allergy Communities | AAFA.org
- Asthma Symptoms, Diagnosis, Management & Treatment | AAAAI
- Allergy & Asthma Network | Breathe Better Together (allergyasthmanetwork.org)
- Asthma | American Lung Association
- RAMP » Regional Asthma Management and Prevention (rampasthma.org)

Asthma Data/Tests and Air Quality:

- California Breathing County Asthma Data Tool
- Welcome to the Asthma Control Test
- BAAQMD - Air Quality Data
- Prepare For Fire Season (airnow.gov)

Children Resources:

- BreathMobile® | Because asthma is a community problem (breathmobile-nca.org)
- Iggy and The Inhalers - Asthma Education for Kids!
- Video - What is asthma? – Iggy and The Inhalers

US Preventive Services Task Force A & B Recommendations

This guideline targets asymptomatic patients seeking health care who would benefit from preventive services. This resource is intended to assist in the prioritization of screening maneuvers, tests and counseling opportunities. It is not intended to diagnose or treat any condition. Nothing in these guidelines is meant to preclude more extensive screening for people with higher-than-average risks. These guidelines are not a substitute for clinical judgment.

Topic	Description	Grade	Release Date of Current Recommendation
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	B	December 2021 *
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B	December 2021 *
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose.	B	September 2021 *
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B	September 2021 *

Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B	August 2021 *
Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.	B	August 2021 *
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B	May 2021
Colorectal Cancer: Screening: adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B	May 2021 *
Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A	May 2021 *
Hypertension in Adults: Screening: adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	April 2021 *
Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	March 2021 *
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	A	January 2021 *

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	A	January 2021 *
Hepatitis B Virus Infection in Adolescents and Adults: Screening: 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	December 2020 *
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions: 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	November 2020 *
Sexually Transmitted Infections: Behavioral Counseling: 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	August 2020 *
Unhealthy Drug Use: Screening: 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	June 2020
Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	B	April 2020 *

Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B	March 2020 *
Abdominal Aortic Aneurysm: Screening: men aged 65 to 75 years who have ever smoked	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	B	December 2019 *
Asymptomatic Bacteriuria in Adults: Screening: pregnant persons	The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	B	September 2019 *
Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	B	September 2019 *
BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	B	August 2019 *
Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit	A	July 2019 *
Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	A	June 2019 *

Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis: persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.	A	June 2019
Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	A	June 2019 *
Perinatal Depression: Preventive Interventions: pregnant and postpartum persons	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	B	February 2019
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	A	January 2019 *
Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B	November 2018 *
Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.	B	October 2018 *

Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B	September 2018 *
Syphilis Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends early screening for syphilis infection in all pregnant women.	A	September 2018 *
Cervical Cancer: Screening: women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.	A	August 2018 *
Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. See the Clinical Considerations section for information on risk assessment.	B	June 2018 *
Osteoporosis to Prevent Fractures: Screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B	June 2018 *
Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B	April 2018 *
Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B	March 2018 *

Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B	September 2017 *
Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B	June 2017 *
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B	April 2017 *
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	January 2017 *
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years with no history of cvd, 1 or more cvd risk factors, and a calculated 10-year cvd event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the "Clinical Considerations" section for more information on lipids screening and the assessment of cardiovascular risk.	B	November 2016 *
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B	October 2016 *
Latent Tuberculosis Infection: Screening: asymptomatic adults at increased risk for infection	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.	B	September 2016 *

Syphilis Infection in Nonpregnant Adults and Adolescents: Screening: asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A	June 2016 *
Depression in Children and Adolescents: Screening: adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	February 2016 *
Depression in Adults: Screening: general adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	January 2016 *
Breast Cancer: Screening: women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. †	B	January 2016 *
Rh(D) Incompatibility: Screening: pregnant women, during the first pregnancy-related care visit	The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A	February 2004 *
Rh(D) Incompatibility: Screening: unsensitized rh(d)-negative pregnant women	The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.	B	February 2004 *

†The Department of Health and Human Services, under the standards set out in revised Section 2713(a)(5) of the Public Health Service Act and Section 223 of the 2021 Consolidated Appropriations Act, utilizes the 2002 recommendation on breast cancer screening of the U.S. Preventive Services Task Force. To see the USPSTF 2016 recommendation on breast cancer screening, go to http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening1.

*Previous recommendation was an “A” or “B.”

The U.S. Preventive Services Task Force Grade Definitions (USPSTF)

The USPSTF updated its definition of and suggestions for practice for the grade C recommendation. This new definition applies to USPSTF recommendations voted on after July 2012. Describing the strength of a recommendation is an important part of communicating its importance to clinicians and other users. Although most of the grade definitions have evolved since the USPSTF first began, none has changed more noticeably than the definition of a C recommendation, which has undergone three major revisions since 1998. Despite these revisions, the essence of the C recommendation has remained consistent: at the population level, the balance of benefits and harms is very close, and the magnitude of net benefit is small. Given this small net benefit, the USPSTF has either not made a recommendation "for or against routinely" providing the service (1998), recommended "against routinely" providing the service (2007), or recommended "selectively" providing the service (2012). Grade C recommendations are particularly sensitive to patient values and circumstances. Determining whether or not the service should be offered or provided to an individual patient will typically require an informed conversation between the clinician and patient.

What the Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Health Services Security Unit

The Contra Costa Health Services Department contracts security services with the Contra Costa County Sheriff's Office. The Health Services Security Unit (HSSU) consists of 24 dedicated Sheriff's employees who provide law enforcement and security services to Health Services employees, visitors, and health services facilities.

HSSU consists of one Lieutenant, two Sergeants, eight Sheriff's Deputies, and fourteen Sheriff's Rangers.

The mission of the HSSU is to provide the highest level of law enforcement services while maintaining a safe and secure environment where citizens of Contra Costa can visit and attend to their medical and human service needs. HSSU provides security personnel to sixteen facilities throughout Contra Costa County, including in-patient health and mental health clinics, the Contra Costa Regional Medical Center, and Employment and Human Services facilities.

Personnel assigned to HSSU patrol facilities, respond to calls for service, investigate crimes, provide security assessments of facilities, and present security-related training to Health Services employees.

The dedicated men and women of the Health Services Security Unit are committed to providing the highest level of customer service experience to county employees and visitors.

Well-Child Visits in the First 30 Months of Life (W30)

Measure Description

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Why it Matters	Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents.[1] Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening and counseling.[2]

Qualifying Codes

Description	Generic Name (Brand Name)		
Procedure Codes	• 99381 • 99382 • 99383 • 99384 • 99385	• 99391 • 99392 • 99393 • 99394 • 99395	• 99461 • G0438 • G0439 • S0302
Diagnosis Codes	• Z00.00 • Z00.01 • Z00.110 • Z00.111	• Z00.121 • Z00.129 • Z00.2 • Z00.3	• Z02.5 • Z76.1 • Z76.2

Best Practices:

- Per American Academy of Pediatrics, schedule visits for newborns and at 1, 2, 4, 6, 9, 12, 15, 18 and 30 months
- Encourage parents to maintain a relationship with their PCP to promote consistent and coordinated health care
- Educate parents on the importance of having preventive care visits
- Consider offering extended practice hours to increase access
- Remind patients of their appointments by making calls or sending texts
- Make outreach calls and/or send letters to advise members of the need for a visit