Overview of Contra Costa Health Plan for Specialty Providers

A Division of Contra Costa Health Services
A Culture of Caring for over 40 years

www.cchealth.org/healthplan
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 Heath 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)
Contra Costa Health Plan (CCHP)

Commercial

Contra Costa Regional Medical Center (CCRMC)

Medi-Cal Managed Care

Community Provider Network (CPN)

Kaiser
Only for Medi-Cal members. Restrictions apply.
**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%
Our Contracted Hospitals

- Alta Bates Medical Center – Berkeley & Summit Oakland Campus
- Contra Costa Regional Medical Center (CCRMC)
- John Muir – Concord & Walnut Creek Medical Center
- Stanford Health Care – ValleyCare Medical Center
- Sutter Delta Medical Center – Antioch
- Sutter Solano Medical Center – Vallejo
- UCSF Benioff Children’s Hospital – Oakland Campus

Behavioral Health Centers

- John Muir Health, Behavioral Health Center
- St. Helena Hospital Center for Behavioral Health

Tertiary Care Only Facilities

- Lucile Packard Children's Hospital at Stanford
- Stanford Hospital & clinics
- UCSF Medical Center
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
How do I check member eligibility?

Prior to providing services, call the automated eligibility line:

1-877-800-7423

Option 1

- Allows on-line access to CCHP Member information
- Provides real-time eligibility inquiries
- Submit and check the status of any required referral (Future enhancement)
- Checks the status of a submitted claim
- Includes a list of patients that are assigned to you if you are the member’s PCP or if you are the referred to specialist
- Facilitates communication & streamlines patient care across location and disciplines
- Decreases repetitive calls to Health Plan
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 Best for the Patient?

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

Providers are required by regulations to offer free interpreter services as provided by CCHP. Please discourage patients from using their own interpreters, such as family members, friends or minors. If patient insists that they want to use their adult family member, you must document in the patient chart.

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

To use our Telephonic Interpreter Services, call: (866) 874-3972 and provide your 6-digit Client ID

(Call 877-800-7423, Option 4 for the Client ID)

To see the Guidelines for Face to Face Interpreter Services, go to: https://cchealth.org/healthplan/provider-interpretation.php
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
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/](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.

  Contra Costa Health Plan  
  Member Services Department  
  595 Center Avenue, Suite 100  
  Martinez, CA 94553  
  Phone: (877) 661-6230
What About Receiving Referrals from Primary Care providers?

1- All our specialists are listed in our Online Search Engine at: https://cchealth.org/healthplan/provider-directory.php

2- Primary Care Providers can submit the referral through the ccLink Provider Portal or use the Community Primary Care Provider Referral Form (HP 200-7) to refer members for specialty care that requires a referral. To determine if the specialty care requires a referral, check the Interactive No Authorization Required List, which can be found at: https://cchealth.org/healthplan/providers/. This lists all services that do not require a referral or a prior authorization. If a referral is needed, it is valid for one initial consultation, and 6 follow-up visits. The initial consultation must be completed within 90 days of the initial referral date and the six follow-up visits must be completed within one year of the initial referral date. A prior authorization may be required for a procedure. After the initial consultation and six follow-up visits are completed, if the specialist determines that it is medically necessary for the member to have additional visits, he or she submits a Prior Authorization form to CCHP’s Authorization Unit directly.

3- For paper referrals, Primary Care Providers fax a copy of the referral form to CCHP’s Authorization Unit, a copy to the specialist, and a copy to the member to call the specialty provider to make an appointment.

**Important:** Do not duplicate the referral form as each has a unique number. This is the authorization number to be used for billing.

**Medi-Cal Member** Authorization eFax Numbers:

- Prior Authorizations/Outpatient/Routine: Fax: (925) 313-6058
- Urgent/Additional Information: Fax: (925) 313-6458
- Inpatient (Hospital)/Face Sheet: Fax: (925) 313-6645
- Appeals: Fax: (925) 313-6464
- Mental Health: Fax: (925) 313-6196
- Specialty (CPAP): Fax: (925) 313-6069

**Commercial Member** Authorization eFax Numbers:

- Prior Authorization Requests: Fax: (925) 252-2620
- Confidential Mental Health: Fax: (925) 313-6196

4- Be sure to have a copy of the referral form and to check member eligibility via the ccLink web portal or by calling (877) 800-7423, Option 1 prior to seeing a CCHP member.
Prior Authorization Request

If during a consultation or follow-up visit a procedure is needed, check the Interactive No Authorization Required List to determine if an authorization is needed, which can be found at: https://cchealth.org/healthplan/providers/

If an authorization is needed, a Prior Authorization Form needs to be submitted either electronically through the ccLink Provider Portal or fax (see previous slide).

The paper Procedure/Services Prior Authorization Request Form (PA001) can be found here: https://cchealth.org/healthplan/providers/

For questions, please contact the CCHP Authorization Unit at:
Phone: (877) 800-7423, Option 3
Email: CCHPauthorizations@cchealth.org
Specialist to Specialist Referral or for Procedures that Require Prior Authorization – Paper Process

Specialist (referring) submits Prior Authorization (PA 001) form to the CCHP Authorization unit

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

Authorization unit faxes the copy of Approval or Denial notice to the referring specialists

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 referring specialty provider and PCP.

The approved authorization is valid for only the authorized number of visits and types of procedures that is listed on the PA 001 form.

Note: Additional visits and procedures need new prior authorization.
Specialist to Specialist Referral or for Procedures that Require Prior Authorization - Electronic Process (ccLink Portal)

Specialist/referring provider submits Prior Authorization request through ccLink Portal
(Must include physician signed medical records - electronic signature is acceptable)

Authorization Unit notifies referred specialist via ccLink Portal and/or faxed of approval or denial notice 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 bills using the authorization number assigned by authorization unit.

The specialist must fax the reports to the referring specialty provider and PCP.

The approved authorization is valid for only the authorized number of visits and types of procedures that is listed on the authorization.

Note: Additional visits and procedures need new prior authorization.
Reports and Notes from your Consultations

• Be sure to fax your reports to the referring primary care provider.

• If you receive referrals for members of the Regional Medical Center (RMC) network; fax your reports to Contra Costa Health Centers Medical Records Unit to: (925) 370-5239
What about pharmacy coverage?

CCHP uses a preferred drug list/formulary (PDL)

PDL is available online at [www.cchealthplan.org](http://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://cchealth.org/healthplan/provider-directory.php](https://cchealth.org/healthplan/provider-directory.php)

Select “Begin Your Search Here,” “Facility” tab, then Facility Type “Pharmacy.”
And my reimbursement?

Submit your claims on the CMS 1500 format

All Claims must be mailed to:
Contra Costa Health Plan
Attn: Claims
PO Box 2157
San Leandro, CA 94577

Claim Questions: Call (877) 800-7423, Option 5
Phone hours: 8:00 am – 1:00 pm
Check claims status at CCHP ccLink Provider Portal

Electronic Filing: Contact: Rosulo (Ross) Donida
Phone: (925) 313-7103
E-mail: EDIsupport@cchealth.org
Quarterly Provider Network Updates

- CCHP is mandated by the Department of Health Services (DHCS) to survey all contracted providers quarterly to verify the information on file for your practice. Please be sure to complete these electronic surveys within 5 business days of receipt of the email.

- In between quarterly surveys, changes should be emailed to CCHPcredentialing@cchealth.org.
Physical Accessibility Survey

- CCHP performs Physical Accessibility Review Survey (PARS) to all High-Volume specialist sites, ancillary groups, and hospitals every 3 years.

- PARS is performed to collect information about office access for members with disabilities. This information is accessible to members via our provider directories and online search engine.

- CCHP shares PARS information with other Medi-Cal Managed Care plans to avoid duplication of audits.
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 [http://cchealth.org/healthplan/pdf/provider/Cultural-Competency-Training.pdf](http://cchealth.org/healthplan/pdf/provider/Cultural-Competency-Training.pdf)

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.
Fraud, Waste, and Abuse Training

On January 1, 2009, The Centers for Medicare and Medicaid Services (CMS) requirements for Fraud, Waste and Abuse (FWA) training for all contracted entities became effective. The requirements can be found in 42 C.F.R. 422.503 (b) (4) (VI) and 42 C.F.R. 423.504 (b) (4) (VI). The review and acknowledgment of completion is required on a yearly basis.

CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. The materials provided reiterate the procedure for handling discovery of fraudulent activity involved with CCHP and to remind contracting entities that you must also have appropriate policies and procedures to address FWA.

You will receive an email yearly requesting acknowledgment of receipt of this information. For reference, the Fraud, Waste, and Abuse documents (also available in the Provider Manual) are available here: https://cchealth.org/healthplan/pdf/provider/Appendix-H-Fraud-Waste-and-Abuse-Training-for-Providers.pdf
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
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
  - **Medi-Cal Member Authorization eFax Numbers:**
    - Prior Authorizations/Outpatient/Routine: Fax: (925) 313-6058
    - Urgent/Additional Information: Fax: (925) 313-6458
    - Inpatient (Hospital)/Face Sheet: Fax: (925) 313-6645
    - Appeals: Fax: (925) 313-6464
    - Mental Health: Fax: (925) 313-6196
    - Specialty (CPAP): Fax: (925) 313-6069
  - **Commercial Member Authorization eFax Numbers:**
    - Prior Authorization Requests: Fax: (925) 252-2620
    - Confidential Mental Health: Fax: (925) 313-6196
    - Email Auth Questions (do not email auth requests): CCHPAuthorizations@cchealth.org

Claims Department

- **Phone:** (877) 800-7423, option 5
  - Email Claims Questions: ClaimStatus@cchealth.org
  - Email Appeals Questions: Appeals@cchealth.org
Contact Us (continued)

ccLink Provider Portal
- ccLink Portal Application: [https://cchealth.org/healthplan/providers/](https://cchealth.org/healthplan/providers/)
- Email ccLink Application and Questions: CCHPportalsupport@cchealth.org
- IT Support to reset password or access issues: (925) 957-7272

Interpreter Services
- Phone: (877) 800-7423, option 4

Member Eligibility and Primary Care Physician Assignment
- Phone: (877) 800-7423, option 1

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
- Email Contract Related Questions: CCHPcontracts@cchealth.org
- Email Credentialing Related Questions: CCHPcredentialing@cchealth.org

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