Contra Costa Health Plan’s vision is member centric:

- Keep members as healthy as possible
- Facilitate relationship between providers and members/family
- Assure an integrated system of timely and quality services for both in-patient and outpatient services while managing the cost
Healthcare System Relationships

Health Plan

Providers

Members
Regulatory Oversight

→ OVERSIGHT AGENCIES
→ CENTER OF MEDICAID & MEDICARE
    → Department of Health Care Services
    → Department of Managed Health Care
    → County Board of Supervisors
→ ACCREDITATION
    → National Committee for Quality Assurance (NCQA)
    → URAC – Utilization Review Accreditation
    → Healthcare Effectiveness Data and Information System (HEDIS) Measures
→ Accreditation is an evaluative, rigorous, transparent, and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.
Medi-Cal Facts

- Contract exists with the Department of Health Care Services
- Medi-Cal is over $60 billion dollars in California
- In California over 10 million members are in a Medi-Cal Managed Care Plan
- There are 16 Medi-Cal Managed Care Plans in the California
About Local Plans

✓ **16** Local Health Plans

✓ In **36** Two-Plan, COHS, and GMC Counties

✓ Cover **70%** of Medi-Cal Managed Care Enrollees

✓ Local Health Plans, created by their counties and safety net leaders, are all community-based and not-for-profit

✓ All Lis and COHS are **publicly** operated and governed
CCHP is one of two Medi-Cal Managed Health Care Plans contracted with the Department of Health Care Services in Contra Costa County.

CCHP is the oldest County-sponsored Federally Qualified Health Maintenance Organization (HMO) in the country. Currently CCHP has multiple product lines – Medi-Cal, Commercial, IHSS.

CCHP is an integral entity within the Contra Costa County Health Services Department (CCHS) and has 43 years of collaboration with the County Public Hospital and Federally Qualified Health Center (FQHC) Ambulatory Health Center, as well as the Public Health, Mental Health, and Substance Abuse Divisions within the Health Services Department.

CCHP is Knox-Keene Licensed.

CCHP is accredited by NCQA at the Commendable level.

CCHP is URAC accredited for the 24/7 Advice Nurse.

CCHP has over 200,000 Medi-Cal and Commercial members (94% are Medi-Cal).

CCHP offers a choice of two Primary Care Networks and a Specialty Care Network:

- Contra Costa Regional Medical Center (CCRMC)
- Community Provider Network (CPN)
- Kaiser Permanente (for former Kaiser members in Medi-Cal)
**CCHP Provider Network:**

The distribution of members among our two primary care networks and specialty network

- **CCRMC**
  - Contra Costa Regional Medical Center & Health Centers
  - 55%

- **CPN**
  - Community Provider Network
  - 28%

- **Kaiser**
  - 17%
Benefits for Medi-Cal Transportation Services

- Non-Emergency Transportation
- Emergency Transportation
- Non-Medical Transportation

Transportation Phone:
(855) 222-1218
Health Maintenance Organization Services:
Gatekeeper Model

- **Advice Nurse** - 24/7 Operations
  Phone: (877) 661-6230, Option 1

- **Case Management Services**
  Phone: (925) 313-6887

- **Member Services**
  Phone: (877) 800-7423, Option 1

- **Utilization Management**
  Phone: (877) 800-7423, Option 3

- **Health Education Services**
  Phone: (925) 313-6019

- **Disease Management Program**
  Phone: (925) 313-6968
Advice Nurse:  
24X7 Members Can Call to Speak to a Nurse

- Team of experienced nurses at member’s fingertips
- Health Care Advice and get a prescribed order for medications
- Infectious disease exposure questions with a clinical answer
- Vaccine information for children
- Health resources within the County
- Connect you to a physician or urgent care

Advice Nurse Phone: (877) 661-6230, Option 1
Case Management

Assists Members to Navigate the Health Delivery System and Keep Members from Hospital Stays and Emergency Room Usage

- Referrals mostly come from Primary Care Physicians for members with chronic conditions and serious health problems (asthma, diabetes, cancer, surgery)
- Members can self-refer to have a Case Manager
- Family members can refer members for services
- The Health Services Division, such as Public Health and California Children Services, can refer members to enroll in Care Management
- Monitors high incidents of health care services usages – members frequently going to the ER for care

Case Management Phone: (925) 313-6887
Member Services:
Front Line Communications for Member Interactions

- Gateway to members accessing services daily Monday – Friday, 8am – 5pm
- Members can get assigned a Primary Care Physician to manage their health care
- Members can access information on providers that are part of the CCHP Provider Network
- Members can get information on the Medi-Cal Benefit Plan that shows what services are covered
- Members can get access to Transportation services

Member Services Phone: (877) 800-7423, Option 1
A Member’s Rights

Among a member’s rights is also the member’s right to:

- Talk to someone who speaks his or her own language.
- See the files pertaining to their concern, such as medical records, plan policies, and any information maintained by CCHP.
- Designate a friend, family member, or lawyer to help them.
- Have the member’s Evidence of Coverage (EOC) made available for them to read more about the complaints and grievances process.

Refer members to Member Services if they would like a copy of the CCHP Grievance Policy.

Member’s phone number for Member Services: (877) 661-6230, Option 2
Member Complaints and Grievances

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

The member should be offered the CCHP grievance form to complete. If completed, the form should be returned immediately to CCHP’s Member Services Department. The member can also complete the grievance form online at [https://cchealth.org/healthplan/cchp/](https://cchealth.org/healthplan/cchp/).

Members also have the option to call **Member Services at (877) 661-6230, Option 2** to help resolve the issue or can go to the CCHP office to talk to Member Services staff in person.

CCHP Member Services Department
595 Center Avenue, Suite 100
Martinez, CA 94553
Why Using Family Members as Interpreters is Not Permissible?

CCHP has received grievances from non-English speaking members which led to misunderstanding and miscommunication. These members used family members as interpreters instead of a qualified interpreter.

Providers are required by regulations and by HSD Policy #402 – PCS to discourage members from using their own interpreters, such as family members, friends or minors. If patient asks to use their adult family member, you must call HCIN Health Care Interpreter Network to have the interpreter present by phone or video in case the family member does not interpret correctly.

Why are Family and Friends Not Recommended as Interpreters?

- They can make serious mistakes
- May have their own agenda
- They may hold information from patient due to embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake
- May create liability issues

Getting Proper Linguistic Access Helps to:

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient member interactions
Linguistic Access Services at CCHS

Part of HCIN - Health Care Interpreter Network

- Network of 25 safety-net hospital/health centers throughout California
- Part of 60 hospital/health centers nationally
- All share interpreter/employees over a video/audio network
- CCHS calls will be routed to our interpreter first, then to the CA network, then the national network and finally to Language Line Services (our contracted service provider)

- Interpretation
- 26 Medical Interpreters providing interpretation in:
  - Spanish    Hindi
  - Cantonese  Punjabi
  - Mandarin   Farsi
  - Vietnamese Dari
  - Lao        Russian
  - Mien       Pashto
  - Thai       Ukrainian
- Translation
- Refugee Health
Steps for Using Video Interpreter Services at CCHS

- Check in Epic under demographics patient preferred spoken and written Language
- Video interpreter units are installed in each health center exam room and at each bedside at CCRMC
- Check to see what the interpreter sees by pressing ‘more’, ‘self-view’ – adjust the camera (especially important for ASL), then ‘exit’
- Use speed dial for Spanish, ASL or All other languages
- When recording comes on for all languages, choose from the attached list or badge card at any time
- Please state your name and where you are calling from and speak directly to your patient/client – use first person
- Document in the medical record, include interpreter ID#
Translation of Written Documents

Send the document in Word format via email to Translation@cchealth.org

Include the language(s) you need it to be translated into

Include a cost center for the charges

Medical record translations should come to us through HIM so that the translation can be included in the patient’s medical record

Translations cannot be exchanged via In Basket messages because Epic does not support the needed fonts.

If you have questions, comments or would like more information, helpful hints, etc. contact Sally McFalone:

Sally.McFalone@cchealth.org
(925) 313-6242
Provider Complaints

Complaints regarding providers of CCHP (Doctors, Nurses, Health Centers, etc.) should be sent to CCHP for resolution. Please use the Provider Complaint Form:

https://cchealth.org/healthplan/pdf/provider/Appendix-O-Provider-Complaint-Form.pdf

Fax to (925) 646-9907 or e-mail to ProviderRelations@cchealth.org
Utilization Management

Heartbeat of the HMO Operations

- All referrals for specialty care is authorized in the UM Department
- Team of Physicians, Nurses and Health Plan Representatives that work daily on meeting urgent requests from physicians (3 to 14 days)
- Monitor hospital in-patient stays from Sutter Health System and John Muir Health
- Monitor authorizations to Skilled Nursing Facilities, DME and Home Health Services

Utilization Management
Phone: (877) 800-7423, Option 3
E-mail: CCHPauthorizations@cchealth.org
What about Referrals to Outside Specialty Providers?

- Referrals for services start internally through ccLink.

- If specialty services are not provided by RMC check with your division head or designee.

- The external referral goes via ccLink to the CCHP Authorization Unit.
CCRMC Provider Referral to External Specialist

CCRMC provider submits request for an external referral through an order in ccLink to the CCHP Authorization unit.

Authorization unit assigns authorization number and faxes the copy of approval notice to the specialist and mails a copy to the member.

The specialist is responsible to call/schedule the appointment with the patient. Patient may call specialist for an appointment.

The specialist must check patient's eligibility prior to providing service.

The specialist must fax the reports to the CCRMC - Health Centers

Fax: (925) 370-5239

The approved authorization is valid for only the authorized number of visits and types of procedures that is listed on the “In Basket” message. Note: Additional visits and procedures need new prior authorization.

Authorization unit sends ccLink "In Basket" to the CCRMC provider.
Prior Authorization Request

Prior authorization requests are submitted through an order in ccLink which goes directly to the CCHP Authorization unit.

You may call the CCHP Authorization Unit at (877) 800-7423, Option 3 if you have any questions*.

* CCHP offers an **Interactive No Authorization Required List**, which can be found at:  [https://cchealth.org/healthplan/providers/](https://cchealth.org/healthplan/providers/)
Providers and facilities may submit an appeal of an unfavorable determination made by CCHP for a prospective, concurrent or retroactive request for service or hospitalization of an enrollee. Providers or facilities may also appeal unsatisfactory, disputed, or resubmission of a claim payment. If a provider has never requested a clinical review, they can submit a request within 180 days from DOS to initiate a Retrospective Review process.

The appealing party must submit a written appeal request within 365 days from the date of notice of a service or claim denial or modification for Medi-Cal or Commercial members, or within 60 days from the date of notice of a service or claim denial or modification for Medicare members. Timelines are subject to change. Requests should be accompanied by clinical records (hard copy or on an encrypted disc) to support the appeal. All appeals are required to be sent in by Certified Mail or Encrypted Email due to HIPAA regulations.

All other provider appeals except “on behalf of members” appeals for Service Denials need the following:
- A written letter of appeal with correspondence mailing address and a contact person
- The date(s) of service(s) being appealed
- Copy of denial letter (if available) within the appeal timeframe
- Any pertinent medical records or justification for date(s) being appealed
- (clinic notes, pertinent labs or diagnostics, MD, RN notes, MAR, hospital face sheet, discharge summary)
- Note: CCHP is now accepting medical records on disc

Failure to submit an appeal within the specified timeframe may result in the denial of an appeal request. No punitive action is taken against a provider who submits an appeal.
Providers and Facilities must submit the appeal on the Appeal and Dispute form.

- The Provider appeal and dispute form and instruction can be found here: https://cchealth.org/healthplan/providers/
- Submit the completed form via secure, encrypted email to Appeals@cchealth.org or mail form to:

  Contra Costa Health Plan  
  Attn: AGD Department  
  595 Center Avenue, Suite 100  
  Martinez, CA 94553

Provider is Appealing on "behalf" of a Member Appeals

- This appeal must be filed within 60 days of Receipt of Notice of Action.
- Provider needs to have written consent form signed by member.
- Consent forms can be found here: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf

  Contra Costa Health Plan  
  Member Services Department  
  595 Center Avenue, Suite 100  
  Martinez, CA 94553  
  Phone: (877) 661-6230
Other Programs

- Population Health in our Quality Department performs outreach to members and refer to care based on top diagnosis and health care trends

- Quality Improvement Programs (Asthma, Diabetes, Childhood Obesity)

- Newsletters to Members providing information on how to obtain referrals

- Quality Department works with CCRMC to send out the Annual Birthday Letters encouraging members to come in for annual care (mammograms, physicals etc.) during their Birthday month
Pharmacy Coverage

- CCHP uses a preferred drug list/formulary (PDL)
- PDL is available online at www.cchealthplan.org
- Epocrates hosts the CCHP formulary
- CCHP Network consist of 2 national pharmacy chains and some independently owned pharmacies in Contra Costa County.

The Pharmacy Directory is available online at: https://secure.healthx.com/ccproviderdirectory
  - Select tab, “Facility,” then Facility Type, “Pharmacy.”

Some medications require prior authorization through Perform RX.
  - This can be ordered through ccLink
  - For any pharmacy questions call: (925) 957-7260
Initial Health Assessment

The performance of an Initial Health Assessment (IHA) is essential for Primary Care Providers (PCPs) to develop a complete picture of the member’s health status in order to formulate a plan of care based on the patient’s acute, chronic, and preventive health care needs. According to the Department of Health Care Services (DHCS), the required IHA includes:

- A complete physical, mental health exam, and a comprehensive medical history including a complete social history (History and Physical).
- An Individual Health Education Behavioral Assessment (IHEBA), such as the DHCS-approved Staying Healthy Assessment (SHA).
- The provision of appropriate preventive services in accordance with the United States Preventive Screening Task Force (USPSTF).

The completion of the History and Physical (H&P) **must occur within 120 days of the effective date of the member having been assigned to the provider**. If the H&P is not completed as required, then the reasons for this (e.g. member declined or appointment was missed, etc.) and efforts to reschedule should be documented in the medical record.

Similarly, the member’s completion of an age-appropriate IHEBA (Staying Healthy Assessment or other DHCS-approved tool) should occur within 120 days of the member having been assigned to the provider. If the IHEBA is not completed as required, then the reasons for this and efforts to reschedule any missed appointments that interfered with the completion of the IHEBA should be documented in the medical record.

It is important to note that the practitioner’s signature with the date must be included on the IHEBA to indicate practitioner review of the patient’s entries and so that follow-up may be done as needed. The DHCS requires Medical Record reviewers to assign a score of zero when the practitioner’s signature and/or date are not found on the IHEBA. This can negatively impact the overall review score and result in a Corrective Action Plan (CAP).

In addition to the H&P and IHEBA, PCPs should ensure that the appropriate USPSTF screenings are conducted and that patient refusal or other reasons for them not having been done are documented in the medical record.
Cultural Competency Training

Effective July 1, 2017, due to new regulations under Final Rule, 42CFR 431.10, H/1/vii, the California State Department of Health Care Services (DHCS) now requires all health plans to list in their on-line and hard copy directories if a contracted provider has completed Cultural Competency training.

To meet this requirement, CCHP is offering a FREE and easy Cultural Competency Training (no more than 15 minutes):

Click here to complete the Cultural Competency Training
Be sure to click the link on the last page (Attestation Requirements) to complete the training. Your submission automatically updates our database and directories stating you completed the training.

If you have already taken a similar training for another health plan, please send the documentation to CCHPcredentialing@cchealth.org, along with the name of the training and the other health plan's name, and we will accept it as completion of the training.
Tobacco Prevention & Cessation Services for Medi-Cal Members

- Providers are required to annually ask all adult and adolescent beneficiaries about their tobacco use, advise them to stop using tobacco, provide them with behavioral interventions, and refer them to California Smokers’ Helpline (1-800-NO-BUTTS).

- Use the Staying Healthy Assessment (SHA) Form located here: https://cchealth.org/healthplan/providers/index.php#simpleContained2

- CCHP covers 8 smoking cessation counseling sessions of at least 10 minutes annually.

- CCHP does not require prior authorization for tobacco cessation medications: Bupropion, Varenicline, nicotine gum, patch and lozenge.
Facility Site and Medical Record Reviews for Health Centers

A Facility Site Review (FSR) & Medical Record Review (MRR) is performed initially and every 3 years. This is to ensure that regulatory health and safety standards are met.

At the same time, a Physical Accessibility Survey is performed to collect information about office access for members with disabilities.

CCHP shares FSR information with other Medi-Cal Managed Care plans to avoid duplication of audits.
Contact Us

We are here to help! Below is the contact information of the various CCHP departments who can help answer your questions. Email and usage of our [ccLink Provider Portal](#) is the preferred method of communicating with CCHP staff. It is our goal as a health plan to embrace and leverage technology. We are requesting that providers send us a quick email when you have a question. We will respond within 1 to 3 business day, as opposed to having your staff call and wait on the lines. By sending us written questions it can also help us develop educational tools such as Frequently Asked Questions.

*Please note that our response time may be delayed if we experience a high number of requests or inquiries.*

**Authorization Department / Hospital Transition Nurse**
- **Phone:** (877) 800-7423, option 3
- **Email Auth Questions:** [CCHPauthorizations@cchealth.org](mailto:CCHPauthorizations@cchealth.org)
  (do not email auth requests)

**Member Services Department** (calling on behalf of a member that is with you)
- **Phone:** (877) 800-7423, option 7

**Pharmacy Department**
- **Phone:** (877) 800-7423, option 2

**Provider Relations Department**
- **Phone:** (877) 800-7423, option 6
- **Fax:** (925) 646-9907
- **Email General Questions:** [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)

Additional resources can be found on the CCHP website:
[www.cchealth.org/healthplan](http://www.cchealth.org/healthplan)