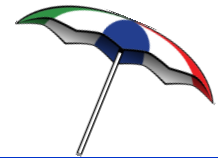




Community Provider Network CARE MATTERS

Volume 13, Issue 2
Summer 2015



The Contra Costa Health Plan Provider Bulletin

Preventive Services for Primary Care Providers

As part of comprehensive care, Contra Costa Health Plan (CCHP) requires that Primary Care Providers (PCPs) provide preventive services to all of our members. CCHP follows the American Academy of Pediatrics (AAP) periodicity schedule for preventive health services for members under 21 years; and the US Preventive Services Task Force (USPSTF) periodicity for members 21 and older.

CCHP recommends using the following Codes for billing Initial Health Assessments and Periodic Preventive Care Visits:

PREVENTIVE SERVICES PROCEDURE CODES FOR PEDIATRIC - MEDI-CAL MEMBERS	
CODE	DESCRIPTION
99381	PR initial comprehensive preventive E&M New PT less than 1 year old
99382	PR initial comprehensive preventive E&M New PT 1 -4 years old
99383	PR initial comprehensive preventive E&M New PT 5 -11 years old
99384	PR initial comprehensive preventive E&M New PT 12-17 years old
99391	PR periodic comprehensive preventive E&M Est PT less than 1 year old
99392	PR periodic comprehensive preventive E&M Est PT 1 -4 years old
99393	PR periodic comprehensive preventive E&M Est PT 5 -11 years old
99394	PR periodic comprehensive preventive E&M Est PT 12-17 years old
PREVENTIVE SERVICES PROCEDURE CODES FOR ADULTS - MEDI-CAL MEMBERS	
CODE	DESCRIPTION
99385	PR initial comprehensive preventive E&M New PT 18-39 years
99386	PR initial comprehensive preventive E&M New PT 40-64 years
99387	PR Initial comprehensive preventive E&M New PT 65 and older
99395	PR periodic comprehensive preventive E&M Est PT 18-39 years
99396	PR periodic comprehensive preventive E&M Est PT 40-64 years
99397	PR periodic comprehensive preventive E&M Est PT 65 and older
PREVENTIVE SERVICES PROCEDURE CODES FOR COMMERCIAL	
CODE	DESCRIPTION
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of enrollment
G0438	Annual Wellness Visit-Initial- patients enrolled for more than 12 months
G0439	Annual Wellness Visit-Annually

If you have any questions please contact Provider Relations at (925) 313-9513 or (925) 313-9503.

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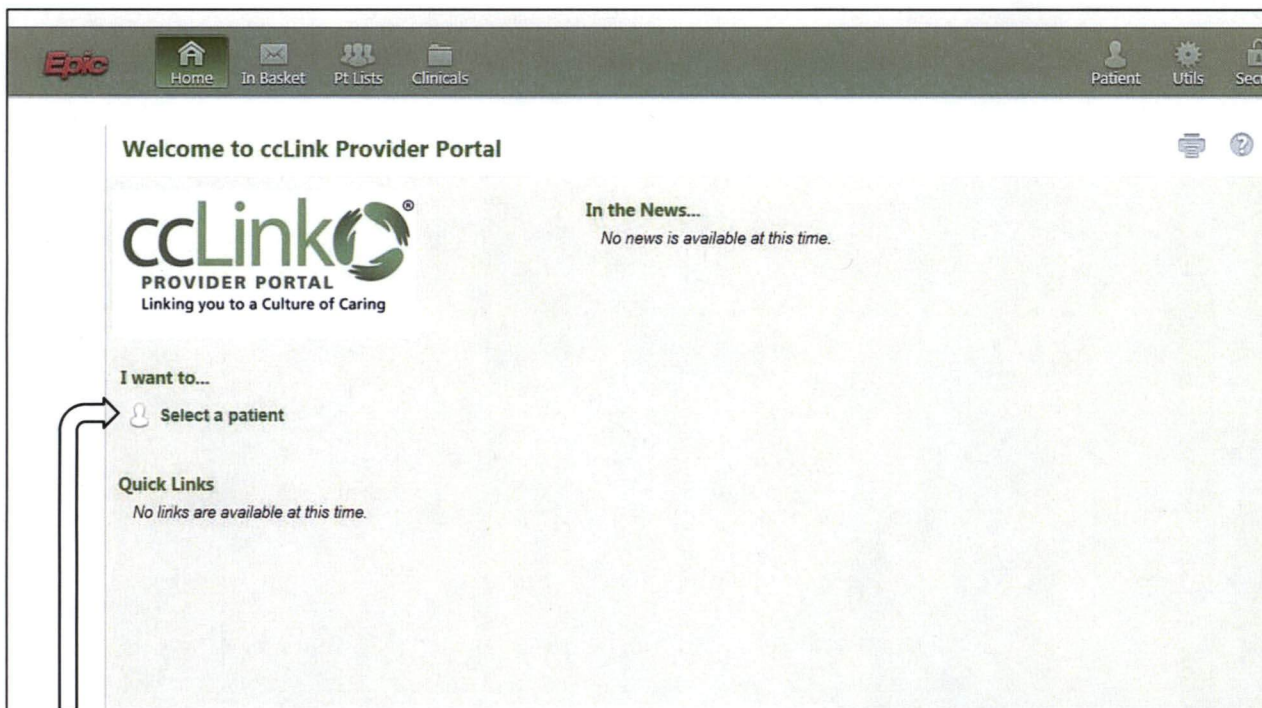
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ccLink Provider Portal: New Version

Changes on the Horizon

The ccLink Provider Portal is upgrading to a new version on Saturday, July 11, 2015. The ccLink Provider Portal will be down for a short time on this day (after business hours) . These changes will give it a new look and some terminology will change. Please refer to the following tip sheet which outline the changes. Please print and keep this for your reference so it can be used the first time you log in after July 11th 2015. As always, any technical issues can be addressed by calling our Customer Service Center at 925-957-7272. Thank You!

When you first log in, your homepage will now look something like this (There may be some slight variations depending on your security):



Make sure to click on "select patient" to bring up your patient's record.

Steps & Skills – ccLink Provider Portal: New Version

Search My Patients will come up as the default. This is the search engine for anyone on your patient list. In this field you would enter the first and last name (last name, First name format) of the patient

PATIENT NAME	MRN	Sex	DOB	Street Address	SSN
MCCCHP, TABELLA	E1165739	F	5/1/1961	234 TWILIGHT WAY	xxx-xx-5551

If you have used First Access (not all users do), Please note it has been renamed to **Search All Patients**

If you do not have a patient list, you will use "Search all Patients" instead. To use this, you will need to fill out all of the red, required fields and ONE of the yellow, recommended fields (see next screen shot). You will then put in a reason for access, and the patient record will open. When you look up patients this way, it puts them on your patient list for 2 weeks. This way, if you need to access their record again in that timeframe, you can access from your patient list, or search for them using "search my patients".

You can click on **Make this my Default** if you'd like this to be your patient search default instead of "Search My Patients"

Make this my default

Please fill out the required fields to gain access to a patient/member. Enter the full name as LastName,FirstName (example: Doe,John), DOB, Sex and the last 4 digits of the SSN or the Patient's CIN.

Patient Select

Name (Last,First): **Sex:**

Birthdate (MM/DD/YYYY): **Last 4 of SSN:**

State CIN:

Required Item **Recommended Item**

Once the patient record is open, the menu options are still located on the left side of the screen: Choose patient profile to see demographics and eligibility/coverages. Choose Referrals/Claims to view referral or claim info. Choose Clinical review (if you are a provider or nurse) to view information such as labs, in the chart

Claims' Update...

Coordination of Benefits

What is Coordination of benefits (COB) ? COB applies to members who are covered by more than one health care plan. Coordination of benefits helps ensure that members covered by more than one plan will receive the benefits they are entitled to while avoiding overpayment by either plan. Coordinating benefits is one of the ways we work to keep healthcare costs at a minimum.

How does COB work? When a member is covered by more than one health plan (or Medicare), one plan is considered to be the primary carrier and the other is considered to be the secondary carrier. The primary carrier covers the major portion of the bill according to plan allowances, and the secondary carrier covers any remaining allowable expenses **up to the benefit allowance**.

The COB provisions of your policy or plan determine which plan is primary. That plan's benefits are applied to the claim first. The unpaid balance is usually paid by the secondary plan up to the **limit of its responsibility**. Benefits are thus "coordinated" among all of the health plans, and payments do not exceed 100% of charges for the covered services or the benefit allowance of the member involved. For example for members with Medi-Cal benefits: The maximum benefit or contractual allowance for a service is \$50. The primary insurer paid \$75. When a secondary claim is billed to CCHP it will be denied since the primary insurer already paid in excess of the benefit or contractual allowance.

For Medicare Cost Plan Members:

Covered services and supplies for members who are Medicare recipients will be reimbursed at the Medicare rate of payment. For Medicare Cost Contract members, **Senior Health Basic and Plus**, Physician will bill Medicare as primary payor and CCHP will pay Medicare required co-payments and deductibles for Medicare approved services. Provider will bill CCHP secondary for Medicare covered products and services with a copy of the Explanation of Medicare Benefits (EOMB) for reimbursement of Medicare deductibles and co-payments for authorized equipment, supplies, and related services, up to the Medicare maximum allowances. Services and supplies that have been denied or deemed not covered by Medicare will be reimbursed by the Health Plan at the Medi-Cal rate of payment only if those services and supplies have been prior authorized by the Health Plan.

Quality Update...

Announcement: Medi-Cal Incentives to Quit Smoking (MIQS) Project Incentives to End by July 31, 2015

The MIQS Project is excited to announce that over 43,000 Medi-Cal smokers have enrolled in tobacco cessation counseling services, gift cards and free nicotine patches from the California Smokers' Helpline as of May 1, 2015. The Helpline has received over 83,000 calls from Medi-Cal smokers during the project period from March 2012 through April 2015.

Due to the success of the MIQS project and the resulting high volume of calls to the Helpline, MIQS incentives are projected to end by **July 31, 2015**. After that date, Medi-Cal members may continue to call the Helpline at 1-800-NO-BUTTS for free telephone tobacco cessation counseling services.

Remember, smokers can also receive nicotine gum, nicotine lozenge, nicotine patch and bupropion (90 days x 2 times) through CCHP without an authorization. Nicotine inhales and spray do need prior authorization. Some callers may qualify for other incentives offered through special projects like First Five (for parents of children 0 - 5) and the Asian Smokers' Quitline.

Here are some steps you can take to communicate in advance to Medi-Cal members about the end of the MIQS incentives:

- 1) **Notify** Medi-Cal members that the MIQS incentives (free nicotine patches and gift cards) will end by **July 31, 2015**.
- 2) **Remember to Ask, Advise and Refer** smokers to the Helpline, and encourage them to sign up for the Helpline's Web-Based Referral Service at <https://forms-nobutts.org/referral>.
- 3) **Send** smokers to the Helpline's newly redesigned web site at www.nobutts.org for more information on special projects, training and resources.

Thanks again for all you do to help Medi-Cal members quit smoking!

Welcome Contracted Provider Network (CPN) Providers continued...

Bellevue Eye Medical Group, Leonardo Dacanay, MD—Ophthalmology

California Eye Clinic, Jimin Lee, OD—Optometry
Martinez Optometry—Cheyenne Huber, OD Optometry

Bay Area Surgical Specialists, Inc., Benjamin Busfield, MD—Surgery Orthopaedic
Muir Orthopaedic Specialists, Leo Calafi, MD—Surgery Orthopaedic, Michael Cadette, PA,
Megan Smith, PA—Orthopaedic Surgery Assistant, Richard Kerbavaz, MD—Otolaryngology

Balance Physical Therapy, Inc., Lindsey Johnson, PT—Physical Therapy

Sutter East Bay Medical Foundation, Wen-Yin Choi, DPM—Podiatry

Diablo Medical and Sleep Clinic Medical Corporation, Abid Majid MD,
Muhammad Raees, MD—Pulmonary Disease

Comprehensive Psychiatric Services, Philipp Sack, MD, Marija Petrovic, MD—Psychiatry

Sarah Warner, PhD—Psychology
Carrie Wasson, PsyD—Psychology
Endurance—A Sports & Psychology Center, Inc., Daniel Blum, PhD, Anerien Botha, PsyD—
Psychology

Salzman MD & Uhl MD, Gopal Sachdeva, MD, John Salzman, MD< Valery Uhl, MC—
Radiologist

California Ambulance—Non-Emergency Transport

Pacific Urology, Richard Long, MD—Urology

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

The Bulletin Board

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

West County July 21, 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 July 28, 2015
1350 Arnold Drive, Conference Room #103
Martinez, CA 94553
7:30 - 9:00 AM

* Please note next CPN meeting dates: West County Tuesday, to be determined
Central/East Tuesday, October 27, 2015

CPN Meeting Materials
are available on our
website at:
www.contracostahealthplan.org.



Holidays Observed by CCHP July 3, 2015 September 7, 2015



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

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.



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.

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.

Welcome New CCRMC Providers

Diedre Francis, NP
Brentwood Health Center

Michelle Wong, MD, Concord
Health Center





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

Brenda Flowers, RN Provider Liaison/FSR Nurse (925) 313-9503 Brenda.Flowers@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

Patricia Cline Contracts Supervisor (925) 313-9521 Patricia.Cline@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