

**July 30, 2024**

**Welcome**  
**to Contra Costa Health Plan**  
**2024 Q3 Provider Network Training**

**Irene J. Lo, Chief Medical Officer**  
**Contra Costa Health Plan**

# Agenda

Agenda Items	Presenter
1. Welcome and Introduction	<i>Irene J. Lo, MD</i> Chief Medical Officer, CCHP
2. Abortion Services	<b>Guest Speaker - Sarah McNeil, MD</b> Medical Staff President, Contra Costa Regional Medical Center
3. Foster Youth Transition	<i>Pasia Gadson, MSN, AGPCNP-BC</i> Director of CalAIM, CCHP
4. Language Services	<i>Otilia Tiutin PhD, DNM</i> Cultural and Linguistic Services Program Manager, CCHP
5. Authorization/Utilization Management Updates	<i>John V. Carpetta</i> Authorization/Utilization Management Clerical Supervisor
6. Chief Medical Officer Updates to include: 1. CPT Code Search Tool	<i>Irene J. Lo, MD</i> Chief Medical Officer, CCHP

# Abortion Services

**Sarah McNeil, MD, Medical Staff President  
Contra Costa Regional Medical Center**

(Dr. McNeil will screenshare)

CONTRA COSTA  
**HEALTH**



- **2025 Mandatory Enrollment for Foster Children and Youth**

- *Pasia Gadson, Director of CalAIM Programs and Transitional Care Services*

- *July 30<sup>th</sup>, 2024*

# Agenda

- Overview
- Background and Rationale
- Key Changes and Benefits
- Provider Responsibilities and Support

# Mandatory Enrollment for Foster Children and Youth in Single Plan Counties 2025



## Initiative Overview:

Starting January 1, 2025, DHCS mandates enrollment of current and former Foster Care children and youth in Single Plan Counties from FFS Medi-Cal to Managed Medi-Cal Plans. Contra Costa Health Plan (CCHP) serves as the Single Plan in Contra Costa County.

## Purpose:

Enhance continuity and quality of care for foster youth. Provide coordinated and comprehensive health services.

## Transition Details:

Current and former Foster Care children and youth currently in FFS Medi-Cal will be enrolled into CCHP's Managed Medi-Cal Plan. CCHP will welcome these individuals into its membership.

## Background and Rationale

### Foster Youth: A Vulnerable Population

- Unique and complex healthcare needs.
- Historically reliant on Fee-For-Service (FFS) Medi-Cal.

### Challenges of FFS Medi-Cal:

- Fragmented care.
- Limited access to specialized services.

### Transition to Managed Medi-Cal Plans:

- Enhanced integration of healthcare services.
- Emphasis on preventive care and care coordination.
- Access to a broader network of providers.

### Benefits for Foster Youth:

- Coordinated and comprehensive health services.
- Improved continuity of care.
- Better management of healthcare needs.



## Key Changes and Benefits

### Continuity of Care

- CCHP will accept and review requests for Continuity of Care to maintain trusted relationships and access to needed services post-2025 transition.

### Enhanced Care Management

- Dedicated care coordinators will assist foster youth in navigating the healthcare system, ensuring timely access to medical and behavioral health services.

### Comprehensive Provider Network

- Access to CCHP's extensive network of primary care providers, specialists, and behavioral health professionals for continuous and comprehensive care.

### Preventive Services

- Emphasis on preventive care, including regular check-ups, immunizations, and screenings, to proactively address health issues and maintain overall well-being.

### Behavioral Health Integration

- Integration of behavioral health services with primary care to provide a holistic approach to mental and physical health needs of foster youth.

### Support Services

- Additional services such as transportation assistance and health education to reduce barriers to care and promote health literacy among foster youth.

## Provider Responsibilities and Support

- Ensure foster youth have timely access to appointments, recognizing their potential need for urgent and consistent care.

### Timely Appointments:



- Collaborate with CCHP care coordinators to develop and implement comprehensive care plans tailored to each foster youth.

### Care Coordination:



- Provide culturally competent care, acknowledging the diverse backgrounds and experiences of foster youth.

### Cultural Competency:



- Participate in CCHP's training sessions and educational programs to better understand foster youth's needs and available resources.

### Training and Education:



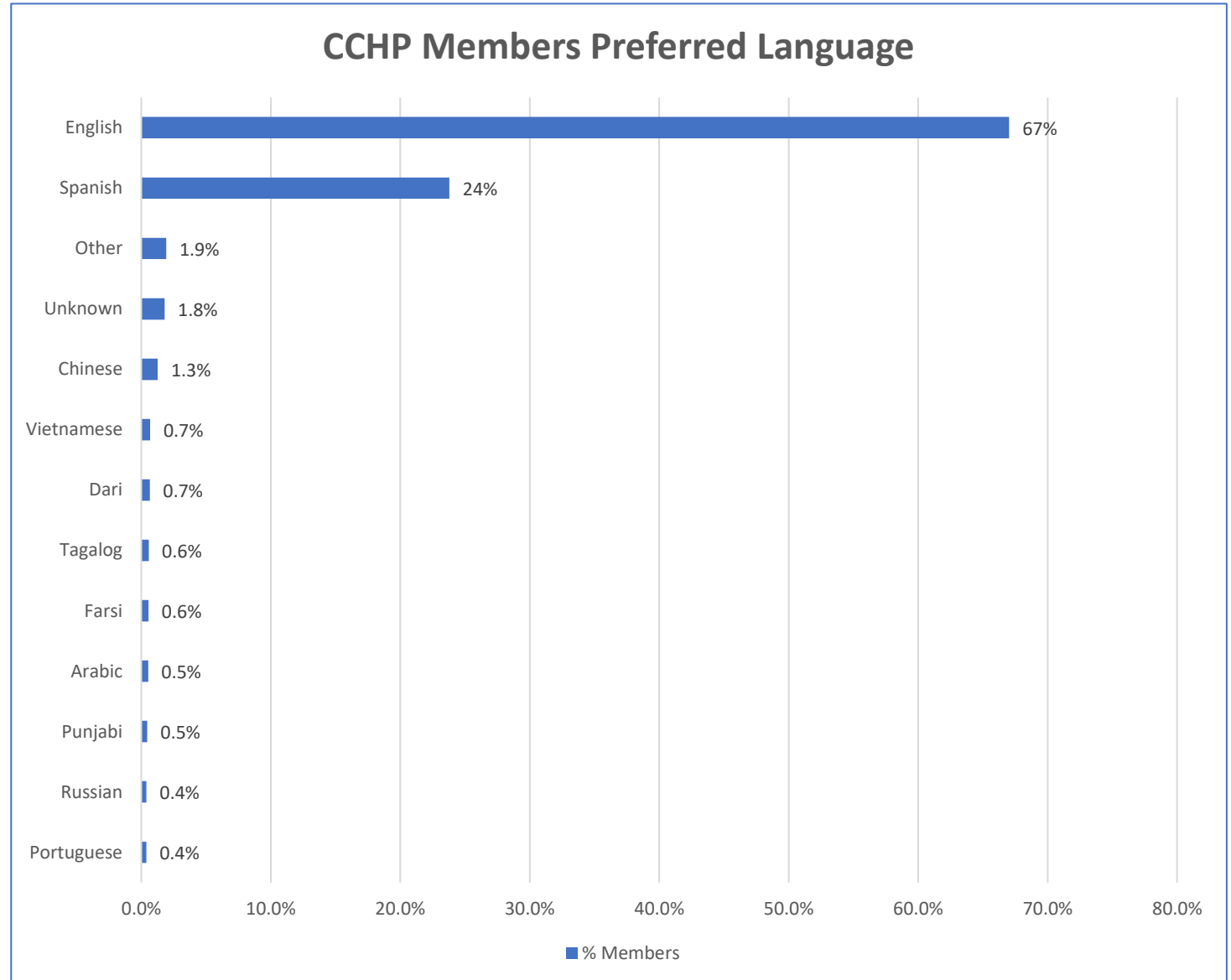
**Contra Costa Health Plan is committed to supporting our providers throughout this transition. The transition of foster youth to Managed Medi-Cal plans represents a significant step forward in improving the quality and continuity of care for this vulnerable population. We appreciate your partnership and dedication to providing exceptional care to foster youth during this transition.**

# Language Access/ Interpreter Services

**By Otilia Tiutin, PhD, Quality Manager Health Equity  
Department, Contra Costa Health Plan**

# Language Demographics

We have approx. 1500 providers speaking a foreign language. Most prevalent languages are Spanish 47%, Chinese 10%, Hindi 7%, Farsi 6% and Vietnamese 4%.



# 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 patient interactions

## **CCHP discourages the use of Family and Friends as Interpreters**

- They can make mistakes and may create liability issues
- 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

## **Regulations**

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, they reserve that right. In that case, document in the patient chart.

# Interpreter Services for CCHP Community Providers



The law requires that we offer free interpreter services or American Sign Language!

Telephonic interpreter services:

**DIAL: 1-866-874-3972**

- **PROVIDE:** your 6-digit Client ID - **298935** (Mental health providers use ID **525970**)
- **INDICATE:** the language you need or press
  - 1 for Spanish
  - 2 for all other languages and state the name of the language you need
- **PROVIDE:** Additional information:
  - Patient Name
  - Patient Date of Birth
  - Contra Costa Health Plan Member ID
  - Doctor Name
  - Doctor Phone Number

To see if you meet the criteria for face-to-face interpretation, go to our website:

<https://cchealth.org/healthplan/provider-interpretation.php>

- If you need assistance with using interpreters for Telehealth appointments, you can email: [otiutin@cchealth.org](mailto:otiutin@cchealth.org) or call 925-313-6063.

# Translation of documents



If you need assistance with translating documents for CCHP Members,



You can email the document in Word format to:

[otiutin@cchealth.org](mailto:otiutin@cchealth.org)



# Access to TTY-(TeleType) for Hearing Impaired and People w/Disabilities

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## Calling-California Relay Service (CRS) & Speech to Speech Relay Service (STS)

- **Dial 7-1-1** Telecommunication - California Relay Service Program
- **TTY - TeleType** - Helps to type out messages for individuals with hearing impairment or speech disability
- Service is available 24 hours a day, 7 days a week
- Callers have access to unlimited toll-free calls
- Services include directory assistance
- Both TTY and voice callers may make and/or receive calls through CRS

For more information go to:

[https://ddtp.cpuc.ca.gov/default1.aspx?id=1483#TTY\\_Relay\\_Service](https://ddtp.cpuc.ca.gov/default1.aspx?id=1483#TTY_Relay_Service)

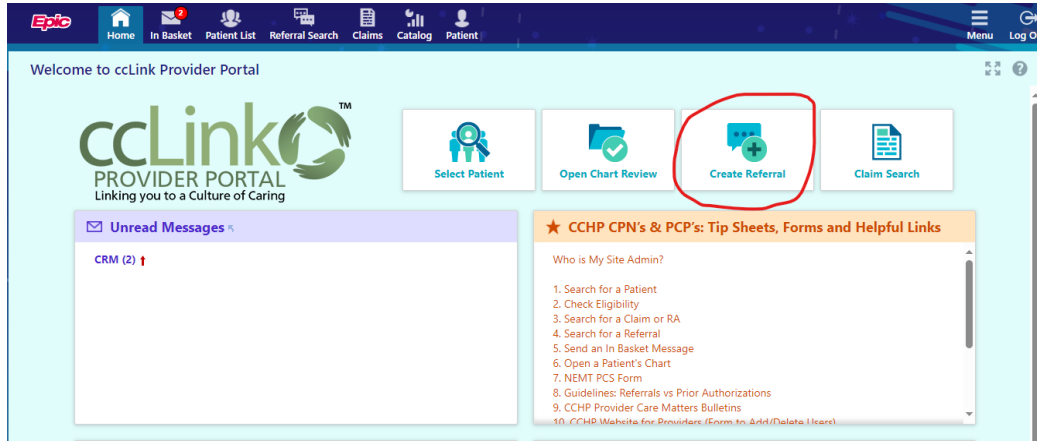




# Authorization/ Utilization Management Updates

**John Carpetta - Supervisor**  
**Authorization/Utilization Management**  
**Contra Costa Health Plan**

## Step 1: Select "Create Referral"



## Step 2: Locate Patient

The screenshot shows the Patient Search form in the cclink Provider Portal. The top navigation bar includes Home, In Basket, Patient List, Referral Search, Claims, Catalog, and Patient. The main content area features the Patient Search section with two search options: Search My Patients and Search All Patients. Below the search options, there is a section titled "To bring up a patient's record:" with instructions on how to fill out the form. The form includes fields for Name (Last,First), Sex, Birthdate (MM/DD/YYYY), Last 4 of SSN, MRN/State CIN, and MBI (Medicare ID). The form also includes a Search button and a Clear button.

To bring up a patient's record:

- Please fill out all required fields (red exclamation point), and ONE of the recommended fields (yellow exclamation point).


For the name field, enter the full name as LastName,FirstName (example: Doe,John).  
Please note: State CIN = Medi-Cal ID.

**Patient Select**

Name (Last,First)	Sex
<input type="text"/>	<input type="text"/>
Birthdate (MM/DD/YYYY)	Last 4 of SSN
<input type="text"/>	<input type="text"/>
MRN/State CIN	MBI (Medicare ID)
<input type="text"/>	<input type="text"/>

### Step 3: Fill Out General Information

The screenshot shows the 'New Referral' form in the Epic EHR system. The 'General Information' tab is active. The patient is identified as 'Fred Test', a 23-year-old female with MRN 300589620. The form includes fields for Priority (set to 'Routine [1]'), Type (with a red exclamation mark icon), Reason (set to 'Portal Request - Outpatient [507]'), Class (with a red exclamation mark icon), Start date, Expiration date, and a checkbox for 'Retroactive referral?'. The 'Referral By' section has fields for Provider and Location/POS (with a red exclamation mark icon). The 'Referral To' section has fields for Provider, Location/POS, Department, Provider specialty, and Department specialty.

\*Any field with this symbol must be filled in to continue 

\*Find Location/POS before filling out other fields in the Referred by and Referred to section.

\*If unable to find, chose "Generic Place of Service" Or "Contracted Place of Service" and then put the full name and address of desired provider in the Notes section. Chose "Next"

### Step 4: Diagnosis, Services and Questionnaire

The screenshot shows the 'New Referral' form in the Epic EHR system, now on the 'Diagnoses/Services' tab. The 'General Information' tab is marked as complete with a checkmark. The 'Diagnoses' section has a 'Diagnoses (free text)' field with a yellow warning icon and a 'Diagnoses (coded)' field with a red exclamation mark icon. The 'Services' section has a 'Services (free text)' field with a yellow warning icon and a 'Services (coded)' table with columns for Procedure, Revenue code, Modifiers, Qty, and Unit type. The 'Questionnaire' section includes instructions for CCHP-MEDI-CAL ONLY and fields for entering DX and FX codes with associated comment boxes.

\*Entering in the free text \*might\* make suggestions.



## Step 5: Attach clinical notes, medical justification and general notes

**FT**

**Fred Test**  
Legal: Rabbit Test  
Female, 23 y.o., 1/1/2001  
MRN: 300589620  
Needs Interpreter: Abkhazian (Spoken), English (Written)  
Search Chart

No Coverage Information  
PCP: None  
ACCESS ENDS 9/22/2024  
Other Health Coverage: No

Change patient

### New Referral

**General Information** | **Diagnoses/Services**

all in-home and in-facility services. Exceptions to the 336 hour per calendar year limit can be made, with Medi-Cal managed care plan authorization, when the caregiver experiences an episode. (Informational Only)  Comment

Respite services cannot be provided virtually, or via telehealth. (Informational Only)  Comment

This service is only to avoid placements for which the Medi-Cal managed care plan would be responsible. (Informational Only)  Comment

Member may not receive duplicate support from other State, local, or federally funded programs. (Informational Only)  Comment

### Notes

Note type  
Portal Comments/Attachments [18039]

Note summary

Please Attach Supporting Patient Clinical Notes/Medical Justification

Add file

97.7 MB Total Allowed

← Back | ✓ Request Referral | ✗ Cancel Request

\*If provider could not be found in Location/POS fields, that information may be added here.

\*Additional notes may also be added to the request at any time.

\*Once complete click "Request Referral"

\*Status of the referral may be checked at any time through the portal.

## No Auth Required

- Many services do not require review by Auth-UM, and are listed on the Prior Authorization Matrix.
- For these services, a referral may be sent to any contracted, in-network provider rather than making a request through the portal.
- A No Auth Required notification is not required to be submitted to claims.
- If any provider requests a No Auth Required, please contact [auth-umsupport@cchealth.org](mailto:auth-umsupport@cchealth.org) and we will reach out to the provider.

The screenshot shows the Contra Costa Health website. At the top left is the logo with the text 'CONTRA COSTA HEALTH'. To the right of the logo are navigation links: 'News', 'Jobs', 'Contact', and 'For Providers'. There is a search bar with a magnifying glass icon and a 'Translate' button. Below the navigation is a yellow bar with menu items: 'About Contra Costa Health', 'Get Care', 'Health Insurance' (highlighted), 'Services and Programs', and 'Health and Safety Information'. On the left side, there is a blue sidebar with a list of links under the heading 'Information for CCHP Providers'. The main content area has a breadcrumb trail: 'Health Insurance » Information for CCHP Providers »'. The main heading is 'UTILIZATION MANAGEMENT: AUTHORIZATION AND REFERRALS'. Below the heading are links for 'Font Size', 'Share & Bookmark', and 'Print'. The text describes the Authorization and Referral department's role in receiving prior authorization requests from RMC and CPN providers. It lists the department's staff: Health Plan Authorization Representatives (HPAR's), Registered Nurses (RN's), and Board Certified Physicians (M.D.'s). It also provides contact information for the Provider Call Center (1-877-800-7423) and operating hours (Monday through Friday, 8:00 AM to 5:00 PM). A photo of a woman wearing a headset is shown. At the bottom, there is a link to the 'Prior Authorization Matrix'.

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News Jobs Contact For Providers Search Translate

About Contra Costa Health Get Care | Health Insurance Services and Programs Health and Safety Information

Information for CCHP Providers

Authorization and Referrals Department

CaAIM Programs

Case Management Programs

Claims Information

Claims Information - Mother and Newborn

Clinical Guidelines

Contact Us - For CCHP Providers

FSR Tool

Interpreter Services

Join Our Provider Network

LGBTQ Resources for Providers

Medi-Cal Rx Transition

Preferred Drug List

Pharmacy and Therapeutics

Provider Network News

Provider Manual

Provider Portal

Provider Preventable Conditions Reporting Form

Quality Department

Health Insurance » Information for CCHP Providers »

## UTILIZATION MANAGEMENT: AUTHORIZATION AND REFERRALS

Font Size: + - Share & Bookmark Print

The Authorization and Referral department receives prior authorization requests from RMC and CPN providers for medical office visits/procedures requested for their patients. The department is made up of Health Plan Authorization Representatives (HPAR's), Registered Nurses (RN's) and Board Certified Physicians (M.D.'s) that all work together.

The Contra Costa Health Plan's Authorization and Referral department is open Monday through Friday, from 8:00 AM to 5:00 PM. Providers can reach the Authorization/Referral department by calling the Provider Call Center at 1-877-800-7423 and choosing option 3. For non-urgent matters, the caller can leave a message at the above number. Messages are addressed the next business day. For urgent matters, the caller can stay on the line and be automatically transferred to the Advice Nurse Unit, which operates 24/7.

For a list of CCHP's prior authorization requirements, see the Prior Authorization Matrix.

[Prior Authorization Matrix](#)



## CPN/EPIC In-Box

- Requests for more information or other correspondence may be made through the Epic In-box.
- When CCHP Auth-UM requires more information or clarification to decide, a request may be made through, and responded to, this in-box.

The screenshot displays the Epic In-Box interface. On the left, a sidebar shows 'My Messages' with categories like 'Mychart Pt Advice Req', 'Patient Calls', 'Staff Message', 'CRM', 'Rfl Notif Ltr', 'Referral Message', 'Attached & Cove...', 'Follow-up', 'Search', 'Sent Messages', and 'Open Patients'. The main area shows a list of 'Referral Message' items, each with a status (Read, Pending), date, time, and sender (DRAZBA, SARA). The selected message is for a patient with a referral ID of 5164040, dated 07/22/2024 at 2:39 PM. The message content includes a request for approval for a referral, patient demographics (Female, 62 y.o.), allergies (Compazine, Prochlorperazine Edisylate), and referral information.

**Referral Message List:**

Status	Msg Date	Msg Time	Sent By
Read	07/22/2024	2:39 PM	DRAZBA, SARA
Read	07/22/2024	2:39 PM	DRAZBA, SARA
Read	07/22/2024	2:40 PM	DRAZBA, SARA
Read	07/22/2024	2:40 PM	DRAZBA, SARA
Read	07/19/2024	8:32 AM	DRAZBA, SARA
Pend	07/19/2024	9:09 AM	DRAZBA, SARA

**Selected Message Details:**

**Message:** Approval  
 Received: 2 days ago  
 Can you please approve this?  
 Thank you, Sara

**Referral Information:**

Referral #	Creation Date	Referral Status	Status Update
5164040	07/10/2024	Authorized	07/23/2024: Status History

**Referral Details:**

Status Reason	Referral Type	Referral Reasons	Referral Class
Timely Access Unavailable	Gastroenterology	Specialty Services Required	Outgoing

**To Specialty:** Gastroenterology  
**To Provider:** none  
**To Location/Place of Service:** JOHN MUIR PHYSICIAN NETWORK= GASTROENTEROLOGY  
**To Department:** none

**To Vendor:** JOHN MUIR PHYSICIAN NETWORK  
**Referred By:** [Redacted]  
**By Location/Place of Service:** WEST COUNTY HEALTH CENTER  
**By Department:** WCHC HEPATOLOGY

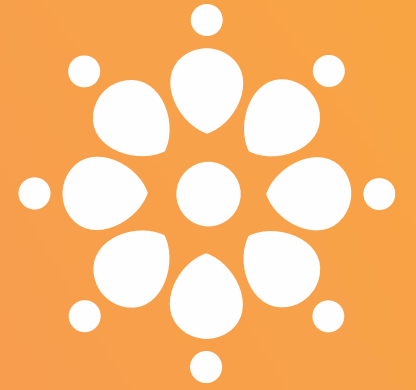
**Priority:** Routine  
**Start Date:** 07/10/2024  
**Expiration Date:** 07/10/2025  
**Referral Entered By:** Nicholas, Zachary, MD

**Visits Requested:** 7  
**Visits Authorized:** 7  
**Visits Completed:** [Blank]  
**Visits Scheduled:** [Blank]

**Procedure Information:**

**Service Details:**

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# CMO Updates

*Irene Lo, MD, FACS*

• *July 30, 2024*

# Outline

- Coming Soon
- DME Project
- CPT Code Search Tool



# Coming Soon!

- DHCS Audit – 8/19/2024 - 8/30/2024
- Foster Youth Transition – 1/1/2025
- NCQA Audit – Quality and Health Equity - 2025
- D-SNP – 1/1/2026



# **DME Project**

# CPT Code Search Tool



# Questions?

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**Thank You**