



The Contra Costa Health Plan Provider Bulletin

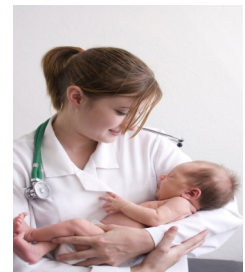
Pediatric Prevention Guidelines

CCHP Quality Council Approves Updated Pediatric Prevention Guidelines

Most providers find that caring for children is a rewarding part of their practice. Besides the fun of seeing children imitating animals in your office and constantly finding new ways to test the parents' and staffs' patience, children in your practice give you a sense that you can really make a difference. It's always much more satisfying to prevent problems than to address them when they develop.

In order to guide providers in best practice standards for pediatric well child care, prevention, and screening, the CCHP Quality Council recently adopted the American Academy of Pediatrics' newly-revised 2014 "Recommendations for Preventive Pediatric Health Care." These recommendations are developed based upon evidence critically evaluated by the US Preventive Task Force and represent a consensus of best practice supported by the AAP and Bright Futures. The recommendations are available for review on CCHP's website and at: http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

Many of the components of pediatric care remain unchanged, such as regular periodic visits for children that include careful measurements of weight and length and anticipatory guidance for the family. Vision, hearing, blood pressure checks are recommended starting at age 3. The recommendations also outline a regular schedule of developmental/behavioral assessments, including developmental screening, and autism screening starting in early childhood.



Among the new recommendations for the 2014 guidelines are:

- Alcohol and Drug Use Assessments and Depression screening starting at age 11-12 years.
- Critical Congenital Heart Defect Screening for newborns
- Dyslipidemia screening for all children between the ages of 9-11 years.
- HIV screening for all teens between ages 16-18 years.

Each of these recommendations has a corresponding review article in *Pediatrics* that supports the intervention. The CCHP Quality Council discussed the new recommendations and supports their implementation.

If you have any questions about the standards, please contact Diane Dooley MD, CCHP Pediatric Quality Physician at Diane.Dooley@hsd.cccounty.us.

Highlights Inside This Issue

Pediatric Prevention Guidelines	1
HEDIS 2014	2
Flu Season and Heart Disease	3
Pharmacy and Therapeutics News Notes	4, 5
SBIRT	6
Member Rights and Responsibilities	7
Health Assessment, Pediatric Obesity	8, 9
Welcome New CPN Providers	10
Bulletin Board, CCHP Contact Information	11, 12

HEDIS 2014

HEDIS measures are quality measures of process and outcome of clinical care. Data is gathered and reported annually. On average our performance was comparable to last year's. We had three measures above the national 90th percentile, and due to problems receiving data from Kaiser, one measure below the national 25th percentile. Eighteen of the measures were above the Medi-Cal mean, and 12 were below. Currently, our priority measures for improvement are readmission rate and timely prenatal and postpartum care. This year our readmission rate improved by 30%. If you would like more information, contact kevin.drury@hsd.cccounty.us.

CCHP Medi-Cal HEDIS Measures	2013 CCHP	2014 CCHP	2014 RMC	2013 CPN	2014 CPN	2014 KSR	2013 Blue Cross	2013 Medi-Cal Mean
BMI %ile calculated for children	56.20%	62.29%	74.43%	43.79%	40.37%	90.32%	57.66%	71.55%
Nutrition counseling given for children	55.96%	59.37%	69.41%	52.94%	40.99%	83.87%	52.31%	72.53%
Physical activity counseling for children	46.23%	50.85%	63.01%	33.33%	27.95%	83.87%	36.74%	58.28%
Yearly well child visit 3-6 yr.	73.31%	74.75%	71.20%	73.42%	73.78%	87.50%	63.93%	74.50%
Combo 3 immunizations	84.47%	74.70%	81.12%	78.18%	64.00%	80.00%	76.16%	77.25%
First trimester prenatal	86.86%	83.45%	81.93%	88.80%	84.73%	90.32%	79.46%	83.17%
Postpartum visit 26-51 days	62.53%	60.34%	61.85%	60.00%	57.25%	61.29%	44.64%	58.61%
Avoiding Use of Imaging for Low Back Pain	92.06%	87.85%	85.60%	92.26%	88.10%	93.94%	81.48%	80.84%
Cervical cancer screening	66.04%	54.99% ¹	46.40%	58.70%	49.48%	96.88%	57.11%	65.11%
Diabetes Eye Exam 2 yrs.	51.09%	51.34%	53.74%	45.37%	43.00%	56.67%	38.61%	51.32%
Diabetes screening LDL-C	82.00%	75.67%	75.44%	86.11%	74.00%	83.33%	64.36%	78.54%
Diabetes LDL <100	41.61%	42.34%	44.13%	44.44%	36.00%	46.67%	29.21%	38.27%
Diabetes HbA1c testing	85.40%	84.43%	85.41%	84.26%	80.00%	90.00%	69.31%	83.19%
Diabetes HbA1c(>9%) (lower is better)	40.39%	41.61%	37.72%	36.11%	53.00%	40.00%	52.97%	40.35%
Diabetes HbA1c (<8%)	49.88%	48.18%	51.25%	60.19%	41.00%	43.33%	39.60%	49.35%
Diabetes Nephropathy screen or treatment	82.00%	83.94%	83.99%	75.93%	80.00%	96.67%	67.33%	81.80%
Diabetes BP <140/90	59.37%	61.31%	65.48%	54.63%	50.00%	60.00%	50.99%	63.20%
Avoidance of Antibiotics in Adults With Acute Bronchitis	43.27%	44.09%	45.30%	46.49%	37.86%	77.27%	54.29%	29.96%
Immunizations for Adolescents	71.61%	73.24%	73.12%	67.30%	69.94%	82.26%	68.35%	72.66%
Controlling High Blood Pressure	51.34%	53.28%	56.03%	45.26%	35.05%	84.38%	46.15%	58.30%
Medication Management for People with Asthma 50%	56.90%	43.46%	54.98%	41.06%	52.50%	0.58%	40.34%	58.85%
Medication Management for People with Asthma 75%	33.95%	22.79%	31.90%	16.91%	25.36%	0.00%	18.18%	36.52%
All-Cause Readmissions (lower is better)	16.99%	12.29%	12.13%	16.56%	12.45%	13.20%	18.62%	14.43%
All-Cause Readmission, SPDs	19.48%	13.05%	12.82%	21.03%	13.02%	15.08%		
All-Cause Readmission, Non SPDs	12.72%	9.50%	9.32%	8.59%	10.66%	8.45%		
Monitoring for Patients on persistent Medications - ACE or ARB	83.77%	86.52%	87.73%	80.22%	82.73%	100.00%	77.90%	80.77%
Monitoring for Patients on persistent Medications - Digoxin	85.71%	95.45%	97.30%	81.25%	85.71%	0/0	N/A	86.91%
Monitoring for Patients on persistent Medications - Diuretics	83.68%	85.11%	85.83%	82.75%	82.51%	100.00%	71.53%	80.54%
Children and Adolescents' Access to PCPs - 12-24 Months	86.74%	94.62% ²	95.77%	85.81%	91.77%	98.21%	96.93%	94.42%
Children and Adolescents' Access to PCPs - 25 Months-6 Years	76.18%	86.07% ²	85.70%	73.49%	83.40%	94.36%	85.01%	84.89%
Children and Adolescents' Access to PCPs - 7-11 Years	77.96%	86.71% ²	83.56%	78.69%	87.37%	94.94%	85.18%	85.89%
Children and Adolescents' Access to PCPs - 12-19 Years	74.86%	83.44% ²	80.13%	75.44%	82.42%	93.59%	82.76%	85.62%

QUALITY MANAGEMENT—Flu Season and Heart Disease

For your patients with heart disease, flu season can be a dangerous time. Death from influenza (flu) is more common among people with heart disease than among people with any other chronic condition. Fortunately, getting a flu shot can reduce their risk of catching the flu or developing complications from the flu. The flu shot could prevent thousands of flu-related complications (including pneumonia, respiratory failure, heart attack) and deaths every year in people who have heart disease. Having the flu can also cause dehydration and worsen pre-existing conditions, such as heart failure, diabetes or asthma.



Flu seasons vary from year to year in length and severity. For this and other reasons, it's not possible to know how many flu-related deaths occur. The Centers for Disease Control and Prevention estimates a range of flu-related deaths in the thousands annually in the United States. The rate of flu-related complications is even higher among people with heart disease.

It's a good idea to give the flu shot to people who live with or care for someone who has heart disease.

Inform patients that they might get the flu despite having a flu shot, but they will probably have a less severe case of the flu. Getting a flu shot might even lower their risk of heart attack if they have heart disease.

Flu shots are safe for most people who have heart disease. The flu vaccine that is given by nasal spray (FluMist) isn't recommended for people with heart disease because it's made with live virus that can trigger flu symptoms in people with heart disease.

Please see Heart Failure Guidelines at <http://cchealth.org/healthplan/pdf/provider/heart-failure-op-clinical-pathway.pdf>.

Patients with heart disease should get the flu shot each fall when it becomes available, usually late September through November. However, if flu shots are still available and heart failure patients haven't yet received a vaccination, they will still benefit from getting a flu shot in January or later. That's because the flu season doesn't typically peak until January, February or March.

Flu Shot Tidbits...

- For 2014-15 U.S. licensed influenza vaccines will contain the same vaccine virus strains as those in 2013-14 vaccine.
- Preferred recommendation is for LAIV (nasal spray) in healthy children 2 years through 8 years of age if LAIV is immediately available and child has no contraindications such as asthma.
- Trivalent recombinant influenza vaccine (RIV3 {FluBlok}) or cell culture-based inactive influenza vaccine (ccIIV3 {Flucelvax}) are available for people with history of severe egg allergy.



More flu information to follow...

Pharmacy and Therapeutics News Notes

Preferred Drug List (PDL) changes should be effective the first week of November 2014.

The CCHP Pharmacy and Therapeutics committee approved *addition* of the following agents to the Preferred Drug List. These agents are *subject to some restrictions*:

- Victoza – approved after trial of metformin, Januvia, and insulin
- Byetta – approved after trial of metformin, Januvia, insulin, and Victoza
- Oral micronized progesterone (Prometrium) – approved after trial of medroxyprogesterone acetate (MPA) or clinical rationale for avoiding MPA
- Vivelle-DOT patch – approved after trial of generic estradiol patch or clinical rationale for avoiding generic estradiol patch
- Combipatch patch – approved after trial of generic estradiol patch or clinical rationale for avoiding generic estradiol patch

Pravastatin disruption, explanation and apology:

CCHP apologizes for the poor execution of changes to pravastatin coverage. The intent was to “grandfather” treatment and allow all patients currently taking pravastatin to continue with no disruption. In these situations, CCHP employs “lookback” programming which searches a patient’s prescription claims history for pravastatin. As its name implies the lookback will search back a certain number of days. CCHP allows 90-day supplies of non-controlled substance maintenance medications. For example, a pravastatin patient who filled a 90-day supply and wasn’t perfectly adherent who later tries to obtain a refill after 100 days would fail the lookback. This scenario generated numerous prior authorization requests. The mistake occurred because the lookback window was set too short, to only 90 days. Prescriber frustration at this situation is understandable. We have since remedied the lookback and apologize for the confusion and disruption.

Hydrocodone Combination Products will be reclassified as controlled substance schedule 2 (C-II): Effective October 6, 2014, DEA has re-scheduled hydrocodone combination products (HCPs) such as Vicodin, Norco, Vicoprofen, and Tussionex from controlled substance schedule 3 to schedule 2. This places HCPs in the same category and legal restrictions as other schedule 2 (C-II) products such as morphine, Oxycontin, Adderall, and Ritalin. These restrictions include: prescriptions must be issued on security-blank prescriptions, may not be phoned-in, and may not be refilled. To continue treatment, a new hardcopy prescription needs to be issued for each additional prescription dispensing. Any refills on prescriptions written prior to October 6 will not be honored by Rite Aid and Walgreens. Independent pharmacies may be handling legacy refills differently.

Medication Prior Authorization processing turnaround time to become 1 business day: CA Department of Health Care Services has promulgated new regulations regarding Prior Authorization processing turnaround times. CCHP is currently redesigning its workflows to achieve 1 business day turnaround on all medication Prior Authorizations.

Pharmacy and Therapeutics News Notes continued...

Smoking cessation counseling certificate no longer required:

CA Department of Health Care Services is requiring the CCHP remove the requirement to obtain proof of counseling for tobacco cessation. CCHP currently requires members to call 1-800-NO-BUTTS to obtain a certificate of smoking cessation counseling. Reprogramming of claims processing is occurring, expect these changes to take effect in November.

In response to the national epidemic of opiate abuse, DEA has begun enforcing their regulatory oversight of pharmacists' role in dispensing controlled substances. DEA wants to ensure prescriptions are issued for a legitimate medical purpose. Pharmacies and pharmacists are requiring more information including but not limited to: diagnosis, previous medications tried, and length of expected treatment. They will apply more scrutiny to opiate prescriptions which exceed 120mg/day of morphine equivalent. Prescribers should be aware they may be informed should a pharmacy discover possible issues during a CURES lookup of the patient.

CCHP updates the Preferred Drug List (PDL) formulary after each quarterly Pharmacy & Therapeutics Committee meeting. CCHP invites and encourages practitioners to access each update through the following means:

A printable copy of the CCHP preferred drug list can be found here:

<http://cchealth.org/healthplan/pdf/pdl.pdf>

A searchable CCHP preferred drug list can be found here:

<http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>

EPOCRATES – *free* mobile & online formulary resource

How to add the CCHP formulary to your epocrates user profile:



1. Go to www.epocrates.com.
 2. Click on "My Account" in the top right.
 3. Sign in with your Epocrates username and password, if needed.
 4. Click on "Edit Formularies."
 5. Follow the on screen instructions to select and download formularies or to remove formularies.
 - For the 'Select State' filter, click **California**
 - For the 'Select Category' filter, click **Health Plan**
 - Choose the **Contra Costa Healthplan** formulary; click the 'Add' button
 - Click the "Done" button when you've finished., and the formularies on your mobile device will be changed accordingly.
 6. Update your device, and the formularies on your mobile device will be changed accordingly.
- Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms.

If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at goldsupport@epocrates.com or at (800) 230-2150.

Questions and comments may be directed to CCHP Pharmacy by emailing cchp_pharmacy_director@hsd.cccounty.us.

MORE ON SBIRT –SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT:

As you know effective January 1, 2014 **PCPs** are expected to screen and offer SBIRT services for **Medi-Cal** members ages 18 and older who misuse alcohol. In order to provide these services, at least one provider per clinic or practice must receive 4- hour SBIRT training by December 31, 2014, and submit an attestation to CCHP. There are many trainings available. See below several suggestions.

Training:

The University of California, Los Angeles (UCLA) integrated substance abuse programs (ISAP) is offering **free 4-hour SBIRT training** sessions throughout the state of California. For information about this training opportunity please visit <http://www.uclaisap.org/sbirt/>.

Other Available Trainings Off-Site:

SBIRT Core Training Program:

<http://www.sbirtraining.com/sbirtcore>



- Four-hour training. \$50 per individual; group rates are available. Continuing Education Units available.

Substance Use in Older Adults: Screening and Treatment Intervention Strategies

- Three-hour training. Free California Continuing Education Certificate. \$15 to take the course and earn 3.00 NAADAC Continuing Education Units and 8.00 NBCC clock hours

SAMHSA-HRSA: Motivational Interviewing

- Three-part prerecorded webinar series; includes recording, presentation, transcript, and additional resources. No certificate available. Free.

Foundations of SBIRT

- 1.5-hour course developed by the Pacific Southwest ATTC that helps familiarize health professionals with the SBIRT process.

NIAAA Clinician's Guide Online Training

- Four interactive, 10-minute video cases, evidence-based clinical strategies, and free CME/CE credits for physicians and nurses through Medscape®.

Attestation:

After receiving your **4-hour training**, do not forget to submit an attestation of training to CCHP. SBIRT- Attestation forms are available on our website: www.contracostahealthplan.org: go to providers, forms & resources, SBIRT, Attestation statement.

Member Rights and Responsibilities - Annual Notice

CCHP distributes Member Rights and Responsibilities to all new members upon enrollment, existing members annually, new providers when they join the network and existing providers annually. The document is distributed by mail, fax or e-mail and is available on the CCHP website at www.contracostahealthplan.org. For those members or providers without access to a fax, e-mail or internet, the document is mailed.

The document specifies that members have:

- 1) A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- 2) A right to be treated with respect and recognition of their dignity and their right to privacy.
- 3) A right to participate with practitioners in making decisions about their health care.
- 4) A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit or coverage.
- 5) A right to voice complaints or appeals about the organization or the care it provides.
- 6) A right to make recommendations regarding the organization's member rights and responsibilities policy.
- 7) A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- 8) A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- 9) A responsibility to understand their health problems and participate in developing mutually agreed upon treatment and goals to the degree possible.

There have been no updates to the revised Member Rights and Responsibilities document issued in 2014.

If you would like a laminated copy of the entire document, contact Provider Relations at (925) 313-9500 or by e-mail to Providerrelations@hsd.cccounty.us.

For ccLink Web Portal Access Agreement



Go to our website located at www.cchealth.org, click on "Health Plan," select "For Providers", then Forms & Resources, under 'Information For Providers', located in black box, under the green ccLink logo click on the PDF files named ccLink Provider Portal Access Agreement and Attachment A.

Print out and follow instructions on first page.

Need more information call (925) 313-9500.

Initial Health Assessment

Contra Costa Health Plan (CCHP) wants to remind you that the California Department of Healthcare Services requires you to complete an Initial Health Assessment on your new Medi-Cal patients within 120 days. The assessment must include:



- ✦ a physical and mental health history
- ✦ identification of high risk behaviors
- ✦ assessment of need for preventive screenings or services and health education diagnosis and plan for treatment of any diseases

The assessment includes an age appropriate Staying Healthy Assessment (SHA). These forms are available in several languages on our website: <http://cchealth.org/healthplan/providers/> . More information on the use of the SHA is there as well.

Remember, CCHP offers you additional reimbursement for fulfilling this requirement. Bill code 99212 SH, 99213 SH, or 99214 SH and we will add \$12.12 to your visit payment.



Pediatric Obesity Support for Your Patients



CCHP remains committed to addressing our tremendous epidemic of pediatric obesity and seeks to offer providers support in helping children reach a healthier weight and lifestyle. In consultation with local providers, we have developed a suggested pathway for your pediatric patients with a BMI \geq 95%ile for age. The primary care provider remains the foundation of the counseling interventions and should continue to see patients every 3-6 months if they have obesity. Additional resources are available however, such as patient education, dietician, and group appointments. You can also refer patients to the Go!Club, CCHP's disease management program. If requested, a nurse educator can call and counsel patients' parents. All patients in the Go!Club are also sent regular bilingual, low-literacy patient education materials and community resources that will support parents trying to help their children be healthier.

If patients have effectively utilized our local resources, or have complications of pediatric obesity such as hypertension or glucose intolerance, please complete a request for them to be seen by a pediatric specialist or a local pediatric subspecialty program, such as Healthy Hearts at UCSF Benioff Children's Hospital Oakland. The algorithm illustrates the pathway for referrals and follow up of your obese pediatric patients which is available on our website <http://cchealth.org/healthplan/providers/> under Provider, Forms & Resources.

If you have any questions, please contact Lourdes Jensen, the Go!Club disease management nurse at (925) 313-6968.

CCHP Claims Billing Issue or Claim Review Needed? We can help you!

CCHP actively encourages our contracted Providers to utilize the customer service staff at our Claims Unit to informally resolve all billing and payment issues.

You can contact our Claims Unit:

By phone Mon-Fri 8am- 1pm at (925) 957-5185

By fax anytime at (925) 957-5173

or send a message through your Provider Portal 24/7



(If you remain unable to informally resolve your billing and payment issues, CCHP makes available to all Providers a fast, fair and cost-effective dispute resolution mechanism for disputes regarding billing determinations, or other claim issues. We apply this dispute resolution mechanism in accordance with applicable law. Please refer to your provider manual for further information.)

Claims Modifiers

CCHP continues to follow Medi-Cal procedure and modifier coding guidelines. Please remember to use the appropriate modifiers when billing CCHP. A copy of the Medi-Cal modifiers can be found on the State of California Medi-Cal website. Modifiers determine Medi-Cal reimbursement. Services which require a modifier do so to appropriately determine the level of reimbursement to the provider. Claims cannot be correctly priced for payment without the modifier. Claims received without a modifier or with an invalid modifier, may be denied by the CCHP claims system. If denied, providers must resubmit their claim with the appropriate modifier for processing. Effective billers know and use their modifiers appropriately; CCHP encourages you to be active in the billing process.

In general, modifiers are required on all surgical procedures to indicate primary or secondary surgeon and multiple procedures. They are required on radiology and laboratory/pathology services to identify the technical, professional, or both components. Reimbursement is then split, based on the modifier, between the provider of service for the technical and the professional component. Anesthesia services may use modifiers to indicate intensity of care. Vaccines may require a modifier to indicate vaccine received from the Vaccine for Children's program. In some instances, providers may need to indicate multiple modifiers by using the 99 modifier and documenting the modifiers which apply in the Remark box of the claim form. In addition, there are codes within ancillary services which require modifiers to indicate rental or purchase of equipment. In the orthotic and prosthetic service area, modifiers are used to indicate right, left, replacement, or repair.

Send Claims to:

Contra Costa Health
Plan

P.O. Box 2157

San Leandro, CA 94577

Welcome Contracted Provider Network (CPN) Providers

La Clinica de La Raza, Griselda Wong, PA—PCP

Lucille Packard Children's Hospital, Nancy Lewis, MD—Pediatric Pulmonary,
Charles Chan, MD—Orthopaedic Surgery, Diane Valmassoi, NP—Gastroenterology

Allergy and Asthma Medical Group, Amy M. Shell, NP—Allergy & Immunology

Surgical Anesthesia Specialists, Inc., Nicolas Wozmak, MD, Stephen H. Lo, MD—Anesthesiology

Bay Area Surgical Specialists, Sally Davis, MD—Cardiology

Ronald Tveitmoe, DC—Chiropractic

Solara Medical Supplies—DME

ARUP Laboratories, Inc., Associated Pathology Medical Group, Bio-Reference Laboratories,
Miraca Life Sciences, Inc., West Coast Pathology Laboratories—Laboratory/Pathology Services

Janet Lord, MD & Assoc., Ernest Cheng, DO—Physical Medicine & Rehabilitation

Bay Area Foot and Anke Assoc., Byron Carrasco, DPM—Podiatry

Planned Parenthood, Michele Gomez, MD—Family Planning

Antioch Counseling, Lawrence M. Lease, MFT—Mental Health

Axis Community Health, Holly Brown, MFT, Natalie Kiff, LCSW, Molly Long, LCSW,
Alison Macur, LCSW, Christiane Speed, Pys.D—Mental Health Services

First Steps for Kids-Bay Area, Michelle Britten, BCBA—Mental Health Services

Northern California Family Center, Glenn Thomas, LCSW—Mental Health Services

Walnut Creek Optometry, Angela A. Aceves, OD—Optometry

Matthew T. Littlefield, MD—Psychiatry

Epic Care-East Bay Oncology-Hematology Assoc., Natalie Marshall, MD, Min Yan, MD,
Wilson P. Tong, MD—Oncology/Hematology

Epic Care-East Bay Medical Oncology-Hematology Assoc., Karen Goodwin, DO—General Surgery

Amitabh Bharadwaj, MD—Ophthalmology

La Cheim School, Inc., - Mental Health Outpatient Programs

Coyness L. Ennix Jr., MD, Thoracic Surgery

America West Medical Transportation, Inc., - Transportation



The Bulletin Board

Mark your Calendar for our next PCP Community Provider Network Meeting.
We encourage and appreciate your participation!

West County January 20, 2015
West County Health Center
13601 San Pablo Ave., Administrative Conference Room A
San Pablo, CA 94806
7:30 - 9:00 AM

Central/East County January 27, 2015
1350 Arnold Drive, Conference Room #103
Martinez, CA 94553
7:30 - 9:00 AM

* Please note next CPN meeting dates: West County Tuesday, April 21, 2015
Central/East Tuesday, April 28, 2015

CPN Meeting Materials
are available on our
website at:

www.contracostahealthplan.org



Holiday Observed by CCHP

November 11, 2014-Veterans Day
November 27, 28, 2014-Thanksgiving Holiday
December 25, 2014-Christmas
January 1, 2015-New Years Day

Our URAC accredited Advice Nurse Unit
is available for our members 24 hours a day,
7 days a week including holidays.

Members can call The Advice Nurse
Unit at
1 (877) 661-6230 Press 1.



Visit our CCHP Provider & Pharmacy
Online Search Engine (OSE)
at:
www.contracostahealthplan.org

Providers needing help with
translation services
or needing help with arranging face to face
ASL (American Sign Language)
interpretation services call
1 (877) 800-7423 Press 4.

Welcome New CCRMC Providers

Kaya Belknap, MD, Benjamin Durant, MD,
Miguel Gonez, MD, Bonnie Kwok, MD
Martinez Health Center

Nadra Farmer, MD, Kaitlin Hollander, MD,
Neil Jackson, MD
Pittsburg Health Center

Nichole Boisvert, MD, Erica Dorfman, MD,
Caroline Kovaleski, MD,
Jacqueline Proudfoot, MD
West County Health Center

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





595 Center Avenue, Suite 100
Martinez, CA 94553
Ph: (925) 313-9500
Fax (925) 646-9907
E-mail us: ProviderRelations@hsd.cccounty.us
Website: www.contracostahealthplan.org

Contra Costa Health Plan Provider Relations/Contracts Staff Contact Information

Terri Lieder Director of Provider Relations/Credentialing (925) 313-9501 Terri.Lieder@hsd.cccounty.us

Jenny Galindo, RN Provider Liaison/FSR Nurse (925) 313-9513 Jenny.Galindo@hsd.cccounty.us

Ronda Arends Credentialing Supervisor (925) 313-9522 Ronda.Arends@hsd.cccounty.us

Nicole Meyer Contracts Secretary (925) 313-9521 Nicole.Meyer@hsd.cccounty.us

Contra Costa Health Plan Provider Call Center 1 (877) 800-7423

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