

CARE MATTERS



The Contra Costa Health Plan Provider Bulletin



Member ID Cards

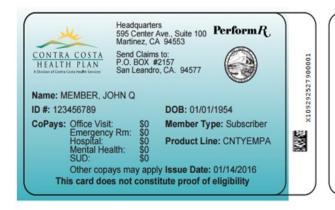
On January 1, 2016 Contra Costa Health Plan (CCHP) will begin changing our member identification cards. Newly enrolled members will automatically receive the new ID card and existing members will receive a new ID card by request.

CCHP will have two ID cards, one for our Medicare Cost Plan and the other for all other CCHP product lines. Both cards will be printed in light teal card base.

Changes to the cards include removing the network information that was contained in the Benefit Plan (RMC, CPN) and adding the insurance Product Line information. Making this minor change will help keep our costs lower since we no longer will be sending out replacement cards for members who keep the same insurance Product but change their PCP network. The following is a list of the Product Lines that can appear on the ID card:

Product line	Plan Description
CNTYEMP A	County Employee Plan A
CNTYEMP B	County Employee Plan B
CNTYEMPA2	County Employee Plan A2
IHSS	In Home Support Services
MEDI CAL	CCHP Medi-Cal Managed Care
MEDI CALD	CCHP Medi-Cal with Fee for Service Medicare and other Part D Rx
plan	
MCAREMCAL	Members with CCHP Medi-Cal and CCHP Medicare (Crossover)
SNHLT BSC	Senior Health Basic Medicare Cost Plan
SNHLT PLS	Senior Health Plus Medicare Cost Plan

In addition we have added a new copayment classification on the cards called SUD which stands for Substance Use Disorder treatments. Be sure to check the copay amounts as some have changed.





Member ID Cards (continued)

You may need to know the Network of the member in order to make referrals and authorization requests. It is easy to identify the PCP network of the member. You can:

1. Call our 24 hour IVR phone system to check eligibility and obtain Network information 1-877-800-7423 press 1

Or

- 2. Use the Provider Web Portal **
- 3. PCP's can look on their printed lists of members sent to you weekly
- ** Providers that would like to request access to the ccLink Provider Web Portal can go to www.contracostahealthplan.org select For Providers, then go to Forms and Resources, in the green ccLink box print the ccLink Provider Portal Access Agreement, complete and return according to instructions on agreement.

On the other new Medicare ID card used for members in our Senior Health Basic and Senior Health Plus groups, we are required by law to add a bar code to the card that contains basic eligibility information for provider offices that have a card scanner. If you do not have an ID machine scanner in your medical office, the ID card does contain sufficient information for the patient to receive care.

The information contained on the machine readable bar code is:

- Card issuer name or logo
- Card issuer identifier Health Plan Insurance ID
- Card holder name(s) and identifier
- Claim submission information
- Contact telephone number(s) for benefit eligibility inquiry, patient assistance, claim inquiry, pre-cert.

Note to Specialists: Please continue to follow the referral and authorization guidelines according to member's assigned network along with verifying eligibility.





















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CCHP Flu Season Vaccine Matrix 2015-2016

CCHP Medi-Cal Members	Commercial & Medicare Members			
CHDP Code 90655 (6-35 months) 90685 (Quadrivalent) 90656 (over age 3) 90686 (Quadrivalent) 90660 Flu Mist Vaccine (2 to 50 years) Plan Payment \$9.45	Preservative Free Vaccine Ages: 6 months to 35 months 90685 \$24.60 G0008 \$43.64 Total payment \$68.24			
CHDP-Privately Purchased 90657 (6-35 months) \$18.71 90658 (3 years and older) \$13.76 90685 (6-35 months) \$28.23 90686(over age 3) \$22.44 Plan payment varies	Preservative Free Vaccine Ages: over age 3 90656 \$13.88 90686 \$18.16 G0008 \$43.64 Total payment varies			
For more information on the VFC program, please call (877) 243 - 8832	Regular Flu Vaccine Ages: 6 months to 35 months 90657 \$6.02 G0008 \$43.64 Total payment \$49.66			
Privately Purchased Vaccine Must bill on CMS 1500	Regular Flu Vaccine Ages: over age 3 Q2038 \$12.04 G0008 \$43.64 Total payment \$55.68			
Preservative Free Vaccine Ages: 19 years and over 90656 \$19.49 90471 \$ 4.68 Total payment \$24.17	Nasal Vaccine Ages: 2 to 50 years 90672 (Quadrivalent) \$26.87 G0008 \$43.64 Total Payment \$70.51			
Regular Flu Vaccine Ages: 19 and over 90658 \$17.59 90471 \$ 4.68 Total payment \$22.27	Regular Flu Vaccine Q2035* (Afluria) \$13.03 Q2036* (Flulaval) \$ 8.58 Q2037* (Fluvirin) \$15.83 Q2038* (Fluzone) \$12.04 G0008 \$43.64 Total Payment varies			
Nasal Vaccine Ages: to age 50 90660 (Trivalent)\$23.46 90672 (Quadrivalent)\$27.03 90471 \$ 4.68 Total Payment varies	90662 (High Dose- Ages 65 and over) \$36.32 90673 (Egg allergy – Ages 18 and over) \$37.19 G0008 \$43.64 Total Payment varies			
90662 (High Dose- Ages 65 and over) \$39.72 90673 (Egg allergy – Ages 18 and over) \$43.73 90471 \$ 4.68				
Pneumococcal Polysaccharide Vaccine Reimbursement				
Ages: 2 and above 90732 \$91.33 90471 \$ 4.68 Plan Payment \$96.01	Ages: 2 and above 90732 \$77.85 G0008 \$43.64 Plan Payment \$121.49			



Provider Issue Briefing

CONTRA COSTA HEALTH PLAN 595 Center Avenue Suite 100 Martinez, CA 94553 925.313.6000 Date: January 2016

Contra Costa Health Plan Pharmacy and Therapeutics Committee

Pharmacy and Therapeutics NewsNotes

Preferred Drug List (PDL) changes will be effective in February 2016

The CCHP Pharmacy and Therapeutics committee approved the following changes to the Preferred Drug List:

• Long-acting opiates: **extended release morphine sulfate** remains the preferred long-acting opiate for CCHP. Please note that **methadone** remains on formulary, but in response to safety concerns from the Centers for Disease Control (CDC) and input from the CCRMC pain management team, it is no longer required as step therapy for other long-acting opiates. As a reminder, immediate release morphine sulfate is the **most cost-effective** long-acting opiate, with many other agents costing 5-10 times as much.

Information presented at the January 2016 P&T committee included the following:

The Centers for Disease Control (CDC) released draft guidelines for prescribing opiates in chronic pain. Draft guidelines were released on December 14, 2015 and are now available for comment at www.regulations.gov. In addition to the CDC data, resources such as the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain and The Journal of Pain (the official journal of the American Pain Society) were used as references for the P&T presentation. Highlights of the presentation are below:

The CDC states that although methadone accounts for only 2% of painkiller prescriptions in the United States, it is linked to more than 30% of prescription painkiller overdose deaths. Additionally, the CDC goes on to say that "for chronic non-cancer pain, methadone should **not** be considered a drug of first choice by prescribers or insurers."

The Medical Board of California Guidelines for Prescribing Controlled Substances for Pain recommend that long-acting schedule II products such as methadone not be used for acute pain, and that particular care must be taken when prescribing methadone due to potentially lethal cardiac arrhythmias and high risk of overdose when combined with unauthorized substances such as alcohol and sedatives.

In a 2009 article in The Journal of Pain entitled "Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain", R. Chou et al. state that there is no direct evidence that demonstrates any one opioid is superior to any other for initial therapy. Additionally the authors state that methadone is characterized by complicated and variable kinetics and should be initiated and titrated cautiously by clinicians familiar with its use and risks.

In a 2014 article in The Journal of Pain entitled "Methadone Safety: A Clinical Practice Guideline from the American Pain Society", R. Chou et al. state that providers must perform a benefit-to-harm evaluation when selecting patients for methadone therapy and should always consider whether another opiate may be a more appropriate choice. Additionally, methadone should be started at low doses and titrated slowly since steady-state takes weeks. Particular caution should be taken when initiating methadone in patients with no prior exposure to opiates.

Per CCHP P&T, methadone formulary status will not change - providers may continue to prescribe it without PA requirements. Step therapy with methadone will no longer be required for other long-acting opiates.

The Food and Drug Administration (FDA) has released a warning regarding sodium-glucose cotransporter 2 (SGLT2) inhibitors:

SGLT2 inhibitors are a new class of prescription drugs that lower blood glucose by increasing renal excretion of glucose into the urine. They are FDA approved for use with diet and exercise to lower blood sugar in adults with type 2 diabetes. Products in this therapeutic class include: Invokana (canagliflozin), Farxiga (dapagliflozin), and Jardiance (empagliflozin) as well as combination products such as Invokamet (Invokana plus metformin), Xigduo XR (Farxiga plus extended release metformin), and Glyxambi (Jardiance plus linagliptin).

Per CCHP P&T, methadone formulary status will not change - providers may continue to prescribe it without PA requirements. Step therapy with methadone will no longer be required for other long-acting opiates.

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The FDA is warning that SGLT2 inhibitors may lead to euglycemic diabetic ketoacidosis (DKA) that may require hospitalization. The FDA Adverse Event Reporting System (FAERS) database has identified at least 20 cases of DKA, ketoacidosis, or ketosis in patients treated with SGLT2 inhibitors between March 2013 and June 2014.

SGLT2 inhibitors are **not** on the CCHP formulary at this time, largely due to cost (\$300 to \$400 per 30 day supply, which mirrors the price of a 30 day supply of DDP-4 inhibitors Januvia and Onglyza).

If you have specific clinical items that you would like reviewed, or if you have a product that you would like the CCHP P&T committee to evaluate for placement on the PDL, please visit the CCHP website and complete a formulary addition request form, located at the following URL:

http://cchealth.org/healthplan/pdf/provider/Formulary-Addition-Request-Form.pdf

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



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.
- 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

UPDATES





New Behavioral Health Guidelines for the Primary Care Setting

Contra Costa Health Plan has adopted **two new** Clinical Guidelines for management of behavioral health conditions in the Primary Care setting. The guidelines are not expected to apply to all patients in all circumstances. They do not replace professional medical judgment.

Primary Care Diagnosis and Management of Adults with Depression was adapted from the Institute for Clinical Systems Improvement. Depression is a potentially life-threatening illness that affects up to 6.7% of Americans (or approximately 14.8 million people) in any given year. It is the leading cause of disability in the United States for those between the ages of 15 and 44. The U.S. Preventive Services Task Force recommends screening adults for depression in primary care when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

This one page guideline provides straightforward guidance on diagnosis, management of antidepressant medications, and screening. It also provides direction on when to consider referral to a Behavioral Health specialist.

Diagnosis, Evaluation, and treatment of Attention-Deficit Disorder in Children and Adolescents was published in *Pediatrics* October 16, 2011. It was developed by the American Academy of Pediatrics Subcommittee on Attention-Deficit/Hyperactivity Disorder.

Important changes to the recent guidelines include:

- Expanded age range of coverage. The previous guidelines covered children 6-12 years of age; the current guideline covers children 4-18 years of age.
- Expanded Scope. The new guidelines include consideration of behavioral interventions and directly addresses problem level concerns in children based on the Diagnostic and Statistical Manual for Primary Care (DSM-PC), Child and Adolescent Version.
- A Process of Care for Diagnosis and Treatment. AAP included a process of care algorithm to guide clinical process.
- Integration with the Task Force on Mental Health. The guideline was conceived and developed to fit within the broader mission of the AAP Task Force on Mental Health to foster stronger ties to families and mental health clinicians, to intervene early, and to work to prevent mental health conditions.

These guidelines were reviewed by CCHP's Medical Consultants, plus representative from the CCRMC and Community Provider Networks and the Medical Director of Contra Costa Mental Health. They were adopted by the CCHP Quality Council on July 23, 2015.

CLAIMS TIDBITS...

Contra Costa Health Plan, has contracted with Health Management Systems, Inc. (HMS) to perform third party liability and related revenue recovery services for our Medi-Cal Program products offered through our agreement with the California Department of HealthCare Services (DHCS). Medi-Cal is the payor of last resort, per Federal statute (42 U.S.C. 1396a(25), 1396b(d)(2) and 1396b(O)). Contract Costa Health Plan is required to recover payments made on claims where other health insurance is the primary payor. In accordance with Federal statutes, 42 CFR § 489.40 et seq., A list of the recipients and their associated claims will be sent to your billing department from HMS on behalf of Contra Costa Health Plan.

To make this Recovery process as simple as possible, please:

- (1) Review the list that will be sent by HMS and compare it to your records,
- (2) Bill your Commercial Insurance intermediary/carrier (if you have not already done so), and
- (3) If you dispute any of our findings, please forward the appropriate documentation regarding eligibility, refund initiated prior to this mailing or denial of claim by the Commercial Insurance Carrier to HMS.

All correspondence regarding this project should be directed to:

Contra Costa Health Plan HMS/Third Party Liability Service Center 5615 High Point Drive, Suite 100 Irving, Texas 75038



Updated Prevention Clinical Guidelines

The U.S. Preventive Services Task Force, (USPSTF), is an independent, volunteer panel of national experts in prevention and evidence-based medicine created in 1984. The USPSTF aims to improve the health of all individuals, making recommendations regarding clinical preventive services including health screening, counseling services, and preventive medications. Contra Costa Health Plan covers all A and B recommendations for our members.

These recommendations are intended to help primary care clinicians and patients decide together whether a preventive service is appropriate for that patient's needs. Please note that these recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation. Clinical guidelines are not intended to replace providers' professional judgement and expertise.

Below are the items that have been added to the preventive guidelines, since they were last updated. All of our clinical guidelines can be accessed at http://cchealth.org/healthplan/clinical-guidelines.php.

Obesity: recommendation of a yearly screening for all adults. Individuals with body mass index (BMI) of 30kg/m2 or more should be offered intensive counseling.

Breast Cancer-BRCA Risk: Screen women who have family members with a family history associated with increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). If any of the tools give a positive result the women should be receive genetic counseling.

Diabetes: recommendation is screening for all adults aged 40-70 who are overweight or obese. In addition, patients with abnormal blood glucose levels should be referred to intensive counseling to promote healthful diet and physical activity.

Pnemovax PCV13 and PPSV23: Vaccinate high risk individuals (asthma, smokers, COPD, heart failure or diabetes) and everyone 65 or older.

Pregnancy--TDaP Vaccination: Vaccinate between 27 and 36 weeks of gestation in each pregnancy.

Note also that the USPSTF now recommends against screening for prostate cancer using PSA.

CONFLICT OF INTEREST STATEMENT

Contra Costa Health Plan's (CCHP) Utilization Management Unit (UM) provides oversight and monitoring of services provided to members. UM decisions are based only on appropriateness of care and service and the member's benefit package. CCHP does not compensate or reward the Medical Director, UM Manager, Medical Consultants or line staff members for issuing denials nor offer incentives to encourage denials.

The UM Unit's normal business hours are Monday through Friday from 8:00am to 5:00pm. After normal business hours, on weekends and holidays, the phone lines are routed to the Advice Nurse Unit for urgent matters or messages can be left on the UM phone lines for the next business day.

Providers can request, free of charge, copies of clinical guidelines used for decision-making by contacting the Authorization Unit at 925-957-7260.

When requested services are denied or modified, providers have the opportunity to discuss the UM decision. Providers are notified (via Notice of Action, Notice of Non-Coverage, etc.) on how to contact the reviewer and when the reviewer is available to discuss the decision.

Any individual who has been professionally involved in an issue or case may not participate in the review, evaluation, or final disposition of the case or participate in the appeal/reconsideration process.

Provider Tidbits

Orthopedic X-Ray Requirements

When referring a patient for an orthopedic consultation, if X-rays are indicated these are the preferred views prior to an orthopedic consultation.

BODY PART	NOTES	REQUIRED VIEWS
• <u>Neck</u>	Neck pain, numbness tingling down arm	AP, LAT
• <u>Lumbar</u>	Buttock pain, numbness tingling down leg	AP, LAT
	Low Back pain	
• <u>Thoracic</u>	Upper Back Pain	AP, LAT
• AC Joint		AP
• <u>Clavicle</u>		AP, UPSHOT
• <u>Shoulder</u>	Neck pain or numbness & tingling order neck	AP, AX, DOWNSHOT 30°
• Humerus	Fracture	ap, transthoracic
• <u>Elbow</u>	3 views first visit only for new problem	AP, LAT, OBL or AP, LAT
• <u>Forearm</u>		AP, LAT
• Wrist	3 views first visit only for new problem	AP, LAT, SCAPHOID or AP, LAT
	Or for scaphoid fractures	
• <u>Hand</u>		AP, LAT, OBL
• <u>Finger</u>		AP, LAT, OBL
• <u>Hip</u>	Any back or buttock pain order Lumbar too	AP PELVIS, LAT OF HIP
• <u>Knee</u>	50 years old or older, any prior surgery	STANDING AP-0, PA -45, LAT, MERCHANT
	50 years old or younger	STANDING AP-0, LAT, MERCHANT
• <u>Femur</u>		AP, LAT
• <u>Tib-Fib</u>		AP, LAT
• <u>Ankle*</u>		AP, LAT, MORTISE
• <u>Foot*</u>		AP, LAT, OBL
 Calcaneus 		AP AXIAL, LATERAL

*Note: X-rays for foot and ankle need to be standing unless it is an acute injury where they are unable to stand

Welcome Contracted Provider Network (CPN) Providers

Alhambra Valley Counseling Lais Shirgul, PsyD Psychology

Axis Community Health Susan Guerrero, PsyD Psychology

Bay Area Neurosciences Jason Cheng, MD Surgery Neurological

Bay Area Surgical Specialist Inc. Frederick Nachtwey, MD Pulmonary

Brighter Beginnings Michael Kim, NP Family Medicine

Noelene Moonsamy, NP Family Medicine

Building Connections Behavioral Health Patrick Jung, BCBA Behavior Analysis

Comprehensive Psychiatric Beatrice St. Claire, MD Psychiatry

Services Sukanya Venkatachalam, MD Psychiatry

David Varon, MD Gastroenterology

Delta Neurology Medical Group John Karan, MD Neurology

East Bay Shoulder Clinic Lucas Robert, MD Surgery Orthopedic &

Sports Rehabilitation

Epic Care—East Bay Medical Bao Dao, MD Hematology/Oncology

Oncology & Hematology Assoc.

Family Optometric Vision Care Amanda Ranola, OD Optometry

First Steps for Kids Brynna Ledford, M.Ed. Behavior Analysis

Gastroenterology Associates Hulian Cheng, MD Gastroenterology

of the East Medical Group Inc.

Berjis Faraz, MD

Mehra Hosseini, MD

Gastroenterology
Subhendu Narayan, MD

Gastroenterology

Michael Silpa, MD Gastroenterology

Gateway Learning Group Howard Sage, BCBA Behavior Analysis

Healthflex Home Health Services Home Health

La Clinica de la Raza Luz Frausto, PA Family Medicine

Farhat Khan, MD Family Medicine
Anjali Taneja, MD Family Medicine

Laser Surgery Center Surgery Center

(continued on page 10)

Leafwing Center	Marisa Evanson, BCBA John Lubbers, BCBA-D Reibert Reyes, BCBA Corinne Wicket, BCBA	Behavior Analysis Behavior Analysis Behavior Analysis Behavior Analysis
Lerner Eye Center	Hilary Lerner, MD	Ophthalmology
LifeLong Medical Care	Kathleen O'Hearn, NP	Pediatrics
Linda Michaelis, RD	* * * * * * * * * * * * * * * * * * * *	Dietician
Lisa Bellini, RD	* * * * * * * * * * * * * * * * * * * *	Dietician
Muir Orthopedic Specialist	Wendy Wong, MD	Surgery—Orthopedic
Neuroscan		Diagnostic Imaging (CT Scans)
Pacific Child & Family Associates, LLC	Rebecca Kuhfahl, BCBA	Behavior Analysis
Phillip Sack, MD		Psychiatry
Roots Community Health Center	Pauling Lopez, NP Jason Reinking, MD Amanda Romero, NP	Family Medicine Family Medicine Pediatrics
Springhill Medical Group	Karthik Reddy, MD Veenu Gupta, MD	Cardiology Internal Medicine
Stat Med		Urgent Care
Surgical Anesthesia Specialists	Melissa Ennen, MD Ho-Yin Li, MD William W. Nelson, MD Chiu Tung, MD	Anesthesiology Anesthesiology Anesthesiology Anesthesiology
Sutter East Bay Medical	Melissa Chan, MD	Family Medicine
Valerie Souza, MFT		Therapist/Counselor
Walnut Creek Surgical Assoc.	Irene Lo, MD	Surgery Bariatric

The Bulletin Board

Come join us for our Community Provider Network Meetings.

CPN Meeting Materials are available on our website at:

www.contracostahealthplan.org.

JANUARY 2016

West County Tuesday, January 19, 2016 Central/East Tuesday, January 26, 2016

APRIL 2016

West County Tuesday, April 19, 2016 Central/East Tuesday, April 26, 2016

T I M E: 7:30 - 9:00 AM

LOCATIONS:

WEST COUNTY - 13601 San Pablo Ave., Conference Room A, San Pablo, CA 94806 CENTRAL/EAST - 1350 Arnold Drive, Conference Room #103, Martinez, CA 94553

Holidays Observed by CCHP

New Year's Day, Friday January 1st, 2016

Martin Luther King, Jr. Day, Monday January 18th, 2016

President's Day, Monday February 15th, 2016

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.

PROVIDER PORTAL
Linking you to a Culture of Caring

Print out and follow instructions on first page. Need more information call (925) 313-9500.

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.

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







E-mail: ProviderRelations@hsd.cccounty.us Website: www.contracostahealthplan.org



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

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

Volume 13, Issue 4 Winter 2015