CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Agenda

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan – Community Plan

When: Time: 7:30 – 9:00 AM
Date: **October 23, 2012**

Where: 1350 Arnold Drive, Conference Room #103, Martinez
Continental Breakfast will be served

The agenda for the meeting is as follows:

I.	**CALL TO ORDER and INTRODUCTIONS**	J. Tysell, MD
II.	**REVIEW and APPROVAL of MINUTES from previous Provider Relations meeting**	J. Tysell, MD
III.	**REGULAR REPORTS**	
	• Medical Directors Report • Immunization billing update	J. Tysell, MD B. Jacobs, FNP
IV.	**NEW BUSINESS**	
	• HEDIS and Disease Management • Healthy Families transition to Medi-Cal • Provider Concerns	Kevin Drury Judi Louro J. Tysell, MD
V.	**ADJOURNMENT**	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated October 16, 2012, and attached herein.

Our next scheduled meeting is:

Tuesday, January 22, 2013
7:30 – 9:00 AM

CONTRA COSTA HEALTH PLAN
Community Provider Network – West County
Meeting Minutes – October 23, 2012

Attending:
B. Jacobs, FNP; M. Berkery, RN; S. M. Chang, MD; G. Graves, MD; J. Hoffman, MD; S. Huerta, RN; A. Mahdavi, MD; J. C. Mayor, NP; L. Meadows, MD; O'Meany, PA; J. Quan, MD; S. Sachdeva, MA; I. Salceda, PA; J. Sequeira, MD; L. Yang, MD; J. G. Zimmerman, MD;
Guests: J. Louro; P. Hackett, RN

Discussion		Action	Accountable
	Meeting called to order @ 7:30 am. • Dr. Tysell ill today. B. Jacobs to moderate meeting.		B. Jacobs, FNP
I.	Agenda approved with no change.		B. Jacobs, FNP
II.	**Review and Approval of Minutes:** Minutes approved as read.		B. Jacobs, FNP
III.	• Participants in meeting introduced to group, some have not previously attended CPN Meetings. **Medical Director Report:** • Discussion of some issues possible reimbursement increase in January 2013. No firm message from state managed care as yet, topic deferred until next meeting or further information received. • Other topics deferred at this time		B. Jacobs, FNP
IV.	**New Business:** • **HEDIS Report/Disease Management.** • Presented by Mary Berkery, RN as Kevin Drury not present • Discussion of need for CPN Providers to use CAIR for all immunizations given as date collected and recorded for HEDIS report • Comparison of data reports between CPN physicians • **Healthy Families**: enrollees will be transitioned into Medi-Cal status on January 1st. All members to stay with current provider, some co-pays will exist, member card will state if needed. All HF Families have received letters from state regarding reassignment of Medi-Cal • Reimbursement will be @ Medi-Cal rates. • Co-pays will vary, but no guidelines from state as yet.		M. Berkery, RN J. Louro
V.	• **Provider Concerns:** Multiple concerns expressed by CPN Providers by late claims payments or no payments received. CPN Providers assured by CCHP staff that previous delays are being corrected and all accounts should be current very soon. If delays persist providers to call Provider Relations @ 313-9500.		
	• **Adjourn:** • Meeting adjourned @ 8:50 am.		B. Jacobs, FNP

Next meeting – January 22, 2013

CONTRA COSTA HEALTH PLAN
Community Provider Network – Central/East County
Meeting Minutes – July 24, 2012

Attending:
J. Tysell, MD; B. Jacobs, FNP ; M. Berkery, RN; S. Ming, MD; S. Sachdeva, MD; R. Tracy, MD; S. Huerta, RN, J. Sequeira, MD; J. Hoffman, MD; J. O'Meany, PA; I. Salceda, PA
Guests: Patrick Maher, MD

Discussion		Action	Accountable
	Meeting called to order @ 7:35 am.		J. Tysell, MD
I.	Agenda approved with no change.		J. Tysell, MD
II.	**Approval of Minutes:** Minutes approved as read.		J. Tysell, MD
III.	Dr. P Maher, MD – Medical Director of Developmental Pediatrics @ RCSC and CCRMC presented an overview on autism and discussion of the CAAD (Clinic for Autism Spectrum Diagnosis and Attention Deficient Disorder) at Contra Costa Regional Medical Center. Focus will be on non Medi-Cal insured while those covered by Medi-Cal will continue to receive diagnosis and interventions thru Regional Center of the East Bay. Discussion followed. Dr. Maher discussed a pending change in classification of autism which will include Asparger's through comprehensive neuro-developmental diagnoses.		P. Maher, MD
IV.	**Medical Reports/Updates:** • Immunization updates • Pediatric Obesity • "Plan to Play" a brochure discussing the benefits of daily outdoor planned activities for children - including obesity reduction - water bottles available for children - request from Provider Relations - Brochure included		J. Tysell, MD B. Jacobs, FNP
VI.	**Adjourn:** Meeting adjourned @ 9:05 am.		J. Tysell, MD

Next meeting – October 23, 2012

Improvements for 2012

- Increase in HbA1c testing
- Nephropathy screening or treatment for diabetics
- Postpartum visits

Where we need help

Avoidance of Antibiotics in Adults with Acute Bronchitis
This measure is by administrative data only.
If you are prescribing antibiotics

- Please consider whether another diagnosis would be more appropriate than bronchitis
- If there are comorbid conditions that would exclude the patient from this measures, please be sure to document them (e.g. chronic bronchitis, emphysema, chronic obstructive asthma)
- If there are "competing diagnoses" that would remove the patient from this measure, please be sure to document them (e.g. acute sinusitis, acute pharyngitis, pneumonia, UTI, acne)

Appropriate Testing for Children with Pharyngitis
If antibiotics are prescribed, Strep A test required. Any throat swab billed will suffice, including rapid Strep test. This measure is by administrative data only.

Cervical Cancer Screening
Every three years

Retinal exams for diabetes patients

- By an eye care professional
- Every year
    - Or negative retinal exam in prior year

Nephropathy screen or treatment for diabetes patients

BP control in diabetes patients

Timely Prenatal and Postpartum Care

Weight Assessment and Counseling for Children and Adolescents
Document:

- BMI percentile
- Nutrition counseling
- Physical activity counseling

Please get those immunizations entered in to CAIR!

Final HEDIS Rates (audited) 6/15/2012

Medi-Cal	2010 CPN	2011 CPN	**2012 CPN**	2012 RMC	2012 KSR	2012 CCHP
BMI %ile calculated for children	20.74%	60.87%	57.63%	54.42%	74.63%	59.37%
Nutrition counseling given for children	40.00%	50.00%	49.15%	54.42%	68.66%	55.72%
Physical activity counseling for children	32.59%	33.70%	28.81%	48.37%	67.16%	46.47%
*Yearly well child visit 3-6 yr.	75.83%	79.41%	72.22%	77.39%	81.48%	76.40%
*Yearly adolescent well visits [1]	37.86%	44.54%	35.76%	31.49%	75.95%	41.61%
*Combo 3 immunizations	52.10%	76.19%	73.57%	86.12%	70.97%	85.40%
*First trimester prenatal	80.28%	71.43%	77.65%	83.67%	90.00%	83.21%
Postpartum visit 21-56 days	61.97%	55.95%	62.35%	64.14%	72.86%	64.96%
No imaging for lower back pain	87.04%	93.80%	85.71%	87.89%	93.62%	88.58%
*Cervical cancer screening	61.64%	73.42%	61.22%	65.02%	79.76%	66.67%
Diabetes Eye Exam 2 yrs.	46.46%	31.58%	42.57%	54.32%	66.67%	52.80%
Diabetes screening LDL-C	74.75%	75.44%	73.27%	72.43%	93.33%	75.43%
Diabetes LDL <100	26.26%	30.70%	34.65%	32.92%	55.00%	36.25%
*Diabetes HbA1c testing	84.85%	81.58%	86.14%	82.72%	96.67%	84.91%
Diabetes HbA1c(>9%) [lower is better]	71.72%	40.35%	37.62%	38.68%	21.67%	36.98%
Diabetes HbA1c (<8%)	44.44%	51.75%	54.46%	50.21%	68.33%	53.04%
Diabetes Nephropathy screen or treatment	85.86%	70.18%	76.24%	90.12%	96.67%	87.35%
Diabetes BP <140/90	58.59%	44.74%	49.50%	52.26%	76.67%	54.99%
Avoidance of antibiotics in adults with acute bronchitis	30.67%	35.82%	30.68%	22.08%	25.00%	26.52%

Measures calculated solely by administrative data are in bold

* Auto assignment default algorithm measures

[1] Retired for 2013

Below Minimum Performance Level (last year's 25th %ile)

Above High Performance Level (last year's 90th percentile)

CPNOpportunities for Improvement

Timely prenatal and post-partum visits

Cervical cancer screening

Eye exam for diabetics

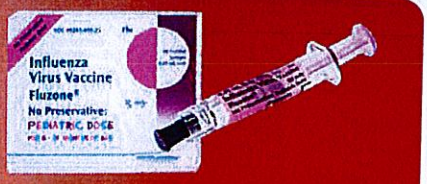
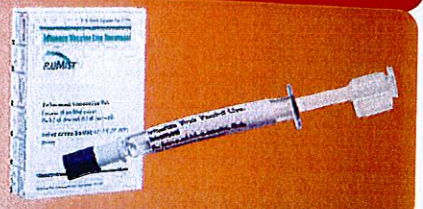
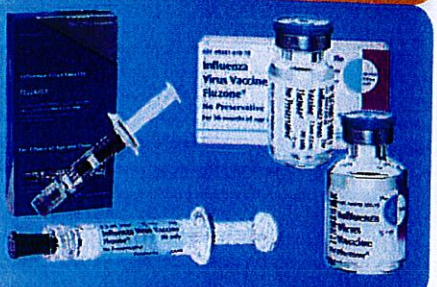
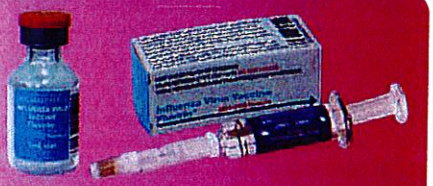
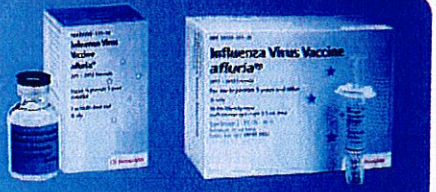
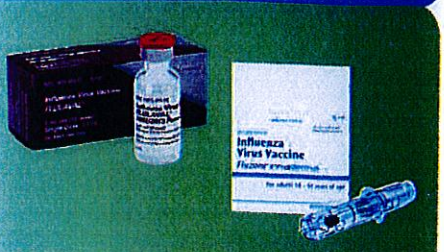
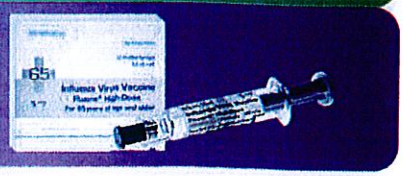
Blood pressure control for diabetics

Weight assessment and counseling for children and adolescents

CPN Areas of Excellence

No imaging for lower back pain (w/in 28 days of diagnosis)

2012-2013 Identifying Influenza Vaccine

Age	Manufacturer	Brand Name	Presentation	
Children 6–35 months old	sanofi pasteur, Inc.	**Fluzone®** VFC	0.25 mL[1] single-dose syringe	
Healthy Persons 2–49 years old	MedImmune Vaccines, Inc.	**FluMist®** VFC	0.2 mL[1] single-dose nasal sprayer	
36 months & Older	GlaxoSmithKline Biologicals	**Fluarix®** VFC	0.5 mL[1] single-dose syringe	
	sanofi pasteur, Inc.	**Fluzone®**	0.5 mL[1] single-dose vial	
	sanofi pasteur, Inc.	**Fluzone®**	0.5 mL[1] single-dose syringe	
	sanofi pasteur, Inc.	**Fluzone®** VFC	5.0 mL[2] multi-dose vial	
4 years & Older	Novartis Vaccines and Diagnostics Ltd.	**Fluvirin®**	5.0 mL[2] multi-dose vial	
	Novartis Vaccines and Diagnostics Ltd.	**Fluvirin®**	0.5 mL[1] single-dose syringe	
5 years & Older *(ACIP recommends use for children 9 years and older)*	CSL Limited	**Afluria®**	0.5 mL[1] single-dose syringe	
	CSL Limited	**Afluria®**	5.0 mL[2] multi-dose vial	
18 years & Older	ID Biomedical (GlaxoSmithKline)	**FluLaval®**	5.0 mL[2] multi-dose vial	
	sanofi pasteur, Inc.	**Fluzone® Intradermal** *For adults 18-64 years old*	0.1 mL[1] prefilled syringe	
	Novartis Vaccines & Diagnostics Ltd.	**Agriflu®**[3]	0.5 mL[1] prefilled syringe	
65 years & Older	sanofi pasteur, Inc.	**Fluzone® High-Dose**	0.5 mL prefilled syringe	

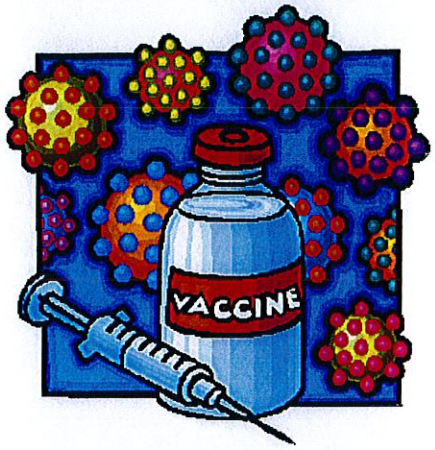
All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2Get-VFC (877-243-8832)

1. *California law (Health and Safety Code 124172) requires children younger than 3 years of age and pregnant women receive preservative-free influenza vaccine.*
2. *Contains preservative.*
3. *Limited distribution (image not shown).*

VFC *These vaccines are available through the Vaccines for Children Program in 2012-2013 and can only be used for VFC eligible children through 18 years of age.*

IMM-859 (6/12) CDPH

How to bill CCHP for Vaccination Administration



For every vaccine given you must bill an administration code of 90471 only

Example of 2 VFC vaccines given:

	DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS CODE	$ CHARGES		DAYS OR UNITS
1	07	01	12	07	01	12	11		90633	SL		0	00	1
2	07	01	12	07	01	12	11		90658	SL		0	00	1
3	07	01	12	07	01	12	11		90471			25	00	2

Codes no longer accepted according to Medi-Cal guidelines:

90460, 90461, 90472, 90473, 90474

Influenza Vaccination of People with a History of Egg Allergy

The entire article is available at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf, pages 613–618.

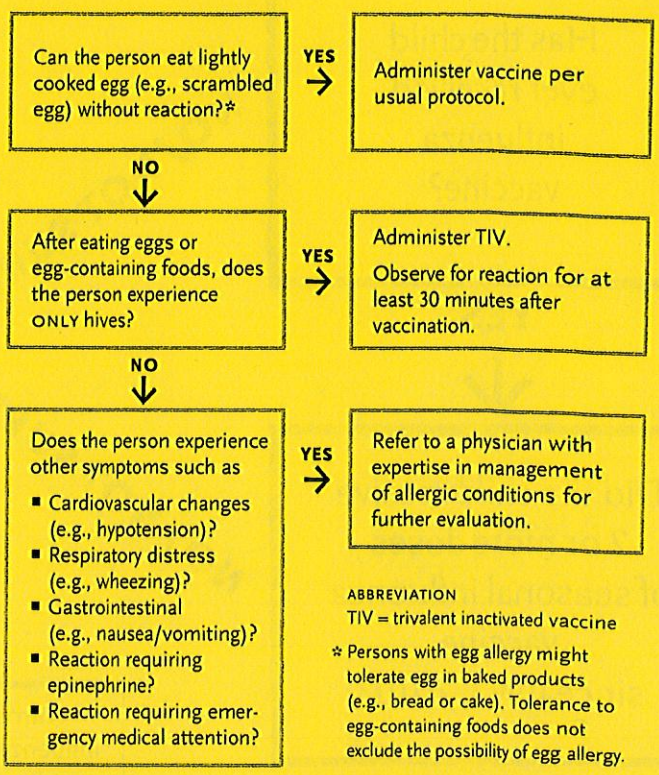
"Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP–U.S., 2012–13 Influenza Season." *MMWR*, August 17, 2012/Vol. 61/No. 32, pages 613–618.

Severe allergic and anaphylactic reactions can occur in response to a number of influenza vaccine components, but such reactions are rare. All currently available influenza vaccines are prepared by means of inoculation of virus into chicken eggs. The use of influenza vaccines for persons with a history of egg allergy has been reviewed recently by ACIP (16). For the 2011–12 influenza season, ACIP recommended that persons with egg allergy who report only hives after egg exposure should receive TIV, with several additional safety measures, as described in this document. Recent examination of VAERS data indicated no disproportionate reporting of allergy or anaphylaxis after influenza vaccination during the 2011–12 season (21). For the 2012–13 influenza season, ACIP recommends the following:

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine, with the following additional safety measures (Figure 2):
   a) Because studies published to date involved use of TIV, TIV rather than LAIV should be used (22);
   b) Vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy; and
   c) Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose (22).

   Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine, are not necessary (22).
2. Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, particularly those that occurred immediately or within a short time (minutes to hours) after egg exposure, are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. Before receipt of vaccine, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment (Figure 2).
3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers should be familiar with the office emergency plan (11).

FIGURE 2
Recommendations regarding influenza vaccination for persons who report allergy to eggs – ACIP, United States, 2012–13 influenza season



ABBREVIATION
TIV = trivalent inactivated vaccine

* Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.

4. Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (23). Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
5. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

REFERENCES

NOTE: Reference numbers on this sheet are taken from the complete article found at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf, pages 613–618.

11. CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. RR-2).
16. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011;60:1128–32.
21. Advisory Committee on Immunization Practices. Update on influenza vaccine safety monitoring. Presented at the Advisory Committee on Immunization Practices meeting, Atlanta, GA; June 2012. Available at www.cdc.gov/vaccines/recs/acip/downloads/mtg-slides-jun12/03-influenza-shimabukuro.pdf. Accessed August 10, 2012.
22. Kelso JM, Greenhawt MJ, Li JT. Adverse reactions to vaccines practice parameter 2012 update. J Allergy Clin Immunol 2012;130:25–43.
23. Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. BMJ 2009;339:912–5.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3094.pdf • Item #P3094 (9/12)

Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2012–2013 influenza season

ALGORITHM GUIDE

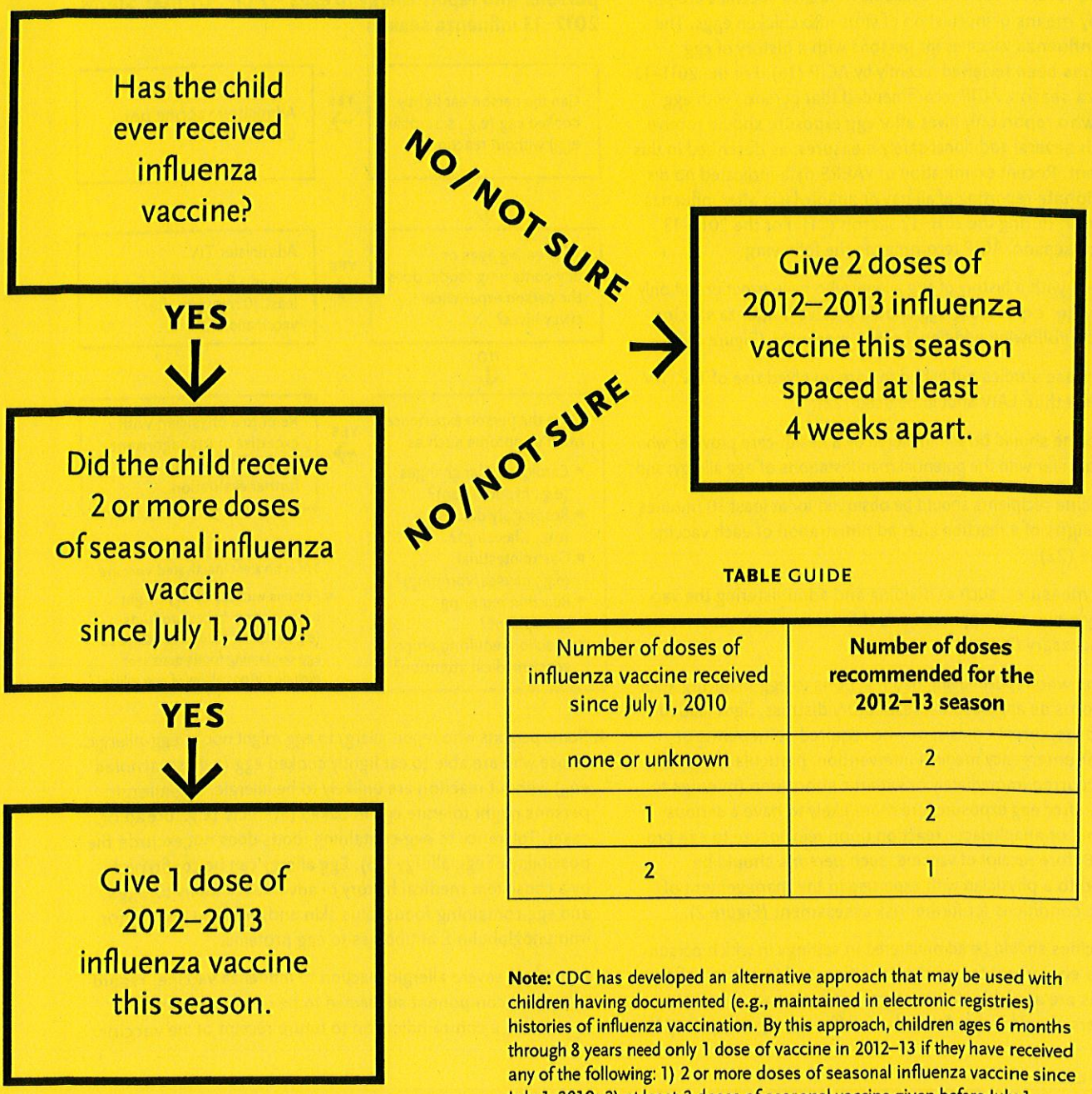


TABLE GUIDE

Number of doses of influenza vaccine received since July 1, 2010	**Number of doses recommended for the 2012–13 season**
none or unknown	2
1	2
2	1

Note: CDC has developed an alternative approach that may be used with children having documented (e.g., maintained in electronic registries) histories of influenza vaccination. By this approach, children ages 6 months through 8 years need only 1 dose of vaccine in 2012–13 if they have received any of the following: 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; 2) at least 2 doses of seasonal vaccine given before July 1, 2010 and at least 1 dose of monovalent 2009 H1N1 vaccine; or 3) at least 1 dose of seasonal vaccine given before July 1, 2010 and at least 1 dose of seasonal vaccine since July 1, 2010.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3093.pdf • Item #P3093 (8/12)

State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

August 31, 2012

TO: California Healthcare Providers

FROM: John Talarico, DO, MPH
Chief, Immunization Branch

SUBJECT: Section 317 Policy Change

The Centers for Disease Control and Prevention (CDC) recently notified states of an upcoming change in federally purchased Section 317 vaccine policy. The CDC's new guidance stipulates that effective October 1st, 2012, 317 vaccine can no longer be used for immunizing insured individuals. Therefore, beginning October 1st, 2012, local health departments (LHDs) may not administer vaccines purchased with 317 funds to fully insured children or adults.

The CDC defines "fully insured" as:
Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Section 317 vaccines are a critical resource for filling gaps in the nation's immunization program. It is important that Section 317 vaccine be directed to those with the least ability to pay for vaccination and to assure timely response to outbreaks of vaccine-preventable diseases. To assure that 317 vaccine remains available for those who truly have no other option, it is important that all fully insured children are vaccinated with vaccines purchased through their insurance. Private physicians who have been referring their patients to public health clinics for routine vaccination will need to consider how to meet the preventive care needs of their fully-insured private patients.

The Section 317 Immunization Program has contributed to one of the most successful public health interventions in history. It is essential that we collectively provide good stewardship of this national resource by ensuring Section 317 vaccine is directed to those most at need. Additional resources, including the (1) patient eligibility table (2) 317 Q &A and (3) signage can be accessed on EZIZ.org.

cc: CDPH Immunization Branch Field Representatives