



# Agenda

## Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan

**When:** Time: 7:30 AM – 9:00 AM  
Date: October 18, 2016

**Where:** West County Health Center  
13601 San Pablo Ave, San Pablo, CA  
Room A-1194

*Attention! Please enter by the side door (on San Pablo Ave.)*

The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	Mary Berkery, RN
II.	REVIEW and APPROVAL of MINUTES from previous meeting	Mary Berkery, RN
III.	REGULAR REPORTS	
	• CCHP Updates	Jose Yasul, MD
IV.	NEW BUSINESS	
	CEO Report	Patricia Tanquary, CCHP CEO
	• Undocumented children	
	• New benefits	
VI.	OTHER	
	• Daniela Jaramillo, Public Health—Active and Healthy Program	Jose Yasul, MD CCHP Staff
	• Narcotic reports from CCHP pharmacy	
	• UM Question and answer	
	• Provider Concerns	
VII.	ADJOURNMENT	

Our next scheduled meeting is:

January 17, 2017

CPN Quarterly Meeting

CONFIDENTIAL – Protected by California Evidence Code 1157

**CONTRA COSTA HEALTH PLAN**  
 West County  
 Quarterly Community Provider Network (CPN)  
**Meeting Minutes – July 19, 2016**

**Attending:**

**CCHP Staff:** Jose Yasul, MD, Mary Berkery, RN, Christine Gordon, RN, BSN, PHN; Maria Tesolin, Clerk

**CPN Providers:** G. Aguilar, PA; K. Ceci, MD; D. Fernandes, MD; K. Kaminski, PA; J. Mahony, MD; M. Ogawa, MD; K. O'Hearn, CPNP; R. Paterson, PA; A. Wallach, MD; K. Winter, MD; L. Trombla, PA.

**Guests:** Lisa Vijgrt-Smith, RN, BSN, MPH, CCC EMS; O. Omotoso, MD; K. Lewis, Manager, LifeLong Brookside San Pablo.

Discussion	Action	Accountable
Meeting called to order @ 7:40 A.M.		M. Berkery, RN
I. Agenda was approved with no revisions.		M. Berkery, RN
II. <b>Review and Approval of Minutes from April 19, 2016:</b> Minutes were approved as presented.		M. Berkery, RN
III. <b>Reviewed Care Matters Summer 2016 Bulletin:</b> <ul style="list-style-type: none"> <li>• Undocumented children coming to CCHP</li> <li>• Transportation benefit</li> <li>• Optometry and Ophthalmology do not need authorizations (but good practice for referral for Ophthalmology)</li> <li>• Initial Health Assessment of New Medi-Cal Members</li> <li>• Faxing consult records</li> </ul> <b>Regular Reports:</b> <ol style="list-style-type: none"> <li>1. <u>Legislative Update</u> <ol style="list-style-type: none"> <li>a. Palliative Care – Still on hold</li> <li>b. Drug Medi-Cal – Substance use disorder               <ul style="list-style-type: none"> <li>• Counseling</li> <li>• Care coordination – EMR's</li> <li>• 13 Counties submitted plans – we were not one of them – will likely start pilot with 5 counties</li> <li>• Residential will likely remain Fee for Service</li> <li>• Inpatient Detox – still through AODS</li> <li>• Access Line 800-846-1652 (Call Toll Free) 925-335-3310 (Other Counties)</li> </ul> </li> <li>c. CCS into Managed Care – Whole child care               <ul style="list-style-type: none"> <li>• July 2017</li> <li>• Utilization management</li> <li>• Case management</li> </ul> </li> </ol> </li> <li>2. <u>Quality</u> <ul style="list-style-type: none"> <li>• HEDIS</li> <li>• Hot off the press data reviewed</li> <li>• Investigating the denominators but generally in line with trends of previous years</li> <li>• Will come back next time with report that shows previous 2 years and “n” on same page</li> </ul> </li> <li>3. <u>Utilization Management</u> <ul style="list-style-type: none"> <li>• Dental Anesthesia benefit</li> <li>• HEAL (aka Healthy Hearts) referral criteria</li> <li>• UM Question and answer (sparse due to lack of time)</li> </ul> </li> </ol>		J. Yasul, MD

IV.	<p><b>New Business:</b></p> <p><b>Disaster Preparedness - Contra Costa Emergency Medical Services</b>  It is recommended to have 2 disaster plans, one for the home and the other for the workplace. The disaster plan should include water supply and storage, communication in the event of separation, and shelter and supplies. Emergency supply kits should contain enough supplies to last at least 3 days in the event of an emergency or natural disaster. It is estimated that FEMA could take a week to dispense emergency supplies. At work it is important to know how to respond to the top 3 hazards: fire, earthquake and active shooter. Refer to Red Cross Application or <a href="http://www.redcross.com">www.redcross.com</a>  Recommended supplies to include in a basic kit:</p> <ul style="list-style-type: none"> <li>• Water (1 gallon per person)</li> <li>• Food and a can opener</li> <li>• Flashlight</li> <li>• First Aid Kit</li> <li>• Whistle to signal for help</li> <li>• Batteries</li> <li>• Battery or crank operated radio</li> <li>• Bathroom hygiene supplies</li> <li>• Eyeglasses</li> <li>• Personal Medication</li> <li>• Money</li> <li>• Shoes (not flip flops)</li> <li>• Wrench or pliers</li> </ul> <p><b>Medical Reserve Corps - Contra Costa Medical Reserve Corps</b>  Sponsored by the Office of the Surgeon General, the Medical Reserve Corps (MRC) is a network of volunteers working to ensure hometown security. MRC provide the necessary structure to deploy medical and public health personnel in response to emergencies. Medical professionals practicing or retired are invited to join.</p> <p><b>2016 Statewide Medical and Health Exercise Program</b>  This year the 2016 Statewide Medical and Health Exercise will take place on November 17, 2016. The Statewide Medical and Health Exercise Program consist of four phases (Multi-media Training, Organizational Self-Assessment, Tabletop Exercise, and Functional Exercise) where each phase helps to build on and prepare for the next phase. If interested contact <a href="mailto:lisa.vajgrt-smith@hsd.cccounty.us">lisa.vajgrt-smith@hsd.cccounty.us</a></p> <p><b>Active Shooter Training</b>  Active Shooter Trainings are now available online.</p>	Lisa Vajgrt-Smith, RN, BSN, MPH, CCC EMS
	<p><b>Adjournment:</b>  Meeting adjourned @ 9:00 A.M.</p>	M. Berkery, RN

- Actions for next meeting October 18, 2016**
- Health Leads
  - Narcan in-service video web addresses
  - HEDIS data for Asthma compliance broken down by age
  - What to do about seasonal asthma on controller
  - Dietary resources in West County (WIC not an option)



CPN Medi-Cal HEDIS Measures		White	Black or African American	Hispanic/Latino	Asian	Total
<b>AAB</b>	Avoidance of Antibiotics in Adults With Acute Bronchitis					
	Denominator	44	35	25	19	142
	Reported Rate	50.00%	34.29%	36.00%	21.05%	37.32%
<b>CBP</b>	Controlling High Blood Pressure					
	Denominator	12	13	16	8	68
	Reported Rate	33.33%	38.46%	62.50%	62.50%	39.71%
<b>CCS</b>	*Cervical cancer screening					
	Denominator	16	20	25	8	73
	Reported Rate	68.75%	60.00%	56.00%	12.50%	53.42%
	Diabetes Eye Exam 2 yrs.					
	Denominator	9	12	30	21	85
	Reported Rate	33.33%	33.33%	50.00%	52.38%	41.18%
	*Diabetes HbA1c testing					
	Denominator	9	12	30	21	85
	Reported Rate	77.78%	83.33%	86.67%	90.48%	84.71%
<b>CDC</b>	Diabetes HbA1c(>9%) (lower is better)					
	Denominator	9	12	30	21	85
	Reported Rate	66.67%	66.67%	66.67%	42.86%	61.18%
	Diabetes HbA1c (<8%)					
	Denominator	9	12	30	21	85
	Reported Rate	33.33%	33.33%	30.00%	47.62%	34.12%
	Diabetes Nephropathy screen or treatment					
	Denominator	9	12	30	21	85



	Reported Rate	100.00%	100.00%	90.00%	85.71%	88.24%
	Diabetes BP <140/90					
	Denominator	9	12	30	21	85
	Reported Rate	22.22%	58.33%	76.67%	66.67%	62.35%
	*Combo 3 immunizations					
<b>CIS</b>	Denominator	13	21	70	5	134
	Reported Rate	53.85%	80.95%	74.29%	100.00%	70.90%
	Immunizations for Adolescents (IMA)-Combo 1					
<b>IMA</b>	Denominator	21	20	74	3	124
	Reported Rate	52.38%	70.00%	71.62%	33.33%	66.94%
	Avoiding Use of Imaging for Low Back Pain					
<b>LBP</b>	Denominator	69	81	97	20	294
	Reported Rate	75.36%	85.19%	77.32%	90.00%	81.29%
	Medication Compliance 50%					
	Denominator	71	82	202	32	435
	Reported Rate	63.38%	56.10%	39.60%	40.63%	46.90%
	Medication Compliance 75%					
<b>MMA</b>	Denominator	71	82	202	32	435
	Reported Rate	45.07%	28.05%	15.84%	25.00%	24.60%
	Annual Monitoring for Patients on Persistent Medications ACE Inhibitors					
	Denominator	223	161	410	257	1,221
	Reported Rate	81.17%	77.64%	88.54%	81.71%	84.36%
	Annual Monitoring for Patients on Persistent Medications Digoxin					
	Denominator	5	3	3	0	10
	Reported Rate	40.00%	33.33%	100.00%	0.00%	60.00%
	Annual Monitoring for Patients on Persistent Medications Diuretics					
	Denominator	118	168	218	128	785

	Reported Rate		77.97%	78.57%	82.57%	82.03%	81.15%
<b>PPC</b>	*First trimester prenatal						
	Denominator		5	17	26	9	62
	Reported Rate		60.00%	94.12%	92.31%	77.78%	88.71%
	Postpartum visit 26-51 days						
	Denominator		5	17	26	9	62
	Reported Rate		40.00%	58.82%	61.54%	55.56%	56.45%
<b>WCC</b>	BMI %ile calculated for children						
	Denominator		18	17	77	11	142
	Reported Rate		83.33%	88.24%	63.64%	63.64%	69.01%
	Nutrition counseling given for children						
	Denominator		18	17	77	11	142
	Reported Rate		77.78%	64.71%	62.34%	63.64%	64.08%
<b>W34</b>	Physical activity counseling for children						
	Denominator		18	17	77	11	142
	Reported Rate		77.78%	64.71%	57.14%	63.64%	60.56%
	*Yearly well child visit 3-6 yr.						
	Denominator		9	12	53	8	90
	Reported Rate		33.33%	33.33%	73.58%	75.00%	63.33%



Ethnicity  
HEDIS 2015--CCHP Overall

	CCHP Medi-Cal HEDIS Measures	White	Black or African American	Hispanic/Latino	Asian	Total
<b>AAB</b>	Avoidance of Antibiotics in Adults With Acute Bronchitis					
	Denominator	220	158	140	55	628
	Reported Rate	39.09%	49.37%	39.29%	29.09%	41.08%
<b>ACR</b>	Plan All-Cause Readmissions (PCR)					
	Denominator	2518	1639	1748	629	6944
	Reported Rate	16.16%	19.59%	12.13%	13.99%	15.52%
<b>CBP</b>	Controlling High Blood Pressure					
	Denominator	98	95	77	82	380
	Reported Rate	52.04%	60.00%	62.34%	62.20%	57.11%
<b>CCS</b>	*Cervical cancer screening					
	Denominator	121	89	70	24	411
	Reported Rate	54.55%	69.66%	62.50%	42.11%	58.15%
<b>CDC</b>	Diabetes Eye Exam 2 yrs.					
	Denominator	83	81	125	91	412
	Reported Rate	46.99%	39.51%	56.00%	62.64%	51.94%
	*Diabetes HbA1c testing					
	Denominator	83	81	125	91	412
	Reported Rate	80.72%	82.72%	90.40%	91.21%	86.17%
	Diabetes HbA1c(>9%) (lower is better)					
	Denominator	83	81	125	91	412
	Reported Rate	42.17%	53.09%	42.40%	26.37%	41.50%
	Diabetes HbA1c (<8%)					
	Denominator	83	81	125	91	412
	Reported Rate	50.60%	38.27%	52.00%	59.34%	50.24%
	Diabetes Nephropathy screen or treatment					
	Denominator	83	81	125	91	412
	Reported Rate	86.75%	81.48%	94.40%	92.31%	88.83%
Diabetes BP <140/90						
Denominator	83	81	125	91	412	
Reported Rate	49.40%	49.38%	68.00%	71.43%	60.44%	
<b>CIS</b>	*Combo 3 early childhood immunizations					
	Denominator	46	56	200	23	411
	Reported Rate	58.70%	71.43%	77.50%	95.65%	73.97%
<b>IMA</b>	Immunizations for Adolescents (IMA)-Combo 1					
	Denominator	51	54	171	28	335
	Reported Rate	54.90%	68.52%	76.61%	64.29%	70.75%
<b>LBP</b>	Avoiding Use of Imaging for Low Back Pain					
	Denominator	408	372	462	110	1480
	Reported Rate	78.68%	85.22%	82.47%	80.00%	82.30%
<b>MMA</b>	Medication Management for Asthma, Compliance 50%					
	Denominator	365	431	567	137	1,690
	Reported Rate	65.21%	55.45%	49.74%	59.12%	55.56%
	Medication Compliance 75%					
	Denominator	254	147	567	137	1,690
	Reported Rate	40.27%	31.55%	24.51%	34.31%	30.83%
Annual Monitoring for members on Persistent meds						



Ethnicity  
HEDIS 2015--CCHP Overall

<b>MPM</b>	Denominator	3,333	2,791	2,778	2,142	12,113
	Reported Rate	84.97%	85.13%	89.16%	86.60%	86.57%
<b>PPC</b>	*First trimester prenatal					
	Denominator	66	60	136	36	411
	Reported Rate	87.88%	85.00%	82.35%	91.67%	86.13%
	Postpartum visit 21-56 days					
	Denominator	66	60	136	36	411
	Reported Rate	63.64%	61.67%	73.53%	75.00%	68.13%
<b>WCC</b>	BMI %ile calculated for children					
	Denominator	54	45	196	30	366
	Reported Rate	87.04%	75.56%	79.59%	76.67%	80.05%
	Nutrition counseling given for children					
	Denominator	54	45	196	30	366
	Reported Rate	75.93%	53.33%	76.53%	73.33%	72.68%
	Physical activity counseling for children					
	Denominator	54	45	196	30	366
	Reported Rate	75.93%	55.56%	74.49%	73.33%	71.58%
<b>W34</b>	*Yearly well child visit 3-6 yr.					
	Denominator	35	41	140	22	279
	Reported Rate	54.29%	73.17%	81.43%	81.82%	78.14%

Statistically lower than the whole.

Statistically higher than the whole.

Ethnicity  
 HEDIS 2015  
 CCRMC only

	2015 CCHP Medi-Cal HEDIS Measures--CCRMC/HC Only	White	Black or African American	Hispanic/Latino	Asian	Total
<b>AAB</b>	Avoidance of Antibiotics in Adults With Acute Bronchitis					
	Denominator	159	100	104	34	428
	Reported Rate	33.33%	54.00%	36.54%	35.29%	39.95%
<b>CAP</b>	Children & Adolescents' Access to Primary Care Practitioners: 12-24 Months					
	Denominator	182	193	805	133	1,450
	Reported Rate	91.76%	92.23%	95.28%	90.98%	93.31%
	Children & Adolescents' Access to Primary Care Practitioners: 25 Months-6 Years					
	Denominator	940	1,068	4,380	549	7,428
	Reported Rate	76.70%	74.91%	86.89%	84.34%	82.66%
	Children & Adolescents' Access to Primary Care Practitioners: 7-11 Years					
	Denominator	620	746	3,871	335	5,845
	Reported Rate	78.71%	75.60%	86.67%	80.60%	83.75%
	Children & Adolescents' Access to Primary Care Practitioners: 12-19 Years					
	Denominator	921	1,117	3,430	535	6,380
	Reported Rate	76.87%	80.48%	84.61%	77.38%	81.58%
<b>CBP</b>	Controlling High Blood Pressure					
	Denominator	77	71	54	57	269
	Reported Rate	53.25%	59.15%	62.96%	70.18%	58.74%
<b>CCS</b>	Cervical cancer screening					
	Denominator	81	59	72	39	268
	Reported Rate	43.21%	67.80%	58.33%	41.03%	51.87%
<b>CDC</b>	Diabetes Eye Exam 2 yrs.					
	Denominator	70	57	92	61	293
	Reported Rate	45.71%	35.09%	56.52%	63.93%	51.54%
	*Diabetes HbA1c testing					
	Denominator	70	57	92	61	293
	Reported Rate	80.00%	80.70%	91.30%	91.80%	85.67%
	Diabetes HbA1c(>9%) (lower is better)					
	Denominator	70	57	92	61	293
	Reported Rate	38.57%	47.37%	34.78%	21.31%	35.84%
	Diabetes HbA1c (<8%)					
	Denominator	70	57	92	61	293
	Reported Rate	52.86%	42.11%	58.70%	62.30%	54.61%
Diabetes Nephropathy screen or treatment						
Denominator	70	57	92	61	293	
Reported Rate	84.29%	75.44%	95.65%	95.08%	88.40%	
Diabetes BP <140/90						
Denominator	70	57	92	61	293	
Reported Rate	51.43%	43.86%	65.22%	73.77%	58.70%	
<b>CIS</b>	*Combo 3 early childhood immunizations					
	Denominator	26	25	112	13	196
	Reported Rate	61.54%	60.00%	78.57%	92.31%	72.45%
<b>IMA</b>	Immunizations for Adolescents (IMA)-Combo 1					
	Denominator	16	22	65	15	127
	Reported Rate	25.00%	59.09%	73.85%	53.33%	61.42%

<b>LBP</b>	Avoiding Use of Imaging for Low Back Pain					
	Denominator	277	210	290	74	915
	Reported Rate	79.06%	81.43%	81.38%	77.03%	80.44%
<b>MMA</b>	Medication Management for Asthma, Compliance 50%					
	Denominator	212	243	276	82	853
	Reported Rate	66.04%	55.56%	52.90%	63.41%	58.15%
	Asthma Medication Compliance 75%					
	Denominator	212	243	276	82	853
	Reported Rate	43.87%	34.16%	29.71%	40.24%	35.64%
<b>MPM</b>	Annual Monitoring for Patients on Persistent Medications ACE Inhibitors					
	Denominator	1,384	953	1,144	973	4,772
	Reported Rate	84.68%	85.31%	90.03%	86.02%	86.59%
	Annual Monitoring for Patients on Persistent Medications Digoxin					
	Denominator	33	10	12	10	73
	Reported Rate	72.73%	80.00%	91.67%	80.00%	79.45%
	Annual Monitoring for Patients on Persistent Medications Diuretics					
	Denominator	1,029	988	724	530	3,452
	Reported Rate	85.33%	84.11%	88.12%	88.87%	86.38%
<b>PPC</b>	*First trimester prenatal					
	Denominator	47	28	87	17	199
	Reported Rate	89.36%	75.00%	77.01%	94.12%	82.91%
	Postpartum visit 21-56 days					
Denominator	47	28	87	17	199	
Reported Rate	70.21%	50.00%	74.71%	82.35%	70.85%	
<b>WCC</b>	BMI %ile calculated for children					
	Denominator	19	19	92	14	153
	Reported Rate	84.21%	63.16%	90.22%	78.57%	85.62%
	Nutrition counseling given for children					
	Denominator	19	19	92	14	153
	Reported Rate	63.16%	36.84%	84.78%	71.43%	73.86%
<b>W34</b>	*Yearly well child visit 3-6 yr.					
	Denominator	15	14	66	12	112
	Reported Rate	53.33%	85.71%	83.33%	83.33%	80.36%

Key:

Statistically significantly lower than the whole.

Statistically significantly higher than the whole.



**FROM:** \_\_\_\_\_ **Phone/Pager #** \_\_\_\_\_  
(Name of person requesting authorization)

**Contra Costa Health Plan**  
**Community Skilled Nursing Facility Referral Worksheet**  
CCHP Fax: 925-313-6462

**Date of Request:** \_\_\_\_\_ **Payor Group:** \_\_\_\_\_  
(Financial class)

**Member's Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **PCP:** \_\_\_\_\_

**Type of SNF request:**  
\_\_\_\_\_ Skilled Nursing Care \_\_\_\_\_ Custodial/Long Term Care

**Requested Facility:** \_\_\_\_\_ **Contact person:** \_\_\_\_\_  
(name and phone number)

Anticipated admit date to SNF: \_\_\_\_\_ Anticipated LOS at SNF: \_\_\_\_\_

**Anticipated Skilled Care Required at SNF:** (PT, OT, Speech, Respiratory, IV therapy, Tubefeeding, etc.)

**Anticipated SNF discharge plan:** (e.g. home alone with home care follow up, board and care, home with husband, etc.)

**IF NO SKILLED NEEDS:**

**Justification for Custodial/Long-Term Care placement** (inability to perform ADLs due to mental or physical limitations)

**Pt. must need assistance with at least 3 of the six ADL's to qualify for care in a nursing home if no Severe Cognitive Impairment is present:**

- Bathing:** The ability to wash yourself in the tub, shower, or by sponge bath.
- Dressing:** The ability to put on or take off your clothes. You may need help fastening and unfastening buttons or zippers.
- Toileting:** The ability to safely get to and from the toilet and perform basic personal hygiene.
- Transferring:** The ability to move in and out of a bed, chair, or wheelchair.
- Eating:** The ability to feed yourself. You may need help grasping utensils, getting food to your mouth, and cleaning your hands and face after a meal.
- Continance:** Your ability to voluntarily control bladder or bowel functions, or care for incontinence if it occurs.

**3 ADL need criteria been met?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please fax this form along with any pertinent evaluation and recent follow-up notes from Rehab Services, Physician and/or Nursing to the SNF nurse at 1-925-313-6462.**

**Feel free to contact Khamisi Knox, LVN SNF Coordinator at 925-313-6892 or Jami Vargas, LVN SNF liaison LVN 925-313-6891 with any questions.**

PATRICIA TANQUARY, MPH, PhD  
*Chief Executive Officer*

JAMES TYSELL, MD  
*Medical Director*



ADMINISTRATION  
595 Center Avenue, Suite 100  
Martinez, California 94553  
Main Number: 925-313-6000  
Member Call Center: 877-661-6230  
Provider Call Center: 877-800-7423

Se Habla Español

September 15, 2016

Re: **Update—Procedure Change** for Referring to ENT Specialist or Audiology Provider for Members with Hearing Loss

Dear Contracted Community Provider Network Primary Care Providers:

Please note that when referring a Contra Costa Health Plan (CCHP) member to an Ear Nose and Throat Specialist or Audiology Provider to evaluate **hearing loss**, add the following codes to the triplicate PCP Referral Form:

- For Medi-Cal members, please add CPT codes 92557 and Z0316.
- For Commercial members, please add CPT codes 92557 and 92567.

These codes will allow the ENT or Audiology provider to do a complete audiology evaluation, as well as the consult. CCHP will reimburse the ENT Specialist or Audiology Provider to do the testing. It will be a “benefit exception” for Medi-Cal members.

If you have any questions, please contact Provider Relations at 925-313-9500 or by e-mail to [Providerrelations@hsd.cccounty.us](mailto:Providerrelations@hsd.cccounty.us).

Sincerely,

*Terri Lieder*

Terri Lieder, MPA, CPCS, CPMSM  
Director of Provider Relations and Credentialing





**Diana H. Mahar, MD, MSc, IBCLC**

**Learning Objectives for the Training Program**

At the end of these training sessions the learner will be able to:

- Demonstrate basic knowledge of lactation and breastfeeding
- Provide competent care to breastfeeding mothers/families
- Participate in hospital policy and procedure changes needed to meet BFHI requirements
- Discuss how culture affects breastfeeding

- To Register: Call Mary Jane Kiefer 925-646-5200  
Email: [Marylane.kiefer@gmail.com](mailto:Marylane.kiefer@gmail.com)
- Continuation Education Units Pending

**Primary Care Providers  
Physicians, Physician Assistants,  
Midwives, and other Advanced Practice  
Registered Nurses**

**You Are Invited To Attend**

**3 hour Lecture and Case-Based Discussion**

*Management of Breastfeeding Issues for the Primary Care Provider*

**Kaiser Richmond Permanente Medical Center**

901 Nevin Ave

Richmond, CA 94801

Department 317 Rooms 2 and 3

**November 7, 2016**

**5:30-8:30 PM**

Dinner Provided

Training sponsored by Kaiser Permanente  
Community Grants Program





# CONSENT REFERRAL TO:



**A MORE EXCELLENT WAY**  
*Health Program*

Tel: (707) 648-1247

Fax: (707) 648-1287

Referring Organization Information:		
Name of Individual Referring:		
Organization/Address:	Phone:	
	Fax:	
Client Information		
Client Name:	DOB:	Date:
Address:	Phone Number:	Best time to contact:
Client currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Expected Date of Delivery:	
Primary Care Provider/ Physician		
Reason for Referral:		

I give my permission for A More Excellent Way Breastfeeding Peer Counselor to release and receive personal information described above to the program indicated above. I understand that my records are protected under Federal Confidential Regulations and cannot be disclosed without my consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that in any event this consent expires one year from signing. I understand that my choice to sign or to not sign this form will not affect my eligibility for participation in A More Excellent Way Breastfeeding Peer Counselor Program or the referring organization.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# LACTATION LOUNGE

Learn valuable information that may help you make the best choices when it comes to parenting, infant feeding, relationships and more.

All pregnant, breastfeeding moms, & partners are welcome.

## Mommy Group

Make new BFFs  
(BreastFeeding Friends)

3<sup>rd</sup> Wednesdays of every month.  
Pittsburg Health Center  
2311 Loveridge Rd., Pittsburg, CA 94565  
G/press Room  
5-7 p.m.  
Snacks provided

For questions or more  
information contact  
**925-431-2460**  
(Pittsburg WIC Office)

Sponsored by  
  
AMERICAN PREGNANCY ASSOCIATION  
  
CENTRAL COSTA  
HEALTH SERVICES



## For Providers: Contra Costa County Breastfeeding Resource Directory

Agency	Services	Phone Number	Breast pump rental/sales
<b>Alta Bates</b> (fee based) FREE Drop-In Support Group Available: 1:30-3pm every Tue & Fridays (1 <sup>st</sup> visit free, additional visits \$10 per session)	Outpatient Lactation Consultants <b>(English Only)</b>	Appointment Line 510-204-6546 <i>Appointment required for office visit</i> Warm-line Message Only: 510-204-7701	<b>Fee based pump rental</b> (510) 204-6546
<b>Contra Costa County Breastfeeding Coalition</b>	Contra Costa County Regional Breastfeeding Liaison, <b>Mary Jane Kiefer, M.S., R.D., CLE</b> <b>Lactation Promotion and Accommodation</b>	925-646-5200	
<b>Contra Costa Breastfeeding Warm-line</b>	<b>Lactation Advice Line – Free</b> Servicing any mother in Contra Costa County <i>Leave message with your name, phone number, and breastfeeding concern. An IBCLC or Lactation Educator will call you back within 24 hrs.</i>	1-866-878-7767 Press 1 - Spanish Press 2 - English	<b>No breast pump rentals or sales</b>
<b>Contra Costa WIC Program</b>	Breastfeeding Support Groups Pump loans Lactation Consults with IBCLC Peer Counselor Support Lactation Education Classes <b>(English/Spanish interpreter services available)</b>	P 925-646-5534 F 925-646-5029	Free for all WIC participants only <b>Hospital Grade Breast Pump Loans</b> *Medical reason *Exclusive breastfeeding mother returning to work or school <b>Personal Breast Pumps</b> *Exclusively breast feeding mothers returning to work or school (not eligible through any other health insurance)
<b>John Muir Health</b>	Lactation Advice Line (free) Private Lactation Consults (fee-based) Latch Clinic – up to 4 weeks old (free) Home Health Visits <i>(doctor referral only, maybe covered through insurance)</i>	925-941-7900 Option #1	<b>Fee based pump rental</b> 925- 941-7900 Option #1
<b>Kaiser</b> (Kaiser members)	Lactation Consultations Lactation Education Classes Pump Loans	Walnut Creek 925-295-4368 Antioch 925-813-3879 Richmond 925- 307-2514 Pinole 925- 243-4215	<b>Cost based on Health Plan</b> Walnut Creek 925-295-5001 Antioch 925-813-3879 Richmond 925-307-2210 Pinole 925-243-4020
<b>La Clinica de la Raza</b>	Alicia Rangel, MSW, IBCLC* Provides one-on-one support & education. <i>*Must be enrolled prenatally</i>	Concord 925-246-4844	<b>No pump rentals/sales</b>



## For Providers: Contra Costa County Breastfeeding Resource Directory

<p><b>Mother's Milk Bank</b> <a href="http://www.mothersmilk.org">www.mothersmilk.org</a></p>	<p>Mother's Milk Bank bridges the gap between mothers willing to share their milk and infants and children needing it for health.</p>	<p>Providers requesting human milk for infants with medical need (408) 998-4550 <b>Mothers interested in donating breastmilk</b> (including moms in a time of loss), please call: 1-877-375.6645</p>	<p><b>Medi-Cal</b> <i>(pump rental covered)</i>  <b>Private insurance</b> <i>(not covered, donor must pay rental cost)</i></p>
<p><b>Public Health Nursing</b> (No charge, serving primarily low income)</p>	<p>Home visits include breastfeeding support, education and consults <b>(English/Spanish)</b></p>	<p>P 925-313-6924 F 925-313-6029</p>	
<p><b>Sutter/Delta Antioch</b></p>	<p>Lactation/Consultant Breastfeeding Support Group Prenatal Breastfeeding Class Baby with Breastfeeding <b>(English only)</b></p>	<p>Breastfeeding Inquiries: 925-779-7200 x4206  For class registration call: Kathy Wallace 925-779-2955</p>	<p><b>No pump rental/sales</b></p>



## Free/Low Cost Contra Costa County Breastfeeding Classes and Support Groups

Agency	Location	Contact info	Date/ Time/Details
<b>211 Information and Resources</b>	All County	211	Information on food, housing, health insurance and other resources
<b>Alta Bates</b> (First session free/\$10 per session)	Berkeley	(510) 204-6545 (English)	Tuesday/ Friday 1:30 -3:30 PM Breastfeeding Support Group 2450 Ashby Ave., Berkeley Lactation Department 1 <sup>st</sup> Floor
<b>Bay Area Breastfeeding Support</b> (Free)	Pinole	Serena Meyer IBCLC (510) 612-4000 <a href="mailto:serenemother@gmail.com">serenemother@gmail.com</a>	2 <sup>nd</sup> Friday 4:30-6:00 PM *Classes meet in private home, must contact Serena Meyer directly for address. Community breastfeeding support for pregnant, breastfeeding women, family partners & children.
<b>Contra Costa Breastfeeding Warm-line</b>	All County	1-866-878-7767 Press 1- Spanish Press 2- English	Servicing any mother in Contra Costa County <i>Leave message with your name, phone number, and breastfeeding concern. An IBCLC or Lactation Educator will call you back within 24 hrs.</i>
<b>John Muir Women's Health Center</b> (Free and fee-based)	Walnut Creek	(925) 941-7900 <a href="http://www.johnmuirhealth.com">www.johnmuirhealth.com</a>	Muir Mommyies Support Groups- Free & low cost weekly sessions up to 1 year of age. Call to register. Breastfeeding, childbirth, & newborn care: Call for more information about free and fee-based classes.
<b>Kaiser</b>	Pleasanton	(925) 847-5172 (English)	Breastfeeding classes vary in time at all Kaiser locations. Please call prior to attending classes.  <b>Pleasanton Breastfeeding Class</b> Saturday, 9:30 AM and 12:00 PM North Building, 2nd Floor conference room <i>Pre-registration required as Saturday classes vary</i>
	Antioch Medical Center	(925) 813-3560 (English/Spanish)	
	Antioch Delta Fair	(925) 779-5147 (English)	
	Richmond	(510) 307-2210 (English)	
	Martinez	(925) 372-1198 (English)	
	Pinole	(510) 243-4020 (English)	
	Walnut Creek Medical Center	(925) 295-4190 (English)	



## Free/Low Cost Contra Costa County Breastfeeding Classes and Support Groups

La Leche League-LLL (Free)	Pittsburg-Antioch- Brentwood-Oakley	<p><b>Mary: (925) 550-6459</b>  <b>Julie: (925) 757-6767</b>  <a href="http://lllnorcal.org/groups/BrionesCA.html">http://lllnorcal.org/groups/BrionesCA.html</a></p>	<p><b>*POSTPONED*</b>                      3<sup>rd</sup> Friday of every month at 10:00AM                      Antioch First 5 Center/ El Centro De Primeros 5                      de Antioch, 512 West 5<sup>th</sup> Street                      ***Call Mary for further information</p>
	Concord-Walnut Creek- Pleasant Hill-Martinez- Lafayette	<p>Anuta: (925) 818-4355</p>	<p>1<sup>st</sup> Saturday of every month at 10:30 AM                      Small Talk Family Cafe,                      1536 Newell Ave., Walnut Creek 94596                      Every 3<sup>rd</sup> Wednesday of the Month                      5:00-7:00 PM</p>
Lactation Lounge	Pittsburg Health Center 2311 Loveridge Road, Pittsburg	(925) 646-5534	Every 3 <sup>rd</sup> Wednesday of the Month 5:00-7:00 PM
Sutter Delta	Antioch	<p>Kathy Wallace for registration                      (925) 779-2955  <a href="mailto:WallaKa@Sutterhealth.org">WallaKa@Sutterhealth.org</a></p>	Breastfeeding Support Group (every other month)
		<p><b>Breastfeeding Inquiries:</b>                      925-779-7200 x4206                      *Kimberly Chilcote  <a href="mailto:chilco@Sutterhealth.org">chilco@Sutterhealth.org</a>                      *Rachelle Dilbeck  <a href="mailto:dilbecr@Sutterhealth.org">dilbecr@Sutterhealth.org</a></p>	<p>Prenatal Breastfeeding Class                      (Wednesday/Thursday)</p> <p>Baby with Breastfeeding – 4 Classes                      (Wednesday/Thursday)</p> <p>Call to register and confirm class dates and times.</p>
WIC Breastfeeding Support Groups (Free)	Concord WIC Office 2355 Stanwell Circle, Concord	<p>Araceli, IBCLC                      (925) 646-5534</p>	<p>2<sup>nd</sup> Thursday 9:30-11:30 AM (Spanish)                      2<sup>nd</sup> Thursday 1:30-3:30 PM (English)</p>
	Pittsburg Health Center 2311 Loveridge Road, Pittsburg	Claudia Salmeron, IBCLC (925) 431-2465	<p>2<sup>nd</sup> Monday 9:30-11:30 AM (Spanish)                      2<sup>nd</sup> Monday 1:30-3:30 PM (English)</p>
	Richmond WIC Office 1000 38 <sup>th</sup> Street, Richmond	<p>Lisa, IBCLC (510) 231-8624 (English)                      Arianne, CLE (510) 231-8615 (Spanish)</p>	<p>1<sup>st</sup> Thursday 9:30-11:30 AM (Spanish)                      1<sup>st</sup> Thursday 1:00-3:00 PM (English)</p>
	Richmond Concord Pittsburg Brentwood	<p>(510) 231-8600                      (925) 646-5370                      (925) 431-2460                      (925) 513-6880</p>	Call for schedule (English/Spanish)
WIC Breastfeeding and Nutrition classes (Free)			



**FRENOTOMY/FRENECTOMY REFERRALS**

RECURSOS PARA EL TRATAMIENTO DEL FRENILLO CORTO: FRENOTOMIA

PROVIDER	COVERAGE	INSTRUCTIONS FOR LC	INSTRUCTIONS FOR PATIENT
<b>Dr. Domenic Cavallaro, DDS</b> <b>Dr. Shidara, DDS</b> <b>CCRMIC Dental Clinic</b> Building 1, 2 <sup>nd</sup> Floor 2500 Alhambra Ave., Martinez, CA 94553 (925) 370-5300 opt.	Medi-Cal	Give information to MOB indicated on "Instructions for Patient" →  <i>If she has a PHN refer to PHN for assistance in with appointments and referrals.</i>	Pt. needs to have a referral from the primary care provider (Pediatrician) <b>Have referral in hand call to make appointment</b> 925-370-5300 opt. 2 <b>Emergency/ same day appointments only (7:00am-7:30am)</b> 925-370-5300 opt. 1
<b>Dr. Ben Y Kim, DDS &amp; Associates</b> <b>Dental Office</b> <b>Pittsburg Health Center</b> 2311 Loveridge Rd., Pittsburg, CA 94565 (925) 431-2502	Medi-Cal	Give information to MOB after the procedure  Follow up with MOB after the procedure.	<b>Emergency / same day appointments only: (7:00am-7:30am) (925) 431-2502</b> *Medi-Cal: Currently unavailable (not taking new patients). Request appointment for frenulum assessment due to BF problems, sore nipples, baby not latching. Pt. must request primary care provider (Pediatrician) to submit Urgent/ non-urgent referral.
<b>All ENT Providers</b> <b>UCSF Benioff Children Hospital Oakland</b> 744 52 <sup>nd</sup> St., 5 <sup>th</sup> Floor, Oakland, CA 94609 (510) 428-3233 choose language preference, then opt. 2 (for physicians & clinicians only)	Non-Restricted Medi-Cal	Give information to MOB indicated on "Instructions for Patient" →  <i>Note: UCSF prefers physician to make referrals. Will accept referral from LC, only if working directly with physician.</i>  <b>Non-Urgent Referrals:</b> Call phone number provided and nurse will schedule appointment  <b>URGENT Referrals:</b> Fax to 510-450-5613 (infant is recommended to be between 10 days and 2 wks old. Include birth and current weight with doctor's note.	
<b>Dr. Lloyd Ford, ENT</b> <b>Dr. Randall Wenokur, ENT</b> <b>Dr. Ben Loos, ENT</b> <b>CONTRA COSTA ENT</b> 2700 Grant St., Concord, CA 94520 (925) 685-7400 2121 Ygnacio Valley Rd. Walnut Creek, CA 94598 (925) 932-3112	No Medi-Cal	Follow up with MOB after the procedure  Give information to MOB indicated on "Instructions for Patient" →  Follow up with MOB after the procedure.	HMO (Referral needed from pediatrician) PPO (no referral needed)  MOB call closest office to schedule appointment
<b>Dr. John Crockett, MD (OBGYN)</b> 2485 High School Ave., Concord CA 94520 (925) 676-1107	No Medi-Cal	Give information to MOB indicated on "Instructions for Patient" →  Follow up with MOB after the procedure.	No referral required For OB HMO exceptions: (John Muir & Hill Physician) Only accept PPO insurance Call to schedule appointment
<b>Dr. Richard Rissel &amp; Dr. Jason Renner DDS</b> 2875 Willow Pass Rd., Concord CA 94519 (925) 689-2800	No Medi-Cal Cost: \$309	Give information to MOB indicated on "Instructions for Patient" →  Follow up with MOB after the procedure.	No referral required  Call to schedule appointment

**CCHP Season Flu Vaccine Matrix\* 2016-2017**

<b>CCHP Medi-Cal Members</b>	<b>Commercial &amp; Medicare Members</b>
<b>CHDP Code</b> <b>90655 (6-35 months) 90685 (Quadrivalent)</b> <b>90656 (over age 3) 90686 (Quadrivalent)</b> <b>90660 Flu Mist Vaccine (2 to 50 years)</b> <b>Plan Payment \$9.45</b>	<b>Preservative Free Vaccine</b> <b>Ages: 6 months to 35 months</b> <b>90685 \$26.27</b> <b>G0008 \$43.64</b> <b>Total payment \$69.91</b>
<b>CHDP-Privately Purchased</b> <b>90657 (6-35 months) \$18.71</b> <b>90658 (3 years and older) \$13.76</b> <b>90685 (6-35 months) \$29.06</b> <b>90686(over age 3) \$22.61</b> <b>Plan payment varies</b>	<b>Preservative Free Vaccine</b> <b>Ages: over age 3</b> <b>90656 \$17.72</b> <b>90686: \$19.03</b> <b>G0008 \$43.64</b> <b>Total payment varies</b>
<b>For more information on the VFC program, please call (877) 243 - 8832</b>	<b>Regular Flu Vaccine</b> <b>Ages: 6 months to 35 months</b> <b>90657 \$6.02</b> <b>G0008 \$43.64</b> <b>Total payment \$49.66</b>
<b>Privately Purchased Vaccine</b> <b>Must bill on CMS 1500</b> <p align="center">↓</p>	<b>Regular Flu Vaccine</b> <b>Ages: over age 3</b> <b>Q2038: \$12.04</b> <b>G0008 \$43.64</b> <b>Total payment \$55.68</b>
<b>Preservative Free Vaccine</b> <b>Ages: 19 years and over</b> <b>90656 \$19.26</b> <b>90471 \$4.68</b> <b>Total payment \$23.94</b>	<b>**Nasal Vaccine</b> <b>Ages: 2 to 50 years</b> <b>90672 (Quadrivalent)\$ 26.88</b> <b>G0008 \$43.64</b> <b>Total Payment 70.52</b>
<b>Regular Flu Vaccine</b> <b>Ages: 19 and over</b> <b>90658 \$14.97</b> <b>90471 \$ 4.68</b> <b>Total payment \$20.40</b>	<b>Regular Flu Vaccine</b> <b>Q2035* (Afluria) \$16.28</b> <b>Q2037* (Fluvirin) \$16.28</b> <b>G0008 \$ 43.64</b> <b>Total payment varies</b>
<b>**Nasal Vaccine</b> <b>Ages: to age 50</b> <b>90660 (Trivalent)\$18.77</b> <b>90672 (Quadrivalent)\$32.91</b> <b>90471 \$4.68</b> <b>Total Payment varies</b>	<b>90662 (High Dose- Ages 65 and over)</b> <b>\$42.72</b> <b>90673 (Egg allergy – Ages 18 and over)</b> <b>\$ 40.61</b> <b>G0008 \$43.64</b> <b>Total Payment varies</b>
<b>90662 (High Dose- Ages 65 and over) \$42.81</b> <b>90673 (Egg allergy – Ages 18 and over) \$43.73</b> <b>90471 \$4.68</b>	
<b>Pneumococcal Polysaccharide Vaccine Reimbursement</b>	
<b>Ages: 2 and above</b> <b>90732 \$99.13</b> <b>90471 \$ 4.68</b> <b>Plan Payment \$103.81</b>	<b>Ages: 2 and above</b> <b>90732 \$82.52</b> <b>G0008 \$43.64</b> <b>Plan Payment \$126.16</b>

\*This is not a legal document. Rates listed are in effect as of completion of this document 10/11/2016. Fee schedules from Medi-cal or Medicare are subject to change, and may affect reimbursement rate based on date of service. Payment is based on your contractual agreement, not prices specifically listed in this document.

\*\*For the 2016-2017 season, CDC recommends use of injectable flu vaccines--inactivated influenza vaccine (or IIV) or the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017.



## Public Health Updates

- The nasal spray is not recommended this season because it may not protect as well as the injectable flu vaccine.
- People who only get hives after exposure to egg can receive any flu vaccine.
- People who get more severe symptoms after egg exposure should get a flu vaccine in a medical setting where they can be monitored for 30 minutes under the supervision of a health care provider who can recognize and manage severe allergic reactions.
- Children 6 months through 8 years of age: 2 doses of flu vaccine, 4 weeks apart if child has not had a cumulative total of 2 or more doses of flu vaccine before July 2016.

The complete ACIP recommendations are available here:

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm>