Contra Costa Health Plan will begin to report a new measure to assess provider counseling to prevent and address pediatric obesity in 2010. The newly required State HEDIS measure will assess the percentage of Children and teens 2 to 17 years of age who had an outpatient visit with Primary Care Practitioner (PCP) and who had evidence of body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

The rapidly increasing prevalence of obesity among children is one of the most challenging problems currently facing primary care providers. In addition to the growing prevalence of obesity in children and adolescents, overweight children at risk of becoming obese are also of great concern. Screening for overweight or obesity begins in the provider’s office with the calculation of body mass index (BMI). With this new measure providers will also be asked to not only calculate and graph the BMI but also promote regular exercise activity and healthy eating, which are all essential elements in addressing this problem. These three elements BMI, exercise activity and healthy eating must be documented in the patient’s medical record.

Within the last several months various tools for providers and patients have been created by Patricia Sanchez, Senior Health Education Specialist, Otilia Tiutin, Manager of Cultural and Linguistic Services and Dr. Diane Dooley, Pediatrician for CCRMC. These tools were created with the idea to help providers negotiate behavior change with their patients, and give providers direct access to programs already existing within our network and community resources. We encourage all providers and CCHS staff to access our new health education website section and become familiar with its new resources. To access the website go to http://www.cchealth.org/health_plan/. If you have any questions, suggestions, or concerns please contact Patricia B. Sanchez, MPH at (925) 313-6019.

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<th>Page</th>
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<td>9, 10</td>
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</tbody>
</table>
**Medicare Annual Enrollment Period – AEP**

Starting November 15, 2009 through December 31, 2009

At this time of year, many of your patients will be receiving information on enrolling in a Medicare Advantage plan. They will hear about the enrollment period on TV and radio and see advertisements in the newspaper. They will also be receiving information in the mail encouraging enrollment in a Medicare Plan. Contra Costa Health Plan (CCHP) also has a Medicare Advantage Plan called SelectCare, but our plan enrollment rules are quite unique.

**SelectCare** was created for people who receive both Medicare and full Medi-Cal benefits. We carefully designed a program to pull together the Medi-Cal, Medicare and Pharmacy benefits for this population under one plan. Applications for membership can be submitted at any time unlike other Medicare Advantage Plans. Additionally, SelectCare members are not locked in and do not have to wait until the 2010 Open Enrollment period to make a change. Membership in our plan is voluntary and folks can join on a monthly basis.

We know this time can be both confusing and stressful for Medicare beneficiaries and we are here to assist you and your patients. If you, your staff, and/or your patients have any questions about SelectCare, how it works, or the benefits of enrolling, please contact Wendy Mailer, Health Plan Sales/Outreach Manager at (925) 957-7224. We will be happy to help you.

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**New Urology Group – Pacific Urology**

CCHP is pleased to announce that Pacific Urology has joined the CCHP network of providers. Pacific Urology was formed in 1995, when six urologists in solo practice joined together to form a group practice. This group now is comprised of six board certified physician/surgeons with expertise in all areas of urologic care encompassing men, women and children. The group has combined experience ranging from 5 to 40 years among them.

The group's mission was to provide "university quality of care" in a private practice setting in the patients' community - in other words, to deliver urological services as good as those available in the leading university hospitals, eliminating the requirement of patients to travel to such a facility.

In the years since its inception, Pacific Urology has acquired the latest technology available in ultrasound, microwave therapy, TUNA (Prostiva TransUrethral Needle Ablation), and computerized charting, to name a few. These services are offered in the convenience of their offices.


Pacific Urology has several practice locations in East and Central Contra Costa County- Antioch, Brentwood, Concord, Walnut Creek, San Ramon and also a practice location in Livermore. For more information, visit their website at [www.pacific-urology.com](http://www.pacific-urology.com).

We are very excited to have Pacific Urology in our network and the quality of care they offer for our members.
Pharmacy and Therapeutics Update

The Pharmacy and Therapeutics committee at CCHP reviewed the efficacy, safety, cost and/or utilization of the following therapeutic categories/medications at the December 4, 2009 meeting. The changes are expected to be effective the week of January 20th, 2010.

The committee approved **addition** of the following to the Preferred Drug List (formulary):

<table>
<thead>
<tr>
<th>Long Acting Insulin Agents</th>
<th>Anti-Influenza Agents</th>
<th>H2 Receptor Blockers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedative Hypnotics</td>
<td>Selective Norepinephrine Reuptake Inhibitors</td>
<td>Blood Glucose Test Strips</td>
</tr>
<tr>
<td>Low-Cost self injectables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TrueTest® diabetic test strips. Since coding of the strips is not required with TrueTest, they should be easier to use and possibly improve accuracy. TrueTrack® will remain formulary and patients on TrueTrack® are not being asked to switch.

The following self-injectables:
- Benadryl (Diphenhydramine HCL) 50mg/mL Syringe
- Benadryl (Diphenhydramine HCL) 50mg/mL Vial
- Calcijex (Calcitriol) 1 mcg/mL Vial
- Calcijex (Calcitriol) 1 mcg/mL Ampule
- Compazine (Prochlorperazine Edisylate) 5mg/mL Vial
- D.H.E. 45 (Dihydroergotamine Mesylate) 1mg/mL Vial
- D.H.E. 45 (Dihydroergotamine Mesylate) 1mg/mL Ampule
- Inapsine (Droperidol) 2.5mg/mL Vial
- Inapsine (Droperidol) 2.5mg/mL Ampule
- Adrenalin Chloride (Epinephrine) 0.1mg/mL Syringe
- Adrenalin Chloride (Epinephrine) 1mg/mL Vial
- Adrenalin Chloride (Epinephrine) 1mg/mL Ampule
- Adrenalin Chloride (Epinephrine) 1mg/mL Ampule (Preservative Free)
- Vistaril (Hydroxyzine HCL) 25mg/mL Vial
- Vistaril (Hydroxyzine HCL) 50mg/mL Vial
- Methotrexate 25mg/ml vial (preservative-free)
- Methotrexate 25mg/mL Vial
- Tigan (Trimethobenzamide HCL) 100mg/mL Syringe
- Tigan (Trimethobenzamide HCL) 100mg/mL Vial

The committee approved **deletion** of the following to the Preferred Drug List (formulary):

- No Changes.

The following were reviewed and **prior authorization criteria** approved or updated (remain non-formulary):

- No Changes.

**FYI/REMINDERS:**

The P&T committee discussed the appropriate use of long acting insulins (Lantus and Leveimir) with NPH insulin. While no formulary changes have been made, we **encourage** providers to **consider using NPH insulin** in patients who exceed two vials per month of long acting Insulin.

(Cost per 10ml vial NPH = $42.45, Lantus = $131.55, Leveimir = $112.95)

340B reminder: there are 10 Rite Aid and 12 Walgreens pharmacies in our 340B network. We encourage use of these pharmacies in order to save the county money. BHC/HCI patients are still restricted to the 12 340B Walgreens pharmacies.

**SelectCare News**

SelectCare is a Medicare Advantage Special Needs Plan offered by Contra Costa Health Plan. It is designed for Medicare beneficiaries who are also enrolled in the California Medi-Cal program. More information about SelectCare can be found at [http://www.cchealth.org/health_plan/selectcare/](http://www.cchealth.org/health_plan/selectcare/). The complete SelectCare formulary can be found at [http://selectcare.performrx.com/](http://selectcare.performrx.com/). No negative formulary changes have occurred to the SelectCare formulary thru November 2009.
Medi-Cal and Medicare have updated their gastric (bariatric) surgery guidelines. Below are some highlights:

**Medicare** covers bariatric surgery with these limitations:
Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS), and laparoscopic adjustable gastric banding (LAGB) are covered for members who have a body mass index $\geq 35$, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

**Indications**
1. The BMI is equal to or greater than 35. Documentation MUST include one ICD-9-CM V code and ICD-9-CM code 278.01 (morbid obesity). **V-codes related to body mass index** are V85.35, V85.36, V85.37, V85.38, V85.39, or V85.4. These codes should not be listed as the primary diagnosis code, AND
2. At least one co-morbidity (diagnosis) related to obesity such as diabetes or hypertension must present, related to obesity, and surgery must be preferable to non-surgical management, AND
3. There was previously unsuccessful medical treatment of obesity.

Medicare does not cover:
- Gastric balloon surgery,
- Intestinal Bypass;
- Open adjustable gastric banding;
- Open and laparoscopic sleeve gastroectomy;
- Open and laparoscopic vertical banded gastroplasty; or
- Bariatric surgery to treat obesity alone.

For detailed information, please go to the following Medicare weblink:
LOCAL (northern California) coverage guidelines for gastric surgery (revised in 5/09)
NATIONAL coverage guidelines for gastric surgery (implemented in 5/09)

**Medi-Cal** GBS guidelines, updated in August 09, 2009 include the following:

1. The member has a BMI of:
   a. Greater than 40, or
   b. Greater than 35 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems **likely to be alleviated by the surgery**.
2. The member has failed to sustain weight loss on conservative regimens. Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents. Examples of appropriate documentation of failure of conservative regimens include but are not limited to:
   a. Severe obesity has persisted for at least five years despite a structured physician-supervised weight-loss program with or without an exercise program for a minimum of six months.
   b. Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

For detailed information regarding above articles, please go to this Medi-Cal weblink:
http://files.medi-cal.ca.gov/pubsdoco/publications/mastersmtsp/part2/surgdigest_m01o03.doc
http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=100.1&ncd_version=3&basket=ncd%3A100%2E1%3A3%3ABariatric+Surgery+for+Treatment+of+Morbid+Obesity
**Ophthalmologist and Optometrist Visits**

**Good News for OPTOMETRIST!!!**

**FOR MEDI-CAL MEMBERS:** As you know, beginning July 1, 2009, Medi-Cal eliminated coverage for optometry services. However, Contra Costa Health Plan believes in the importance of annual diabetic retinal exams. Therefore, we will continue to reimburse contracted optometrists who are able to perform these routine exams for our diabetic members. Authorization is not required as long as the optometrist bills with a diabetes diagnosis code.

Please note, optometry services are still available to other CCHP members, the above-mentioned coverage elimination only affects Medi-Cal members.

**Did someone say, “No Auth is Required”?**

Upon review of our prior authorization history and as an ongoing effort to streamline our processes, CCHP has added several new CPT codes to our “no auth requirements”. The list below contains CPT codes that previously did not require and new codes that no longer require prior authorization from CCHP when performed by a contracted ophthalmologist:

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Brief Description</th>
<th>Applicable global period*</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>65855</td>
<td>Trabeculoplasty (laser surgery of the eye)</td>
<td>90 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>66761</td>
<td>Laser PI (revision of iris)</td>
<td>30 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>66821</td>
<td>Laser capsulotomy (lasing secondary to cataract)</td>
<td>45 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67145</td>
<td>Laser prophylaxis (treatment of retina)</td>
<td>30 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67210</td>
<td>Focal laser (treatment of retinal lesion)</td>
<td>30 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67228</td>
<td>PRP laser (treatment of retinal lesion)</td>
<td>30 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67800</td>
<td>Chalazion removal, single (remove eyelid lesion)</td>
<td>15 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67801</td>
<td>Chalazion removal, multiple (remove eyelid lesions)</td>
<td>15 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>67840</td>
<td>Excision of eyelid lesion</td>
<td></td>
<td>New! No PA required</td>
</tr>
<tr>
<td>68760</td>
<td>Laser punctal (closure of tear duct opening)</td>
<td>15 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>68761</td>
<td>Punctal plugs (laser closure of lacrimal punctal)</td>
<td>10 days</td>
<td>New! No PA required</td>
</tr>
<tr>
<td>68801</td>
<td>Dilation &amp; irrigation of NLD (dilation of lacrimal punctal)</td>
<td></td>
<td>New! No PA required</td>
</tr>
<tr>
<td>76519</td>
<td>A-Scan (Echo of eye)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92083</td>
<td>Visual Field Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92250</td>
<td>Fundus Photo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92287</td>
<td>Fluroscien Angiogram (internal eye photo)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Follow up office visits during global period is not separately payable.

Please note, as usual, authorization is required for Basic Health Care (BHC) program recipients.
Promoting Smoke Free Families—An Effective Tobacco Intervention

The Promoting Smoke Free Families Program (PSFF) provides training and educational resources to prenatal care, labor and delivery, and Contra Costa County pediatric providers to enable them to offer appropriate messages about tobacco use and secondhand smoke exposure to pregnant and parenting women. The PSFF Program aims to improve perinatal health outcomes and decrease disparities in low birth weight infants by encouraging families to stop and/or reduce tobacco use and identify strategies for reducing harms from secondhand smoke exposure for themselves and their children.

PSFF is a continuum of care model that trains clinicians before, between and beyond pregnancy on the perils of secondhand smoke. Prenatal care, labor and delivery, and pediatric providers are taught the evidence-based 5A’s clinical protocol to utilize into their system of care. Through the use of the 5A’s, providers identify tobacco use and secondhand smoke exposure among their pregnant and parenting clients and offer appropriate advice and referrals. PSFF Program activities include on-site trainings for providers, distribution of appropriate patient health education material, and Quality Assurance activities. Trainings include the following: overview of the 5A’s clinical protocol; description of the new California smoke-free car law (enacted January 2008); description of health risks associated with maternal smoking and secondhand smoke exposure; overview of interventions that can be used with pregnant and postpartum women smokers, spontaneous quitters, or secondhand smoke exposed; tips for providers on strategies for integrating smoking cessation and secondhand smoke exposure protocols into the clinical practice; and a sample of screening tools for assessing all pregnant women and parents. Quality assurance activities include follow-up visits and medical chart reviews to ensure that providers are integrating the 5A’s into their system of care.
FREE Telephone Interpreter Services for CCHP Members 24/7

For Community providers
If you have CCHP patients who do not speak English you can call us to help you.

Interpreter services for CCHP members:

The criteria to utilize CCHP Telephone Interpreter Services is:

- Be a contracted CCHP provider
- Be requesting interpreter services for a CCHP member

- For sign language assistance prior authorization is requested 48 hours in advance; the appointment date, time and member’s name needed.

After meeting these criteria, CPN call 1 (877) 800-7423 Press 4. You will be connected to the advice Nurse who will connect you to an interpreter.

For CCRMC providers
Each county clinic and hospital has procedures for how to use interpreter services. There is a card printed with instructions on each phone or video unit that gives the number to call HCIN at 313-8360. If no HCIN interpreter is available, then you will be connected to Language Line, who will be asking for the ID # and Cost Center #. These numbers are also printed on that card.

Federal and State Guidelines:

- By law, we must ensure that members of our health plans have access to interpreter services if they do not speak English.
- Interpreter services must be available on a 24-hour basis for medical encounters. If the medical staff or providers do not speak the member’s language, the health plan and provider cannot require or suggest to a member to provide their own interpreters.

You must inform the member of the right to free interpreter services. However, we discourage the use of family and friends. If they insist that they want to bring their own interpreter, you must document it in the patient’s chart. Do not allow children under 18 to interpret under any circumstance.

We provide flyers you can post in your office which state: Point to your language! We will get you an interpreter. To print a copy go to our website at:
http://cchealth.org/health_plan/provider_interpretation.php

Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care

On May 1, 2007, The Alliance of Community Health Plans Foundation released the final report and 13 case studies on which the report is based for the project Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care. The findings included in the final report are based on information developed about business benefits achieved by different kinds of health care organizations that implemented projects addressing one or more of the National CLAS Standards published by OMH in 2000.

The full report is available at http://minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf

~Office of Minority Health
**H1N1 Billing Update**

Due to a late change in CPT coding for H1N1 administration and counseling by the AMA, the following is the updated reimbursement grid. These coding changes are effective immediately. The coding change only effect Commercial and the Healthy Family members.

**Billing & Reimbursement for H1N1 Administration Only**

<table>
<thead>
<tr>
<th></th>
<th>Medicare</th>
<th>Commercial</th>
<th>Healthy Families</th>
<th>Medi-Cal</th>
<th>CHDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS Codes G9141</td>
<td>CPT Code</td>
<td>CPT Code</td>
<td>CPT Code</td>
<td>CPT Code</td>
<td>ON PM 160</td>
</tr>
<tr>
<td></td>
<td>$27.43</td>
<td>$10.80</td>
<td>$9.90</td>
<td>90663-SK*</td>
<td>Code 84 $9.45</td>
</tr>
</tbody>
</table>

Claims submitted with code 90663 prior to 11/01/2009 will be paid, however we ask that you bill with the 90470 code for Commercial and Healthy Families effective immediately. We do apologize for this change in coding; however, we want to ensure coding is correct and reported appropriately.

If you have questions please do not hesitate to contact CCHP Provider Relations at (925) 313-9500.

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**Claims Unit Update**

Good News from the Claim’s Unit! There have been delays in your claims being processed due to unexpected changes in our staffing. We have several new claim’s adjusters that are now in training and learning very quickly. Please continue to be patient. State regulators mandate claim’s paid beyond the State’s mandated time frames (60 days for Medi-Cal and 30 days for Medicare) include interest. We will adhere to this regulatory requirement. We are working diligently to improve our claim’s processing time frames.

We appreciate your continued support.
<table>
<thead>
<tr>
<th>CCHP Medi-Cal Members</th>
<th>Healthy Families Program</th>
<th>Commercial Members</th>
<th>Medicare Members</th>
<th>SelectCare SeniorHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHDP Code on PM 160</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>90656 $18.20 G0008 $27.43</td>
</tr>
<tr>
<td>Ages: 6 months to 18 years</td>
<td>Ages: 6 months to 35 months</td>
<td>Ages: 6 months to 35 months</td>
<td>Ages: over age 3</td>
<td>90656 $18.20 G0008 $27.43</td>
</tr>
<tr>
<td>53 Flu Vaccine</td>
<td>CPT code 90655 $20.58 90465 $ 4.91</td>
<td>CPT code 90658 $22.45 90465 $ 5.35</td>
<td>Plan payment $27.80</td>
<td>Plan payment $43.67</td>
</tr>
<tr>
<td>71 Flu Mist Vaccine</td>
<td>Plan payment $25.49</td>
<td>Plan payment $27.80</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
</tr>
<tr>
<td>CHDP-Privately Purchased Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
</tr>
<tr>
<td>Ages: 6 months to 20 years</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
</tr>
<tr>
<td>CHDP code 54 on PM 160</td>
<td>90656 $34.61 90471 $ 4.91</td>
<td>90656 $37.76 90471 $ 5.35</td>
<td>Plan payment $43.11</td>
<td>Plan payment $38.69</td>
</tr>
<tr>
<td>Plan payment $ 13.76</td>
<td>Plan payment $39.52</td>
<td>Plan payment $43.11</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>For more information on the VSP program, please call (877) 243 - 8832</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>Ages: 6 months to 35 months</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
</tr>
<tr>
<td>90657 $15.14 90465 $ 4.91</td>
<td>90657 $16.51 90465 $ 5.35</td>
<td>90657 $16.51 90465 $ 5.35</td>
<td>Plan payment $21.86</td>
<td>Plan payment $21.86</td>
</tr>
<tr>
<td>Privately Purchased Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
</tr>
<tr>
<td>Must bill on CMS 1500</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
</tr>
<tr>
<td>Regular Flu Vaccine</td>
<td>90658 $15.14 90471 $ 4.91</td>
<td>90658 $16.51 90471 $ 5.35</td>
<td>Plan payment $21.86</td>
<td>Plan payment $21.86</td>
</tr>
<tr>
<td>Plan payment $20.05</td>
<td>Plan payment $39.52</td>
<td>Plan payment $43.11</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>Preservative Free Vaccine</td>
<td>Nasal Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
<td>Regular Flu Vaccine</td>
</tr>
<tr>
<td>Ages: over age 3</td>
<td>Ages: to age 8</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
<td>Ages: over age 3</td>
</tr>
<tr>
<td>90656 $33.03 90471 $ 4.46</td>
<td>90660 $24.50 90467 $4.91</td>
<td>90660 $26.72 90467 $ 5.35</td>
<td>Plan payment $29.41</td>
<td>Plan payment $32.07</td>
</tr>
<tr>
<td>Plan Payment $37.49</td>
<td>Plan payment $20.05</td>
<td>Plan payment $29.41</td>
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<tr>
<td>Preservative Free Vaccine</td>
<td>Nasal Vaccine</td>
<td>Nasal Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>Ages: over age 3</td>
<td>Ages: to age 8</td>
<td>Ages: to age 8</td>
<td>Ages: to age 8</td>
<td>Ages: to age 8</td>
</tr>
<tr>
<td>90656 $33.03 90471 $ 4.46</td>
<td>90660 $24.50 90467 $4.91</td>
<td>90660 $26.72 90467 $ 5.35</td>
<td>Plan payment $29.41</td>
<td>Plan payment $32.07</td>
</tr>
<tr>
<td>Plan Payment $37.49</td>
<td>Plan payment $20.05</td>
<td>Plan payment $29.41</td>
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<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>Regular Flu Vaccine</td>
<td>Nasal Vaccine</td>
<td>Nasal Vaccine</td>
<td>Preservative Free Vaccine</td>
<td>Preservative Free Vaccine</td>
</tr>
<tr>
<td>Ages: over age 3</td>
<td>Ages: 9 to 18 years</td>
<td>Ages: 9 to 50 years</td>
<td>Ages: 2 and above</td>
<td>Ages: 2 and above</td>
</tr>
<tr>
<td>90658 $14.42 90471 $ 4.46</td>
<td>90660 $24.50 90473 $ 4.91</td>
<td>90660 $26.72 90473 $ 5.35</td>
<td>90732 $59.52 90471 $ 4.46</td>
<td>90732 $59.52 90471 $ 4.46</td>
</tr>
<tr>
<td>Plan payment $18.88</td>
<td>Plan payment $29.41</td>
<td>Plan payment $32.07</td>
<td>Plan Payment $63.98</td>
<td>Plan Payment $63.98</td>
</tr>
<tr>
<td>Nasal Vaccine</td>
<td>Nasal Vaccine</td>
<td>Nasal Vaccine</td>
<td>Ages: 2 and above</td>
<td>Ages: 2 and above</td>
</tr>
<tr>
<td>Ages: to age 50</td>
<td>Ages: 9 to 18 years</td>
<td>Ages: 9 to 50 years</td>
<td>90732 $59.52 90471 $ 4.46</td>
<td>90732 $59.52 90471 $ 4.46</td>
</tr>
<tr>
<td>90660 $23.38 90473 $ 4.46</td>
<td>90660 $24.50 90473 $ 4.91</td>
<td>90660 $26.72 90473 $ 5.35</td>
<td>90732 $59.52 90471 $ 4.46</td>
<td>90732 $59.52 90471 $ 4.46</td>
</tr>
<tr>
<td>Plan payment $27.84</td>
<td>Plan payment $29.41</td>
<td>Plan payment $32.07</td>
<td>Plan Payment $63.98</td>
<td>Plan Payment $63.98</td>
</tr>
</tbody>
</table>

Pneumococcal Reimbursement

| Ages: 2 and above | Ages: 2 and above | Ages: 2 and above | Ages: 2 and above |
| 90732 $59.52 90471 $ 4.46 | 90732 $59.52 90471 $ 4.46 | 90732 $59.52 90471 $ 4.46 | 90732 $59.52 90471 $ 4.46 |
| Plan Payment $63.98 | Plan Payment $67.27 | Plan Payment $73.38 | Plan Payment $58.17 |

Revision Date: 12/01/2009 Provider Relations Department.
The Bulletin Board

Mark your Calendar for Our Next PCP Community Provider Network Meeting
We encourage and appreciate your participation!

West County January 19, 2010
Doctors Medical Center
2000 Vale Road, ACR 1st Floor
San Pablo, CA 94806
7:30 - 9:00 AM

Central/East County January 26, 2010
1350 Arnold Drive, Conf Room #103
Martinez, CA 94553
7:30—9:00 AM

HAVE A SAFE AND HAPPY NEW YEAR!

Holidays Observed
New Years Day
January 1

Martin L. King Jr. Day
January 18

Presidents’ Day
February 15

Our accredited Advice Nurse Unit
is available for our members
24 hours a day, 7 days a week
Including holidays.
The Advice Nurse Unit can be reached
by calling
1 (877) 661-6230 (Press 1)

Welcome!
CCHP would like to welcome
the following providers.

Springhill Medical Group
Siamak Elasi, MD
Wengang Zhang, MD

Pittsburg Health Center
Cindy Su, MD

Find resources for uninsured individuals at
www.cchealth.org/insurance

Flu Updates
Please keep watching for updated flu information being sent to you on a regular basis via the Fax Blasts.

CLAIMS INFORMATION

Send All Claims to:
Contra Costa Health Plan
P.O. Box 2157
San Leandro, CA 94577

Courier Claims Address:
Contra Costa Health Plan
14860 Wicks Blvd
San Leandro, CA 94577

Electronic Filing:
Contact Docustream
510-264-0900
Visit our New CCHP
Provider & Pharmacy Online Search Engine (OSE)
Please visit our website at: www.contracostahealthplan.org

Contra Costa Health Plan
Provider Relations Contact Information
595 Center Avenue, Suite 100, Martinez, CA 94553
(925) 313-9500 Main Number (925) 646-9907 Fax Number
Email us: ProviderRelations@hsd.cccounty.us

Tracy Ann Ealy Director of Provider Relations (925) 313-9501 tealy@hsd.cccounty.us
Vicki Turner Administrative Assistant (925) 313-9505 vturner@hsd.cccounty.us
Terri Lieder Supervisor, Credentialing Team (925) 313-9502 lieder@hsd.cccounty.us
BJ Jacobs, FNP Provider Liaison (925) 313-9503 jacobs@hsd.cccounty.us
Mary Berkery, RN Facility Site Review Manager (925) 313-9504 mberky@hsd.cccounty.us
Maria Perez Credentialing Coordinator (925) 313-9506 lperez@hsd.cccounty.us
Jason Woodruff Provider Relations Representative (925) 313-9507 jwooduff@hsd.cccounty.us

Provider Contracting Department

Shenita Hurskin Director of Contracts (925) 313-9521 shurskin@hsd.cccounty.us
Nicole Meyer Contracts Secretary (925) 313-9522 nmeyer@hsd.cccounty.us
Contra Costa Health Plan
Provider Call Center 1 (877) 800-7423

Press 1 – Member Eligibility and Primary Care Physician Assignment
Press 2 – Pharmacy Services Department
Press 3 – Authorization Department
Press 4 – Interpreter Services (Advice Nurse)
Press 5 – Claims Department
Press 6 – Provider Relations Department
Press 7 – Member Services Department